

Frank AW. Generosity: Illness, medicine, and how to live. University of Chicago Press: Chicago, 2004

I. The relationship between doctor and patient sets the standard for caring relationships between individuals in a society

II. Fundamentally, medicine is about two people in a room together and the dialogue they construct between them

III. Practicing medicine is an act of generosity

- A. Generosity begins with welcome and hospitality – see the patient as a guest
- B. There must be a process of opening the self to others, including “guests” who disrupt or demand
- C. No reciprocity is required, and none may be possible - Generosity implies the “host’s” trust in the renewable capacity to give; do not need to measure what is given against what is received
- D. Because what is offered can never meet the guest’s needs completely, the welcome also contains a plea for forgiveness

IV. Medicine demoralizes doctors as well as patients

- A. Medicine often demoralizes the patient by inculcating passivity; treatment itself also demoralizing; the practice of medicine also demoralizes the physician
- B. Doctors often feel something crucial to who they are is being destroyed in the way they practice medicine

V. Remoralization can also occur through the practice of generosity

- A. Vaclav Havel – in Czechoslovakia, after the fall of Communism, people were unable to see their moral selves revealed in their actions; instead they could see themselves only as actors in a story imposed on them from elsewhere; reform from above could not solve the problem, because part of the oppressive story had been that actions were determined by structures imposed from above; so people had to reform themselves through individual moral work; they had to effect their own remoralization in the ways they did their work and related to others
- B. Moral moments – an occasion when we must respond to another person, and the nature of that response declares our moral self; moral moments are frequently ones we would like to escape; but the moral moment cannot be evaded
- C. Although physicians frequently speak about being afraid to open a Pandora’s box, they neglect to realize that the patient is living *inside* that Pandora’s box – circumventing this reality may be temporarily a relief, but ultimately will be demoralizing
- D. Institutional medicine provides multiple “alibis” for not entering into relationships of care – but you have to ask, are these good reasons?
- E. Don’t doctors have enough demands without being told to worry about whether they should practice generosity, that they should give fully of themselves to their patients? – there is no other choice; they are both stuck in a tunnel, they are going through the tunnel

together; in these circumstances, generosity is not an optional extra, it is a requirement for being a human among humans

F. To act generously toward the patient is not a way of adding to the physician's burden – it is a way of lightening their burden