

The sacred and the profane of medicine

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Warning: pseudo-intellectual mumbo-jumbo ahead!



Titian: *Sacred and Profane Love* (1514)

The term "the sacred and the profane" is more commonly used in a discussion on the nature of religion. The "profane" is the "realm of routine experience"; "the sphere of adaptive behaviour and is essentially utilitarian". The "sacred" is the realm of human experience that "evokes an attitude of awe and reverence", is "non-utilitarian", "non-empirical" and "impinges on human consciousness with moral obligation and an ethical imperative" (1).

The path to wisdom is to understand and accept that both "the sacred" and "the profane" are simply two sides of the same coin. Denial of this intrinsic dualism leads only to dogma and misrepresentation.

I believe that these terms can be applied to the nature of medicine in an analogous fashion; and in doing so form a powerful philosophical viewpoint.

The Sacred

- ethical and moral virtue
- altruism
- selflessness
- advocacy
- knowledge
- care

The Profane

- remuneration
- efficiency
- ego and personal goals
- "distributive justice"
- pragmatism

Every decision, action and perspective in medicine can be framed under both "the sacred" and "the profane". The path to wisdom is to understand and accept that both "the sacred" and "the profane" are simply two sides of the same coin. Denial of this intrinsic dualism leads only to

dogma and misrepresentation.

The most righteous idealism (the sacred) is meaningless without a workable implementation (the profane). A miraculous therapy is completely ineffective if it is unacceptable or intolerable to the patient.

Consider the question that is asked often, "why do you want to be a doctor?" Many people focus only on "the sacred", i.e., "to help people". However, denial of "the profane" (e.g., good salary, respect, lifestyle) do not make them any less true. Being able to accept and understand your motivation from both sides makes you a better doctor.

Another example: "why should we take informed consent?" Most people again argue only from the perspective "the sacred", i.e., that it upholds the patient's autonomy. "The profane" reasons (i.e., avoidance of litigation) should not be looked down upon. Furthermore, the criticisms to the level of informed consent from "the profane" point of view (i.e., time inefficiency and that patients actually understanding numerical risk during a consent is a pretence) should be taken seriously in the debate.

Where an argument or debate in medicine focuses only on one domain, it inevitably results in failure of therapy, treatment or policy.

Too much emphasis on "the sacred" leads to:

- debacles like the [Terri Schiavo affair](#) (2) (3);
- [feckless HIV control strategies](#) in Africa that promotes abstinence rather than condoms (4);
- rogue ideologues like [Dr Jack Kevorkian](#) (5).

Too much emphasis on "the profane" leads to:

- [over-servicing](#) from corporatised medical centres (6);
- sending junior doctors into poorly supervised "service" positions;
- Australia's own "Dr Death" at [Bundaberg Base Hospital](#), [Dr Jayant Patel](#) (7).

"The sacred and the profane" as an ethical tool

The three major branches of [normative ethics](#) are (8):

1. [Consequentialism](#) (the morality of an action is contingent on the action's outcome or result);
2. [Deontology](#) (the morality of an action requires acts to be taken that are in accordance with an individual's duty);
3. [Virtue ethics](#) (focuses on the inherent character of a person, as opposed to the specific actions).

The criticism and failures of both consequentialism and deontology as ethical systems can be analysed in terms of "the sacred" and "the profane". Consequentialism, where moral actions are judged on their outcome can be considered to be an excess of "the profane". Similarly, a deontological system where ethics are dependent on universal and *a priori* principles is analogous to an excess of "the sacred".

There has been a resurgence in virtue ethics in medical ethics in the recent decades and certainly I believe it to be a useful construct. To behave in an ethical and moral manner is to behave in the manner of a "virtuous" doctor. There is nevertheless a tendency for medical virtue ethics to be overly narrow and idealistic in their virtues; a curse of conservatism in the

profession. As such, "virtue ethics" is sometimes morphed into a form of self-imposed voluntary deontology.

The antidote to this tendency is again "the sacred and the profane"; reframing and considering ethical questions under both domains.

It is interesting that in the classical Greek roots of virtue ethics of [Aristotle](#), he identified the two most important "intellectual" virtues to be *sophia* (theoretical wisdom) and *phronesis* (practical wisdom) (9); in other words, the sacred and the profane.

Reference articles

- (1) Religion, The Functionalist Perspective, Part Three: Durkheim [electronic article]. *Sociology at Hewett*. [\[Link\]](#)
- (2) Terri Schiavo [electronic article]. *Wikipedia*. Last updated 10 September 2006. [\[Link\]](#)
- (3) Tam M. Schiavo autopsy results released [electronic article]. *virtualis' Medical Rants*. 16 June 2005. [\[Link\]](#)
- (4) Is abstinence policy failing to fight HIV? *New Scientist*. Issue 2565, 19 August 2006. [\[Link\]](#)
- (5) Jack Kevorkian [electronic article]. *Wikipedia*. Last updated 11 September 2006. [\[Link\]](#)
- (6) Woodruff, T. The Way Backward in Primary Health Care: Corporatised Medical Centres [electronic article]. *New Doctor*, Issue No. 74. [\[Link\]](#)
- (7) Jayant Patel [electronic article]. *Wikipedia*. Last updated 22 August 2006. [\[Link\]](#)
- (8) Normative ethics. *Wikipedia*. Last updated 11 September 2006. [\[Link\]](#)
- (9) Virtue ethics. *Wikipedia*. Last updated 5 September 2006. [\[Link\]](#)