

## VIRTUE ETHICS IN MEDICAL PRACTICE DURING THE COVID-19 PANDEMIC

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### ABSTRACT

The article aims to reflect the medical virtue ethics as applied to situations related to the COVID-19 pandemic. The method of processing uses deduction, by which the article points out the use of the generally defined cardinal and theological virtues in terms of specific attitudes and concrete situations. The practical output of the article is the usability of these reflections in the prevention and therapy of stress, including burnout syndrome and post-traumatic stress disorder. Stress was a reaction commonly experienced often and in various degrees during the new and unforeseen conditions of the pandemic. The article emphasises the importance of virtue ethics as a part of contemporary bioethics.

### Keywords

Bioethics; Medical ethics; Virtue ethics; COVID-19

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Virtue ethics dominated ancient and medieval thought. Its descriptions of how to live well and become a good person, the ethics of principles and deontological ethics, rationally obligate actions according to formulated rules. Virtue ethics precedes action in its methodology by emphasising care for the spiritual life and a focus on a good (successful, blissful, happy) life. In order to act well, one needs to develop within oneself the virtues that are targeted in one's ethical conduct. Although we are currently faced with the dilemma of what the good life actually is, in ancient metaphysics, the good is everything that fulfils its possibilities in the best form and, at the same time, everything

transcends, and it is determined by good ideas.<sup>1</sup> In the practical-ethical aspect, a good action is considered to be one that is beneficial to the human good. It is desirable, reasonable, and a man finds happiness and bliss in it.<sup>2</sup> The good is relational because it helps to develop what is desired, what is wanted, and what wants to be perfected.<sup>3</sup> The good life in this methodological approach means living for the good of others. In individual choice, the good is seen as caring for the good of the other, which in turn brings bliss and happiness to the good doer. In the context of medical care, the good is to care for the health that the sick person lacks. From the theoretical basis of virtue ethics, practical ethical attitudes in various professions are derived. Virtues have traditionally been justified by the ultimate focus on bettering and preserving human life, which is addressed in teleological ethics.

The aim of this article is to present the cardinal and theological virtues in their applicability to the medical profession during the COVID-19 pandemic. The physician is part of a community which maintains its social status and which should be characterised by its specific status virtues. The doctor assumes a certain moral standard of life and ethical maturity. Any failures in this area - such as drunkenness in service, sexual indiscretions, and deliberate neglect of care - are typically immediately publicised and not tolerated by society.

The situation of the COVID-19 pandemic has brought increased demands on the decision-making process in patient care. The complexity of the medical profession in this period has underscored the importance of mental health care. The media have reproduced numerous photographs and videos of doctors after a term of service in the COVID-19 departments, their tired and pale faces with circles under their eyes, and the red prints on their faces from respirators. Doctors themselves do not want to get into a situation where they would have to change their profession due to burnout syndrome or post-traumatic stress disorder. It is virtue ethics and the reflection on the virtues in one's personal life that can be a suitable prevention from the outbreak of a disease of the soul in response to the stress of the COVID-19 pandemic.

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<sup>1</sup> Heinrich Schmidinger, *Úvod do metafyziky* (Praha: OIKOYMENH, 2012), 84–86.

<sup>2</sup> Frederic Copleston, *Dějiny filosofie I.* (Olomouc: Refugium Velehrad–Roma, 2014), 441–445.

<sup>3</sup> Tomáš Akvinský, *O dobru* (Praha: Krystal OP, 2012), 73–85.

In the first section, therefore, we will deal with the cardinal virtues and their application to the specific situations brought about by the COVID-19 pandemic. The second part of the article on the theological virtues will emphasise their applicability to the mentioned care of the physician's soul. The method of processing the topic will be deductive, i.e. generally defined virtues will be applied to specific situations during the COVID-19 pandemic in medical practice.

