Meaningful Work
Rethinking Professional Ethics

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New York     Oxford
Oxford University Press
2000
INTRODUCTION

In 1983 Dr. David Hilfiker left a comfortable medical practice in rural Minnesota to work in a ghetto in Washington, D.C. There he practiced “poverty medicine,” not low-paid medicine—although it was surely that, given his two-thirds cut in salary—but medicine devoted to patients who lived in desperate poverty. He helped build a housing complex in which he and his family lived with people who were drug addicts, mentally ill, and who otherwise lacked adequate shelter and medical services. The needs of the community he served were overwhelming, and each day he confronted frustrations and dangers that few physicians would tolerate. Hilfiker is not a saint, yet he testifies that his “decision to enter the inner city was born of a conscious desire to move into a closer relationship with God.” He also reports finding greater happiness than he had experienced before, including moments of joy in the “miracle” of helping a homeless person return to a “community of hope.”

In studying professional ethics, a familiar response to people like Dr. Hilfiker is praise followed by neglect, if not dismissal. The assumption is that personal ideals like Hilfiker’s have little or nothing to do with professional ethics per se. They are “private” matters, regardless of how admirable they may be or how dramatically they shape careers. Professionalism (as the very term connotes in some contexts) implies setting aside personal values, feelings, and interests in order to meet the responsibilities attached to professional roles. Failure to set aside one’s personal life constitutes a lack of professional distance and creates conflicts of interest. In any case, personal values are automatically trumped whenever they conflict with the shared duties incumbent on all members of a profession. Those duties alone need to be considered in studying professional ethics.

To expand this response further, professional ethics is reducible to duties and dilemmas. It consists of (a) identifying the duties that are or should be standardized within professional codes of ethics applicable to all members
of a profession, and (b) grappling with how to apply the duties to particular situations where they conflict or have unclear implications. All professions specify duties: to provide competent care, obtain informed consent, maintain confidentiality, be honest, avoid conflicts of interest, and (collectively with other professionals) provide public access to services. How such duties apply in particular roles and institutional settings is spelled out in each profession's code of ethics. In addition, the law specifies further duties for some professions, such as duties to participate in continuing education and pay licensing and registration fees. Commitments to meet these duties are important, but the duties themselves constitute the content of professional ethics. Any additional personal commitments are, by their very nature, excluded.

I call this dominant perspective the consensus paradigm: Professional ethics consists entirely of the moral requirements attached to a profession and imposed on all its members, together with the ethical dilemmas created when the requirements conflict or are too vague to provide guidance. In calling it the dominant perspective, I am not claiming that all professional ethicists avow it. It permeates the literature in professional ethics without being defended or even formulated as a viewpoint. Usually it operates as the unspoken legacy of Immanuel Kant’s preoccupation with universal principles, as well as the emphasis on general rules in most human rights ethics, contract theory (which grounds morality in the rules that ideally rational agents would agree upon), and rule-utilitarianism (the view that right conduct is specified by a code of conduct that maximizes the social good).

I argue that the consensus paradigm is implausible and constraining. It neglects how personal moral commitments and ideals motivate, sustain, and guide professionals in their work. To be sure, the paradigm embodies important truths. There is a vital need for shared standards to restrain greed, secure public trust, and limit personal moral ideals when they become misguided. In addition, professional standards restrict inappropriate intrusions of the personal into public life, as the scandals in Bill Clinton’s term as president glaringly remind us. Nevertheless, the consensus paradigm is incomplete. Even questions about the proper demarcation of personal and public life cannot be answered until personal commitments are given their due. Shared duties form the backbone of professional ethics, but a backbone is not a complete anatomy.

In exploring personal commitments, I will often introduce narrative case studies such as that of Dr. Hilfiker and also include portrayals of professionals in works of fiction. Case studies are ubiquitous in studying professional ethics, but almost invariably they consist of episodic (time-slice) dilemmas about how to act when confronted with conflicting obligations. My widened perspective encompasses these episodic dilemmas, but also attends to narratives about how personal commitments emerge, unfold, change, and are put at risk. A diachronic perspective reveals the importance of caring relationships, meaningful work, voluntary service, burnout, self-betrayal, balancing family with other commitments, and other topics examined in this book.

Having started with a religious case study, I should emphasize that I have no axe to grind on behalf of any particular religion or religion in general. My focus is on moral commitments in caring about persons, social practices, organizations, communities, and the environment. Nevertheless, it is obvious that many individuals do closely unite their moral commitments with religious convictions. They also link their moral commitments to ideals of aesthetics, intellectual achievement, technical merit, and physical excellence. We need not share these linkages in order to appreciate their contributions to professionalism.

