Human Flourishing: Implications for Medicine, Education and Commemoration

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ABSTRACT

Key words: human flourishing, eudaemonism, medicine, capabilities, spiritual, moral, physical, social, verbal, stories, history, commemoration.

Like other human focused disciplines, medicine benefits from a robust account of human flourishing. Aristotle's eudaemonistic which seeks to describe the *telos* of human life objectively is a better basis for medical care than a hedonic approach. The chapter reviews several reasons why a eudaemonistic view is preferable, some general and others specific to medical care. It notes Nussbaum's "capability approach" as a more rounded account than Aristotle. The chapter then explores several important elements of an account of human flourishing: religious and spirit engagement, taking moral responsibility, physical health, social relationships, verbal communication, and sharing stories and telling history. These are all relevant to medical care. The conclusion relates the account of flourishing to practices of commemorating those who have donated their bodies for anatomy study.

There is a growing appreciation that reflection on how to best train health professionals requires an understanding of what it means to be human and how humans flourish. The establishment of the University of Durham's Centre for Medical Humanities and University College of London King's College Centre for Humanities and Health, both focussing on health, well-being and human flourishing are exemplars of this trend. Similar concerns can be found in the development of positive psychology (Seligman, 2011) as well as discussions of to human rights (Kleinig & Evans 2013), legal theory (McBride, 2013) and education (Wright & Pascoe, 2014). In each of these domains there are calls for sustained reflection on human flourishing as a basis for determining best practices. Like other human focused disciplines, medicine benefits from a robust account of human flourishing. I will outline some of the history of reflection on human flourishing and the value of the discussion for medical care. I will then sketch one account of human flourishing and note implications for medical care and education. The conclusion draws these threads together by suggesting why body donation and its proper commemoration serves human flourishing and contributes to ethical development in medical training.

THE SEARCH FOR HUMAN FLOURISHING

The question of what is a flourishing human life is an ancient one, going back at least to Socrates, and was the central question of classical Greek philosophy. Aristotle's answer is that human nature has a proper end (*telos*), and a life which reaches such an end is fulfilled (Aristotle. 2012, pp1-25) . The term *eudaemonia* denotes for Aristotle the state of flourishing. It is sometimes translated as 'happiness', but for Aristotle it is far more objective than that term suggests. He is not interested in discovering what makes people feel happy (he

dismisses pursuing pleasure or enjoyment as "a life suitable to beasts"). Aristotelian flourishing is primarily objective.

So Aristotle examined human nature to determine it *telos*. He concluded that humans are rational, social animals; and we reach our goal as we exercise our nature virtuously, expressing its purpose skillfully. Our animal natures are the lowest and least important element and are satisfied with physical needs: food, rest, shelter and sex. The key to human functioning is reason, both practical or theoretical. The goal of human living is to understand carefully, think clearly and act effectively (reason includes all of that). So the intellectual virtues of intelligence and wisdom guide the development of other virtues. As social beings there is a political aspect to our *telos,* we should live together well.

The key to *eudaemonia*, then, is to the develop rational-social virtues which together constitute the full expression of human nature. Aristotle's virtues are far wider than most modern moral "virtues" and includes courage, temperance, generosity, bountifulness, pride, good temper, truthfulness, friendliness, leisure and wittiness (Reeve, 2014). Such excellence, in Aristotle's account, always requires thought and understanding. Unreflective popular opinion is no guide to human flourishing (Shields, 2015).

The alternative to Aristotle's eudaemonistic approach is that which assumes that the measure of a flourishing life is subjective, we simply seek pleasure — the *hedonic* view (Haybron, 2008; Feldman, 2010; Raibley, 2012; Huta and Waterman). This assumes that self-awareness of pleasure is the measure of happiness and that individuals know what will provide them with such pleasure: "Nothing can make you better off that goes against your all-things-considered (informed etc.) preferences, desires or judgment" (Haybron, 2008: 22). Such

approaches reach back at least to Jeremy Bentham, the father of utilitarianism, who declared that "quantity of pleasure being equal, pushpin is as good as poetry". That is, there are no 'higher' pleasures, a children's game may be as valuable as sophisticated literature, all that counts is what gives most people the most pleasure. This is quite different to the eudemonistic approach which aims to determine the proper end of human life and then strives to reach that.

My argument is that medical professionals, and any other genuinely ethical activity, needs to be grounded in a vision of the good life which is something like Aristotle's. We should seek a more objective account of the good human life than merely what brings individuals pleasure.

