Virtuous Leadership:
Ambiguities, Challenges and Examples

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Introduction

The theme of virtuous leadership and the place within it of ethical character may usefully be approached in three ways: 1) via the *problems* posed by inadequate or worse leadership, 2) by way of the *solutions* offered through the formation of good character by the cultivation of relevant virtues, and 3) by considering *historical* examples of the role of ethics in professional practice. This discussion will explore all three, giving greatest attention to the last of these, arguing a) that virtue and character education need to be keyed to the nature of specific activities b) that 'virtuous leadership' is currently in danger of being confused with extrinsic activism, and c) that the history of medicine provides a helpful example with which to approach the issue of virtuous leadership as involving serious moral reflection

1. A methodological preliminary

There is a tendency in thinking philosophically about ethical issues to over-generalise. This has two aspects: first, assimilating quite diverse and often highly specific features and situations to a few broad categories, and second, approaching themes and topics through the lens of general and highly abstract ethical theories. The latter is particularly marked in a conception of applied ethics which, though now largely disavowed among moral philosophers, remains prominent in courses and publications concerned with ethical aspects of management and professional practice across a wide range of fields. This involves the application of a previously formulated theory to some practical matter, analogous to the procedures involved in applied mathematics or applied chemistry.[1]

[1] So conceived 'applied ethics' began within professional philosophy in the 1970s as an instance of 'applied philosophy', the first charcterisation of which is that provided by Leslie Stevenson in 'Applied Philosophy' *Metaphilosophy* 1 (3) 1970: 258-267. There he writes '[the] phrase "*the application of philosophy*", already suggests the basis of my approach, namely a distinction between pure philosophy and applied philosophy, analogous in some ways to that between pure and applied mathematics, and in other ways to that between science and technology". This conception deployed in relation to ethics then adopted the model of applying ethical theories to practical issues, as in 'utilitarian, deontological and virtue theory approaches to issues in bioethics'. Subsequently, however, it it came to be challenged within philosophy on which see Tom Beauchamp 'History and Theory in Applied Ethics' *Kennedy Institute of Ethics Journal* 17 (1) 2007: 54-64.

Accordingly, for the applied ethicist the specificity and particularities of an issue are only relevant in so far as they can be described in terms of some predetermined classification, as for example, promoting or diminishing welfare or respecting or violating rights.

Advocates of 'virtue ethics' are apt to congratulate themselves on avoiding the abstracting and simplifying tendencies of consequentialism and deontology, but they are not themselves free of the problematic generalising and theorising orientations. So far as the latter is concerned it is, I believe, a mistake even to think of a turn to 'virtue' in terms of the adoption of a competitor theory,[2] and even when that impulse is avoided there remains the issue of oversimplification. In the *Nicomachean Ethics* Book V, Aristotle observes that there are two ways of speaking about actions as 'just' or 'unjust': one ('complete justice') meaning something akin to 'right' or 'wrong', which applies across the full range of virtues and vices, the other ('particular justice') relating to a specific field of action concerning what is due to others. But within the latter he further distinguishes between distributive and corrective justice, and in his commentary on the *Ethics* Aquinas draws additional distinctions including commutative, and retributive justice. Still in the same tradition later scholastics distinguished further orders and classes of domain-specific principles of justice.

By way of illustration consider two spheres: those of economics and of warfare. Reflecting on the requirements of justice in connection with the former is apt to bring to mind such matters as fair-trading, fair pricing, and fair-wages. But much more fundamental so far as the structure of capitalism is concerned is the matter of the accumulation and investment of monetary capital itself. Historically money was seen as a unit of exchange abstracted from the character of the goods and services purchased by it. But by stages money came to be regarded as itself a kind of good that could itself be traded privately and in a public marketplace. One form of that trade was the renting out of money, more familiar as interest-bearing loans. What does the virtue of justice as giving what is owing to others have to say about this? At that level of abstraction it is apt to be silent, or more accurately dumfounded since the general formula 'giving to others what is their due' is too remote from the specificity of the practice. It takes a good deal of serious thinking about the issue to come up with an ethical position, and that needs to be done not deductively but abductively, i.e. not as applying a prior formula but as arriving at one from consideration of the specificities of the practice taking account of such matters as opportunity costs and the difference between loans and investments.[3]

[2] On this and related matters see J. Haldane 'Some questions about Virtue' in E. Grimi ed. *Virtue Ethics: Retrospect and Prospect* (Chaum: Springer, 2019): 1-21.