## 1. Cardinal Virtues as Status Virtues of a Physician

A virtue is considered to be a good quality of mind that enables one to live properly. Man possesses virtues in himself, which he is meant to develop and bring to perfection. Ancient philosophers described the four basic (cardinal) virtues as prudence (practical wisdom), temperance, courage, and justice. Christian thinkers have further developed these concepts. These virtues strengthen man on the path to the meaning and purpose of life, which is the bliss of a successful and meaningful existence filled with good behaviour. In addition to the cardinal virtues, the Christian tradition has also defined theological virtues that bring man to God.<sup>4</sup>

Prudence or practical wisdom is considered the 'mother' of all virtues. Wise conduct is proportionate to a real, particular situation, which must be reasonably analysed from different angles. Based on the so-called primordial conscience, the virtue of prudence emphasises the need to love the good and strive to bring it into the world. Practical prudence seeks the means to realise this by establishing the right state of affairs. It is then unwise to act indecisively. In acquiring the virtue of prudence, one tries to recognise the state of affairs within a particular situation and to decide to reconcile reality with its goal or with the goal of human life (*intentio finis*). In Thomistic reflection, the memory (*memoria*) of being faithful, the ability to accept advice, say something, learn (*docilitas*) and quickly decide for good (*solertia*) within a specific situation is considered the completion of wisdom. One does not attain practical wisdom if one acts cunningly (*astutia*) and greedily, for example, with an unhealthy 'love' for money. Christian practical prudence seeks to harmonise the interactions of the natural virtue of wisdom

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<sup>4</sup> Christopher Kaczor and Thomas Sherman, *Thomas Aquinas on The Cardinal Virtues* (Washington: The Catholic University of America Press, 2008).

and supernatural love. In this perspective, the gift of counsel (*donum consilii*) is the fruit of the shared love of God.<sup>5</sup>

In ethical decision-making, prudence is vital in accessing various situations based on experience. Practical wisdom forms an imaginary triangle of all decision-making, the vertices of which are: prudence (the situational aspect), conscience (the existential aspect) and law (the normative aspect). Both the enacted rules and the normative attitudes based on a religious worldview (e.g. the norms of the Ten Commandments or Gospel ethics) can be considered normative aspects. Practical wisdom plays an essential role in applying the principles of virtue ethics to specific situations, so through wisdom, we can move to situational ethics. An important theme of situational ethics is the resolution of an ethical dilemma in the event of a conflict of duties in relation to basic institutions: the family, the economy, the state and, in the case of believers, the religious community (church). An important principle in decision-making is always to choose the higher value, such as protection and preservation of life, before solving issues such as economic problems and calculating profitability. In this respect, it is important to seek a compromise in the sense that each party gives up its partial interests in the interest of the greater good. This is not a compromise between two views with different grades of moral reach because the solution should always be ethically acceptable. During decision-making, the likely consequences of actions are to be thought out, which takes into account consequentialist ethics. Based on the confrontation with the principles of normative ethics and its applicability in a specific situation, through wisdom one internalises the known values and thus forms one's conscience.<sup>6</sup> Let us add that the mentioned situational ethics arose from the Protestant environment, where wisdom in a particular situation is here and now related to love as the only highest good. Love is always understood here in unity with justice, with rational reasoning, and is far-sighted.<sup>7</sup>

The novelty of the COVID-19 pandemic situation and the speed of virus spread has meant increased demands on the virtue of prudence in new situations, including the need for rapid information sharing and knowledge concerning all contexts of disease spread, treatment

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<sup>5</sup> Josef Pieper, *The Four Cardinal Virtues: Prudence, Justice, Fortitude, Temperance* (Notre Dame: University of Notre Dame Press, 1965), 14–38.

<sup>6</sup> Thomas Schirmacher, *Morální odpovědnost* (Praha: Návrat domů, 2016), 44–112.

<sup>7</sup> Joseph Fletcher, *Situační etika* (Praha: Kalich, 2009), 113–132.

options, and reorganisation of hospital care with regard to risks of disease among hospitalised patients including the importance of surgical interventions and preventive examinations. The capabilities of health care professionals to adapt to the new situation and to make decisions concerning responses in accordance with their own conscience have also been tested. The virtue of wisdom always requires an interdisciplinary approach with respect to health issues as well as a holistic view of human therapy, both of which have proven crucial in the various stages of the treatment of patients with COVID-19.

