

## Review

## Reseña

**José Enrique Gómez Álvarez\***

**Álvarez Montero, Santiago.** *Vocación, medicina y ética. (Vocation, medicine and Ethics)*. Publishing of the Pontifical University of Comillas, Madrid, 2017, 174 pp.

The book that now is presented is summarized in a single word: vocation. It is an analysis of what vocation in medicine implies supported on ethical, anthropological and phenomenological reflections by various authors, among which stand out Zubiri, Aristotle and Gracia.

It includes twelve chapters which are interconnected in a central value spiral of the clinical practice of a physician, from the same practice. In the author's own words: «Here is intended to perform and ethical proposal, which is not a purely speculative exercise, but it is something outlined, tested and justified by real clinical practice» (p.15). Thus a resource used by the author, is to put little passages of clinical situations of his life as a physician, in order to illustrate that component of his experience from which his analysis is based on.

In chapter I «A raid into complexity» the new situation of the institutionalized medicine is presented: to be complex and not

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solved only in the context of the physician-patient practice. In this chapter, the interest and economical conflicts are established when political decisions are made to obtain clinical solutions, as for example save the budget by privatizing the public sector as an example of the new complexity.

In chapter 2 «The annoying issue of being a physician», Dr. Álvarez poses the core of the work; to be a good physician and not just to perform well in medicine. It is emphasized that the physician, as well as in other professions lives in reality and is embedded in it. It shows the analogue notion of reality and how it affects the medical performance.

In the third chapter «With the feet down to earth» (pp. 47-53) uses Zubiri's philosophy, to insist on the analogue character of reality as of phenomenology. The physician performs in his clinical practice a differential logo: «... the moment of the active listening and of the meticulous physical exploration... But also is the moment in which data is gathered which previously was saved in the long range memory... from the data relative to the pretest probability of a specific health problem, to the patterns already known through studies or experience» (p. 51).

In the following chapter «Being reasonably updated» (pp. 55-66) the author studies the marching moments of the reason according to Zubiri: Object, method and verification. The method, in turn, makes or connects with a reference system, a sketch and an experience: «The diagnostics or therapeutic hypothesis, generally are possibilities that have been previously proven in other patients, through biomedical research and, therefore, with a certain generalization power. But also it has to do with checks which have been performed in the population group on which the physician has worked throughout his professional life» (p. 63). The author emphasizes in that the physician's reason implies, not only the experimental ones, but all, as long as they are rational: «And what we have to ask the physician is an open mind, that recognizes the

need to take on the complex reality of the persons from different angles and points of view» (p. 66).

In chapter 5 an issue that is dealt with, is the one about the emotions which the physician in fact possesses and should modulate in his clinical practice: «In medical practice emotions can be appropriate as long as they facilitate cognitive processes, promote to perform with precision, or help to take prudent decisions» (p. 72). The chapter analyzes the role of various emotions: surprise, dislike, compassion, disregard, outrage, calm, anguish, fear, happiness. All of them related to the physician's practice.

Chapter 6 «A transcendental stroll» is an imaginary conversation where what has been covered up until the end of chapter 5 is summarized.

Chapter 7 «Starting point: the referrals», gathers in a different way how a reference system, the guide of the reason is guided. Those referrals are principles that manage the method. The referrals pointed out by the author, are the ones that never should have happened, that is to say, the Nuremberg abuses; Increase in power, and thus increase in the physicians responsibility; Change from paternalism to a medicine centered on the patient, and the rise of pressure on political and economic organizations within and outside the strict medical field. The previous facts have created a stamp of a minimal ethical standard which includes the moral conscience of the physician.

Chapter 8 «A draft of key values» addresses the issue of the central values of the medical profession. Dr. Álvarez indicates that they are «the human solidarity», «the autonomous professional criterion» and «confidence». The author summarizes it like this: «There can be solidarity without criterion and without confidence, but a responsible and prudent medical criterion, is hardly conceivable without human solidarity. Confidence is fueled on links and a community in harmony, related in turn to the notions of solidarity and of medical criterion. Without them reliability is not possible» (p. 114).

Chapter 9 «Duties; a key competence» (pp. 115-125). Here, «competences are understood as the action courses in which the capability to achieve the proper good of medicine is shown». These competences are routed in what is moral: «...courses of action which describe an effective performance of human acts which include the intention, the conducts and the management of the practice, which in turn make models of professional, of clinical relationship and of practice» (p. 125).

Chapter 10 «The care of solidarity» (pp. 127-138) explains the notion of solidarity» in medical practice, which is understood as emotional solidarity and as the preferential main interest for the patient. Now, emotional solidarity «which in medical practice consists in taking care of the current and potential damage of the patient, indulging its emotional impact, in a mildly efficient way». Professional interest implies that the patient is the most important above all other interest which the professional should have. Care for human solidarity, then implies values, character virtues like being compassionate, supportive and fair that in turn impacts in the clinical relationship as linkages, personal and assertiveness which includes in clinical practice to be accessible, centered on people and fair. The author summarizes it as follows: «... the care for human solidarity in medical practice consists in paying attention and be constant in taking seriously the situation of the patient, and act accordingly in his help... For that, it is necessary to review and work on attitudes and habits, habits and attitudes; both in the scope of the professional character, as well as the clinical relationship, and as the medical practice management» (p. 138).

In chapter 11 «The care of the autonomous professional criterion» in an analogue way to the previous chapter, virtues and values related to the medical practice are analyzed. Thus features of being rigorous, prudent, and having a professional autonomy are required, which lead to a matching clinical relationship of being methodological, deliberative and liberating, which in turn leads to a clinical practice supported by tests, quality and self-managed.

In the last chapter «Care for confidence», the author points out that «There are three competences from the character that seem important for the care of confidence... They are related respectively with transparency, competence, and the link, and they are the honesty, kindness and commitment» (p.158). These in turn take the clinical relationship to truthfulness, resolution and friendliness and «on the management level with an agreed, excellent and professional practice» (158)

Thus the book analyses and shows how the medical practice is profoundly ethical. Its great merit, is to rely on classical texts such as Zubiri and Aristotle, and many other to demonstrate that the medical vocation is profoundly human, and full or needed of moral virtues which affect at clinical levels and of the management of sanitary services. Maybe the weak theme here, is that it tends to repetition and to probably have too many discussions that affect the conducting thread of work.