

Ethics Dispatch

“The object of philosophy is the logical clarification of thoughts. Philosophy is not a theory but an activity.”

- Ludwig Wittgenstein

Center News

The Ethics Committee Consortium Webinar Series will NOT have its regular installment this month, Mar 11, 2021. We encourage you to check out these free public webinars we will hold this month:

Webinar: [State of the Science and the Ethics of Equitable Allocation](#)

Friday, March 5, 2021 | 12:00 PM – 1:00 PM CST

PANELISTS:

Catherine Satterwhite, PhD, MSPH, MPH, Regional Health Administrator, U.S. Department of Health and Human Services (DHHS), Region 7

Broderick Crawford, Executive Director, NBC Community Development Corporation, Kansas City, KS

Webinar: [CULTIVATING RESILIENCE, COMPASSION AND MINDFULNESS](#)

Friday, March 12, 2021 | 2:00 PM - 4:00 PM CST

FACULTY:

Barry Kerzin, MD, personal physician to the Dalai Lama and founder of the Altruism in Medicine Institute, seeks to increase compassion and resilience among healthcare professionals and their patients and to address systemic issues of racism and equity.

Hot Topic

The Roots and Meaning of Suffering

The roots of the word “suffering” can be traced back to the mid-13th century Anglo-French word *suffrir* and the Old French *sofrir*. These are terms typically meaning to bear, endure, resist, permit, tolerate and allow. The word “suffering” also has two roots, the first being “sub,” which means “under” or “inferior,” and the second coming from *ferre*, which means to carry or to bear.

All this comes together in the word “suffer,” which essentially means to “undergo” or “endure.” But while the etymology is interesting, one does not need a deep knowledge of the history of the word “suffering” to know what it means. Suffering is one of those things that is easy to identify. You know suffering when you see it, right?

What Is Suffering?

The truth is actually quite the opposite. Suffering is a challenging concept to fully understand but, even more so, it is challenging to identify and recognize completely. The difficulty comes from the truth that suffering for one person may not be suffering for another. In the context of medicine, suffering has even more specific meaning. [Eric Cassell \(2004\)](#) defines suffering as “the state of severe distress associated with events that threaten the intactness of the person.” [Tate and Pearlman \(2019\)](#) state that suffering “can have a variety of causes, such as pain,

humiliation, diagnostic uncertainty, constrained perceptions of the future, or the actions of the physician, and it can occur with either the threat of injury or the actual injury of a person's intactness or integrity."

A key aspect of medical ethics is the upholding of the ethical principles of beneficence and nonmaleficence. It is typically accepted that medical professionals have an obligation to relieve or mitigate suffering, particularly what is deemed "unnecessary suffering." This is one of the essential arguments for the ethical justification of physician aid-in-dying, specifically compassion for patients who are suffering. As [Bernard Lo](#) states, "Many people regard it as inhumane to require such patients [patients in the final stages of a terminal illness] to suffer a downhill course while waiting to die of complications. . . . In some circumstances, terminally ill patients have refractory symptoms despite optimal palliative care" (p 153). This is not to argue for or against physician aid-in-dying, but rather to highlight the lengths to which arguments for the alleviation of suffering can go. If you support this rationale, then it is to argue that certain suffering is a fate worse than death.

Subjective Suffering

As stated earlier, suffering is an entirely personal experience. It is understood and experienced first-hand, and while others may empathize with those suffering, they are not able to truly experience, and thus truly know, the extent of the suffering of others. This first-person concept of suffering is extrapolated upon by Tate and Pearlman (2019). They outline the two conditions that comprise subjective patient suffering, those being: (1) a loss of a sense of self, and (2) a negative affective experience.