[3] The main locus of such thinking among scholastic Aristotelians was in the School of Slamanca whose members also contributed to thinking about political sovereignty and internaltional law. See Anthony Pagden,

In the case of warfare, it seems obvious to us that there is a significant distinction between those on the battlefield directly engaged in the fighting, and others associated with but not members of the immediately warring parties. Today we are apt to describe this in terms of a distinction between 'combatants' and 'non-combatants'. But if that is presumed to be an ethically relevant distinction then it is not one that was always recognised and nor is it one that is universally acknowledged in the contemporary period. Again, the general principle that justice requires giving to others what is their due is too abstract to settle the question of conduct in war. There is, however, a notion developed within the just war tradition of 'non-combatant community' but this was not identified by the application of some pre-existing general principle of 'innocence', rather it was arrived at by thinking about the specificities of conflict and then produced as a principle of justice-in-warfare. Here, as in the case of 'money-ethics', the relevant principles are specific and diverse and not consequences of a highly generalised virtue of justice. So, in thinking about virtuous leadership in relation to banking and financial services, or the military (and likewise for other fields) one would do well to avoid the facile approach of trying to apply some general theory of virtue to a wide range of cases, and begin instead with specific spheres in which leadership is, and needs to be exercised and think about the ethical dimensions of these.

2. Real Problems

Having cautioned against simplistic ethical thinking it does not take much sophistication to recognise the kind of gross failures of leadership that have occurred in recent times in the spheres of banking, commerce, entertainment, health-care, military action, policing, politics, religion, and therapeutic services, to which should be added the generally moralistic and self-righteous sectors of academia, broadcasting and journalism, the charity sector, and schooling. The cynical appeal to racism and xenophobia, financial and reputational aggrandisement, sexual exploitation, hypocritical espousals of virtue by corrupt moral and 'spiritual' figures, the invocation of 'expertise' in the service of political advocacy, the political displacement of intellectual excellence in favour of ethnic, sexual and other identities as criteria of appointment and promotion, the systematic mis-selling of goods and services, and so on, ignored, overseen and in some cases facilitated and even practiced by sector leaders constitutes a lengthy and substantial tally of charges.

'The School of Salamancee' in G. Klosko ed. *The Oxford Handbook of the History of Political Philosophy* (Oxford: Oxford University Press, 2011): 246-257.

3. Purported Solutions

A common response to the exposure of such failings is to introduce policies and procedures designed to identify faults and active wrong-doing. Beyond this, however, are efforts to put in place ethics codes and training programmes. Herein enter two kinds of ethical approaches. The first involves a package of policies including forms of self-regulation, codes of conduct, standards of practice, and confidential reporting of violations. In general, this might be termed 'an ethic of vigilant requirement'.

The second approach looks instead to moral formation seeking to inculcate habits of self-examination and benevolent intent, and might therefore be termed 'an ethic of virtuous character'. So described, however, and in reality, both sorts of approaches tend to be both formalistic and atomistic. The formalism is that of procedures and formation conceived in general and not domain-specific terms. Indicative of this is the commonality of the policies in which, if any reference is made to a sphere of practice it is in terms that allow for substitution of one sphere for another. The atomism is marked by the fact that the recommended policies of vigilant requirement or virtuous character formation view these matters in isolation from broader aspects of moral requirement and virtuous character. It is as if they are deemed only to apply to the context under consideration and are indifferent to how parties act in other contexts.

