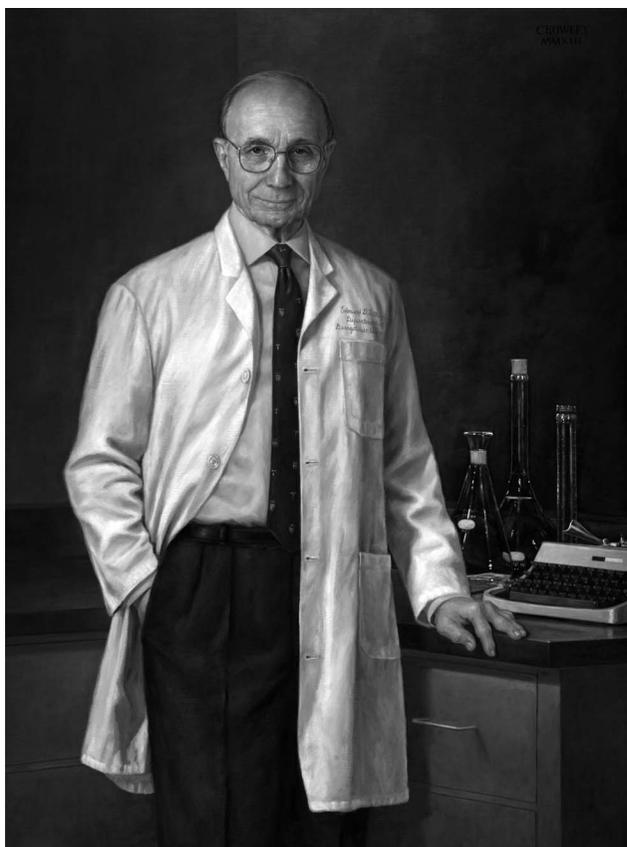


MEMORIAL

EDMUND D. PELLEGRINO, MD
1920–2013



Dr Edmund D. Pellegrino, 2013, oil on canvas, 52 × 40 inches.
James Crowley Portraits.

Edmund D. Pellegrino, MD, MACP, John Carroll Professor Emeritus of Medicine and Medical Ethics at Georgetown University, died at the age of 92 on June 13, 2013. One of the founding figures of modern medical ethics, Dr Pellegrino gained international renown for his deeply reflective scholarship and for his public service, most notably as chair of the President's Council on Bioethics from 2005–2009. In addition to founding the Center for Clinical Bioethics at Georgetown

University (now renamed the Edmund Pellegrino Center), his distinguished career included appointments as the founding chair of the departments of medicine at the Hunterdon Medical Center in New Jersey and the University of Kentucky, founding vice president for the health sciences at the State University of New York at Stony Brook, chancellor of the University of Tennessee, president of Yale-New Haven Medical Center, and president of the Catholic University of America. He was the author of over 600 articles and 23 books, as well as the founding editor of the *Journal of Medicine and Philosophy*. Dr Pellegrino was a graduate of St John's University and New York University School of Medicine (1, 2, 3).

As impressive as his vitae were, a mere recounting of Dr Pellegrino's accomplishments fails to capture his personal warmth, commitment to his faith, or his singular contributions to medical ethics.

I recall the last time I saw him. Ed had come to New York to participate in an inaugural mass to dedicate the Dominican Friars Bioethics Center at St Catherine of Siena Church on the Upper East Side, just down the street from the New York Presbyterian Hospital-Weill Cornell Medical Center. A man of deep and enduring Catholic faith, he was completely at home at the lectern giving his sermon, from the other priestly tradition of medicine. But what I will always recall was sitting with him at lunch afterwards, his absolute kindness, and his welcoming warmth and accessibility, which was all the more paradoxical because of his overt formality and gentility — one could hear the creaks in his polished wingtips.

As a philosopher of medicine and a practitioner of the art, Dr Pellegrino was without peer. A Georgetown colleague, the philosopher Tom Beauchamp, placed Pellegrino's life and work in medical ethics into an historical perspective observing:

Without being disrespectful of the many celebrated figures from Hippocrates to Percival, my view is that no physician has been more productive in the field or made a greater contribution than Ed. . . (Pope T, personal communication, July 2013)

Reflecting upon what Professor Beauchamp had written, and the names that he had invoked, one immediately appreciates that they were not contemporaries but rather historic figures whose legacies in medicine, and the philosophy of medicine, have stood the test of time and were secure. The implicit message was that Dr Pellegrino had joined that pantheon, that collection of the greats of their generation who history will remember for their significance and importance.

