This essay will be concerned with the question: must a good doctor also be a good person? More precisely, the question is: does the conception of what it takes to be a good doctor include as part of its meaning the requirement that he or she also be a morally good person? One can imagine asking the same sort of question about other roles or relationships: for example, does one need to be a morally good person to be a good friend, a good parent, a good child, a good judge, a good minister, or a good counselor? In the case of, say, a good chess player the answer would, of course, be NO. A person could be a good chess player but a thoroughly immoral person. As far as the others are concerned, the answer is more problematic. Such is the case of the good doctor.

The main question of this essay is a philosophical question of the traditional kind that Plato and Aristotle might have asked. For it has interesting philosophical ramifications, relating, for example, to general problems about the nature of goodness as well as more specific problems about the meaning of “good of a kind,” of “good doctor” and of “good person.” As I explore the basic question of this essay, I shall draw on a long tradition of philosophical analysis, including particularly some of the things that Aristotle has to say about these subjects. I mention this right at the outset because I want to emphasize that the question of this paper is of considerable theoretical interest to philosophers quite apart from its practical implications.

But the question, involving as it does questions about the criteria of a good doctor, obviously also has significant practical implications. For it would seem to be a necessary prerequisite for medical education, including the planning of the curriculum and the selection of students, that we start with some conception of what it is to be a good doctor. In general, we need to know this for the evaluation of doctors and their performance in many of the contexts where such evaluation is required. If only as an ideal to strive for, it would be useful to have some idea of what makes a good doctor. Indeed, our question is a timely one, for the medical establishment itself, medical associations as well as medical schools, have begun to concern themselves with the moral side of the selection, training, and certification of physicians.

Even laymen, e.g., parents as they go about selecting a doctor for their
children, might find it useful to have an idea of what a good doctor is. For particularly in the care of children one might think that it would be important to have a doctor who is a morally good person – in some sense or other – in addition to being a good medical technologist.

In sum, there are both practical as well as philosophical reasons for asking what special moral qualities, if any, are needed for someone to be a good physician. Indeed, I should add that it should come as no surprise to find both kinds of reasons together because I am prepared to argue that, in the final analysis, the philosophical and practical cannot be separated from each other when one is doing ethics.

Obviously, it is impossible in a short essay to do justice to such a complex subject, much less to provide a complete or definitive answer to the question. The best that I can hope to do here is to suggest a program for further study by presenting some of the issues and indicating some ways in which they might be resolved.

Before continuing, I should point out that the question that we are concerned with here is different from many of the questions that are discussed in medical ethics, which more often than not belong under what has been called quandary ethics. Quandary ethics is concerned with “situations in which it is difficult to know what one should do” ([17], p. 14). It assumes that it is the business of ethics to provide guidance in such situations and perhaps even come up with an authoritative answer. Baby Doe quandaries come to mind. The present question is not so much concerned with quandaries of this sort but with what Pincoffs calls “moral enlightenment, education and the good for man,” that is, with general issues relating to conceptions of good people practicing medicine in a good society: what we should value and what we should strive for [17].

Generally speaking, the underlying issue is whether or not doctors in their capacity as physicians have special moral duties and responsibilities over and above those of providing a medical service as a medical technologist, as an applied medical scientist, or as a “medical craftsman,” as I shall call him. Here the plumber or auto-mechanic model of the physician comes to mind; do the moral requirements incumbent on doctors encompass anything more than “doing a good job” or “fulfilling their side of the contract” as might be expected of plumbers or auto-mechanics? [3] After all, even though they do not take the Hippocratic Oath, plumbers and auto-mechanics, like ordinary persons, are supposed to be honest and “to do no harm”! A more old-fashioned way of stating the issue is to ask: is medicine a calling or is it simply a business? (Under the latter we might also include pursuing a career