Consider in this connection the issue of political leadership. At the time of writing both of the leading candidates to be their parties' nominees in the 2024 US Presidential election are burdened by questions of competence and probity. The case of Donald Trump is obviously far more serious in regard to alleged wrong-doing and disregard for principles of probity and democracy than is that of Joe Biden, but the latter appears to be in cognitive decline and faces questions about overlaps between his past Senate committee assignments and later legislative priorities and his son Hunter's financial interests and the latter's manner of advancing them. In Israel, the Prime Minister Benjamin Netanyahu has been indicted on bribery and fraud charges in three different cases and the criminal trial is ongoing even as he oversees a military campaign against Hamas that appears to violate more than one of the conditions of just (*jus in bello*) warfare.[4] Meanwhile, Netanyahu's strongest supporting European leader Victor Orban is accused of having established a form of kleptocracy channelling public funds to political associates, and restricting the freedom of the

[4] In particular that the goods to be achieved must be greater than the probable evil effects of waging war, and that the means must not themselves be evil: either by being such as to cause gratuitous injuries or deaths, or by involving the intentional killing of innocent civilians, on which see J. Haldane 'Defence, Deterrence and the Taking of Life' in *Practical Philosophy: Ethics, Culture and Society* (Exeter: ImprintAcademic, 2009) Ch. 6.

judiciary, the central bank, and the press. It is not hard to find other problematic figures in leadership positions especially as one looks beyond traditional democracies.

Whether the current situation is worse than has prevailed in past decades is a moot point, but the fact remains that there is a perceived problem regarding the moral character of contemporary political leaders in major democratic states (to say nothing of other forms of polity). What is to be done about this? One answer is to find ways of forming strong moral character in aspiring politicians.[5] This immediately raises several questions: what constitutes moral character? Is it a general topic-neutral quality or something defined in respect of particular spheres of activity without reference to others? There is a familiar issue highlighted by Machiavelli, emphasised by political realists and acknowledged by more holistically-minded moral thinkers [6] which is that of the unavoidability in the pursuit of legitimate and even obligatory political ends of acting in ways that would be deemed unvirtuous in the sphere of personal life.

In his essay on 'Politics and Moral Character' Bernard Williams begins by asking "What sorts of person do we want and need to be politicians?" and restricting the scope to the sphere of such persons' political actions he goes on to observe that

> It is a predictable and probable hazard of public life that there will be situations in which something morally disagreeable is clearly required. To refuse on moral grounds ever to do anything of that sort is more than likely to mean that one cannot seriously pursue even the moral ends of politics.
>
> …
>
> If [the space of decent political existence] is to have any hope of being occupied, we need to hold on to the idea, and find some politicians who will hold on to the idea, that there are actions which remain morally disagreeable even when politically justified. … The point – and this is basic to my argument – is that only those who are

[5] See Lucas Swaine 'Moral Character for Political Leaders: A Normative Account' *Res Publica*, 19 (4) 2013: 317-333.

[6] See, Machiavelli *The Prince* trans. P. Bondanella & M. Musa (Oxford: Oxford University Press, 1984) Ch. XV: "Any man who tries to be good all the time is bound to come to ruin among the great number who are not good. Hence a prince who wants to keep his authority must learn how not to be good, and use that knowledge, or refrain from using it, as necessity requires.", and for more recent and less extreme but nonetheless pragmatic discussions of thelimits of virtue see George Kennan 'Morality and Foreign Policy' *Foreign Affairs* 64 (2) 1985: 205-218, and Thomas Nagel 'Ruthlessness in Public Life' in S. Hampshire ed., *Public and Private Morality* (Cambridge: Cambridge University Press, 1978).

> reluctant or disinclined to the morally disagreeable when it is really necessary have much chance of not doing it when it is not necessary.[7]

In light of the real and intractable problems facing politicians (and others in leadership in other spheres where requirements may be in conflict) there is something pollyannish about the suggestion that cultivating virtue is *the solution* to the issue of leadership. No doubt virtue is part of the answer but if one is to take seriously the fact of the different demands arising in diverse departments of life or spheres of activity, and consider the possibility of an incommensurable plurality of goods (and evils) and the fact of genuine dilemmas, then a more serious investigation is required of the specifics and particularities of different domains, and of the relation between virtue *simpliciter* and virtue *secundum quid* (with respect to particular diverse contexts and challenges).

