CLINICAL ETHICS

Why the Kantian ideal survives medical learning curves, and why it matters

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The ''Kantian ideal'' is often misunderstood as invoking individual autonomy rather than rational self legislation. Le Morvan and Stock's otherwise insightful discussion of ''Medical learning curves and the Kantian ideal''—for example—draws the mistaken inference that that ideal is inconsistent with the realities of medical practice. But it is not. Rationally to be a patient entails accepting its necessary conditions.

In a recent paper in this journal,[1] Le Morvan and Stock present a comprehensive, subtly argued, and entirely persuasive analysis of both the need to take realistic account of the learning curves of medical practitioners and the range of practical ethical issues that this raises. Their argument that ''the constraints imposed by the reality of medical practice'' (Le Morvan, Stock,[1] p 518) render the Kantian ideal impossible to attain, however, rests on an understanding of Kant that, however widespread, is none the less mistaken. His famous maxim: ''[A]ct so that you treat humanity, whether in your own person or in that of another, always as an end and never as a means only''[2] is not the statement of liberal individualism that it is all too often taken to be. For as Michael Neumann decisively argues: ''[T]he persons he is talking about are nothing like the persons valued by contemporary pseudo-Kantians''.[3] [i]

This is what Kant says about what characterises being a person: it is ''...nothing else than...the freedom and independence from the mechanism of nature regarded as a capacity of a being which is subject to special laws (pure practical laws *given by its own reason*), so that the person belonging to the world of sense is subject to his own personality *as far as he belongs to the intelligible world*'' (my emphases).[5] What this means is that, for Kant, the ''humanity,'' which according to his maxim is always to be treated as an end, and never merely as a means, is not that of the ordinary, everyday person we see around us, not the person to be found in the phenomenal world, but rather the rational self of the person; in Kant's metaphysics, the person who inhabits the noumenal world. To treat someone as an end in themselves, therefore, is to treat them as a purely rational person, as a being who legislates for her or himself in terms of ''pure practical laws given by its own reason''.[ii]

What a real life person might actually want, then, is entirely irrelevant to the matter of treating them as an end in themselves. It is instead a matter of treating them as a fully rational agent, and respecting, not their contingent, everyday desires, but the ends dictated to them by their own reason, and—crucially—whether or not the real life person concerned actually happens, her or himself, to acknowledge those ends. There is no question for Kant of respecting the real life individual in their physical incarnation, with all the desires, preferences, and so on that they happen to have. What is to be respected is, so to speak, the rational nature of individuals. It is not a question of paying homage to a person's autonomy, understood as their freedom to go about the world in their own way, to develop themselves as they see fit, free from the imposition of others. Rather, it is a question of paying homage to the rational course of action they would prescribe for themselves were they perfectly rational agents. Of course, since none of us are perfectly rational—since we are creatures of the phenomenal world, of the world as it actually is—that homage will always be homage to an ideal. And it is *that* ideal that Kant enjoins upon us; it is not the ideal of the liberal individual going about the world in her or his own way, so long as that way does not interfere with anyone else's doing the same. Again, as Neumann puts it: ''Kant is no supporter of contemporary views on autonomy or respect for persons…What Kant respects is a somewhat Platonic and somewhat Protestant creature, entirely absent from the bestiary of contemporary moral theory… The notion that Kant is the harbinger of individualism, liberalism or libertarianism has foundation only in the misinterpretations of modern liberal and libertarian political theorists'' (Neumann,[3] p 299).

The implications of this for the realities of medical learning curves—or indeed for the realities of all the other constraints on people obtaining the very best treatment possible, or for the realities of the need for the herd immunity offered by immunisation, or for the realities of global, rather than merely local, medical need—are radical. It is of course quite right to point out, as Le Morvan and Stock do, that ''[G]iven the risks involved, (however) it is quite reasonable for a patient not to want to participate in the learning process'' (Le Morvan, Stock,[1] p 516). That is not, however, what is at issue from a Kantian point of view. What is at issue is not what a patient wants, however reasonably, but rather what a patient considered as a purely rational being would prescribe for themselves; the moral law they would regard themselves as being enjoined to follow, were they thinking perfectly rationally and only thinking perfectly rationally. It is not the case, therefore, that, as Le Morvan and Stock would have it: ''the patient...is not treated as an *end if she receives needed treatment in a way that unnecessarily exposes her to risk of harm*'' (Le Morvan, Stock,[1] p 515). Certainly they would be right if by ''unnecessarily'' they meant unnecessarily in the broadest possible sense, so as to cover—for example—such wider social ends as ensuring that health professionals have opportunities to practise as they need to if they are to become as skilled as possible. But they do not use the word in

[i] For an extended general discussion of autonomy and how Kant's notion of it is misrepresented in discussions of health care, see Secker B.[4] My thanks to one of this journal's reviewers for directing me to this excellent discussion. Secker does not, however, share my optimism about using Kant's own approach in healthcare ethics (Secker,[4] pp 52–6).