Among other vices, the virtue of temperance is characterised by a struggle with anger. Manifestations of anger were a sign of ignorance for ancient philosophers, but this feeling was allowed in its mild manifestations and in justified cases. It is unacceptable for Christian philosophers to be so angry as to long for revenge. On the other hand, so-called ‘righteous indignation’ is not only permitted but mandatory when it comes to speaking or acting out against injustice in the fight for rights. But even in these cases, it is necessary to first consider peaceful resolutions, which is why the virtue of moderation is so important in action. Christian spirituality recommends that one come to terms with one’s anger each night before going to bed. Tolerance is also associated with patience in enduring inconveniences. It is important to learn patience with oneself in sickness and in health, especially with one’s neighbour, e.g. in our context with a fellow physician or with a patient.<sup>8</sup>

Temperance as a virtue is particularly required of physicians during communication with patients and relatives during the COVID-19 pandemic. If in the Czech Republic, in the first mild wave of the pandemic in the spring of 2020, doctors and health professionals applauded, during the next two crushing waves in the autumn of 2020 and in the winter of 2021, doctors were no longer showered with such strong public support. Physicians also encountered negative reactions from patients and relatives caused by stress from the uncertain prognosis of the disease and epidemiological measures such as a ban on hospital visits. In expressing temperance, the doctor cannot afford to release a spiral of anger or other emotional reactions, which is unprofessional and certainly does not contribute to therapy.

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<sup>8</sup> Tomáš Špidlík, *Prameny světla* (Velehrad: Refugium Velehrad-Roma, 2005), 192–200.

We have come to the virtue of courage. To be brave is to be able to overcome the fear of danger for the good of man. Courage alone, however, is not enough, as too much bravery without a rational balance can lead to a rash or other unhelpful behaviour. Courage requires prior rational judgment. Developing the virtue of real courage never leads to evil because bravery is intertwined with other virtues. It needs to be re-learned repeatedly in different situations. One naturally faces various circumstances in which one feels fear, which is a natural response to danger. The complete absence of fear can signal a personality problem. Bravery enables individuals to face fear and deal with problems with mental and moral courage. Mental courage means being able to face physical danger or to moderate one's attitudes which could lead to aggression in any form.<sup>9</sup> During the COVID-19 pandemic, for example, the physician must not only have the courage to face the fear of infection from sick patients but to speak the complete truth to all actors involved.

The virtue of justice in clinical practice concerns equal treatment for every patient.<sup>10</sup> The principle of justice and equality in administering treatment brings ethical decisions, especially in the case of extreme situations. At the outset of COVID-19, concerns were raised about the lack of medical staff and mechanical lung ventilators and who to choose under what criteria to allow treatment, which in practice often means not giving or giving the patient a chance of survival. Moral dilemmas and moral distress among physicians were reflected in the context of a fair approach to therapy. A moral dilemma arises when none of the choices before a person is optimal, but the doctor is still forced to make a decision. Moral distress is then distress caused by a reality in which the environment, conditions, regulations, legislation, or superiors do not allow one to act as one believes is right. This distress has a major impact on the physical and mental condition of physicians.<sup>11</sup>

In connection with the dilemma of caring for patients with COVID-19, the so-called principles of allocation of scarce resources have been discussed in the Czech Republic. These deliberations were

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<sup>9</sup> Edmund D. Pellegrino and David C. Thomasma, *The Virtues in Medical Practise* (New York – Oxford: Oxford University Press, 1993), 109–116.

<sup>10</sup> Albert R. Jonsen, Mark Siegler and William J. Winslade, *Klinická etika* (Praha – Kroměříž: Triton, 2019), 157–183.

<sup>11</sup> Patricia Pendry, 'Moral Distress. Recognizing it to Retain Nurses,' *Nursing Economics* 4/25 (2007): 217–221.

reflected in decisions regarding under what circumstances it would be acceptable not to allow a patient to be connected to or disconnected from pulmonary ventilation to help other people. The criterion for selection cannot be that whoever came to the hospital earlier is entitled to be connected to the ventilator earlier. This would unfairly discriminate against patients who live further from the hospital and against those who have a better prognosis. Discussions of ethics seek to justify whether, in the absence of ventilators, it is ethically acceptable to prioritise the treatment of healthcare workers (doctors, nurses) or rescue infrastructure (police officers, firefighters, soldiers), as these are necessary to maintain the system. The most debated criterion of the debates was whether it is ethically defensible to allow a lung ventilator to be assigned to a younger patient over an older one with the same chance of survival.<sup>12</sup> It was the criterion of age that provoked a critical reaction from other medical ethicists, arguing that this is only a hypothetical possibility as two identical patients with the same prognosis will never be encountered; thus, the only difference would be in age. Concerns about age discrimination in decision-making have been mentioned, in which context it will always be up to the individual physician to evaluate the expected prognoses and select certain patients for a specific therapy accordingly.<sup>13</sup>