Why should we seek an account of human flourishing?

Eudaemonism seems to threaten the autonomy claimed in modern society. Modernity offers freedom by removing any normative account of human nature; and eudaemonism may seem to overturn that. Before turning to positive reasons for preferring eudaemonism over hedonic approaches, it is important to note that a eudemonistic account does not rule out genuine moral autonomy, understood as the opportunity and requirement to take responsibility for our own lives. Indeed, such requirement can be grounded in a view of human nature, and I will suggest just this below.

To an extent a preference for eudaemonism over hedonism will arise from our worldview, including our religious or non-religious, convictions. There are, however, some considerations which support eudaemonism. I will briefly deal a few general ones, before turning to some which are more specifically medical.

If we recognise that there are significant elements that humans have in common, it is a short step from that observation to the suggestion that all good human lives will have a great deal in common. Aristotle's recognition that humans are social and that living well includes living in good relationships with others is an example of a general feature of a flourishing human life which seems to be widely accepted.

Assertions such as the Universal Declaration of Human Rights presume a shared human nature as the basis of rights. The claims that all humans are "born free and equal in dignity and rights" and entitled "life, liberty and security of person" can hardly be given a purely hedonic grounding. It is not that we grant these rights to one another because its gives us pleasure. Rather, we recognise that people have rights, which place obligations on others, just because they are human. Rights do not extend to all our preferences, there are specific features of life which should be available to all. The basis on which we determine what should be a 'human right', is to ask what is essential or basic to human living and this is eudaemonistic reasoning. The basis of human rights is a topic of considerable debate, and there is no consensus that right are best grounded eudaemonistically (Nussbaum, 1997:273-74 Wolterstorff, 2008: 176-79). It is at least clear that they cannot be grounded hedonically.

Hayborn notes that the general assumption of nature-fulfilment is, in fact, widely appealing and even underlies desire theories which appear to be hedonic. That is, many approaches which argue that people should be free to seek their own desires, do so because they assume that desires are a reflection of what that person is. Haybron (2008: 44) emphasises:

> Eudaimonistic ideals can arguably be found among not just the ancients and their followers but Thomists, Marxists, Nietzsche, the existentialists, and humanistic psychologists like Maslow and Rogers, among many others … it is questionable whether desire theories of human welfare would be so popular if we did not also tend to think that our desires, understood broadly to include values, ideals and the like, are important to who we are. In satisfying our important desires, we find self-fulfilment.

Beyond these general considerations, there are some reasons why medicine, in particular, benefits from an account of human flourishing.

Evidence-based medicine (EBM) seeks to base practice on the best clinical outcomes. But what actually constitute good clinical outcomes? It may seem common sense that the goal of medicine is to treat abnormal and painful symptoms and seek to cure disease, yet it is not always clear what should count as a disease. An account of human flourishing provides a base line for assessing disease.

If we move from disease to health, the need for an account of human flourishing is more evident. The World Health Organization offers a holistic definition of health — "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 2006: 1). If medical care aims for such health, then it requires some clarity about what constitutes flourishing and well-being.

Even while treating symptoms, the question of what is a good life inevitably presses in. For instance, the goal of providing dignity, especially at the beginning and end of life, further brings to the fore the need for a clear vision of human flourishing. When patients are unable

to express their wishes, care givers must act according to their natural rights which align with some objective good.

A further advantage of having an account of human flourishing is that it can guide research programs. In practice it is easy for EBM to focus on results which are most easily measured, since these are the most readily available evidence. A vision of a flourishing human life can set goals for medical care which are the result of considered reflection and discussion. These may prove difficult to measure and so hard to investigate evidentially, yet a broader view of the good human life will challenge researchers to seek to examine them, rather than settle for assessing more easily measurable outcomes. On the basis of eudaemonism EBM can focus on more profound issues of human living. It can ask not simply if a medication reduces blood sugar levels or a therapy increases mobility, but how this contributes more broadly to a flourishing life.

Eudaemonism can help to free patient-centered care from consumerism (Berwick, 2009). Medicine is not best driven by consumer demand in the same way as the fashion or the entertainment industries. There is an extraordinary level of technical knowledge required to make good judgements in the light of modern medical capacities. Few patients are in a position to make deeply informed assessment of possible treatments and outcomes and often want the physicians guidance. “Doctor, what would you do in my situation” is a common question. Assessment of risks and rewards is very difficult, and requires not only technical knowledge, but also a sophisticated view of human flourishing.

