Virtues, skills, and the practice of surgery

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Discussions of the virtues and virtue ethics in current bioethics literature are shaped by 2 primary concerns: (1) virtue ethics as a supplement to, if not a replacement for, the familiar “four principles” approach,¹⁻⁴ enshrined in the Belmont report⁵ and championed by Childress and Beauchamp⁶ in their classic textbook, *Principles of Biomedical Ethics*, and (2) continuing reflection on medicine as a practice—that is, as a set of habits shaped by apprenticeship and untold hours of skill development.⁷⁻¹⁰ Aristotle is quoted most often here, along with Alastair MacIntyre’s dour diagnosis of contemporary moral life, *After Virtue*.¹¹ Though it is less cited in recent years than is MacIntyre’s book, Edmund Pellegrino’s classic, *The Virtues in Medical Practice*,¹² will remain through time a far richer resource for physicians.

Churchill’s article¹³ in this issue of the *Journal* addresses both of these sets of concerns. Speaking to the first, concerns he draws on interviews with clinicians and patients to demonstrate that virtues are key parts of relationships between patients and clinicians. Virtues indeed are habits of relating, as he makes clear.¹⁴ Churchill¹³ then turns to enumerate 8 virtues that he thinks are especially relevant to the practice of surgery. I will comment on his treatment of 2 of these, empathy and hope.

Empathy is most commonly assumed to be a matter of feelings, when its importance is even acknowledged. Churchill¹³ makes the excellent point that, to the contrary, empathy is better understood as a set of skills—as indeed all the virtues are. With such an approach, one could then argue that because the virtues, including empathy, are skills, they can be modeled, taught, and learned, like other clinical skills. There would be enormous implications for medical training if this insight were to be taken to heart.

The distinction between hope and optimism should be noted. Hope suggests a rootedness and tenacity that the more cerebral and intentional optimism does not. There is with hope a sense of determination and openness in approaching the future, which is particularly apt in the context of surgery.

Going further here, we can ask: What specific manifestation of hope by a surgeon qua surgeon might command our

Surgeons debating virtues and skills.

Central Message

Virtues are skills developed by training and practice and are essential for surgeons. In turn, deeper meanings of virtues can be explored by looking at how they are made real in surgical practices.

See Article page 1214.

attention? I would suggest the practice of seeking patient buy-in. Here the surgeon joins the patient in committing to a new life through and after the surgery, anticipating a complex process of recovery that will unfold over time. This I would argue is hope, fully realized. Nabozny and colleagues¹⁵ have written about surgical buy-in in ways that could help us to see it as an expression of hope that is distinctive to surgery.

More work might well be done with the other 7 virtues here, looking for the specific manifestations of these virtues within surgical practice itself. Such specificity is important if further discussion of virtues is not to devolve into platitudes. In particular, one might go further with what I think is the most striking phrase in Churchill’s article¹³: “All surgical interventions should be seen as essentially gestures of compassion.” How could we spell this out? How can we make clear that incisions and sutures are gestures of compassion?

These brief remarks should serve to indicate that Churchill’s insightful essay¹³ will be essential for future reflections on the virtues of surgeons and their surgical practice.

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Notice of Correction

Re: Patel ND, Crawford T, Magruder T, Alejo DE, Hibino N, Black J, et al. Cardiovascular operations for Loeys-Dietz syndrome: Intermediate-term results. *J Thorac Cardiovasc Surg*. 2017;153:406-12.

In the above-mentioned article, Dr Black's name was incorrect. The author's name should read James H. Black III, MD. The corrected author list is reprinted below.

Nishant D. Patel, MD, Todd Crawford, MD, J. Trent Magruder, MD, Diane E. Alejo, BA, Narutoshi Hibino, MD, James H. Black III, MD, Harry C. Dietz, MD, Luca A. Vricella, MD, and Duke E. Cameron, MD