Because most personal commitments explored here involve commitments to ideals, I will sometimes use the terms “ideals,” “values,” and “commitments” as stylistic variants. The word ideals may give pause, conjuring up images of unrealistic perfection, self-righteousness, and dangerous over-reaching. I abjure these images, and I will critique the distortions that generate them. Ideals are commitments to (perceived) forms of goodness around which individual character is formed and which are not reducible to general duties. The ideals I explore are eminently practical. Rather than depicting visionary vistas, they enter into what Bernard Williams calls an individual’s nexus of “ground projects” that provide meaning-giving guides and goods throughout long and frequently arduous careers. A sincere commitment to an ideal of justice, alleviating suffering, or promoting learning implies both high aspiration and practical engagement within a set of given constraints. Not only are such ideals achievable in significant degrees, at least with any luck, but the element of high aspiration often motivates greater practical achievement than would otherwise be possible.

An array of commitments to varied moral goods is desirable in the professions, even though one person could pursue only some of these in a lifetime. Given limited time, energy, and interest, professionals tend to focus their endeavors on a few specific ideals of goodness, typically those to which they can contribute creatively. The resulting plurality of goods morally enriches professions and professionals alike. Much the same is true of the virtues that correspond to the goods pursued, for example, the virtue of justice that corresponds to justice as a social good, and the virtue of compassion in alleviating suffering. The varied forms of goods and virtues are not reducible to shared principles of duty, even though they bear on how professionals understand their responsibilities.

Calling ideals personal means that they shape the work of individuals without necessarily being incumbent on all members of a profession. It does not mean that the ideals are idiosyncratic or eccentric. Indeed, some of the most important ideals are widely shared among members of religious and moral communities, as in the case of Dr. Hilfiker. Moreover, justified personal ideals typically instantiate general ideals of professionalism, for example, what John Kultgen says is the ideal of being “dedicated to providing proficient service to those who need it,” and what Albert Flores says is “a commitment to the ideal of excellence in the exercise of professional skills.
and talents as the best way of achieving the ends of a profession." In addition, justified personal ideals usually instantiate ideals attached to particular professions and the type of service each offers, for example promoting health (medicine and allied health fields), serving justice (law), or creating efficient and safe technological goods (engineering). Far from being extraneous to wider professional ideals, justified personal ideals unfold and enliven them.

However, Kultgen’s and Flores’s talk of “the” ideal of professionalism or of professions can be misleading. With sufficient abstraction, all professional commitments collapse into a few: to serve clients, promote the public good, and advance excellence. Such generic descriptions illuminate the shared elements in professional ethics, but they eclipse the enormous variety of ideals that shape individual lives and careers. Thus, describing the ideal of medicine as the promotion of health conceals the significant differences among health care professionals in understanding exactly what health is, how it should be pursued, and why it is valuable. This is especially true if “health” is understood broadly as the physical and mental capacities needed to function effectively in one’s environment. “Effective functioning” disguises moral and social values about desirable forms of behavior and interpersonal relationships. Differences in understanding these values arise at the levels of both individuals and subgroups within medicine such as Catholic physicians, Christian Scientists, and an array of holistic medicine practitioners. The detailed differences influence how medicine is practiced.

The expression “professional ethics” can mean three things, each of which I intend in rethinking professional ethics. First, “professional ethics” might refer to de facto morality, that is, a profession’s status quo on moral issues, both its professed standards and actual practices. More fully, de facto morality refers to (a) a profession’s officially endorsed moral standards as stated in its code of ethics and elaborated in related documents, as well as conveyed symbolically in awards and speeches on official occasions; (b) the beliefs held by most members of a profession about moral issues in their profession; and (c) the patterns of morally relevant conduct manifested by most professionals. In connection with de facto professional ethics, I draw attention to the actual influence of personal ideals in guiding and motivating a great many professionals and professional organizations. The rest of what I have to say would be of little interest without the presence of large numbers of professionals who express moral commitments in their work.

Second, “professional ethics” might mean justified morality in the professions, that is, the moral values desirable for professionals. The consensus paradigm restricts these values to the mandatory shared duties incumbent on all members of a profession. In a conventional version of the paradigm, the values are equated with the content of current codes of ethics and related documents. In a critical version of the paradigm, the values are equated with ideal codes of ethics, the ones that ought to be officially endorsed and promulgated as uniform standards within professions. Regarding the critic-