

ETHICS MAN **Daniel K Sokol**

The moment of truth

How can doctors foster the virtues that will help them cope with those “this is it” moments in the practice of medicine

Edmund Pellegrino, a professor of medicine and a giant of medical ethics, once said that for the clinician the “moment of truth may come at three in the morning, when no one is watching.” This prompted me to ponder on “the moment of truth.” What is it? And can we prepare for it?

The moment of truth is a bullfighting term. The “hora de verdad” refers to the moment when the matador entices the bull with the “muleta” (the red cape draped over a stick) and, with the precision of the anaesthetist hitting the epidural space in an obese patient, plunges the sword into the bull’s neck for the kill. If he thrusts the sword at a slight angle he will sever the aorta and the bull will die in seconds. If the matador misses, his body is exposed to the sharp horns of the frenzied animal.

We encounter a moment of truth when we are put to the test, and how we respond becomes a measure of our worth. Sometimes, as in an acute emergency, the moment of truth is clear: the patient is hypoxic, oropharyngeal visibility is poor from the blood and swelling of trauma, and the tube must go in immediately. At other times, especially with patients with more chronic illness, the moment of truth is identified only retrospectively. A doctor may realise too late that he or she omitted something that could have prevented a poor outcome, such as the radiologist who realises that he or she missed a lesion on the x ray picture.

The moment of truth can involve physical actions, as in the difficult intubation; decisions, as with the surgeon contemplating whether to operate; or attitudes to events or circumstances. William Osler wrote of being “ready for the day of sorrow and grief with the courage befitting a man.” For Osler, that moment came years later with news of the death of

his only son from shrapnel wounds in the first world war.¹

The “truth” in the phrase “the moment of truth” can refer to true skill, true merit, or true strength of character. We can prepare by honing our technical competencies. The cardiothoracic surgeon Fyodor Uglov, famous for his technique, sutured 400 rubber gloves before performing portacaval anastomoses on patients (*BMJ* 2008;337:a866). Alone, at three in the morning, the well prepared trainee can insert that all important central line in the patient with a sudden onset of severe sepsis. It is this fear of encountering the moment of truth that, at least in part, explains why some junior doctors look on the night shift with dread.

We can work on developing our character, putting ourselves in situations in which we can learn to exercise virtues such as courage, kindness, and wisdom. This may require us to seek new experiences and step outside our comfort zone.

A turning point in my development as a medical ethicist was on hearing a song, “Moi mes souliers,” by the Canadian singer Félix Leclerc. It was about a man’s travels and adventures, from school to war, through fields of mud, through countless villages and streams. The final stanza, loosely translated, goes: “Heaven, my friends, is not the place for polished shoes. So if you seek forgiveness, hurry and get your shoes dirty.” As I could see my own reflection in my shoes, I travelled to various hospitals around the world to get them dirty.

Alone, at three in the morning, the trainee with dirty shoes can then decide to reassure a frightened patient when it would be easy to pretend not to notice. Yet, even with the cultivation of skill and virtue, it is impossible to prepare fully for some moments of truth, those monumental



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ones defined by their life changing nature. Osler never recovered from his son’s death and was prone, in private, to bouts of weeping.

Moments of truth reveal something fundamental about ourselves, and as such they represent an opportunity for self improvement. They are perhaps unique to humans. The charging bull cannot conceive of a moment of truth. Only the matador can experience it, thinking to himself, as he sees the saliva flying from the charging animal’s mouth, “This is it.” For Pellegrino and many medical ethicists who call themselves “virtue theorists,” the focus of medical ethics should not be on what is the right or wrong action but on developing the character of the clinician.

Respected clinicians on the wards and in the GP’s surgery have a much greater influence in the development of virtue in students than my colleagues and I do in the classroom. It is difficult to teach courage or integrity in a packed lecture theatre. Virtues in medicine are learnt most effectively by watching and learning from clinicians who act virtuously. Osler believed that medicine should be taught on the wards²; so should the bulk of medical ethics, for ethical decisions in clinical medicine are made under conditions that cannot be recreated in a classroom. Repeated, realistic exposure is the key to good ethical training. After all, it is in the arena—with the cheering crowd, blustering heat, dazzling sun, swirling sand, and raging bull—that matadors learn the essence of their art.

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- 1 Starling P. The case of Edward Revere Osler. *J R Army Med Corps* 2003;149:27-9.
- 2 Osler W. “The fixed period.” *Aequanimitas*, with other addresses to medical students, nurses and practitioners of medicine. New York: McGraw-Hill, 1906:349-71.

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