

First, Do No Harm

An Essay

Virtue: *Yi* (Righteousness)

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“First, do no harm.” This is the principle of *primum non nocere*—non-maleficence—and it has been at the foundation of bioethics for as long as humans have possessed the ability to treat and sustain biological life (Smith). It is the first major lesson healthcare providers of all types are taught in their ethics classes. It underscores the reality that every medical decision made—to administer a specific drug, perform a certain operation, diagnose a particular disease—carries with it the weight of serious potential harm to a patient. *Primum non nocere* is an unyielding statement of responsibility—a warning to healthcare providers of the dangers of cavalier medical practice, but a reminder, too, of their privilege in making such incredible decisions.

My initial formal exposure to non-maleficence came this past year when I trained to become an emergency medical technician. The weight was impressed on me for the first time that practicing medicine entailed as much potential for death as it did for life. Even at a basic pre-hospital level, a failure to make an immediate decision in the face of cardiac arrest or traumatic injury could mean the end of another person’s life. I wanted to work as an EMT to gain experience towards my aspirations of becoming an emergency physician. And it seemed—more than ever—that this responsibility to act in the least harmful manner would only magnify in the intensity of a hospital emergency room. I was paralyzed with anticipatory fear that this profession could one day leave me with an unbearable burden. If patient death—and its corollary, guilt—is inevitable in emergency medicine, I needed to know how to quiet the thoughts that would undoubtedly shriek of insufficiency, inability, self-blame. I had enough humility to know I would not make it through emergency medicine otherwise.

In conversations with EMTs, paramedics, and emergency department staff over the years, I have heard a common thread in all their narratives regarding death: *you get used to it*. I once

asked an emergency physician to explain and her answer was simple: “For every patient you lose, there’s a patient you save.” There was something perversely calming about this logic—a comfort in knowing that biological systems tended towards equilibrium and the various lives moving in and out of an emergency department system were no exception. I nursed this idea for a very long time and, before my training as an EMT, it was enough to allow me to grapple with the struggles and conflicts of pursuing a pre-medical track in high school and college. But after the realization that this career could batter me—physically and mentally—beyond repair, I needed to dismantle this logic further. And that was when the virtue of *yi* (義) became incredibly visible to me.

When I considered the root of my concerns about practicing medicine, I was dismayed to see the selfishness that had, for so long, informed my professional pursuits. It was misguided for me to immediately contextualize patient death in the scope of my own actions; it was self-serving to think that guilt would be my foremost emotion upon losing a patient, rather than the sympathy, empathy, and respect that should follow every loss of human life. In Confucian ideology, the virtue of *yi* translates as righteousness and meaning—signifying an individual’s moral disposition to do good (Lander University). I admit that, for as long as I have wanted to be a physician, I had convinced myself that my primary motivation was a genuine desire to help others. And though service was, of course, one of my driving factors, it was often usurped by the promise of pride and self-importance that a career in medicine would bring. I only recently understood that I had been missing the key component of morality—a component that was surely necessary to tie together the disparate parts of my desire to be a physician.

Yi is a powerful representation of the Confucian focus on collective well-being over individual interests. It emphasizes the transcendence of self-interest in order to act virtuously—

that is, acting in a way simply because it is the moral and correct thing to do, not because there is something to gain (California State Polytechnic University). Confucianism calls this practice “doing for nothing”—and it is the aspect of my pre-medical pursuits I had recognized least. I had believed that my emotional response to the prospect of patient death was enough to prove I possessed a real desire to care for others; but I was still viewing the doctor-patient relationship from a selfish perspective. I paid little attention to the fact that the patient’s death and my actions preceding it are of two distinct significances. Death is an organic experience that, despite all my medical training and knowledge, I will ultimately have little power to change. As a physician, my role is not to fight nature or challenge death; it is only to act in a way that could potentially save a person’s life—to act on the principle of serving humanity through moral correctness, regardless of the action’s outcome. That is how the virtues of *yi* and non-maleficence combine to create a truly successful practitioner of medicine.

And so I began to apply *yi* in my own life—allowing it to shape my volunteer and service work in medicine and public health. I took on a position in Mount Sinai Medical Center’s geriatric emergency department to engage with elderly patients—an oft-ignored population with which I had little previous experience. On my first day, I was anxious that I’d run out of conversation starters, that I’d feel uncomfortable, that I wouldn’t be personable enough. Less than an hour into my shift, I met a patient who surprised me. He was a gentleman in his 70s sitting upright, making witty conversation with the nursing staff, about to be discharged within the hour. I introduced myself, asking if there was anything he needed, and he motioned to the chair next to him and asked for a piece of paper and a pen. For the next half hour, he amazed me with his memory—everything from the locations of all fifty states and capitals to listing all the presidents of the United States in order. He drew himself visual cues and told me this was how

he kept his brain active despite his old age. By the end of our conversation, a nurse had come in to take his vitals before discharge and he joked with a bright smile that he wouldn't mind staying longer—or even coming back—to the hospital if it meant he got to speak with me again.

There was something thrilling in that moment. Not the stopping-death kind of thrill, but something entirely different. The kind of thrill when someone you care about smiles because they're happy; the kind that makes you feel a deeper connection to humanity because, for a moment, your actions made someone's day better. Seeing the practice of *yi* come to life when I volunteer—feeling the gratification of making a patient's stay that much more pleasant—is gradually informing not only my understanding of what it is to be a physician, but further my knowledge of how to be a virtuous and satisfied individual.

Practicing *yi* has allowed me to better myself—but this improvement has not come without difficulty. My work with underserved communities and identities has shown me the intrinsic value of acting morally in the service of others—cultivating the first of two complementary features of *yi*: that “an individual ought to act with *yi*” (Koller). But it is the second principle—the development of moral character out of which an individual is disposed to act rightly—that I have yet to really begin to achieve (Koller). Knowing and experiencing the satisfaction of doing what is morally right are by no means the same as possessing a moral character. And though I am making progress in developing this personality, I am still only in the early stages of discovery.

Yi is a balanced understanding of what is morally fit given a particular situation (Cheng). And my hardest understanding has been in realizing I am not ready to be the selfless physician I always envisioned. But each day at the hospital helps—each patient who thanks me for speaking up for them, every person who smiles and assures me I will make a caring physician one day.

Each day I am a little more certain I am pursuing medicine for the right reasons. By continuing on in health-related volunteerism and advocacy, I hope to expand upon my practice of *yi*—doing justice to those who will be in my care in the future and, ultimately, to myself. Only then will I have embodied the virtues of morality and righteousness. And I will have witnessed my first true application of the principle of *primum non nocere*.

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