



Response—The Corruption of Character in Medicine

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Received: 25 July 2021 / Accepted: 14 October 2021 / Published online: 1 April 2022
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Abstract Some people change dramatically over time, and often those changes result partly from what they have chosen to do for a living. Drawing on the work of Richard Sennett and Sandeep Jauhar, I explore how practicing in a market-driven medical system can corrupt the character of doctors.

Keywords Corruption · Character · Virtue · Conflict-of-interest · Capitalism

At the age of twenty-six, I decided to make a clean break with the past. I finished medical school, moved from South Carolina to Scotland, and began to study philosophy. It didn't take long to conclude that I wouldn't go back to medicine. While my reasons for leaving medicine were complicated—the anti-intellectual attitudes, the authoritarianism, the thinly veiled hazing rituals—the most important one was this: I had come to believe that medical training was turning me into a terrible human being.

That claim may sound overblown. Truly terrible people generally don't realize how terrible they are. When you change over time, you see those changes from the perspective of the person you have become,

not the person you used to be. What you once saw as cruelty you now see as strength. What you once saw as arrogance you now see as self-confidence. What you once saw as corruption and exploitation you now see as *Realpolitik*, the hard choices and necessary compromises made for a greater good. Coming to see the world differently may involve some self-deception, of course. But self-deception isn't hard if you have a community to reinforce it. If you are surrounded by terrible people, it doesn't take long for terrible behaviour to feel like the natural state of affairs.

Yet it is still possible to have moments of insight. You glance sideways into a mirror and feel a jolt at how cold your face looks. What used to be a smile now looks more like a sneer. Maybe you catch yourself laughing at a cruel joke, or ridiculing a patient behind her back, or lying to cover up a mistake. A sense of entitlement and superiority is growing inside you, and you like the way it feels. It's not that you admire the members of the community into which you are being initiated. If anything, you feel a vague contempt. Yet you desperately want their acceptance.

Anyone who has attended a high school reunion understands that people can change dramatically over time. It would be surprising if such changes did not result at least partly from what a person has chosen to do for a living. A working life spent as a police officer will immerse a person into a community whose moral norms, expectations, and pressures are far different from those of a first-grade teacher, a hedge fund

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manager, or an orthopaedic surgeon. So common is the idea that certain kinds of work can lead to moral degeneration that it has become a staple of crime and war films: the gradual dehumanization of Joker in *Full Metal Jacket*; the slow transformation of *Breaking Bad*'s Walter White from a high school chemistry teacher into the drug lord Heisenberg; the metamorphosis of *The Godfather*'s Michael Corleone from a straight arrow wearing military blues into a ruthless mafia boss who can order the execution of his own brother.

Every organization will present opportunities for corruption, according to Little, Lipworth, and Kerridge; no organization can claim full immunity. "There will always be latent opportunities to manipulate the internal and external relationships to one person's or to a group's advantage, to pervert governance to benefit the institution unfairly, to deviate assets away from the proclaimed function of the institution, or to abuse public trust or institutional opportunities or powers," they write. Whether you exploit, tolerate, or resist those opportunities depends on the kind of person you are and the *habitus* you bring to the organization. They write, "(O)rganizations are 'corruptogenic' for people of the right *habitus*" (Little et al. 2018, 528.)

No doubt this is true. But it is also true that some organizations are far more susceptible to corruption than others. The opportunities for bribery and self-dealing are more varied and plentiful in the U.S. Congress and the average Wall Street investment bank than they are in a kindergarten or a public library. Nor is *habitus*—or to use the older concept I prefer, "character"—simply what a person brings to an organization. Organizations can also shape character. In fact, it is the promise of forming (or reforming) character that underlies the mission of many organizations. "The Marine Corps builds men" said a military recruiting slogan that spanned three decades. A similar claim is sometimes made of boarding schools, football teams, and prisons.

Whether or not the working life of doctors corrupts their characters is an issue that Little, Lipworth, and Kerridge do not address directly. What they do acknowledge is that financial and technological changes have placed intense pressure not just on the way medicine is practiced but on the values doctors profess to hold. For those who, like me, worry that such forces can be steadily corrosive, the challenge is

to identify the relevant moral pressure points. For that I will turn to the sociologist Richard Sennett and the cardiologist Sandeep Jauhar.