With that purpose in view, I turn shortly to consideration of a particular sphere: medicine, looking at historical developments of ethical thinking within it. Before that, however, it is appropriate to note one recently and continuingly prominent form of self-avowedly ethical leadership, that in which senior figures in private and public corporations and institutions associate themselves and their organisations with contemporary 'progressive' causes. Often this seems a form of self-promotion, motivated by a wish to demonstrate one's own or one's institution's virtuous character in order to secure approbation and thereby personal or institutional advantage, or at least to escape criticism of some aspect of one's history, policies or activities.

Apart from the familiar distaste at displays of self-righteousness this practice is increasingly inclined to induce scepticism and even cynicism among observers. There, is, however, a different criticism which does not focus on the motives but the appropriateness of such activity. Organisations such as schools, colleges and universities, public bodies such as hospitals, security and military forces, institutions such as banks and businesses, and commercial manufacturers of goods and providers of services exist for specific purposes and are organised and led so as to achieve those purposes efficiently and effectively. Virtuous leadership in these various fields and operations has three relevant aspects: one regarding the quality and manner of delivery of the goods or services in question, another concerniing to the procedures by which those good and services are produced, and a third relating to the conditions of those employed within the organisation. It is not the responsibility or the privilege of such leaders to involve their organisations in the promotion of extrinsic projects or campaigns other perhaps than relevant charitable and philanthropic support. To

[7] Williams 'Politics and Moral Character' in Hampshire ed. *Public and Private Morality*, pp. 62-64, reprinted in Williams, *Moral Luck: Philosophical Papers 1973-1980* (Cambridge: Cambridge University Press, 1981).

go beyond that, especially to enter contested social and political fields, is an abuse of leadership and liable to be contrary to its proper exercise because it implicitly associates employees with the character and substance of the intervention and is thereby a form of disrespect of their autonomy and in some cases a form of coercive co-option. Again, the idea of virtue *secundum quid* is relevant, for the business of virtuous leadership pertains to its proper sphere of operation, and that is defined by the character of the organisation and its purposes.

4. A historical example

Long before it became fashionable to speak of 'professional ethics' and 'leadership formation' professional practitioners often combined the pursuit of a career with a serious interest in moral questions arising specifically in the area of their practice. One such was the English physician Thomas Percival who, in 1794, in response to a request for a code of conduct from the Trustees of the Manchester Infirmary, circulated a privately printed text entitled *Medical Jurisprudence* containing an ethical code for doctors. This was met with much interest among his colleagues encouraging him to develop it further, and nine years later he published a revised and expanded version introducing for the first time the now familiar expression 'Medical Ethics'.[8]

Others have likewise recognised that while modern medicine provides historically unparalleled means and opportunities for securing human goods it also poses challenges and temptations that may lead to moral harms. Most obvious is the abuse of medical standing and skills, an issue brought to British public attention through the case of the General Practitioner Harold Shipman who murdered 250 of his elderly patients by administering or prescribing fatal overdoses of medications. The general issue, however, is ancient and adverted to by Plato in the *Republic* when Socrates asks "Is it not also true that he who knows best how to guard against disease is also most skilful in communicating it?" (333e. There is also the less obvious but nonetheless harmful tendency to view the human body in mechanistic and materialist terms and thereby to lose sight of the higher order realities of the person and of personal value, notions historically linked to the idea of the sacred.

The year following the publication of Percival's work, Pope Pius VII was in Paris for the coronation of Napoleon and at a reception in the Grand Hall of the Louvre a group of French Catholic medical students was presented to him. The company included two who would later become

[8] Thomas Percival, *Medical Ethics, or a Code of Institutes and Precepts, Adapted to the Professional Conduct of Physicians and Surgeons* (Manchester: Russell, 1803).

famous: Gaspard Bayle, the inventor of the stethoscope, and the cancer pathologist René Laennec. The Pope is said to have remarked with surprise and a smile '*Medicus pius, res miranda*', 'pious doctors, what a wonder!'. The point and force of his remark relates to the fact that medicine had become associated with a 'de-sacralisation' of the human body and with a growing 'philosophical' materialism.

