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Virtual Virtue

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Introduction

My paper today is broadly on the topic of virtue ethics and medical ethics training. While it is not the goal of this paper to justify the appropriateness of applying an Aristotelian virtue ethics approach to medical ethics training, given the current propensity to do so[1], it is the goal of this paper to propose some insights into what such an application might look like in the case of Virtual Ethics Patients with an understanding of the role of habituation in Aristotle's virtue ethics. Ethics Virtual Patients (EVP) are pedagogical tools in which students view complex video sets in order to practise dealing with ethical issues that arise in a medical context. With the general digitisation of our pedagogical tools and the steady growth of distance learning, it seems uncontroversial to see a role for EVPs in the future if professional ethics learning.

Kristjansson (2014) asks:

What would be the necessary conditions for an approach to moral education to count as 'Aristotelian' or 'Aristotle-inspired', apart from the obvious one of focusing on the cultivation of moral virtues as stable states of character (hexeis)? Two quintessentially Aristotelian terms immediately spring to mind: habituation and phronesis.

There has been a recent call for attention to *phronesis*, understood as practical ethical reason, as the putative goal in current professional ethics curricula[2] but I intend to return to that stage which Aristotle described as a prerequisite for phronesis: habituation[3]. We are habituated to recognize opportunities for phronesis and so a proper understanding of habituation is necessary for any attempt to design curricula with a view to phronesis. It is the specific purpose of this

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[1] For a survey of recent approaches, with particular reference to Phronesis, see Kristjánsson, 2015.
[2] See Kristjansson, 2014
[3] For a thorough account of the importance of habituation for phronesis see Bowditch, 2008.

paper to provide insight into how well suited EVPs are to an Aristotelian virtue ethics approach

to professional medical ethics, and further, how an understanding of habituation in Aristotle's

account can provide direction for making EVPs as effective as possible in training students to

recognize opportunities to engage in ethical reasoning (phronesis). I will begin with a description

of Aristotle's virtue ethics, emphasizing the role of habituation and avoiding issues of

contentious interpretation as much as possible. I will then describe EVPs in greater detail and

hope to demonstrate how EVPs are currently extremely well suited to the development of

phronesis but can equally well be applied to the more fundamental process of habituation.

Habituation and Aristotle's Virtue Ethics

One of the essential features of virtue ethics is the great significance placed on the role of

the internal state, or character, of the agent when evaluating an action. Unlike the emphasis on

outcomes, that is the hallmark of consequentialist approaches, or the need to identify duties and

moral imperatives, as in deontology, virtue ethics is concerned with the development of the

individual. For Aristotle, virtuous action issues from a firm state of virtuous character (*NE,*

1105a31-33). As a result, understanding the means of acquiring a virtuous character is of

paramount importance. Aristotle distinguishes between two sorts of virtue; virtue of thought,

and virtue of character (*NE*, 1103a14-15). The former is achieved through instruction, the latter,

however, is the result of habituation. In Aristotle's account then, the possibility for acting

virtuously depends upon the ability to acquire a virtuous character through habituation.

Our character is not virtuous by nature, but neither is our nature opposed to the

acquisition of virtues; "Rather, we are by nature able to acquire them, and we are completed

through habit[4]" (*NE*, 1103a24-26). Just as one becomes a carpenter by producing those products

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[4] Translations of *Nicomachean Ethics* from Aristotle. & Irwin, 1999.

that are expected of carpentry, so too one becomes virtuous by performing those actions that are in accordance with virtue. For, just as learning poor techniques through apprenticing to an inferior carpenter will make you an inferior carpenter in turn, so too one can be improperly habituated: "the sources and means that develop each virtue also ruin it, just as they do in craft" (*NE*, 1103b6-8). Our ability to act virtuously is developed by performing actions that are in accordance with virtue. However, the performance of an action that is in accordance with virtue is not sufficient for the agent to be considered virtuous himself:

> [F]or actions in accord with the virtues to be done temperately or justly it does not suffice that they themselves have the right qualities. Rather, the agent must also be in the right state when he does them. First, he must know [that he is doing virtuous actions]; second, he must decide on them, and decide on them for themselves; and, third, he must also do them from a firm and unchanging state. (*NE*, 1105a28-34)