It has been over twenty years since Richard Sennett published *The Corrosion of Character: The Personal Consequences of Work in the New Capitalism*, yet his observations seem even more relevant today (Sennett 1998). Sennett saw how new economic structures were producing a working life radically different from the one that came before. In the old economy, you had a stable job that was rooted in long-term commitments. It rewarded virtues such as loyalty, trustworthiness, and reliability. It also gave you an identity, a place in a community, and a story that you could tell about your life. The new economy, by contrast, is based on short-term goals. Employees move from job to job and place to place; employers have little loyalty to employees and expect little in return; the notion of a career is vanishing. The new economy rewards flexibility, a talent for team play, and a willingness to take risks. Sennett wanted to know: How is this new sort of working life shaping the people who participate in it?

The central case study in *The Corrosion of Character* concerns a father and his son. Enrico, the father, was an Italian immigrant whom Sennett had interviewed for another book twenty-five years earlier. Enrico cleaned toilets and mopped floors in an office building. He didn't complain, but neither did he buy into any hype about the American dream. The sole purpose of his work was to provide for his family. Eventually he saved enough money to buy a house and moved from his Italian neighbourhood to the suburbs. Enrico had no reason to think his job duties would ever change much or that he would be laid off. He was in it for the long term and thought of it in this way, measuring out the time until his retirement. He knew how long that would take, how much money he would have saved, and what he would live on when he retired.

For Sennett, Enrico's working life was emblematic of the old economy. His job as a janitor rewarded steadiness, care, and reliability. Enrico could measure his success by the gradual increase in his savings and the improvements he made on his suburban ranch house. It is true that the job was boring and carried no social prestige. But it was stable and secure, and the income Enrico earned gave him a measure of respect in his Italian community, which he visited every

weekend. Enrico also had a clear story to tell himself about his life, a narrative of gradual advancement. “The janitor felt he became the author of his life, and though he was a man low on the social scale, this narrative provided him a sense of self-respect,” Sennett writes (1998, 13).

Twenty-five years after Sennett first met Enrico, he interviewed his son, Rico. By most measures Rico’s life had turned out far better than his father’s. An engineer who had gone on to business school, Rico now owned and directed a small consulting firm. Despite some setbacks, he had advanced steadily in his career; by the time Rico had reached his late thirties, his income placed him in the top 5 per cent of earners. His wife had built an equally successful career managing a team of accountants. The couple had two children. In their fourteen years of marriage they had moved across the country four times. Rico placed a high value on risk-taking, openness to change, and an entrepreneurial spirit. He did not admire tenured professors, government bureaucrats, and laborers such as his father. He called them “time-servers.”

Rico lived in a world whose motto was “no long term.” It was a world where temp agencies were the fastest growing sector of the labour force and young people could expect to change jobs at least eleven times over the course of their working lives. Organizational structures were changing from hierarchies to networks. This world was marked by what the sociologist Mark Granovetter calls “the strength of weak ties.” Weak ties are embodied in the notion of teamwork, in which a team moves from task to task and the membership of the team often changes. In this world, workers protect themselves with a sense of detachment and superficial amiability, remaining open to the possibility that their circumstances could change at any time.

In this new economy, Rico was one of the winners. Yet he also struggled with its costs, one of which was the absence of close friendships. Every time Rico and his wife moved, they left friends behind. And while they tried to keep those friendships alive from a distance, their online communications were often hurried and superficial. Rico and his family now lived in one of the anonymous exurbs that have emerged on the outskirts of major cities to service families such as his. As Sennett writes, “Such communities are not empty of sociability or neighborliness, but no one in

them becomes a long-term witness to another person’s life” (1998, 17).

In an economy of shifting goals, weak ties, and the absence of long-term commitments, Rico’s biggest fear was that he was losing control of his life. A consulting firm had seemed like the path to independence, but instead Rico found himself spending more time on menial tasks. His career depended on networking, so he had to answer every call and pursue every new acquaintance. His time had become dependent on the whims and changing schedules of each client. Rico managed a team of talented younger engineers, but he was aware that at any point they could leave for better positions.