Six months before this encounter, Pius had granted a dispensation to the normal process of considering candidates for beatification in order to accelerate the recognition of the then renowned moral theologian Alphonsus Liguori (1696-1787). In his *Theologia Moralis*, Book IV (1755) and in his *Praxis Confessarii* (1771) Liguori addresses the duties and culpable failings of physicians. These relate to the requirement to be properly trained, to be responsible in treating patients, to be available, attentive and diligent, to follow established practice, to be cautious, to avoid harm, to attend to needy paupers, and so on. Beyond these literally mundane aspects of 'ethical conduct', Liguori addresses the obligations not to facilitate wrong-doing by patients, and to observe spiritual responsibilities. Principal among the latter is the duty to alert a patient to the need to make confession lest he or she dies in a state of serious sin. Liguori writes:

> How terrible it is to see so many of the ill (and especially those who are of proven character) brought to the extremity of death … when they can hardly speak, barely hear, scarcely grasp the state of their own conscience … and this is entirely the fault of those physicians who, lest they displease patients or their relatives, do not make then certain about their danger, but rather go on deluding them up to the point that they themselves despair entirely of their patients' lives. … [T]he spiritual health not only of the physician but also of all patients who are under his care depends upon this matter. (*Praxis Confessarii* 57) [9]

While the concern for patients' spiritual welfare is specified in relation to a particular religious conception of life, death and judgement, the sense of the duty of a doctor to alert a patient to the risk or discerned prospect of death in order that he or she should make preparation for it was widely discussed issue of the time and it remains an issue today. In 2013 the *British Medical Journal*

[9] *Praxis Confessarii* is included in Alphonsus Liguori, *Theologia Moralis*, edited by P. Leondardi Gaud´e. Rome: Ex Typographia Vaticana (1905-1912) The translation here is from Darrel W. Amundsen 'The Discourses of Roman Catholic Medical Ethics' in R. B. Baker & L. B. McCullough eds. *The Cambridge World History of Medical Ethics* (Cambridge: Cambridge University Press, 2008) Ch. 14, 225.

published under its 'Head to Head' feature two articles addressed to the question 'Do Patients need to know they are terminally ill?'. This is answered 'yes' by two London-based, palliative medicine practitioners, Emily Collis and Katherine Sleeman, who argue that

> Patients have the right to make informed decisions about their healthcare … [and this] is no less relevant for a patient with terminal illness, for whom an awareness of the incurable and life limiting nature of their underlying condition is essential to decision making.[10]

Two contrasts with Liguori may be noted: first that the obligation is specified in terms of the rights of patients rather than directly by reference to the duties of doctors (and without mention of any duties upon patients to make preparations); and second, the interests towards which the rights are directed are non-spiritual ones. That said there is no reason to think that the authors would mean to exclude the latter.

In the article answering 'no', however, Leslie Blackhall, head of the palliative care section of the University of Virginia School of Medicine, argues that telling patients they are terminally ill is 'a failed model for medical decision making that creates more suffering than it relieves' and that 'Patients with advanced cancer and poor functional status do not need to know that they are terminally ill so that they can 'refuse' chemotherapy or cardiopulmonary resuscitation. In most cases they should not be given these treatments exactly because they are terminally ill'.[11]

This, however, seems entirely neglectful of the idea that there may be a need (whether or not there is a preference) and perhaps a duty, to prepare for death. The focus on minimising suffering is intelligible but it addresses only the hedonic aspect of the quantitative quality *in* life, neglecting autonomy and duties to self, and entirely omits consideration of the idea of the non-quantitative quality *of* life,[12] let alone the possible interest in an after-life. In this case it seems that the 'spiritual' is not merely over-looked but is implicitly denied. Here there appears to be an expression of the outlook that Pius VII associated with the influence among physicians of French Enlightenment materialism.

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[10] Emily Collis & Katherine Sleeman, 'Do patients need to know they are terminally ill? Yes', *British Medical Journal*, 346, April 2013: 2589.

[11] *British Medical Journal*, 346, April 2013: 2560,

[12] For further discussion of this distinction see J. Haldane, 'Persons and Values' in *Practical Philosophy: Ethics, Culture and Society*, op.cit., Ch. 2.

