

## Remembering Edmund Pellegrino

I was shocked and saddened to read the news that Dr Edmund Pellegrino, 92, professor emeritus of medicine and medical ethics and senior scholar at Georgetown University's Kennedy Institute of Ethics, passed away on June 13, just nine days before his 93rd birthday. A former director of Georgetown's Kennedy Institute of Ethics at Washington, DC, he founded and directed the university's Center for Clinical Bioethics 22 years ago. Just this year it was renamed the Edmund D Pellegrino Center for Clinical Bioethics. Dr Pellegrino also served as chairman of the President's Council on Bioethics from 2005 to 2009. He was re-appointed as interim director of the Center for Clinical Bioethics at Georgetown University Medical Center in 2010.

Dr Pellegrino's research interests included the history and philosophy of medicine, professional ethics, and the physician-patient relationship. A famous quote of his, which he borrowed from Einstein to describe the mission of the Edmund D Pellegrino Center for Clinical Bioethics, was: "Science can tell you how things relate to each other — science will never tell you what you ought to do."

In the midst of all this institutional activity, Dr. Pellegrino maintained a stellar academic career that spanned decades. Not only did he author or co-author over 600 articles and 23 books, his work is considered seminal in the areas of medical ethics, physician-patient relationships, physician responsibility and virtue ethics in healthcare.

I had the proud privilege of learning and interacting with this great scholar and physician known as the "father" of bioethics in America, and a man who has received almost every award possible in the area of bioethics, while on a fellowship programme at the Kennedy Institute of Ethics along with Dr Rema Mathew from the Tuberculosis Research Centre, Chennai, in August 1997. A senior emeritus professor at that time, Dr Pellegrino gave us a few personal lectures on some important aspects of the physician-patient relationship and clinical ethics. He was a staunch Catholic, skilled and dedicated to fostering interdisciplinary, inter-religious and cross-cultural dialogue to increase the understanding of the Roman Catholic tradition of medical ethics, and the ethical and religious directives for Catholic healthcare service. He made us realise, for the first time, the dilemmas faced while treating patients belonging to different religions with different convictions, without making moral judgements and decisions based on one's own personal beliefs but depending on the patient's choices. Since clinical ethics was not taught to us in our medical curriculum -- this is true even today -- we were simply awestruck by his scholarly deliberations on various aspects of the physician-patient relationship. We had

extensive discussions on the case of Jehovah's Witnesses and physicians' dilemmas in handling such patients.

Dr Pellegrino had a child-like curiosity to learn from us about the Indian scenario with its multi-cultural, multi-religious perspectives and the consequent practical difficulties faced in healthcare and health research. We also had the opportunity to discuss with him terminally ill patients and the ethical dilemmas in caring for their welfare. It was an enlightening experience to learn, from this great scholar, the fine distinction between withholding and withdrawing life support and the ethicality of such decisions being made in daily patient care in hospitals. He would often say: "The capacity to make moral judgments, and to be self-critical, is part of being an educated person." About what he did with ethics, he said: "I don't set out to make trouble, but when I do cause a stir, it's only because I raise questions that strike me as unavoidable."

In discussions on trust and the professions, he argued, "Any successful working relation between a doctor and the patient must be founded on some degree of trust; but taking informed consent cannot be considered as an alternative to trust as it only presupposes trust. Physicians have specialised knowledge about health, diseases and treatment which patients do not. If patients are to make informed decisions they have to acquire some of that knowledge. They can and shall acquire this knowledge only from physicians. Relations between doctors and patients are typically characterised by urgency, intimacy, unavoidability, unpredictability and extraordinary vulnerability. We may be able to reduce that vulnerability but can never eliminate it."

Throughout his career, Dr Pellegrino remained involved in clinical medicine as practitioner, bedside teacher and clinical ethicist. In his 90th year, he continued to mentor students, attend ethics grand rounds in Georgetown Hospital, and write and speak nationally and internationally. A legend in medical humanities and clinical ethics, he was a human being *par excellence* and treated us, novices in the field of bioethics, as colleagues and shared his vast knowledge and experience enthusiastically. It was a memorable experience to learn from this doyen of ethics, although for a short period, which Dr Rema and I will cherish forever.

**Vasantha Muthuswamy**, Senior Deputy Director General (retired), Indian Council of Medical Research. President, Forum for Ethics Review Committees in India. 101, Manchester Regent, Avinashi Road, PN Palayam, Coimbatore 641037 INDIA e-mail: vmuthuswamy@hotmail.com