Each of the virtues mentioned has its own risks, especially when they oscillate in extreme manifestations without a deeper rational grasp and complement of other ethical approaches. The virtue of temperance may imply indecision and the absence of acting with some argumentative vigour when the patient's interest is at stake. Justice in individual patient care may clash with justice in the organisation of care in the wider context of the capacity of a hospital or a network of hospitals.

From the cardinal virtues listed above, other virtues can be defined. Their further differentiation is brought about by specific practice and is, therefore, often more understandable and useful. The application of these virtues to medical practice yields the formulation of the

<sup>12</sup> David Černý, Adam Doležal and Tomáš Doležal, *Etická a právní východiska pro tvorbu doporučení k rozhodování při poskytování zdravotních služeb v rámci pandemie covid-19* (Praha: Ústav státu a práva AV ČR, v. v. i. Kabinet zdravotnického práva a bioetiky, 2020), 19.

<sup>13</sup> Radek Dragoun, 'Spor o etiku přidělování ventilátorů. Diskriminovat starší nemůžeme, říká Vácha,' *Aktuálně.cz*, last modified May 10, 2020, <https://zpravy.aktualne.cz/domaci/spor-o-etiku-pridelovani-ventilatoru-vekovou-diskriminace-ne/r~251671a6907611eaa6ff6ac1f6b220ee8/>.

characteristics of selected medical virtues, such as love for the sick giving new hope and a desire for recovery; responsibility in anticipating the consequences of actions and towards the various forms of life; humility as an expression of respect and healthy self-confidence with acknowledgement of the weaknesses and strengths of one's personality; patience in persevering and understanding the patient's problems; selflessness, kindness, and social feeling in opening up to the others and understanding all the contexts of their suffering; epicure is in balancing the limitations of some of the first standards and finding solutions according to conscience - and many others from which the inspiration for good action is already found in the names, i.e. selflessness, generosity, tact, consideration, discretion, honesty, reliability, helpfulness, optimism, self-control, foresight, creativity, concentration, hardiness, discipline, purpose, joy, collegiality. An equally important virtue is a sense of humour as an expression of acceptance of one's weaknesses and mistakes. Humour enables one to gain distance from oneself and from various crisis situations. The virtues of the medical state are related to the honour of the state and the creation of a collegial environment among physicians.<sup>14</sup>

## 2. Theological Virtues in the Life of a Physician

In Christian thought, theological virtues refer to virtues which confront human abilities with the supernatural plane of being. From the point of view of theology, thanks to theological virtues, man is able to develop his nature into unforeseen potentialities. The classic division of these virtues is faith, hope and love. But the unity of these virtues has always been emphasised. The greatest of these, however, is considered to be the virtue of love.

The semantic field of the word love includes a number of manifestations. Most often in modernity, love is understood as a manifestation of erotic affection between a man and a woman. This primary archetype of love called *eros* meant in original Greek thought divine seduction and openness to divine power. Today it is perceived as bodily affection for or attraction to the opposite sex. In both approaches, love as *eros* is a desire to ascend and encounter another, which gives life experiences of a sense of happiness. In the Christian conception, *eros*, in its

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<sup>14</sup> Josef Kořenek, *Lékařská etika* (Praha: Triton, 2004), 152–167.



transcendent output, meets the descending divine love of *agape*, which purifies eros and transforms it into new possibilities of self-giving. This connects the Gospel commandments of love for God and neighbour, especially in love for the sick and needy. The love of neighbour thus manifested is called *caritas*. In Greek thought, love is a relationship of friendship called *filia*, which in a New Testament perspective, refers to the relationship of Jesus to his disciples.<sup>15</sup>