The code entitled 'Duties of a Doctor Registered with the General Medical Council' (which registers doctors to practise medicine in the UK) echoes aspects of Liguori's skill, performance and safety duties and goes on to state that doctors must

> Treat patients as individuals and respect their dignity …
>
> Give patients the information they want or need in a way they can understand.
>
> Respect patients' right to reach decisions with you about their treatment and care. …
>
> Be honest and open and act with integrity.
>
> Never abuse your patients' trust in you or the public's trust in the profession [13]

Meanwhile the American Medical Association 'Code of Medical Ethics' states among its 'Principles' that:

> A physician shall uphold the standards of professionalism, be honest in all professional interactions …
>
> make relevant information available to patients …
>
> shall, while caring for a patient, regard responsibility to the patient as paramount.
>
> [And in its list of 'Ethics Opinions' further states that]
>
> The patient has the right to receive information from physicians [and]
>
> The patient has the right to courtesy, respect, dignity, responsiveness, and timely attention to his or her needs.[14]

The wording and intent of these codes has to be interpreted, but it would be reasonable to say that they prescribe no 'deception'. Against this, however, it has been

[13] See http://www.gmc-uk.org/guidance/good_medical_practice/duties_of_a_doctor.asp
[14] See https://code-medical-ethics.ama-assn.org/principles and https://code-medical-ethics.ama-assn.org/ethics-opinions/patient-rights

observed that the original version of the AMA code adopted at the meeting of the National Medical Association in Philadelphia in 1847, and which declares itself, like most then existing US codes, to be based on Thomas Percival's 1803 *Medical Ethics* was used 'to support and explain the recommendation against disclosure'.[15] Chapter 1, section 4 of the 1847 code states:

> A physician should not be forward to make gloomy prognostications because they savour of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger, when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For, the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned, in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.[16]

Given a desire to avoid telling a patient that he or she is approaching, or is at serious risk of death, one might well invoke the idea that doing so would discomfort them, and even hasten their demise; but it is disingenuous to interpret the code, and Percival's original, as intending to warrant general non-disclosure let alone strict deception. Not worsening the patient's mental or physical state is compatible with telling them that death is approaching, and more to the original point the code(s) speak of 'not fail[ing], on proper occasions, to give to the friends of the patient timely notice of danger, when it really occurs; and even to the patient himself, if absolutely necessary' be it that the latter may be mediated by another.

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[15] Daniel K. Sokol, 'How the doctor's nose has shortened over time; a historical overview of the truth-telling debate in the doctor patient relationship' *Journal of the Royal Society of Medicine*, December 2006, 99 (12) pp. 632-36.

[16] See http://www.ama-assn.org/resources/doc/ethics/1847code.pdf

'Proper occasions' and what is 'absolute necessary' are not specified but they could hardly exclude circumstances in which the patient has only a limited opportunity and a practical let alone existential need to attend to his or her affairs and to the state of their soul (understood literally or figurately). The latter is, on any account that is likely to speak of the 'soul' a no less, and presumptively a more profound basis than the disposition of material property, say. Of course, someone may deny that there is any such ground but that returns us to the scientific materialism that concerned Pius VII, which he associated with Diderot, Voltaire and other French Encyclopedists and with those whom they influenced, and which is increasingly common among younger medical practitioners today.

Analogous concerns at such associations and the threat they present to traditional medical values and principles as well as to the good and dignity of patients and to the condition of society at large have encouraged Christian, Jewish and Islamic medics to make provision for practising physicians to come together to consider and discuss ethical issues in the light of theological conceptions of human persons and their destiny. It is also common for such people to speak of the obligations attaching to their *vocation* as well as to their *profession*.

It is in the nature of these attributes, however, that as well as being merely conjoined they can also qualify one another. One may profess a vocation; and a profession may itself be a calling. This raises the question of how profession and vocation may be aligned so that the former may be a source of discernment and deepening of vocation, and not only in the case of health-care but across the range of practices that are commonly characterised as professions. This issue is particularly pressing in relation to those holding positions of leadership who are thereby in a position to influence others through direction, education and example.