These figures are not judged by the present, but by history and

historical comparisons to others who have transcended their particular moment and become one of the ages. So the comparisons must be with other historic figures. And the comparison with Percival is apt if Pellegrino's own assessment is invoked. In an essay he penned for the *Archives of Internal Medicine* entitled "Percival's Medical Ethics: The Moral Philosophy of an 18th-Century English Gentleman," Pellegrino shared his admiration for Percival and appreciation for his contributions to establishing medical ethics (4). Pellegrino is sympathetic to Percival's faith, embrace of virtue ethics, and gentlemanly ways. Elsewhere he downplays the charges of guildism. He summed up his *Medical Ethics* (5) as:

That of a morally perceptive English physician of the Enlightenment, grounded in a deep religious faith, joined to a love of learning and thinking, cognizant of the importance of character and virtue, and living out his precepts in his own personal and professional life. (4) (p. 2266)

Save for nationality and historical moment, Pellegrino's description of Percival could have been mine for him. Pellegrino was the product of the Enlightenment. He was a scholar and lover of medical science (a renal physiologist by training), a person of faith, and a physician who understood fulfilling obligations to his patients and his peers, in deed in actions, as a professional obligation.

Indeed, if there were any doubt of Pellegrino's high estimation of Percival and affinity of their views, he adds editorially, "We are not necessarily the richer morally, in our day, for grounding our ethics in rules and rights rather than virtues." (4) (p. 2266) He goes on to speak of his predecessor's concern for beneficence, which echoes his own regard for the good of the patient and patient care in general.

I could stop here with this parallel from the medical pantheon but there is another more recent example of greatness with whom Dr Pellegrino is perhaps best compared. And here I speak of . . . Sir William Osler, the father of internal medicine and enduring humanist (6,7). By simply making this historical comparison, I am confirming Tom Beauchamp's belief that Pellegrino is in very good company.

Let me explain: both Osler and Pellegrino were complete physicians. They practiced medicine for the entire span of their lives (7,8). And despite their excursions into other areas of inquiry, and other tasks, they enduringly saw themselves in their doctoring role, with a love of medicine or what Pellegrino called that "special moral enterprise" (9).

Both engaged in practice by integrating the humanities into their

understanding of the practice of their art, Osler and Pellegrino were both classicists. In fact, Pellegrino admired his predecessor (Osler) for bridging the sciences and humanities so well. One can imagine he looked to Osler's example as an ego ideal, looking to history for guidance in how to live the unique life he had lived. He writes of the literary tradition in medicine — of which he is an important link — with admiration of Osler and those who preceded him. He singles out Osler as “their modern counterpart” and thus that doctor with whom he might be compared and whose life example held relevance:

Let us first examine the cognitive elements in traditional or literary humanism. This ideal was best exemplified in the lives of such physician-scholars as Linacre, Caius, and their modern counterpart, Sir William Osler. Gilbert Murray said of Osler, in nominating him for the presidency of the Classical Association that ‘. . . he stands for a type of culture which the Classical Association does not wish to see die out of this world — the culture of a man who, while devoting himself to his special science, keeps nevertheless a broad basis of interest in letters of all kinds.’” (10)

Like Pellegrino who was comfortable crossing disciplines, Osler had been such a distinguished humanities scholar and classicist that he was elected president of the Oxford Classical Association while Regius Professor of Medicine. Although the appointment made him feel that he was “sailing under false colors,” (11,12) his learned peers were of the opinion that his service and scholarship more than warranted his leadership position.

One of his more memorable lectures, “The Old Humanities and the New Science,” was given before the Classical Association just before his death in 1919 (11) . He spoke of need to overcome the isolation of sciences and the humanities from each other. And though a man of science, he valued his fellow humanists. Invoking a medical metaphor he asserted the importance of the humanities by suggesting that “Now, the men of your guild secrete materials which do for society at large what the thyroid gland does for the individual. The Humanities are the hormones” (11) (p. 14). Cushing notes that this was a noteworthy allusion as Osler was a pioneering advocate of the use of thyroid extract in life-threatening hypothyroidism and what was then referred to as “cretinism” (13).

The topic of Osler's essay was the need to link disciplines. Osler observed that “. . . the so-called Humanists have not enough Science, and Science sadly lacks the Humanities” (11) (p. 18). He further commented that “this unhappy divorce” was one “which should never have

taken place. . .” (11) (p. 18). Thereafter, endorsing a report for a New Honour School at Oxford which would seek to better integrate the sciences and the humanities, he observed that the proposal:

. . . indicates a widespread conviction that no man is cultivated up to the standard of his generation who has not an appreciation of how the greatest achievements of the human mind have been reached; and the practical question is how to introduce such studies into the course of liberal education, how to give the science school the leaven of an old philosophy, how to leaven the old philosophical school with the thoughts of science. (11) (p. 23)