Rico’s job had opened up a stark moral divide between the values demanded by his work and the values he felt were important in his personal life. At work, the principle of “no long term” had given him wealth and some measure of satisfaction, but it had also corroded many of the values that the old economy rewarded, such as loyalty, trust, and mutual commitment. Rico didn’t want to give up these values in his personal life. The principle of “no long term” undermined the notion that family members should make sacrifices for each other and commit themselves to deep relationships over time. “You can’t imagine how stupid I feel when I talk to my kids about commitment,” Rico says. “It’s an abstract virtue to them; they don’t see it anywhere” (Sennett 1998, 22).

Enrico used to speak in parables drawn from his work. He would say, “You can ignore dirt but it won’t go away.” Rico can’t do this and doesn’t even try. The values that he wants to teach his children are not mirrored in his work. Just the opposite: Rico feels pressure to protect his children from the short-term mindset necessary for economic success. Short-term capitalism puts pressure on the very idea of character, which endures over time. Rico had no sense of his character unfolding or his ideals evolving. He could not even tell a coherent story about his life. Sennett says, “The flexible behavior which has brought him success is weakening his own character in ways for which there exists no practical remedy” (Sennett 1998, 29).

It is not Sennett’s intention to romanticize the old capitalism. As a chronicler of its effects on blue-collar workers, he understands the extent to which the system has exploited the poor and reinforced class

hierarchies. Nor does Sennett draw any conclusions about capitalism and medicine. Yet few observers of the American healthcare system will fail to notice that the characteristics that Sennett sees as emblematic of the new capitalism—short-term thinking, weak ties, flexibility, teamwork, an entrepreneurial ethos—have made their way into medical practice as well. While those characteristics are most obvious in American medicine, they will not be unfamiliar to doctors elsewhere who often struggle to understand the gap between the sort of medicine they expected and the kind that they find themselves practicing.

Sandeep Jauhar is a writer and a practicing cardiologist. The son of Indian immigrants, Jauhar completed a PhD in physics at Stanford before he went into medicine. Among his books are two memoirs: *Intern: An Initiation*, which concerns his medical training at a New York City teaching hospital, and *Doctored: The Disillusionment of an American Physician*, which deals with his medical practice in middle age (Jauhar 2007, 2014). And while both memoirs end on a relatively upbeat note—the required moment of reflection on hardships endured and trials overcome—it is the moments of sadness and bleak demoralization that linger.

Dark memoirs of medical training are not new, of course. Revelations that were shocking when the pseudonymous “Dr. X” published his memoir of internship in 1965 seem commonplace today. What makes Jauhar’s memoir stand out is the cold eye Jauhar casts on his own behaviour. A quiet, introspective man in a chaotic environment, Jauhar is merciless in cataloguing his personal failures and shortcomings. He tries and fails to put an arterial line into a groaning patient. He forgets to check a lab result and his patient has seizures. After performing an especially unpleasant rectal exam, he vomits into a trash can. The atmosphere that permeates his training is anxiety bordering on panic. “The ecology on the wards was hostile; interactions were hard-bitten, fast paced; conversations were brief, clipped, urgent, spoken at a volume or frequency I wasn’t used to or comfortable with,” Jauhar writes. “People always acted like you were doing something wrong but they wouldn’t tell you what it was” (Jauhar 2007, 113).

Jauhar feels lost, exhausted, and incompetent. One day he checks in on a patient and finds that she is sitting on the toilet, straining to have a bowel movement. When the patient tells Jauhar she has no toilet

paper, Jauhar promises to find a nurse. Yet he doesn’t want to come to her room twice. So Jauhar pulls out his stethoscope and examines her while she sits on the toilet. Later he reproaches himself. “Has it come to this? Have you lost all shame?” (2007, 113).

The answer, of course, is yes. Shame is among the first things to go. “Do doctors care? I don’t know. I don’t see a lot of caring,” Jauhar writes in his diary. “Maybe I myself don’t care, or care selectively, which is hypocrisy, which I despise” (Jauhar 2007, 90). One morning a fellow resident tells him about an unexpected death. “Patient crumpled last night,” she says. “Then he coded. Before I knew it he was dead.” The resident smears some cream cheese on a bagel with a plastic knife. “And you know what?” she adds, almost as an afterthought. “I was kind of hoping he would die. One less note for me to write. That’s how I felt. Is that wrong?” (Jauhar 2007, 118).

