

## Knowing-How to Fulfil One's Duties

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### Introduction

#### Recently approved revisions to the physician's pledge of the World Medical Association mean that it now states:

I SOLEMNLY PLEDGE to dedicate my life to the service of humanity;

THE HEALTH AND WELL-BEING OF MY PATIENT will be my first consideration;

I WILL RESPECT the autonomy and dignity of my patient ...

The introduction of respect for patients' autonomy is a long awaited, and most welcome, development in medical ethics. In daily life, however, some of these duties may clash, leading to dilemmas. Putting the health and well-being of the patient first may sometimes conflict with effectively respecting her autonomy, especially when there is disagreement on the best course of action. What happens if physician A believes, in her best judgment, that x is the best option, but patient B wants y? What does it mean to put the patient's wellbeing first and, at the same time, respect his autonomy?

The fundamental philosophical question is this: how can one solve these conflicts to make it possible to fulfil one's duties? Both in my paper *Knowing-how to care* and in my book *Care and respect in bioethics*, I argued that we need a new moral epistemology to show us how to apply the basic norms of medical ethics without generating dilemmas and, consequently, avoid finding ourselves in a position of not knowing what to do [1].

I call this new moral epistemology "Practical Cognitivism". The basic idea is that moral knowledge involves knowing-how and not only

knowing-that, that is, scientific knowledge. I defined knowing-how as an acquired capacity to follow norms. Thus, training to acquire and apply norms in order to have the relevant capabilities is essential to moral knowledge [2].

There are certainly many kinds of norms: social, legal, artistic, moral etc. Thus, it seems crucial to distinguish what makes a norm a moral guide for action. It seems plausible to assume that a moral norm involves the intrinsic valuation of an action, an agent, a state of affairs etc., but above all, the recognition that it overrides all other kinds of norms. The intrinsic valuation in medical practices amounts to caring for the patient's own sake, that is, really putting her interests first. Thus, there is no real way of taking care without intrinsically valuing the patient herself.

If this is right, then knowing-how to care respectfully makes sense, and it may help prevent the many ways caring may go wrong (negligence, malpractice ...). Roughly speaking, one knows-how to care respectfully when one increases the patient's wellbeing without infringing on her other rights. When there is disagreement, either the physician persuades the patient and they decide what to do together, or the patient must be free to look for a second opinion. This is the only way of showing one knows-how to care respectfully [3].

### References

1. Dall'Agnol D (2016) *Knowing-how to care*. J Med Ethics 42: 1-6.
2. Dall'Agnol D (2016) *Care and respect in bioethics*. Newcastle: Cambridge Scholars.
3. World Medical Association. <https://www.wma.net/policies-post/wma-declaration-of-geneva/>