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Professional decorum in medicine

El decoro en medicina

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Abstract

This article explores decorum in medicine, understood not only as a concept related to courtesy and respect, but also as a principle where different types of ethics converge. Through an analysis of its etymology and definitions, as well as its historical roots, it argues for the restoration of decorum, especially in current medical practice where technology is the undisputed protagonist and the doctor-patient relationship suffers due to various factors. Decorum, in this sense, must be rescued from the oblivion of the virtues of the medical profession and constitute a central element in pedagogy and professional practice. As a predom-

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inant ethical element, decorum evokes also resistance to the unthinking dominance of technology, as a lifeline for the profound meaning of medicine and as part of the antidote to the breakdown of the doctor-patient relationship.

Keywords: medical ethics, respect, professionalism.

1. Introduction

In the context of modern medicine, dominated by impersonal practices and the power of technology, decorum is imperative. In a world ruled by technological innovations that, although they make an immeasurable contribution to various aspects of clinical care, also contribute to the depersonalization of care (1), decorum restores that human touch that the medical profession cannot allow to fade into oblivion. In current medical practice, where looking a patient in the eye is an occasional act, semiological examination a mere memory in the pages of classic texts, the patient is little more than an object of study or profit, and a good number of medical activities are close to being replaced by artificial intelligence, decorum then becomes an essential and articulating element of medical ethics, humanism, and the doctor-patient relationship.

In today's world, where a reconfiguration of the world has taken place, decorum is undoubtedly a current and relevant issue that can be a small component of the antidote to the deterioration of the doctor-patient relationship. Essential in the history of art, decorum has been key from the rhetoric and architecture of Ancient Greece to Renaissance painting and the Neoclassical period. Therefore, the concept of decorum, related to what is convenient and appropriate, must also have its place in medical art. The purpose of this article is to promote the revival of decorum in medicine in favor of the humanization of the different areas of the profession. It briefly analyzes its etymology and definition, reviews some of its main historical roots, analyzes its relevance and pertinence in past

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and present medical art, and, finally, invites us to rethink decorum in contemporary medical-clinical settings by evoking different types of ethics, such as those of recognition, mutual and reciprocal (2) , as well as the ethics of the world of virtues, all of this giving decorum its rightful prominence as a structural element for medical practice based on respect and aligned with contemporary times.

2. What is decorum?

The word *decorum* comes from the Latin *Decorum*, which means what is *appropriate, suitable,* or *fitting*. Etymologically*,* decorum is related to *decus,* which is understood as honor, splendor, and beauty, but also respect and good taste; therefore, decorum is related to *showing respect*. In the field of building and structure construction, decorum is present in relation to certain features and characteristics that correspond to their assigned functionality. The concept of decorum is also linked to that of *decency,* which derives from *decentia,* meaning *the quality of being appropriate*. The lexical component *decere* translates *as appropriate,* hence *decent*. Decorum is also related to the Latin *dignitas,* meaning *dignity,* and in turn, modesty. In the 18th century, decorum was defined not only as honor and respect, but also as reverence for a person's dignity, which means that decorum was directed or aimed at the other person. In this sense, decorous is defined as *having decorum and honor,* although it also refers to someone who has good manners.

In 19th-century Spanish dictionaries, decorum was defined as respect, honor, or reverence for an individual, considering their dignity, although another meaning was *modesty* or *shame*. According to the *Akal Dictionary of Aesthetics*, decorum normalizes relationships between people, implying rules based on the principle of respect and well-being of others, as well as some conventional norms such as greetings and other forms of courtesy (3). Decorum, then, as a social code, guides the way we act, express ourselves, and make customs public, aspects that are reflected in different areas, both

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artistic and social (4). According to dramaturgy, since classical times, depending on the audience, decorum has meant *conformity* to certain literary, artistic, and moral conventions, and is linked to terms such as unity and decency (5). According to dramaturgy, the hero's behavior must be acceptable, and events must be presented with verisimilitude, that is, true to life. Therefore, decorum also denotes consistency, not offending the tastes or morals of the audience, and represents the rectitude and appropriateness of behavior (6).

3. Historical roots of decorum

The term decorum has been used since ancient times. In Ancient Greece, where aesthetic beauty was paramount, decorum played a leading role. This beauty was a subject addressed by artists and later also by philosophers. Plato conceived beauty as harmony and proportion, although *respect for limits* gained prominence from the essence of Greek mythology (7). The concept is found in the doctrine of Aristotle, who uses *to prépon* to describe *what is appropriate, what is fitting,* and which is related to the virtue of discursive clarity (8). Hippocrates, the great physician from the island of Kos, refers to decorum in several passages of his writings. In *On Decency,* he emphasizes how a physician should behave, highlighting composure, words, attitude, and attire, which should be worn with *decorum and simplicity*. Since Hippocratic times, it has been very important for a good physician to have a good reputation, where they gain notoriety by avoiding confrontation, practicing moderation, and avoiding inappropriate comments (9).

In his *Ars Poetica*, Quintus Horatius Flaccus (65 BC-8 BC), a prominent poet of ancient Rome, referred extensively to *decorum*. Horace's poetic work emphasizes the concept of using language that is appropriate and in keeping with the mood of the character in the artistic work, a concept that can be interpreted as *what is characteristic* of each style. In contrast, there is the inappropriate and improper, that is, the *lack of decorum*. The decorum to which Horace alludes is a

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fundamental rhetorical and aesthetic element, since it points to what is fair, what is correct, what is appropriate and fits correctly into the work, that is, to coherence. In one way or another, for Horace, decorum constitutes a kind of *harmony,* a transcendental concept for understanding the world which, since the Pythagoreans, had transcendental and l significance, equating it with what is beautiful, with what reveals its proportion. Clearly, for poetry, language and style must be appropriate; therefore, it is a matter of symmetry, unity, and harmony, which reflects the order of the cosmos.

