

COMMENTARY IN RESPONSE

Response from the authors to JEMH reviewers of The Virtuous Psychiatrist

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We should be clear about our delight at seeing not one but three reviews of *The Virtuous Psychiatrist: Character Ethics in Psychiatric Practice* (Radden and Sadler, 2010), and the careful readings and commentary that Drs. Kirby, Zaretsky, and Izenberg provided (Kirby, 2011, Zaretsky 2011, Izenberg 2011). Authors could not ask for anything better, and the largely favorable comments we received were appreciated as well.

Authors are often surprised at readers' interpretations, as we were at some of the emerging themes. One of these themes that came through to us might be characterized more as a lament, and the lament expresses a desire for a more comprehensive theory of ethics practice - for psychiatrists or other clinicians as well. We, of course, had no intention of providing such a theory of practice, but believed that the quandary-driven approaches of principlism and consequentialism tend to marginalize the ordinary challenges of psychiatric practice. These ordinary challenges - of boundaries, of temptations to moralize or abuse power, to tolerate provocation, and the like were receiving short shrift in the psychiatric ethics literature, and, as we emphasized in the book, a virtues approach, while not complete, is crucially complementary to deontological and utilitarian approaches to quandaries. Similarly, we were primarily interested in "couchside" decisions and not deliberations on macro-level distributive justice, for which the individual clinician has little immediate impact. So we were surprised to see that we are "strident" about a virtues approach. Only strident about inclusion, not domination of ethics thinking!

A repeated theme in these reviews echoed Plato's concern, with which we disagree, that virtue *may not be able* to be taught. Although the particular application of virtues to medical education were touched on only briefly, at the end of the book, we have explored them somewhat more fully (and provided added vignettes) in

other writing (Radden and Sadler 2008). Our confidence that there is a place for virtues in psychiatric education rests on two tenets: that most young adults have received sufficient ("good enough") early moral education for the virtue enhancement we are advocating, and that any who have not, have no place in psychiatry residency programs.

The popular film critic in the USA, Roger Ebert, is fond of referring to the "MacGuffin" as a plot device in action movies. Ebert defines the MacGuffin as "the device that explains everything by explaining nothing" (<http://rogerebert.suntimes.com/apps/pbcs.dll/article?AID=/20100621/REVIEWS/100629998/1023832>). While not identifying our MacGuffin explicitly, all three reviewers, in their way, raise the question about what needs explaining: How is it that we chose one virtue over another? How to decide which virtue, or set of virtues, should prevail?" Dr. Izenberg is perhaps the most explicit in raising, as he puts it, the "64-dollar question: 'what do I do?'" The device we use to address these questions-- as does Aristotle -- is the metavirtue of "*phronesis*" or practical wisdom. *Phronesis* is a governing virtue that orders the other virtues in application to concrete situations. We deliberated at some length in the development of this book about how to deal with *phronesis* - how to specify it, how to harness practical wisdom for students, perhaps how to analyze its latent structure. *Phronesis* is, of course, the device that explains everything by explaining nothing, and we decided that if 2000 years of virtue theory has not solved the problem of how *phronesis* works, then we were not going to take this one on for our short book. A key about *phronesis*, nevertheless, is the "wisdom" component - wisdom, unlike knowledge, is not gained incrementally by a culture, but rather, wisdom is acquired by each of us as individuals through experience over a lifetime. *Phronesis* theorists, opportunity awaits you!

References:

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