

In Memoriam: Edmund Pellegrino (June 22, 1920–June 13, 2013)

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Dr. Edmund D. Pellegrino was a man of many qualities and achievements. He was one of the forefathers of medical ethics. He was a learned Catholic. He was hailed as a “complete physician” among “a handful of other high-profile physician leaders of the twentieth century.”¹ He was an asset to every institute that he served. But first and foremost he was a decent human being who cared about the dignity of each and every person and who wanted to do good.



Courtesy of the Kennedy Institute of Ethics, Georgetown University

Dr. Edmund Pellegrino excelled in all that he did. He combined outstanding traits of an impeccable scholar, a devoted teacher and an inspiring leader in administration. His scholarship, hard work, tremendous energies and gentleness were well appreciated in the United States and in the world at large. There are many excellent teachers and administrators. There are quite a few first-rate scholars. But there are only very few who combine these qualities with kindness, humility and generosity. Due to lack of space I am unable to list all of Ed’s honours. Dr. Pellegrino was the recipient of 52 honorary doctorates in addition to numerous other awards. I will note some of the milestones and add some observations relating to our personal acquaintance.

¹ “Physician and Philosopher—The Philosophical Foundation of Medicine: Essays by Dr. Edmund Pellegrino”, *N Engl J Med* 347 (2002): 952–953.

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Dr. Pellegrino studied medicine because he wanted to comprehend the membrane phenomena by biophysical means. He received his B.S. degree from St. John's University (Summa cum Laude) and his M.D. from New York University. He served residencies in medicine at Bellevue, Goldwater Memorial, and Homer Folks Tuberculosis Hospitals, following which he was a research fellow in renal medicine and physiology at New York University.

Dr. Pellegrino was founding chairman and medical director at the Hunterdon Medical Center in Flemington, New Jersey (1953–1959), following which he became founding chairman of the Department of Medicine at the University of Kentucky (1959–1966), Dean of the State of New York School of Medicine (1966–1973), Chancellor and Vice President for the Health Sciences at the University of Tennessee (1973–1975), President of the Yale-New Haven Medical Center (1975–1978), and President of The Catholic University of America (1978–1982). In 1982 he was appointed as the John Carroll Professor of Medicine and Medical Ethics at Georgetown University (1982–2000). During his tenure at Georgetown he served as Director of the Kennedy Institute of Ethics (1983–1989), founding Director of the Center for the Advanced Study of Ethics (1989–1994), and founding Director of the Center for Clinical Bioethics (1991–1996). After his “retirement” in 2000, Dr. Pellegrino continued to mentor students, to conduct his regular clinical rounds in Georgetown Hospital, to write and speak nationally and internationally. He continued his passionate work also during 2005–2009, when he served as chairman of the President's Council on Bioethics. In fact, he did not cease to work until his very last day.

Dr. Pellegrino has played a central role in shaping the fields of bioethics and the philosophy of medicine. His persona and scholarship combined the world of science with the world of humanities. He was intrigued by questions pertaining to how things work and how they relate to each other (science) and also by questions pertaining to what we should and ought to be doing, why should we be moral (ethics); how do the scientific realm and the philosophical realm relate to each other, and how do philosophical and theological ethics relate to each other. In March 2008, the President's Council on Bioethics published a commissioned volume entitled *Human Dignity and Bioethics*. In his letter to the US president, Dr. Pellegrino explained that the fundamental questions in law and ethics will be shaped by what it means to be human and what we understand to be ethical obligations. He always insisted that ethical concerns are shaped by foundational views regarding the nature of the physician-patient relationship and the goals of medicine, which are the proper focus of the philosophy of medicine.

In a long and remarkable career that spanned over 55 years of research and scholarship, Dr. Pellegrino published more than 550 scholarly articles. During the first thirty years his publications were mainly medical-scientific in nature, touching on a variety of issues: renal functions, treatment of Tuberculosis, Meningitis, Q-Fever, biochemistry of calcified tissues, Bilateral Bronchiectasis, sudden death, the composition of human bone, the “Stiff-Man” Syndrome, Bacterial Endocarditis, refractory heart failure, diet and Osteoporosis. While continuing to contribute to the medical-scientific literature, from the 1970s onwards Dr. Pellegrino devoted a great deal of time publishing on issues in the intersection of medicine, philosophy and

religion. He published twenty-four books, and was the founding editor of the *Journal of Medicine and Philosophy* (1968). His books *Humanism and the Physician* (1979), *A Philosophical Basis of Medical Practice* (1981), *Teaching Ethics, the Humanities and Human Values in Medical Schools* (1982), *For the Patient's Good* (1987), *Catholic Perspectives on Medical Morals* (1989), *Ethics, Trust and the Professions* (1991), *The Virtues in Medical Practice* (1993), *The Christian Virtues in Medical Practice* (1996), *Helping and Healing* (1997), *Jewish and Catholic Bioethics* (1999), and *African American Bioethics* (2007) are all seminal works that have left memorable imprint on the field of medical and religious ethics. His writings encompass original explorations of the concept of beneficence, the role of the physician as a moral agent, the need to place humanism in the medical curriculum, the nature of the patient's good, and the importance of a virtue-based normative ethics for health care. His contributions to Christian medical ethics, patient-physician communication, the healing relationship, the dispute over the internal and external sources of a morality for medicine, and the role of the Hippocratic tradition are all important.