The virtue of hope is the equivalent of faith in the Christian interpretation. Faith is a hope that touches one's life and death. In the New Testament sense, the belief in hope for eternal life is the moment of fulfilment of life at the time of and after physical death. Each generation recognises once again that only loving relationships can save a person. Seemingly small goals – as in youth, the hope of meeting fateful love, finding a good job and career growth in adulthood, having healthy children and secure old age in the family circle (and in our case the hope of the end of a pandemic) – are confronted with great hope, which is offered as a gift of Love with a capital L that saves and transcends earthly life. Through the virtues of faith, hope, and love, one can become a truly loving person and is willing to suffer with the sufferer, i.e. to suffer for the other.<sup>16</sup>

Let us now try to apply these characteristics of theological virtues to medical practice during the COVID-19 pandemic. The agapic ethics derived from theological virtues justifies the goal of medical practice to act for the good of the patient in response to God's transcendent relationship with man through human love, as expressed in *caritas*. The practical impact of *caritas* on the doctor's spirituality can be considered the development of an inner attitude of compassion and care for a person suffering from illness and pain. The compassion for a suffering person is enriched by the experience of suffering that each person encounters in their own life. To fall ill or become injured sometimes means leaving the security of home, family and friends to enter the hospital space, where the patient is surrounded by technology with its sounds and other manifestations. At the time of the COVID-19 pandemic, patient isolation was even more severe, with the accompanying loss of privacy often present, as patients with COVID-19 often shared one room without the possibility of outside communication. One suddenly

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<sup>15</sup> Benedict XVI., *Deus caritas est* (Slough: Pauline Books & Media, 2006), 2–18.

<sup>16</sup> Benedict XVI., *Spe salvi* (Roma: Libreria Editrice Vaticana, 2007), 2–31.

feels alone, surrounded by strangers, along with being sick and often awaiting an uncertain fate, including the possibility of death. The individual can become sensitive or even hypersensitive to any aspect of the caregivers' eyes, gestures, or words. Everything seems to the patient to relate to himself and his problem. During the COVID-19 pandemic, the doctor soon began to recognise more often the fear of illness, infection, failure and loss of the patient. The physician may then even seek to avoid patients with COVID-19. As far back as the Hellenistic period, the Stoics referred to the sick as a brother or sister who deserved loving care. Suffering is part of human life, and people who suffer help the healthy to be more human. In Christian spirituality, caring for the sick is a spiritual experience in which believers recognise the suffering Christ in the afflicted party. The crucifixion takes place every day in the lives of the sick, who seem alone in the face of death. It is then the reality of the resurrection that gives the ultimate meaning to the physician's compassion and careful care.<sup>17</sup> Belief in an ultimately positive conclusion, backed by the knowledge that a solution will be found and the COVID-19 pandemic will recede, has become an important *salutor* to help manage stressful situations. And so this is a foreshadowing of the great hope beyond earthly life.

Meditation beyond the dimensions of love can also serve as a prevention of burnout syndrome during the time of the COVID-19 pandemic. The constant confrontation with pain, suffering and death during the COVID-19 pandemic, the loss of personal and systemic illusions of doctors about always being successful, the constant work strain, conflicts in the workplace and minor personal failures in specific care, the lack of rest and sleep, stress from the need for constant updating and education, as well as the fact that tensions at work can be transferred to family relationships can lead to internal burnout and even collapse. After a year and a half of the COVID-19 pandemic, in times of relative calm, there are cases in which a greater number of employees in various positions have left the medical workplace than ever before. Care in the form of various manifestations of love can be offered as appropriate prevention and therapy. The expression of love as *eros* calls for the protection of and care within family relationships. If stress and tension in relationships are experienced in the workplace, they should

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<sup>17</sup> Edmund D. Pellegrino and David C. Thomasma, *The Christian Virtues in Medical Practice* (Washington: Georgetown University Press, 1996), 45–48, 72–98.

not penetrate the family. This is probably not completely avoidable, but these pressures should certainly not interfere with childcare; on the contrary, the family should become a refuge, a place where the physician gives and receives protection and love. Restrictions in the emergency during the COVID-19 pandemic have brought new, challenging experiences to the lives of many families whose children could not go to school, which was a problem for health professionals around the world. For doctors, the family has become a major source of strength, although many health care workers initially isolated themselves so that they would not spread the disease to their family if they became infected in their practice.