There are, then, a range of reasons to think that a eudaemonistic account of human life will serve medical care and education.

Developing an account of human flourishing

Aristotle's account is not the final word. He acknowledges a connection between ethical living and physical health, but his account of the human *telos* has little to do with physical health. Nussbaum's "capability approach" draws on the Aristotelian tradition but gives a more rounded and satisfying account and offers a basis from which we might develop an approach which would help in medicine (Moody-Adams, 2008; Nussbaum, 2011).

Nussbaum enumerates the following capabilities, that is opportunities to exercise human powers in a "truly human way":

- life — being able to live to the end of a human life of normal length;
- bodily health, including reproductive health;
- bodily integrity — freedom of movement and physical security;
- being able to use the senses, imagination and thought and to do this in a 'truly human' way;
- emotions — being able to have attachments to things and people outside ourselves;
- practical reason — being able to form a conception of the good and to engage in critical reflection about the planning of one's life;
- affiliation — being able to live with and before each other, and being able to have the social bases for dignity;
- being able to live with concern for other species;
- being able to laugh, to play, to enjoy recreational activities;
- being able to control one's environment through political participation, right to ownership and meaningful work (Nussbaum, 2011).

One of the appealing features of the capability approach is the emphasis on providing opportunities rather than assessing functions. We have good reasons to respect a patient's autonomy, and even to seek to enhance the opportunities to exercise this. Thus the relevant test for good care is whether the person has appropriate opportunities to exercise various capacities.

Every description of human flourishing is grounded in a philosophical or religious tradition. Such an account cannot be derived merely through empirical studies which report features present in populations or valued by a particular social group, but cannot deliver a normative account of a human life.

The remainder of this chapter offers my reflection on the discussion of human flourishing and its application to medical professionalism.[1]

RELIGIOUS AND SPIRITUAL ENGAGEMENT

In my view, spiritual questions are basic for human flourishing, and pastoral and clinical care should make space for people to ask and answer spiritual questions. Good practice in palliative care has recognised this dimension for a long time. The spiritual dimension is present in all situations, and is often amplified for people facing acute or chronic diseases. There is evidence that religious and spiritual factors are associated with better social and physical health outcomes in cancer patients (Jim et al., 2015; Sherman et al., 2015). Religious and spiritual engagement should not be presumed or required, but the risk in the modern Western health system is that this area will be over-looked rather than required.

[1] My reflection has its base in Christian tradition. You, the reader, may not share these convictions. I offer them as an exposition of the approach of one tradition that can serve as a stimulus for reflection in other traditions.

MORAL RESPONSIBILITY

Humans are moral beings, and the flourishing life involves the opportunity to exercise this. For many people moral direction is closely related to spiritual and religious dimensions of life. "Autonomy", the capacity to self-determine, has been central to bioethics for five decades (Beauchamp & Childress). However problematic autonomy maybe as a stand alone principle, its importance is a recognition that patients (and others) should be treated as morally responsible and enabled as far as possible to make decisions for themselves (Jennings, 2007).

PHYSICAL WELL-BEING

Healthy bodies are an aspect of human flourishing. People live fulfilled, productive, meaningful lives with significant disabilities and diseases because there is a range of dimensions for human flourishing. So a deficit in one area does not result in a necessarily impoverished life. Nevertheless, physical pain, disability and debilitating disease can be a serious obstacle to human flourishing. Allowing patients to overcome those obstacles, in various ways, supports their flourishing. This is the aspect of human flourishing which receives the most attention in most contemporary medical care.

COMMUNAL AND SOCIAL CONNECTIONS

Humans are communal or social. Our existence, identity, prosperity and destiny are shared, we know ourselves and flourish with others, not alone. This understanding of the importance of community contrasts with the individualism which defines most Western culture. The ideology of consumerism, 'social' media replacing face to face connecting, the demise of voluntary organisations and a host of other factors reinforce individualism (Clarke et al., 2015). The result is that social isolation and loneliness are signification problems in some societies (e.g., Franklin and Tranter, 2001; Wood, 2013). There is evidence that correlates social isolation with poor health and one researcher suggests that loneliness should be ranked with obesity and smoking as a "serious risk factor for poor health" (Cacioppo and Patrick, 2008; Holt-Lunstad et al., 2015). The obvious implication of this is that humans need to have social connection in order to flourish.

