

Correspondence

Pragmatic Situationism: Dirty Words?

Dear Editors:

In the article, *Ethics Committees: Promise Or Peril?* published in the September issue, Father McCormick uses a quotation from an article of mine as an example of "a rootlessness which is corrosive of morality." This "rootlessness" is alleged to stem from a medical point of view which regards each patient as "unique." I am taking the trouble to reply to Father McCormick's accusation because of Father McCormick's expressed concern that such views, which he claims I exemplify, might result in ethics committees (presumably ones on which I serve) viewing cases from a standpoint of "pragmatic situationism"—a "dirty word" in Father McCormick's opinion.

There is an important difference beyond semantics between basing treatment (or nontreatment) "on the circumstances of each case"¹ (my words) and on the basis of viewing "each case as unique" (Father Mc-

Cormick's interpretation of how health care personnel view patients). Physicians such as myself who base treatment on the circumstances of each case or on a "case by case basis"² consider the diagnostic similarities and differences that permit prediction of each patient's likely response to therapy. Although most patients can be placed within broad diagnostic categories in which there is a statistical likelihood of response to common therapeutic modalities, at the same time each patient has individual characteristics related to his own physiology and anatomy which in turn are determined by his genetic makeup (which *is* unique). Consideration of those features that distinguish one patient from another within broad disease categories, whether appendicitis or Down syndrome, is vital to both good medical and ethical decision-making; those who fail to take these differences into account are mediocre physicians and mediocre ethicists. I do not consider situationism to be a dirty word, nor do I consider pragmatic to be a dirty word. Some professional ethicists would like patients to

fit neatly into their decision boxes and are frustrated when they do not. The fact that such philosophers are better at raising questions than providing answers suggests to me that patients resist such categorization.

As a member of several ethics committees, I intend to continue to look for differences as well as similarities between patients which must be taken into consideration in formulating clinical decisions that are also ethical. I hope that my fellow committee members feel the same way.

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