Over time, however, Jauhar accommodates. As his clinical skills develop, so does his self-confidence. He starts to feel comfortable around colleagues from whom he previously felt estranged. He laughs when a medical student imitates a fat patient with abdominal pain. It is not that Jauhar fails to realize that he is becoming the kind of doctor to which he once objected. It is simply that he doesn’t object anymore. A few jokes at the expense of his patients no longer seems unreasonable. “I rationalized it by telling myself that the job would suck if you didn’t have fun with the people you work with,” he writes (Jauhar 2007, 269).

At the end of two years, Jauhar reflects on how his residency has changed him. For the most part, he feels his character has been strengthened. He is more decisive, less judgmental, and better able to simplify complex problems. But he is also hard-edged, emotionless and more comfortable inflicting pain. “I wasn’t strong enough to change the culture, or even resist its embrace,” he concedes (Jauhar 2007, 286–87). To survive his residency, it was necessary to dispatch with his ideals.

If *Intern* is a memoir of disillusionment in youth, *Doctored* is a memoir of disillusionment in middle age. Jauhar has become the director of a heart failure programme at a teaching hospital. His wife, also a doctor, stays at home to care for their son in a cramped shoebox apartment. Heart failure, it turns out, is a money loser. It doesn’t generate nearly the number of “relative value unit” collections that his

hospital bosses demand. Jaupur finds himself under intense pressure to order unnecessary tests, perform unnecessary procedures, and ask for unnecessary consultations. To be reimbursed he must haggle with insurance company functionaries. To get referrals he has to suck up to private practitioners he despises. The entire enterprise feels mercenary and fraudulent. Yet he still can't pay his monthly bills.

Compounding his humiliation is the constant comparison with his older brother, Rajiv, an effusive, *über*-competent cardiologist who not only understands the darker side of profit-driven medicine but embraces it. "I'm a prostitute," he claims. "Hell, I'm not ashamed" (Jauhar 2014, 33). He tells Sandeep that competence doesn't matter; success in medicine is all about personal relationships. "You have to learn how to play the game. Every doctor I know says I'm his best friend," he says. "As much as we hate to admit it, patients are a commodity" (Jauhar 2014, 91.)

When a drug rep from Scios comes knocking, Jauhar leaps at the opportunity. Scios pays him a thousand dollars a night to present company slides on Natrecor, a heart failure drug, at expensive restaurants. Jauhar says he doesn't find the talks sleazy; Natrecor was a drug he already used. It is only when a paper in *JAMA* casts doubt on the efficacy of the drug that he begins to have second thoughts. At a conference in Atlanta, a Scios executive jokes that he has been sleeping like a baby ever since the *JAMA* paper appeared: he has been waking up every few minutes to cry. Jauhar wonders if his colleagues see him as an industry pawn.

Yet the debasement of marketing Natrecor pales in comparison to Jauhar's next desperate effort to crawl out of his financial hole. He begins moonlighting on weekends at a grimy clinic in Queens, doing grunt work for a hustling cardiologist. The money in cardiology comes from diagnostic procedures. "Do the study as long as it is not illegal," Jauhar is told. "Patients don't mind" (Jauhar 2014, 234). Jauhar is also instructed to grub for referrals, a practice for which he has no appetite and even less skill. So poorly suited is Jauhar for this kind of work that he is eventually fired, yet financial desperation forces him to crawl back and beg for a second chance. "When I got off the phone, I felt nauseated," he writes. "I took a deep breath, and a dry heave welled up in my chest. Water filled my eyes. It was all I could do to keep from vomiting" (Jauhar 2014, 185).

As Jauhar contemplates his Faustian bargain, he is consumed by self-loathing. A gnawing anxiety greets him every morning when he wakes up. The fact that many other doctors are just as miserable is small consolation. Only 6 per cent of American physicians say that their morale is good, Jauhar points out, and physicians have the highest suicide rate of any profession. "Among my colleagues I see an emotional emptiness created by the relentless consideration of money," Jauhar writes. "There is a palpable sense of grieving. The job for many has become just that—a job" (Jauhar 2014, 170).