Habituation, as the directed repetition of activities that are in accordance with virtue, will eventually bring about a virtuous internal state. It will bring about, not only the performing of actions that are in accordance with virtue but also the habit of choosing virtuous action for its own sake (*NE*, 1103b21-22). I can construct a birdhouse well, by fortune or accident, without thereby becoming a carpenter. Aristotle makes this point with reference to literacy; I can construct a grammatically correct sentence by accident, or without knowing the meaning of what I am writing. I can copy a line of Portuguese without being literate in that language. "To be grammarians, then, we must both produce a grammatical result and produce it grammatically – that is to say, produce it in accord with the grammatical knowledge in us" (*NE*, 1105a22-26).

The kind of habituation involved in acquiring and applying grammatical knowledge cannot be the kind of habituation Aristotle has in mind in the case of virtues. For, grammatical

habituation is considered complete when the need for decision is eliminated whereas, for

Aristotle, as noted previously, habituation is the means by which we come to a state that decides

well in terms of virtuous actions. Indeed, keeping in mind that habituation is the means by which

we acquire virtues of character, it must not only allow for, but must also lead to, a disposition for

choosing virtuous actions. The importance of decision is stressed in the most famous formulation

of virtue in the *Ethics*: "Virtue, then, is a state that decides, consisting in a mean, the mean

relative to us, which is defined by reference to reason, that is to say, to the reason by reference to

which the prudent person would define it" (*NE*, 1107a1-3). Surprisingly, there is very little in

the *Nicomachean Ethics* that explicitly deals with reason's relation to habit. For a more explicit

statement of the relation between habit and reason we can turn to Aristotle's *Politics*. At VII.13

Aristotle gives a characterization that makes habit harmonious with, yet deferential to, reason:

> For reason and habit must achieve the best sort of harmony, since it is possible both for
>
> reason to fall short of the best basic assumption and for upbringing by habits to fail
>
> similarly...Now, the goal of nature for us is reason and understanding; hence the
>
> coming to be and the practice of habits must be arranged to aim at these[5]. (*Pol*,
>
> 1334b10-18)

The process of habituation is to train the individual to recognize the virtuous goal toward which

phronesis, or practical wisdom, helps us navigate[6]. This is the harmony between habituation and

reason. What Aristotle means by habituation in the *Nicomachean Ethics* is a process by which we

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[5] Translations of Politics from Aristotle., Irwin, & Fine, 1996.
[6] In support of this interpretation of the role of habituation as an inductive process see Sorabji, 1974, for an account of habituation as analogous with skill development see Annas, 2014, and against the skill analogy model see Kristjansson, 2015. My conclusions, about the application of virtue ethics of EVPs, are compatible with either interpretation insofar as both require and rely upon repetition of supervised instantiation.

are trained to recognize the value in a goal of action (virtue), which is then accomplished in light of direction provided by phronesis.

To sum up: while phronesis, as the capacity that ensures the means to our goal is correct, is the final step in the story of virtue ethics, the ground for the application of phronesis needs significant preparation in terms of habituation to ensure that our goal is correct in the first place.

Ethics Virtual Patients and Virtue Ethics

Due to its being quite a new pedagogical tool, current research and information on Ethics Virtual Patients comes primarily from one source. While there is evidence of success when using Virtual Patients to develop clinical reasoning (Forsberg, Ziegert, Hult & Fors, 2016), using virtual patients for professional ethics training in medicine is being spearheaded by the e-learning and medical ethics and law teams at St. George University London. The information about which is being made public primarily through Carwyn Hooper's *Ethics virtual patients: a new pedagogical tool for educators?* I will briefly rehearse the description of EVPs and then provide an analysis in terms of how EVPs fit into the virtue ethics model.