[ii] For a more extended discussion see Neumann (Neumann[3] pp 290–2).

this way: '"unnecessarily' here pertains to the patient's interests, not broader, societal interests'', they say.[1] And it is precisely this that the Kantian injunction, the Kantian ideal, rules out. It is very much less than perfectly rational not to take account of just those ''broader, societal interests'' if they include society's interest in medical practitioners becoming as skilled as possible: and that requires taking account of medical learning curves; which in turn entails that patients accept the constraints that these place on their treatment. For otherwise medical practitioners cannot become as skilled as possible—in which case *no one* (and specifically not the patient in question) will be able to have access to just that treatment that she wishes to have. It is only if the risk of harm is unnecessary in this broader sense that she is not treated as an end. For *as a rational being*, she has to accept what is *logically* necessary—and, so far as Kant is concerned, whether or not she happens to want to do so.

Or to take another of Le Morvan and Stock's examples: as a factual, or empirical, observation, their observation that ''it is false that *all* patients have a vested interest in the future of medicine'' is no doubt accurate. ''Patients with short life expectancies would not suffer, were the next generation of doctors ill prepared.'' Again, however, that is not to the Kantian point. The question is not what individual people happen to want, or even to think, but what they would think were they thinking perfectly rationally. They in fact partly appreciate this when, commenting on this, they point out that: ''when Kant tells us to 'treat humanity in each person always as an end', he tells us not only to do what benefits each person, but also to respect the rationality of each person'' (Le Morvan, Stock,[1] p 516)—but only partly. He tells us to do what benefits each person considered as a purely rational being, not as the particular individual they happen to be, and that means not ''also'' respecting their rationality, but rather, respecting only their rationality. Furthermore, by ''the rationality of each person'' Kant would not understand (something like) ''the rational decisions to which each person actually comes'', but rather (something like) ''the rational decisions to which each person would come were they thinking in accordance with the moral law, that is to say, in accordance with the precepts of pure practical reason''. Given that it is necessary that doctors be well prepared if people are to be able to become patients at all, then, while ''patients with short life expectancies'' will not suffer *physically* if ''the next generation of doctors'' are not well prepared, they would nevertheless suffer, so to speak, as rational beings, since they would be engaged in a practical self contradiction by not accepting as applying to their own case what they (rationally) recognise to apply to others.

Now, why does any of this matter? Or at least, why does it matter more broadly than just to those interested in what exactly Kant himself might have meant when he enjoined people always to ''treat humanity, whether in your own person or in that of another, always as an end and never as a means only''? It matters, I think, not just because it is important to expose liberals' evocation of Kant as supporting their conception of the person as the ''autonomous'' individual roaming the ''free'' market of today's neoliberalism—important though that is—but because Kant's insistence on respecting the rational being that we all imperfectly instantiate offers us a way of thinking about the morality and the politics of medicine in a particularly fruitful way, and in a way that challenges just that individual autonomy in whose defence Kant's name is so often invoked. Let me briefly suggest just one example. Over the last two decades, the paternalism that used to characterise a good deal of medical practice has largely disappeared. What has replaced it, however, is a consumer oriented conception of the relations between patient—now client, user, or even customer—and doctor—or perhaps provider, deliverer, or even facilitator. In this commodified context, it can be difficult to raise the question of what might be the proper relations between patient and doctor, because to do so requires a language quite different from that of the market, and that in turn requires some alternative conception of what it is to be a patient and what it is to be a doctor. Kant's notion of the rational person, shorn perhaps of some of its severely ''Protestant'' tone, but retaining its ''Platonic'' tenor, might well offer a fruitful way of talking about rationally defensible conceptions of patients' and doctors' responsibilities and relations. For to be a patient is already to be in a privileged position: it already assumes a complex network of institutions, individuals, interdependencies, and logical necessities in the absence of which it simply would not be possible for any one of us to be a patient. In parallel fashion, becoming a doctor (just like becoming all sorts of other things) also requires there to be such a complex network. On a Kantian view, taking advantage of such networks rationally, if not necessarily actually, entails accepting for oneself and not just for others the necessary conditions of their existence. And on the basis of that admittedly abstract state of affairs, perhaps it might be possible to construct a rationally, and thus a morally, acceptable framework of responsibilities to replace the assumptions, depredations, and illogicalities of market driven liberal individualism.

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