Ed was a compassionate physician, a passionate Catholic, a man with firm ideas and a very clear *Weltanschauung*. While our respective upbringings led us to develop different outlooks on life and medical ethics, we enjoyed our professional conversations. I had a deep appreciation and liking of Ed, and I think it was mutual. I very much appreciated his integrity, his lucid and clear thinking, his devotion to the medical profession, his leadership and his gentle character, his humanity and human relationships. I wished there were many more such figures and personalities in medical schools and in world academia at large. Ed was and is a role model.

Dr. Pellegrino thought that the big ethical questions are still the same as they were thousands of years ago. Human nature, he thought, did not change. He was a conservative in the sense of preserving from the past what is good and then evaluating it, examining what changes, if at all, are needed. Dr. Pellegrino was not a progressivist and his views on innovations in biotechnology were constrictive and measured. He thought responsibility, accountability and the way we reason about moral questions dictate cautious policies.

Ed and I used to meet during my visits to Washington. We had lengthy conversations about medical ethics, philosophy, religion (Catholicism, Judaism) and education. In 2008, when I was a fellow at the Woodrow Wilson Center for Scholars, I invited Ed to deliver the keynote lecture in a conference I had organized. Ed was the Chairman of the President's Bioethics Committee at that time. His lecture was sharp, full of insights and poignant stories. Dr. Pellegrino said that analysis of the decision-making process includes the questions of who are the decision-makers, what the criteria are for selecting them, how conflicts about the decision should be confronted and resolved. A patient with mental capacity is the default decision-maker. If a patient is mentally incapacitated, an advance directive (an oral or written statement of end-of-life preferences) becomes the surrogate decision-maker. If there is no advance directive, the decision-making responsibility passes to a legally valid surrogate. However, Dr. Pellegrino cautioned, the legally valid surrogate sometimes does not have the best interests of the patient at heart. The decision-maker has to be a morally valid surrogate—someone close to the

patient who knows her values, and has no partisan interests. If there is persistent disagreement, either because family members disagree, or because medical personnel believe that family members are not following the patient's wishes, the decision may be left to a hospital ethics committee.

We had long conversations about the situation in The Netherlands. Dr. Pellegrino agreed with my criticism of the policy and practice of euthanasia, and he objected to any idea which promoted physician-assisted suicide and euthanasia. While we agreed about euthanasia, we disagreed about physician-assisted suicide. Ed did not see much difference between the two while I did. He objected to American legislation in this direction, first and foremost in Oregon, and was sorry to see other states (Montana, Washington) going in that direction.² He used to tell me stories about families who approached him "to do something" about their loved-ones. Ed remained adamant in his refusal, telling them that he could not help in killing. He can help in caring, sustaining life, attempt at curing. Ed said: I am in the business of healing, not killing. At the same time, he recognized that there are others, including physicians, who had different views. Those families were free to approach those colleagues. Ed did not wish to be involved.

I last met Ed in October 2012. We had an extensive conversation about the philosophy of John Stuart Mill and the complexity of paternalism, discussed in my paper "Between Autonomy and State Regulation: J. S. Mill's Elastic Paternalism", *Philosophy*, Vol. 87/Issue 04 (2012). As ever, Ed enjoyed talking about his most recent experience teaching students. He always thought that rounds with students, discussing specific patients and their conditions, analyzing case studies in the Socratic method of exchange of opinions (but without irony), is the best way to educate physicians and make them aware of ethical dilemmas.

Dr. Pellegrino thought that medicine is the most scientific of the humanities and the most humane of sciences. He thought that the physician should be well trained in liberal arts so as to develop independent critical thinking. Unfortunately, he argued, medical ethics does not receive its right place in many medical schools throughout the world; many only pay a lip-service to ethics. He thought that medical ethics should be taught throughout the degree, in each and every year. Dr. Pellegrino thought it is essential to have at least one philosopher in the medical school, and that the teaching should be conducted in two tiers: philosophical-ethical discussion about fundamentals, laying the principles; and applying them in real-time, specific scenarios, relating to real human beings in the wards. He believed in spending time with patients and students, elucidating medical conditions, challenges and possible solutions.

Ed was a hard working, highly committed physician who continued to do his rounds as long as he was capable of doing them. He loved the conversations with young physicians. He loved the exchange. He loved the teaching. He loved sharing his knowledge and expertise with others. He was kind, caring, and compassionate. Madison Powers, Dr. Pellegrino's colleague at Georgetown, told me that Ed finished the last week of his life by leading a discussion group all week and ending the event

² In May 2013 Vermont has become the fourth US state to legalize physician-assisted suicide.

with his master class. “He was looking frail but kept the spirit until the very end and died just days later. He is irreplaceable.”

Together with his late wife Clementine Coakley, Dr. Pellegrino had seven children.

Ed died as he wished for himself and wanted for others. He died in his sleep, a week shy of his 93rd birthday.

May his soul rest in peace.