As Hooper notes, Ellaway and Masters define Virtual Patients (VP) as "an interactive computer simulation of real-life clinical scenarios" (Hooper, 2014, p. 549) and have traditionally been used to simulate issues of, for example, triage and diagnosis. The benefits of VPs include an opportunity for fledgling medical practitioners to be "practicing reasoning and decision-making skills" (Hooper, 2014, p. 549) while also learning from mistakes without endangering lives. Hooper describes Ethics Virtual Patients, or EVPs in the following way: "EVPs may be defined as interactive computer simulations of real-life scenarios that have a strong **ethical, legal** and/or **professional** component." (Hooper, 2014, p. 549, emphasis mine). This broad definition is descriptive rather than prescriptive and leaves open many details of constitution and

application. I hope to offer some considerations for both, on a virtue ethics model, in the

conclusion of this paper. The structure of both kinds of virtual patient experience is the same,

according to Hooper:

> VPs and EVPs require the student to progress step-by-step through a series of 'nodes'
>
> or scenarios. As the students progress through the nodes, they are offered a range of
>
> different 'management' options. Depending on which options they choose, the students
>
> will be led down a different 'path'—although, if the cases are well designed, students
>
> can cover key learning outcomes regardless of which path they take. The students
>
> continue through all the nodes until they reach the final scenario at which point they
>
> can replay the case or see the entire 'map' of the EVP and all the possible paths they
>
> could have taken. (Hooper, 2014, p. 549)

The nodes are short videos that involve actors dramatizing various scenarios. At the

completion of a video scene, the student is given a set of options, each of which has a

corresponding next video that ends with another set of options, and so on, until one of multiple

possible endings is reached. It is a kind of video-ethical 'choose your own adventure'. There is a

free mobile phone application: MedEdEthics, through which the scenarios can be downloaded

and viewed or 'played'.

Modelling expectations on the benefits of VPs, Hooper postulates that given the inherent

similarity between VPs and EVPs, there seems to be at least a prima facie reason to believe that

students would benefit from using EVPs in a similar manner to the way in which they benefit

from using VPs. This would mean benefits for students in the areas of "ethico-legal reasoning,

their ethico-legal decision-making skills, or their ability to learn and retain information about

legal rules and professional regulations" (Hooper, 2014, p. 550).

With this brief description in place, I will proceed to an analysis of EVPs as a possible

tool in the current trend of a virtue ethics approach to medical ethics. On first blush, it seems

obvious that EVPs are a potentially powerful tool for the practice, development, and application

of Phronesis. I will explore how this is so, but first I would like to acknowledge a note from

Hooper about the applicability of EVPs to different moral frameworks. Among potential

problems for the use of EVPs, Hooper includes:

> the possibility that using these cases will encourage students to concentrate on the
>
> consequences of ethical decisions to the exclusion of all other considerations. The
>
> consequences of ethical choices are important and consequentialists, in particular, will
>
> argue that we ought to focus heavily—and perhaps exclusively—on the consequences
>
> of choices when determining whether given actions are morally justifiable. However,
>
> deontologists and virtue ethicists very much disagree with this approach and if EVPs
>
> do 'force' students to concentrate on the consequences of their choices, this could be a
>
> problem because it might bias their overall approach to analysing ethical dilemmas.
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> In response it could be argued that there is no reason, in principle, why students faced
>
> with an ethical dilemma in an EVP case will be forced to adopt a consequentialist
>
> approach. The mere fact that a decision has consequences does not commit anyone to a
>
> consequentialist framework for analysing ethical issues. (Hooper, 2014, p. 550)

Hooper notes that half of the students in a survey said that the cases encouraged a

primary focus on the consequences of their decisions but Hooper believes that this can be

addressed through instructor guidance or internal EVP design itself (Hooper, 2014, p. 551).

From my own experiences with the EVPs I would agree with Hooper that EVPs do not

inherently invite analysis from one particular moral framework, though the cases are clearly

designed to have the participant choose an outcome from the available options. The cases

attempt to simulate real-world scenarios in which medical-ethical issues arise. Insofar as that is

the goal, if they are successful at this, EVP cases will no more assume a particular moral

framework than the real-world situations they emulate[7].

