

## The Way of Medicine

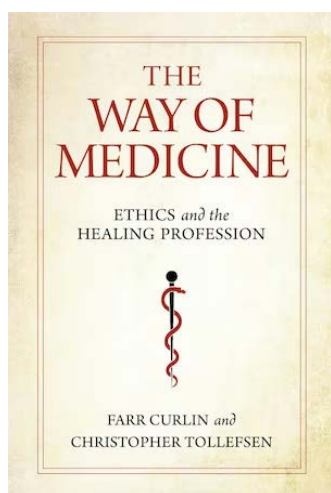
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Any clinician who has felt that the label “provider”<sup>1</sup> cheapens what it means to be a professional charged with caring for the lives of patients will appreciate the work of Farr Curlin and Christopher Tollefsen to articulate an alternate “Way of Medicine.” Dr Curlin is a clinician and professor of medical humanities at Duke University, and Dr Tollefsen is a professor of philosophy at the University of South Carolina. In this work, they share concepts that have grown out of a seminar on medical ethics presented annually since 2011 (p. xv).

Curlin and Tollefsen argue that in the absence of clarity regarding what medicine is for and what it means to be a “good doctor,” the profession has settled on a provider-of-services model that is devoid of an objective moral vision and instead emphasizes the use of technical skills to satisfy patient preferences (pp. 1–2). In their view, even the four principles (autonomy, beneficence, nonmaleficence, justice) approach<sup>2</sup> to medical ethics ultimately fails to provide a guiding moral vision and instead allows decisions to default to questions of what is permissible, what is technically possible, and what the patient wants. In contrast to the provider-of-services model and the ethics of principlism, Curlin and Tollefsen’s Way of Medicine describes medicine as a practice guided by practical reason.

The first two chapters lay out definitions of professional practice (human collaboration in pursuit of a good), health (the “well-working” of the human organism), and practical reason (“the deepest practical principles of human flourishing and...the implications of those principles in norms for concrete action” [p. 35]). The next three chapters consider what this approach has to say about the physician-patient relationship, about authority and autonomy, and about the application of the rule of double effect. Four chapters then delve into sexuality, unborn life, the end of life, and “last-resort options.” The book concludes with reflections on conscientious medicine and a call to “be committed to the central good of medicine: patient health” (p. 197).

In describing tools, concepts, and arguments to help physician readers practice medicine, Curlin and Tollefsen build a case that is appealing yet not clearly global, cross-cultural, or definitive. Their rejection of the Kantian “categorical imperative” (p. 44) in favor of practical reason as an organizing approach seems to be founded more on how other writers have applied Kant, rather than on the implications of Kant’s approach per se, and while their efforts to use practical reason to guide reflection are argued well, there remain numerous points throughout the book at which a well-meaning reader might take a different interpretation. Furthermore, while they are to be commended for addressing challenging topics with both rigor and sensitivity, the reliance on fictional cases essentially underpowers their narratives since even the most well-written fictional case cannot match the complexity and nuance of real life. Future work in developing a vision for the Way of Medicine would benefit from more cross-cultural and philosophical breadth and from more extensive narrative use of real patient cases told from the perspectives of multiple participants.

In building from foundational considerations to a moral vision for medical practice, this book is a welcome addition to the literature on medical ethics. Curlin and Tollefsen articulate the philosophical underpinnings of the Way of Medicine both in contrast to

and in conversation with major current thinkers across the spectrum of medical ethics traditions, with extensive references providing further commentary and citations for additional reading. The book is readable and written in a conversational style with a humble tone that invites consideration and reflection. While both the underlying philosophical reflection and the clinical application might not cover the breadth of perspectives all readers might bring, no reader should be able to come away from this work without an appreciation of the need for a moral vision for medicine and for deeper reflection on the principles on which we base our medical practice.

“Cultivate the virtues of good medicine. Be a physician and a healer, not merely a technician or a provider” (p. 197).

## REFERENCES

1. Mangione S, Mandell BF, Post SG. The language game: we are physicians, not providers. *Am J Med.* 2021;134(12):1444-1446.
2. Beauchamp TL, Childress JF. *Principles of Biomedical Ethics.* 7<sup>th</sup> ed. Oxford University Press; 2013. .