Osler’s plea for this convergence anticipated what Pellegrino later said about the gulf between the sciences and the humanities. In his aptly titled, “The Most Humane of Sciences, the Most Scientific of the Humanities,” Pellegrino is carrying on the Oslerian tradition of finding common ground between the sciences and the humanities. He wrote:

The imperative becomes, then, this: medicine must become more humane, more infused with the spirit of liberal studies, and more willing to address itself to the metaphysical dichotomy between the arts and the sciences. (14) (p. 313)

Pellegrino was deeply committed to breaching this divide and understood it with the sophisticated understanding of an Osler or C.P. Snow whose 1959 Reade Lecture at Cambridge famously invoked the “two cultures” (15). Pellegrino also asked whether there might be a role for medicine to bring these disciplines together noting, “Is it not a practical mechanism for bridging the widening gulf between the sciences and the humanities?” (16). I suspect he saw medicine — with its composite parts in the sciences and the humanities — as uniquely suited to serve this bridging function. More recently, some have asked if bioethics itself as a “bridging discipline” might do the same thing (17).

The point is that these were and are enduring concerns. Like Osler, the humanities were at the center of Pellegrino’s thinking when it came to the practice of medicine. They were not on the periphery but intrinsic, like hormones to the well-functioning body. He wrote:

Rarely are the humanities in medicine assessed for what they really are — neither educational flourishes nor panaceas but indispensable studies whose everyday use is as important for the quality of clinical decisions as the basic sciences are now presumed to be. (18) (p. 3)

For both Osler and Pellegrino, the humanities were central to their

work and conception of themselves and their vision of medicine. This reliance on the humanities, and of philosophy in particular, helped to cultivate the virtue of phronesis — or practical wisdom — that each valued above all else. We hear this from each of them.

Both were devout Aristotelians, Osler as diagnostician, whose nosology is the touchstone of modern internal medicine and whose demeanor is emblematic of the Aristotelian virtues. In his work, he spoke of “method” not phronesis but the Aristotelean echoes are there. Osler observed:

The art of detachment, the virtue of method, and the quality of thoroughness may make your students in the two senses of the word, successful practitioners, or even great investigators, but your character may still lack that which can alone give permanence to powers — the grace of humility. (19) (p. 39)

As such, he was a practitioner of phronesis — a process of discernment and demeanor that Pellegrino esteemed above all else; good directed phronesis consistent with the ends or goals of medicine, and its enduring telos. Pellegrino ratifies Osler’s method observing that:

Phronesis occupies a special place among the virtues as the link between the intellectual virtues — those that dispose to truth (science, art, intuitive and theoretical wisdom, etc.) — and those that dispose to good character (temperance, courage, wisdom, etc.). Phronesis tells us when the end or the good to which we are tending as persons or as carpenters, doctors, and so on is in jeopardy. Phronesis provides a grasp of the end, of the good, for the agent and the work in which he or she is engaged. Prudence enables us to discern which means are most appropriate to the good in particular circumstances.” (20) (p. 84)

And yet Pellegrino’s Aristotelian commitments transcended the practice of medicine. He was more than simply a physician interested in philosophy. Over the course of his career, as an original thinker and later as an academic administrator, Pellegrino emphasized the centrality of the humanities to liberal learning, a description which would be apt to his conception of medicine. The humanities prepared each of us for value-laden choices. They were not peripheral to the process of discernment but indispensable to making good, sound, beneficent choices, decisions that led to coherent goals or ends. Again, the echoes of Aristotle can be heard beyond the narrow scope of medical phronesis.

Pellegrino was so wise and deliberate. To consider all his contributions, as an intellectual and program builder, teacher and doctor, and

mentor and friend is impossible (21). But they can be summed up by a common view that he lived by his precepts and put his thoughts into deeds and actions. It was a full and wondrous life best captured in Dr Pellegrino's own words.

In writing of Percival, Pellegrino noted that his gentlemanly predecessor "lived by the virtues he extolled." He quoted Percival's son who noted of his father's master-work, "in truth the masterly picture so lately drawn in that volume (*Medical Ethics*) in which he has delineated the requisites and qualifications of the medical practitioner displays the most exact portraiture of himself" (5) (p. 2269).

Again, Pellegrino quoting the Percivals with admiration and deference draws the past near for a worthy comparison with the ages. And the same can be said for Dr Pellegrino. Yes, the good doctor, Edmund Pellegrino "lived by the virtues he extolled." Like the greatest of his physician predecessors, he lived the life he wrote and wrote the life he lived. It was a most worthy life, one of virtue, consistency, and an unswerving regard for the patient's good. His legacy in the annals of medicine is secure.

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