Another dimension of love already mentioned is friendly love – *filia* – which can take many forms: the doctor’s relationship with his mentors, the relationships between doctors as a professional sharing of life experiences, and the doctor’s relationships with friends outside the workplace. Time must be invested in each of these friendly relationships. As out-of-office and family-friendly relationships were curtailed during the COVID-19 pandemic, alternative ways of communicating through face-to-face meetings became vital: mutual phone calls, video calls, and social networking. Maintaining extracurricular friendly relationships, even online, has become an important support for mental health, and not only that of doctors.

In professional medical ethics, the physician-patient relationship is important precisely in terms of friendship. On the one hand, a friendly relationship makes it possible to give understanding to the patient that they are not treated in a technicist way, that they are not abandoned with their fears and uncertainties in deciding what therapy will be best for them. Through a friendly relationship, the physician can better understand what the patient expects, and they look at their situation from the patient’s point of view. However, a friendly physician-patient relationship should not limit a certain relational (especially emotional) distance between the physician and the patient in order to maintain a professional perspective and a critical assessment of the patient’s true health status and realistic therapy options.

### **3. Limitation of the Study**

A limitation of the thesis is certainly the absence of case studies describing examples of specific ethical actions arising from virtue

ethics, with suggestions for solutions to the ambivalent problems raised by professional ethics. On the other hand, virtue ethics is not primarily concerned with the effects and consequences of actions resulting from it because it is assumed that they are and will be good. It has more of a meditative and contemplative role. This may be its weakness for specific practice. It is, therefore, appropriate that virtue ethics is complemented by other ethical principles and approaches. On the other hand, other ethical approaches (e.g. *consequentialism, utilitarianism*) are often not sufficient in particular case studies because the questions come back to the dilemma of what the good life is. Therefore, it is appropriate to complement them with value ethics, which includes virtue ethics.

A certain additional limitation may be that the article is not written by a physician; however, it rather looks at medical practice through the patient's perspective, or rather what virtues the patient expects of the physician so that the patient is not alone and abandoned in his or her decision about treatment. It represents what the author of the article as a patient expects and wishes to be provided in care in the patient-physician relationship. The focus is thus on the patient's input into their mutual discussion.

## Conclusion

Virtue ethics is going through a well-deserved renaissance, especially during the COVID-19 pandemic in the medical profession. Their use has proved to be a supportive strategy of mental health care for the doctor. The cardinal virtues of prudence, temperance, courage, and justice in the time of the COVID-19 pandemic have helped doctors manage the difficult internal states of the profession. These are related to the need to quickly acquire new knowledge, apply it in practice, deal with patient fear of infection as well as adequately respond to the stress of colleagues, patients, and family members. The ability to make quick, rational, and compassionate decisions when needed in moral dilemmas regarding the possibilities of therapy have become even more imperative. Like never before, the theological virtues of faith, hope, and love directly affect the care of the soul of the doctor. These virtues strengthen the physician's fortitude to carry on and not to burn out or lose hope in moments when he sees people dying under his care in numbers he is not used to. Virtue ethics is thus intrinsically linked

to spirituality, as the *salutor* supports a good quality of life even in the difficult times of the COVID-19 pandemic.

In the Czech Republic, ethics teaching has been already established itself in medical and nursing faculties. It includes an introduction to virtue ethics for physicians, but it depends on the approach of the lecturer. The situation of the COVID-19 pandemic has brought new challenges to deal with ethical dilemmas and, at the same time, care for the physician's soul during challenging and crisis situations. The article presented virtues and selected instances of virtues in medical practice during the COVID-19 pandemic situation, which should be further discussed in workshops for physicians and health professionals in retrospective reflection of the lived experience of the pandemic. Teaching and formation in virtue ethics, as well as in other ethical approaches, should not be limited to faculty lectures but should be part of ongoing discussion and continuing education during medical practice. Therefore, the article recalls virtue ethics as an integral part of the education of physicians and health professionals.

## Appendix

This article is written with gratitude for the dedicated care of physicians and healthcare workers during the COVID-19 pandemic. The virtue ethics presented here is an appropriate means of linking ethics and the care of the soul. It offers itself as a means of reflecting on the challenging experience of the pandemic.

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