So supporting patients and students to flourish means allowing them to engage in social life and connect with a community. It is no surprise that there is a body of literature documenting the importance of social connections for patient outcomes, advocating for hospitals to make it easier for patients to remain connected with their families and communities, and prioritizing the doctor-patient interaction (Charalambous, 2014).

VERBAL COMMUNICATION

Humans are made for verbal communication. Words and language are basic to who we are and how we relate to one another. We engage the world, understanding it and shaping it, by our words. In medical practice, this suggests the importance of communication and conversations. From explaining procedures and laying out options to the warm greeting and gentle reassurance, words make a difference to people.

In contemporary psychiatry medicalised models are preferred to the “talking cure” of psychotherapy. I’m not promoting a particular school of thought in that debate, and I have already stressed the integration of body and mind. Yet words matter in the way we treat people — whether we are thinking about medical treatment or day-to-day dealings. Communicating carefully and allowing time to ask questions and discuss are important parts of caring for people well. As Aho and Guignon (2011: 305) put it “the client is not a de-contextualized set of symptoms but an embodied and linguistic way of being whose identity is created and constituted through dialogical relations with others.” The medical team care for people who know themselves and make sense of their lives through words.

TELLING STORIES AND HISTORIES

Humans are storied and historied creatures. This comes from our verbal capacity and our embodiediness in a world which flows in time and our capacity to develop and shape culture. We love stories and we tell stories and we understand ourselves through shared stories. So much of our communication with each other involves telling and listening to stories. From case studies to news articles to movies to jokes — we love narratives. We don’t just love them, we need stories to make meaning of our lives and experiences.

Taking the history of a patient has been a standard element of medical practice, though its importance has been reduced with the availability of a wide range of other information to the physician and the rise of evidence based medicine (Chin-Yee & Upshur, 2015). The importance of stories and histories for human flourishing is a good reason to continue to emphasise the value of history-taking. It does more than establish rapport and elicit basic

clinical information. It can help the patient flourish and help the clinician understand what flourishing may be like for this patient (Chin-Yee & Upshur, 2015: 451-53.)

Conclusion

The six features considered above are not an exhaustive treatment, but highlight some of the key features of human flourishing which have particular significance of medicine. In concluding these reflections, I point out the connections to practices of commemorating those who have donated their bodies for anatomy study.

Donation, itself, should be an act of human flourishing. When a person determines that their body will be used to help students learn anatomy, they project a new chapter in the story of their body. Their body will remain present to other humans and aid the physical flourishing of others. The capacity to project such a future chapter is an aspect of being storied, and the act of projection adds meaning to life for the donor. As a *donum* (a gift) it is a moral act. "Body snatching" was a desecration of a human body, because it used the body without regard to the intention of the person whose body it was (Frank, 1976). Accepting and using a donated body honours the donor and their body.

A fundamental trait of being human is the capacity to remember, acknowledge and reflect. When a person has donated their body, it is 'very human' to commemorate them: to remember and acknowledge a specific life. Such acts of remembering enable us to understand our own lives.

Commemorating a donation can deepen the human significance of the gift. Commemoration will recall the story of the donor, offering family and friends a way to remember the person and recognise their gift. Where appropriate, commemoration should reflect the religious orientation of a donor. It also retains the identity of the donor for a wider social group. Graveyards surrounded medieval churches as a reminder of the 'communion of the saints', those who worshipped in the church knew that they stood among previous generations and shared the same hope of the resurrection. In an analogous way, commemoration reminds those who benefit from the bodies that they receive gifts from those who have gone before to be used for the benefit of a new generation. If this can encourage thankfulness and respect from staff and students, then it enriches the human dimension of donation.

Finally, commemoration engages the moral capacity of medical students, helping to humanise their approach to future practice. They are reminded that, even in the anatomy lab, they are involved in a discipline which demands a high regard for people and their bodies. Involving students in commemoration practices helps to extend medical education into areas of compassion, empathy, caring and personal growth. These are increasingly being realized as essential qualities for a good clinician and that should be taught to medical students in their training (GMC, 1010).

Commemoration of donors can help to establish an important link between lived human experience and clinical care. The art of medicine requires a recognition of the moral and spiritual depths of humanity and the limits of biological possibility. Commemoration is an experience in what it means to care for others in a way that goes beyond the purely physical.

To be human means far more than having a body. A rich account of human flourishing, which includes physical health but extends to a far wider range of capacities, is a foundation for medicine to remain a genuinely human vocation.

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