This kind of suffering can be labeled subjective patient suffering, or SPS, and it is the necessity of condition (1) [loss of a sense of self] that helps to distinguish SPS from more superficial and transient emotional states, such as ennui, brief anxiety, or fear. These two conditions of SPS can reinforce and be the cause of each other. For instance, when a precipitating event such as a patient's dyspnea has gotten so severe that she can no longer go on walks with her husband, she may experience a breakdown in her relationship, her roles, and her vision of a future of graceful aging. This is a loss of her sense of self. (Tate and Pearlman, 2019, p. 104)

Suffering can also have a deep religious nature to many patients, with some believing that suffering is part of God's will, that suffering is a fundamental part of life, or that they are not truly suffering. This has been explored by several, including [Brett and Jersild \(2003\)](#), who state, "Suffering may constitute a demanding school of self-development, but that truth hardly applies to [the believer's loved one]. . . . The person who exalts suffering on Christian grounds distorts the Gospel by turning suffering into an end in itself. When all hope has been lost for the patient's recovery, the extension of suffering loses all meaning and becomes an inexcusable assault."

Responding to the Choice to Suffer

So how do you handle a patient who is actively choosing to "suffer," potentially against the advice of the physician? [Frush, Eberly, and Curlin \(2018\)](#) offer six recommendations:

1. Determine if the patient's refusal compromises your commitment to their health.
2. Inquire about how the patient's religious beliefs inform their decision-making.
3. Respectfully challenge the patient's beliefs and refusals of needed care.
4. Consider encouraging the patient to invite members of their faith community into discussions.
5. Give the chaplain freedom to do their work.
6. If you have to refuse, explain your reasoning.

It is important to note that all of these recommendations come with the predicate of respect. Hard paternalism is typically viewed as unethical for it “will restrict forms of information available to the person or will otherwise override the person’s informed and voluntary choices” (Beauchamp and Childress, p. 217).

It is important to understand that as patients can determine what qualifies as quality of life, they too can define suffering, and most will have their own unique and personal understanding. The role of the healthcare provider is to support and inform that patient and, at the same time, to respect the patient and potentially allow them to follow their own definition.

Bioethics in the News

[Loyola University professor speaks on Catholic bioethics amid pandemic](#)

[Ethics, public health and technology responses to COVID-19](#)

[Dr. Fauci Explores Role of Ethics in Health Care in Event](#)

[COVID-19: Bioethical issues raised by the pandemic](#)

[Is It Ever OK To Jump Ahead In The Vaccine Line?](#)

[What is reality? In a divided America, maybe philosophers can tell us](#)

[Positivist Thinking](#)

Case Study

Mr. L is a 47-year-old father of two who has a history of alcohol abuse but has been sober for over a year. He was admitted from the emergency department, where he presented earlier this morning with acute abdominal pain. He was diagnosed with pancreatitis and biliary colic, indicating the need for a cholecystectomy (a laparoscopic procedure to remove the gallbladder to prevent gall stones, pain and infection). However, before the procedure could take place, Mr. L stated that he did not want pain medication after the surgery because, as he said, “God wants me to be in pain.” The medical team, unsure how to proceed, delayed the surgery.

Dr. J, a fourth-year surgery resident, met with Mr. L to discuss his request and quickly reach a resolution, as the medical team did not want to delay the procedure for more than 24 hours. After Mr. L explained why he did not want pain medication, Dr. J stated, “You are going to feel a lot of pain after this surgery. Sometimes the pain is so extreme that patients have difficulty breathing. So the pain medication helps you be able to take full breaths, which reduces the likelihood of getting pneumonia.” Dr. J then asked Mr. L if he would be willing to speak with a chaplain about his ideas of what God wants for him, and Mr. L agreed.

Dr. J consulted with the chaplain on call, Chaplain K, and explained Mr. L’s case. “We can’t, in good conscience, not give him pain medication,” she said. “It’s just bad care. I respect his beliefs, but I can’t be forced to give him what I know to be bad care because of his beliefs. We need to manage the pain to help him heal, if not to be compassionate.” Chaplain K suggested, “I’ll speak with him to get a better understanding of his spiritual concerns. Why don’t we talk after I meet with him?”

Chaplain K visited Mr. L. They spent some time getting to know each other and, eventually, Chaplain K asked, “So would you tell me more about why you think God wants you to be in pain after your

surgery?” Mr. L nodded his head and lifted his hand. “I’ve done a lot of wrong in my life and hurt a lot of people. I haven’t been a good father to my kids. And from the way I see it, God wants me to be in pain— God wants me to suffer through this so I can atone for some of my sins. And God’s right—I don’t deserve the pain meds and I don’t want the pain meds.”

Dr. J and Chaplain K now meet and consider how to proceed.