5. Professions and professional ethics

Reflecting on these matters it is important first to note that practitioners within the medical, nursing and broader healthcare professions, like those in other fields, have for most of their history managed to go about their business without the aid of professional academic analysis and commentary. This is not to say that their practice has been unreflective or without ethical or philosophical assumptions. Healthcare practitioners have deployed their particular forms of occupational knowledge in order to serve the interests of their clients, of themselves, of their

profession, and of society at large. Failure in any one of these regards might then be expected to occasion failure in others. An ineffective, inefficient or incompetent medic or architect, or engineer, or lawyer would soon be without patients or clients, at least if the latter had knowledge and choice in the matter, and the former's bad reputation would quickly secure sanction from their peers, in part for reasons of 'guild pride', but also for fear of bringing the profession into disrepute within society.

In all of this, medical and health care practitioners, and professionals in other fields, were guided by an appreciation of the specific values intrinsic to their professions, and by a sense of collective professional interest. In addition, they recognised that, as members of identified groups that were viewed with respect as providing responsible, skilled expertise in areas important to the ongoing of life, i.e. they had broad societal responsibilities. None of these matters needed to be identified or emphasised by philosophers or professional ethicists, for they were part of common-sense professional knowledge acquired in the process of training. Indeed, since professions often ran in families, an understanding of the values and interests that shape professional practice might begin to be shaped from early childhood.

Here it is apt to recall that while 'professional ethics' and even 'medical ethics' as we have them today are relatively recent creations, the idea of professional codes of practice is an ancient one often embedded in broader cultural and religious traditions. For example, in Hebrew scripture: the *Pentateuch* sets out ordinances concerning a) the pricing and sale of goods, b) periods during which someone may redeem items sold in time of poverty, c) duties to hired servants, d) the valuation of property, and so on (*Leviticus* 25 and 26); then later it describes rules for the appointment of judges and the administration of justice (*Deuteronomy* 16).

A thousand years after the *Pentateuch* was written and over two thousand years before Thomas Percival wrote his *Medical Ethics*, Hippocrates or one of his company wrote *Of Epidemics* and, amidst descriptions of climate and other conditions, inserted the following:

> The physician must be able to tell the antecedents, diagnose the present, and foretell the future, practice these things, and have two special objects in view with regard to disease, namely, to do good or at least to do no harm. The art consists in three things: the disease, the patient, and the physician. The physician is the servant

> of the art, and the patient must co-operate with the physician in combatting the disease.[17]

The same author elsewhere offers some very useful advice to his fellow medical professionals on the value of developing skills of prognosis:

> By foreseeing and foretelling, in the presence of the sick, the present, the past, and the future, and explaining the omissions which patients have been guilty of, he will be the more readily believed to be acquainted with the circumstances of the sick; so that men will have confidence to intrust themselves to such a physician. And he will manage the cure best who has foreseen what is to happen from the present state of matters. … Thus a man will be the more esteemed to be a good physician, for he will be the better able to treat those aright who can be saved, having long anticipated everything; and by seeing and announcing beforehand those who will live and those who will die, he will thus escape censure.[18]

These commands and directions lay down regulations and prescribe duties and virtues for certain classes of agents and certain forms of goods and services, and to that extent constitute part of the foundation of professional ethics. Given current interest in palliative care it is relevant to note another aspect of the antiquity of such provision, namely the development of infirmaries, specifically for those with life-limiting illness. Subsequent to the Council of Nicea (325 CE) the task was begun of establishing a hospital in every town in which a Bishop presided, the centre of authority of a local church. Among the earliest of these was the 'Basilias' built c. 372 by Basil of Ceasarea/Mazaca in Cappadocia (today the Turkish city of Kayserai).[19] A decade after its foundation the archbishop of Constantinople, Gregory of Nazianzus, addressed those in Cappadocia by letter:

[17] Hippocrates, *Of the Epidemics* in Francis Adams trans. *The Genuine Works of Hippocrates Vol. I* (London: Sydenham Society, 1849) Book I, Section II, 5.
[18] Hippcrates. *Of Prognostics*, op.cit. Part I.
[19] For an interesting discussion that challenges older interpretations of the purpose of the Basilias see Daniel Caner, 'Not a Hospital but a Leprosarium' *Dumbarton Oaks Papers*, 72 2018: 25-48.