Jauhar is describing the medical equivalent of the new capitalism. The fragmentation of care has disrupted the possibility of long-term relationships with patients. A steadily increasing portion of each day is devoted to paperwork and mindless administrative tasks. Financial imperatives have pushed doctors into spending an inadequate amount of time with patients, which they compensate for with over-treatment, wasteful diagnostic procedures, and excessive referrals to other specialists. These pressures are steadily corrosive. "When I look at my career at midlife, I realize that in many ways I have become the kind of doctor I never thought I'd be: impatient, occasionally indifferent, at times dismissive or paternalistic," Jauhar writes. Reality has crushed the ideals of his youth. He writes, "The conviction that anything is possible is essentially gone" (Jauhar 2014, 5).

Does market capitalism corrode moral character? Of course it does, argues the political philosopher Michael Walzer (Walzer 2008). Competition in the marketplace places enormous pressure on people to break the rules of decent conduct and then rationalize it after the fact. But that in itself isn't an argument against capitalism, Walzer writes. Democratic politics does the same thing, yet it is not an argument against democracy to note that competition for power encourages politicians to take bribes, tell lies, and break their promises. To recognize these dangers, both in market capitalism and democratic politics, is the first step towards preventing them. It isn't that decent people can't withstand these forces. But it is much harder to remain a decent person when the pressure to break the rules is unyielding, the stakes are high, and the consequences of losing are extreme.

If Jauhar's experience is emblematic of medicine under the new capitalism, my father's experience was emblematic of medicine under the old version.

My father practiced family medicine in the same small town in South Carolina for fifty-six years. It was a solo practice with a nurse and a receptionist, and his office was located directly across from the Presbyterian church our family attended. The values that Sennett identifies with the old capitalism—commitment, loyalty, trustworthiness, reliability—were embedded in his style of medical practice. He practiced long enough to care for the grandchildren of babies he had delivered in the late 1950s.

It's tempting to romanticize this kind of practice, but that would be a mistake. Small towns may be places of loyalty and mutual commitment, but they can also be repositories for narrow-mindedness, racism, infidelity, and grudges that fester over generations. A solo family practitioner in such towns becomes a complicated participant in the personal lives of his or her patients in a way that many doctors today would resist. Nor should we be tempted to imagine that medicine in my father's era represented a golden age of ethics. Doctors of his era were trained to be autocratic, conservative, and conformist. The extent to which my father succeeded as a family doctor can be measured by the extent to which he was able to push back against those values over time.

I am in no position to know how medical practice shaped my father's character, of course. He was certainly not flawless. But I never saw much evidence of existential doubt or the kind of moral confusion that Jauhar confesses. And while my father was no stranger to financial anxiety, I doubt he ever saw a gap between the moral values demanded by his work and those embodied in his family life. It was not difficult for him to tell a coherent story of his life and his place in the community.

For Sennett, the fundamental challenge presented by the new capitalism is its inability to provide people with a clear answer to the question, "Who needs me?" It is only when we know that someone is counting on us that we are forced to hold ourselves accountable for our actions. My father would have had no trouble answering this question, but an answer becomes surprisingly difficult in an economic system where workers are disposable, time is fragmented, and mutual commitment has vanished. "The system radiates indifference," Sennett writes (Sennett 1998, 146.) Many doctors would say the same of American medicine today.

Little, Lipworth, and Kerridge believe that while transparency is necessary, it is not a sufficient remedy for corrupt behaviour. They argue (rightly) that those who break the rules should be punished with suspension, deregistration, or prison time. Yet transparency and the threat of punishment will never be enough to prevent corruption as long as medicine is structured in a way that encourages it. What Jauhar describes is neither secret nor illegal. No one goes to prison for ordering unnecessary procedures or being rude to a patient. He is describing ordinary medicine practiced in response to an unyielding set of perverse incentives, bureaucratic guidelines, and cultural pressures.

For Jauhar the solution is resilience. He believes that doctors need an internal moral compass that can remain steady and true despite the demands placed on them by the system in which they work. He is right, of course, but his argument is incomplete. A compass is useless if you put a magnet next to it. Like anyone else struggling in the new capitalism, doctors will be lost unless they can see the values they live by mirrored in their work. They need a clear answer to the question, "Who needs me?" They must be able to tell themselves a coherent story about their lives. The fact that these questions have become so difficult is not an accident. It is the result of deliberate choices made in the name of efficiency and financial imperatives. If we want the moral compass of physicians to point true north, we must make it easy for them to calibrate it according to the needs of patients rather than the demands of the market.

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