This case was first published in the AMA Journal of Ethics, [What Should Physicians and Chaplains Do When a Patient Believes God Wants Him to Suffer?](#)

Ethical Musings

Suffering: Experienced Alone, Shared By All

The concept of suffering has been discussed in philosophy for many years. Several famous philosophers have attempted to understand suffering, more specifically, tried to explain the cause of suffering. Not the direct *cause and effect* cause, such as a person suffering because their leg is broken and their nerves are communicating the pain to the brain. More so, they attempt to answer the question: Why is there suffering in life? Why does life have to contain suffering?

In Buddhism and Hinduism, the first of the Four Noble Truths is Dukkha, which is often translated to mean “suffering” (although this is viewed as a weak translation with other translations being stress, unhappiness or pain). “As the Pali-English Dictionary explains, ‘There is no word in English covering the same ground as Dukkha does in Pali. Most people, for example, don’t view discouragement or discomfort as suffering, but dukkha includes this. It encompasses both physical and mental pain’” (Forrest, 2017). This does not mean that life *is* suffering, but rather an acceptance that life *has* suffering. This question -- Why is there suffering in life? -- has seen attempts by almost every major religion to answer it.

Needless or Caused

In my perspective, it is not the existence of *suffering* that causes some people to have moral concerns with the world as it is, but rather the existence of seemingly needless suffering.

As humans, we require that the universe be in order, to make sense, to have direct causes and effects. We believe things should not happen at random, with no direct cause. And more importantly, things should not just *be*, but rather have to *be because*. For example, if a skateboarder fall and breaks a bone, that person would indeed be suffering. But it would not be *needless* or *uncaused* suffering. Skateboarding is a relatively dangerous activity, and those who choose to participate in skateboarding are aware of the risks. It is understood that falls, and thus broken bones, are likely and come with the activity. There are probably plenty of questions going through the mind of a skateboarder with a broken bone waiting in the emergency room, but I highly doubt one of those questions is why must I have to suffer?

Now compare that to an infant born with a debilitating genetic disease or childhood cancer? To see a young and innocent newborn or infant have to suffer due to no fault of their own makes us question why our existence has such events. *Why must the innocent suffer?* This is a common thought question, especially during difficult times. This question is not an attempt to understand the nature of suffering, but rather questions why there is *needless* suffering and *uncaused* suffering.

Suffering as Punishment

Friedrich Nietzsche, in many of his works, famously explores why needless and uncaused suffering exists in the world. Specifically, in *The Genealogy of Morals* (1887), he delves into the origin of morals and ethics and, in the third essay, the idea of suffering and how individuals react to it:

... [O]r every suffering person instinctively seeks a cause for his suffering, or, more precisely, an agent, or, even more precisely, a guilty agent capable of suffering—in short, he seeks some living person on whom he can, on some pretext or other, unload his feelings, either in fact or in effigy. For the discharge of feelings is the most important way a suffering man seeks relief (that is, some anaesthetic)—it's his instinctively desired narcotic against all sorts of torments. In my view, only here can we find the true physiological cause of resentment, revenge, and things related to them, in a longing for some anaesthetic against pain through one's emotions. [\(GoM, 3, 15\)](#).

What Nietzsche is attempting to explain is how people react to the existence of suffering, particularly medical suffering. Suffering cannot be unnecessary or random; it must be caused by something. To Nietzsche, in the Christian realm, that cause is to view suffering as a punishment, and thereby connect it to a guilt. This helps to explain suffering as punishment for those who commit offenses; those who suffer are guilty of sins and therefore not innocent. Needless suffering of the innocent cannot make sense, but suffering as the result of sinning, while not ideal, is easier for our minds to accept.

Responding to Suffering

Suffering is a difficult concept to understand. It is challenging even to define suffering, let alone explain why it exists. It is common for people to believe either that suffering is just a fundamentally defining aspect of life, or that suffering is the punishment for crimes and offenses. And while suffering is challenging to experience, it is also hard to view in others. People tend to experience suffering alone, but the suffering is shared by all. No matter the approach, suffering happens, and we need to work to alleviate and care for those who are suffering. We must understand and empathize with the suffering of others, and always care for them in whatever way possible.