EVPs, with their purported focus on ethical reasoning would seem to be ideal vehicles for

training in phronetic reasoning. Phronesis is that ability which allows us to navigate difficult

scenarios, sometimes with incompatible and competing goals, in order to arrive at the correct

decision and action. However, Hooper looks to the possibility for EVPs to develop the kind of

character traits and dispositions that are the aim of habituation. In his most holistic

presentations, Hooper indicates that EVPs are well suited to both kinds of learning outcomes

(Hooper, 2014). The fact that Hooper sees potential for EVPs serving goals that could be

identified as either belonging to phronesis or to habituation, is promising for the view that both

are essential to a robust medical-ethical training, i.e., to a virtue ethics model. At the least, it

indicates that the structure of curriculum delivery is compatible with virtue ethics objectives. I

will now make a few comments about some ways virtue theorists may capitalize on this potential

in EVPs and how EVPs can serve not only to promote the development of Phronesis, but also

that process of habituation upon which Phronesis relies.

To take the specific EVP case "Dufrayne" as an example: the student navigates through

and reasons about whether or not to write a Do Not Attempt Resuscitation (DNAR) order for an

elderly patient who may not have the mental faculties to advise his doctor on this issue. The

entire scenario revolves around the question of whether to write the DNAR or not, and the

student is presented with various bits of information to serve as fodder for the rumination of this

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[7] For the case that virtue ethics is compatible with consequentialist and deontological considerations in a medical ethics context, see Crisp, 2014.

issue. The scenario is well designed from the perspective of a tool for phronesis; it provides

competing and conflicting directions from which the student must draw conscientiously in order

to reason well about the outcome. The entire scenario however, assumes that the student knows

what the goal is (i.e., respect for autonomy of patient's wishes) and that the objective is to collect

information to allow the student to come to a decision that is aligned with that goal as far as

possible. I would suggest that, from a training perspective, it is even more crucial to teach a

student how to identify the situation as one in which the goal of patient autonomy is relevant.

    Hooper, seems open to this issue which I articulate via the distinction between phronesis

and habituation:

> Since EVPs can be very process driven and can have a strong emphasis on decision
>
> making, it is also possible that less experienced students will not use the cases
>
> effectively because they will not be aware of all the ethical issues that are germane to a
>
> case. In other words, they might make very quick decisions without properly analysing
>
> the ethical problems embedded in the case because they lack the knowledge to do
>
> otherwise. As such, it may be argued that EVPs will be a more effective tool when
>
> teaching more experienced students who have already gained a working knowledge of
>
> ethical principles and concepts. However, it is also possible for EVP cases to be used
>
> effectively with less experienced students if the ethical issues raised by the case are
>
> less complex or if an experienced tutor is able to guide students through the case.
>
> (Hooper, 2014, p. 551)

I submit that the student who decides on an outcome without reckoning with the ethical issue at

hand is lacking precisely the kind of habituation that I outlined earlier. While I agree that the

existing EVPs will be a more effective tool for experienced students, I disagree that this

experience needs to be gained outside of, and prior to, the use of EVPs. I submit that EVPs are equally compatible with the kind of habituation that Aristotle describes as a prerequisite for phronesis, and as such, can address the issue that Hooper raises by habituating students to recognise scenarios in which ethical goals, such as patient autonomy, are at issue.

I would suggest, to those interested in extending the application of virtue ethics to medical ethics training via EVPs, that there be a prerequisite course of EVPs which develops and promotes the ability to recognize opportunities for phronesis, or medical ethical reasoning[8]. To return to the Dufrayne case with this view in mind: prior to being asked to reason out whether or not to write a DNAR, the student should have been exposed to a number of scenarios where it is not immediately clear to the uninitiated whether or not patient autonomy is at issue. Experiencing a number of liminal cases can only serve to sharpen a student's understanding of a particular value, like patient autonomy, and also sharpen his or her ability to recognize when that value is in play. It is precisely this ability to recognize the same ethical concerns across different contexts to which we are habituated in Aristotle's account. Only once we are habituated are we well prepared to identify those situations that warrant the application of phronesis, as when autonomy and beneficence appear to conflict, for instance, and only then are we clear on the goal toward which phronesis should aim.

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[8] There is not room in this paper to outline which virtues medical ethics training ought to be promoting but, to my mind, Kaldjian's 2010 article and its outline of goals of care seem like a good place to start the discussion.

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