> A noble thing is philanthropy, and the support of the poor, and the assistance of human weakness. … He [Basil] did not therefore disdain to honour those with this disease [leprosy], noble and of noble ancestry and brilliant reputation though he was, but saluted them as brethren … taking the lead in approaching to tend them, as a consequence of his philosophy, and so giving not only a speaking, but also a silent, instruction. The effect produced is to be seen not only in the city, but in the country and beyond, and even the leaders of society have vied with one another in their philanthropy and magnanimity towards them.[20]

In the Latin western church similar arrangements were developed extending to more general infirmary care and the idea was emphasised that the offices of doctoring and nursing were vocations defined in relation to the example of Christ and his disciples, and to the theological virtues of faith, hope and charity. These roles, like the ancient codes of conduct are, save in the case of Hippocrates, religious in source and all were addressed to particular groups, whereas contemporary professional codes justify themselves in terms of secular reasoning and aspire to universal application.

6. Conclusion

Among the causes of the emergence of contemporary professional ethics and the focus on leadership two are salient. First, from the early 1970s various professions found themselves objects of suspicion. Some of this related to scandals, in which architects, doctors, engineers, lawyers, teachers, and so on, were accused of having acted corruptly either in their own immediate interest or in that of their colleagues or their clients. Second, and more importantly from an academic perspective, however, was the growth of an approach to social institutions that viewed them as being at best unreflective about their own nature, ends and activities, and at worst bastions of privilege and agents of injustice.

So far as the professions were concerned this latter indictment held that the notion of a profession was a social construct designed to add the mystification of status to what was no more than a set of competences. On this account the very idea of a profession compounded an effort to secure exclusivity of entry and continuing membership, a method of protectionism, and an entrenchment of social inequality. So conceived, professions were accused of being service

[20] Gregory of Nazianzus, Oration 43, trans. C.G. Browne & J.E. Swallow in P. Schaff & H. Wace eds. *Nicene and Post-Nicene Fathers*, *Second Series*, Volume 7 (Buffalo, NY.: Christian Literature Publishing, 1894).

monopolies, unanswerable to general societal norms. In response to these challenges, the professions themselves began to revise or formulate codes of ethics and practice.

Some defenders of professional roles also claimed that their primary goal was not to advance any particular conception of life, in its various departments, let alone overall, but instead to serve the interests of their clients by presenting impartial and disinterested analyses of required action, with designs for how the latter might then be implemented. Inevitably, these defences met with a further round of criticism: professional codes were charged with being no more than efforts to limit the risk of litigation; claims of objectivity in analysis were challenged as concealing implicit values; and talk of serving society was accused of being a cover for asserting one set of values in the face of others.

One upshot of these exchanges was a trend on the part of the academics to rein in their accusations, and on the part of the professions to allow that they might need some external assistance of the sort that philosophy could provide. So was born the field of academic professional ethics, and the more recent development of ethical leadership formation. No doubt these have been, in many ways, positive developments. It should also be acknowledged, however, that they have also served the interest of another professional field, that of 'applied ethicists' whether trading under that title or someother. For the same period as saw self-questioning among the professions, also witnessed the massive expansion of higher education in Europe and America. With more students enrolled in colleges and universities there was an opportunity for hitherto select disciplines to expand; and philosophers and others saw their opportunity.

First came service courses, then textbooks and journals, then conferences and societies, then anthologies, encyclopaedia entries and handbooks. New branches of academic subjects were conceived, born, and rapidly developed. Quite apart from their capacity to sustain a population of members of traditional departments, these new fields created opportunities within professional schools. Between them these two groups have generated interesting material but for the reasons considered earlier, including over-generalisation, they stand somewhat apart from the practical realities of professional practice and also be removed from the intellectual core of philosophy and related theoretical disciplines. Thus, while philosophers of engineering perform the useful task of pointing to some of the complexities involved in understanding the distinctive practices of that profession, and explore the complex network of obligations: to clients, to colleagues, to the professions *per se*, and to the general public, certain broader questions remain unanswered. Yet these include matters more important than the details of professional codes since they bear very powerfully and very directly on whether those codes amount to anything substantial and effective.

The recent turn to the cultivation of character and virtue is a valuable development, but it is best pursued when approached with real knowledge of the history and specificity of the domains and practices it seeks to serve, and with attention to the pre-existing modes of ethical reflection associated with professional practice and leadership.