

Editorial

A secular age

Michael Trimble

One of my duties within the university is teaching on the year 1 medical ethics course. This has become more challenging in recent years. In the ethics tutorials it has become increasingly apparent that the basic presuppositions held by the students have undergone a paradigm shift. Not so long ago, when considering contested topics such as abortion or the right to euthanasia, there was tension and argument but at least the terms of the debate were agreed. Gradually, the balance has shifted, with increasing numbers of students favouring unrestricted access to abortion and many supporting the right of patients to access medically supervised euthanasia. However, not only have the conclusions changed but so have the underlying patterns of thought.

Traditional ethics in Western Medicine owes much of its heritage to Classical Greek thought,¹ from Aristotle's Nicomachean ethics,² to the Hippocratic Corpus, not least the famous Oath. However, as philosopher Luc Ferry notes, a radical new element was to be introduced into the Western mindset with the advent of Christianity and its concern for the individual.³ Historian Tom Holland goes further and suggests that so much of what we now take for granted as part of a modern liberal worldview actually has its roots in Christian thought and practice.⁴ However, the world is changing and, as philosopher Charles Taylor reminds us, we now live in a secular age. In his 800 page *magnum opus*, he attempts to answer the question

Why was it virtually impossible not to believe in God in, say 1500 in our Western society, while in 2000 many of us find this not only easy, but even inescapable?⁵

That we live in a secular age has profound implications for ethics. Henry David Aiken describes our approach to ethical issues as occurring on one of four levels: At the most superficial is our emotive response, that is our gut reaction, the "boo" or "hurrah" that comes without thought or reflection. A more considered response concerns the rules as applied to the situation at hand. Sometimes the rules may not apply or may even conflict; sometimes the rules are called into question and, at such times we need to consider the principles that underlie the rules. Finally, at the most fundamental level there are our basic convictions.⁶ It is at this most basic level that the impact of the secular is felt. Medical ethicist Tristram Engelhardt analyses the effects of the loss of the Christian consensus.⁷ In particular, he notes that issues such as abortion and euthanasia are often now no longer viewed in terms of morality and are rather seen as lifestyle choices and therefore a wholly personal matter. Indeed, the immorality is held to be in questioning

such choices. Value judgements are replaced by individual feelings. Regular readers will have noted my fondness for the writings of CS Lewis. In his short book the *Abolition of Man*, Lewis predicts this development and notes that when ultimate values are no longer recognized it is a perilous situation for humanity.⁸ Lewis highlights what he terms the Tao - his term for *natural law*. He notes the common features of ethical systems through the ages and across the world. Lewis does not deny that there are differences between moral systems and in another of his popular works he notes that

The moment you say that one set of moral ideas can be better than another, you are, in fact, measuring them both by a standard, saying that one of them conforms to that standard more nearly than the other. But the standard that measures two things is something different from either. You are, in fact, comparing them both with some Real Morality, admitting that there is such a thing as a real Right, independent of what people think, and that some people's ideas get nearer to that real Right than others. Or put it this way. If your moral ideas can be truer, and those of the Nazis less true, there must be something - some Real Morality - for them to be true about.⁹

The mention of Nazi morality in the above quote links to a disturbing example of Lewis's thesis from the *Abolition of Man*. I was recently taking a session on an elective course on the history of medicine for year 1 medical students. My topic was medicine in the Nazi era. Many physicians were members of the Nazi party and the involvement of physicians in wartime atrocities is well documented.¹⁰ As part of the discussion following the presentation, I asked the students if they thought the Nazi physicians were evil or mistaken. The conversation took an unexpected turn as the majority of students felt that evil was not a valid concept in these circumstances.

It is part of the teacher's job to encourage students to ask the right questions and in doing so help them to seek the truth. I realize more than ever the need for ethical and professional development. Education, particularly medical education must be less about imparting information and more about character formation. This must occur not just in the taught class but in the everyday practices in the surgery, in the clinic, and on the wards. Teaching has been described as a subversive activity¹¹ with the culture of the classroom teaching as much if not more than the curricular content. The day to day life of our teams and units provide a daily opportunity to for all of us to assist in the professional and moral formation of our students and trainees. James KA

Smith describes our day to day routines as cultural liturgies¹² and, just as religious liturgy shapes the life of the believer, even such secular liturgies impact the mind and behaviour of these who practise them. To return to where we began with Aristotle, these cultural liturgies form in us the ideal of the good life to which we aspire. When students see us in our work environment, what is the ideal we represent? To what do we aspire, for ourselves, for them and for our patients?

ENDNOTES

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Editor's business

Student and trainee roles

Looking to the future of the journal, I am delighted to welcome Drs Hannah O'Hara, Jonathan Winter, and Jake Clements on to the team. They will be helping update the journal's social media presence and developing visual abstracts and new material aimed at increasing the journal's relevance for students. This issue includes prize-winning abstracts and posters from the QUB Scrubs academic conference.

Forthcoming vacancy

I plan to step down as editor following the publication of the January 2023 issue. If anyone is interested in taking up the reins, they can contact me by email at editor@ums.ac.uk.

For further information, I would suggest reading my predecessor's article, So you want to be UMJ editor (Ulster Med J 2019;88(3):141-142) which is available on the UMJ webpage [https://www.ums.ac.uk/umj088/088\(3\)141.pdf](https://www.ums.ac.uk/umj088/088(3)141.pdf).



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