Since ancient times, decorum has been linked to moral, aesthetic, and ethical aspects (10), and has therefore been used in various fields such as rhetoric, poetics, aesthetics, art, and social behavior. Many figures have addressed the term, such as Aristotle, Panecius, Philodemus, and even Vitruvius, an architect who used *decor* to refer to what is recommended (appropriate) for each building, according to its function (11). In architecture, buildings must *maintain decorum.* In architectural art, decorum is also a virtue. It embodies a concept that, as in poetry, refers to the appropriateness or suitability of the construction itself to its purpose or function. This points to a kind of correspondence or coherence between the type of building or its function and its characteristics or decoration, which should not be the same or have the same degree of magnificence in all cases. Of course, this requires good *judgment and* good architectural practice to give each building what is appropriate in each situation, so that certain inappropriate or out-of-place decorations would violate the rules of decorum, appropriateness, and even tradition (12).

The politician and philosopher of ancient Rome, Marcus Tullius Cicero (106 BC-42 BC) used *decorum* to describe behaviors that reflect internal virtues, which encompasses various attitudes and actions that have stood the test of time and can now be included in the deontological vision (13). In *De officis,* Cicero argues that decorum is tangible in words and deeds and invites us to keep it in mind and seek it in everything. For Cicero*, decorum* is one of the main virtues, along with justice, wisdom, and temperance. A *sine qua non* of decorum is constancy, uniformity in actions, an obligation, a requirement,

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a *duty,* hence decorum is related to an ethical component. For Cicero, the key elements of *Decorum* are: order, a place for everything; taste, steering clear of the indecent; and good manners. On the other hand, Marcus Fabius Quintilianus, a Hispano-Roman rhetorician who lived in the first century AD, emphasized moderation and decorum and insisted on avoiding foul and unworthy language, thereby appealing to dignity and the proper use of words (14).

After the Council of Lateran and, especially, the Council of Trent (1545-1563), decorum was used with the intention of censoring artistic nudity. Convened as a response to the Protestant Reformation and held in the city of Trent (Italy), this meeting of bishops defined the position of Catholic doctrine, condemning heresy and establishing new ethical guidelines. The measures imposed by the Council of Trent took on somewhat radical overtones, leading to the mutilation of some works of art and the censorship of others, as was the case with Michelangelo's famous fresco The *Last Judgment* in the Sistine Chapel. In this regard, the leader of the Protestant Reformation in Switzerland, Ulrich Zwingli (1484-1531), did not approve of the Church's acceptance of certain images of saints, which he considered *indecent* (15). With humanism, decorum took on a particular connotation. Petrarch (1304-1374), the father of humanism, emphasized decorum as an element that cut across ethics, rhetoric, and even medicine, and with the arrival of the Renaissance, decorum acquired such importance that it was considered the "supreme virtue of the humanist" (16).

In the 17th century, *decorum* denoted respect and restraint towards older people, as stated in the *Tesoro de la lengua castellana* (Treasury of the Castilian Language), a text from 1611. In the Golden Age, decorum was adjusted according to the individual's role as a duty or obligation, depending on their position in the social context (17). However, the 17th century represented a time of transformation for decorum. The new canon imposed by the Baroque, for example, led decorum to face a transgressive trend endowed with elements charged with tensions between the norm and the exception. The playwright Lope de Vega, a figure of the Spanish Baroque, skillfully

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nuanced the rules of the classical with some previously unconceived elements. He insisted that characters should maintain *poetic* decorum —an appropriate way of expressing themselves and behaving, a relevant match between the character and their way of speaking— and he insisted on decorum towards women. These new times for decorum were also extrapolated to medicine. The tension between classical decorum and the new trends of dissection and experimental medicine was palpable. Thus, 17th-century physicians were tempted to transgress certain traditions in their search for new answers and new paradigms, but they had to continue to adhere to guidelines of prudence and respect.

In the 18th century, medicine, like law, was cloaked in a professional, elitist, and impeccable aura (18). By the 19th century, decorum had entered the jargon of the so-called *manuals of civility*. These manuals emphasized decorum, which was equated with decency, and guided social relations as a way of regulating communication and coexistence with others, which should be made tangible in visits, letters, and conversations. In 1853*,* a text entitled *El hombre fino (The Fine Man)* was published*,* a book on civility that included a section on *Decorum and Etiquette,* where decorum had a moral component, put duties before pleasures, embodied respect for others, represented a need for both harmony and affection, and facilitated life in society. Manuel Antonio Carreño, a musician and educator, wrote one of the most widely read manuals on civility in the 19th century, a text that promoted the knowledge and practice of moral duties, as well as respect for elders. The manual equated decorum with decency, dignity, moderation, and discretion. It also advocated rules for behavior in society, which should be reflected in words and actions, and hence *good manners*.

4. Decorum in the medical arts

The concept of decorum has been transcendental in different expressions of art. In ancient times, decorum was essential in artistic

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work and, according to Plato and Aristotle, decorum was equivalent to the *unity* and internal *appropriateness* of the work; in one way or another, it was related to *attitude*. In the context of oratory, as it was originally used, decorum corresponded to the attitude of the speaker, which in medicine would be equivalent to the *attitude* of the medical professional. During the Renaissance, decorum was used for the sake of appropriateness and conformity that a painting should have according to the scene or context it recreated. Decency was considered the foundation of decorum, which enforced certain rules, especially in paintings with religious themes. On occasions, those who commissioned the works demanded that *decorum* be *respected* in their execution, which meant that artists had to adhere to norms and respect textual sources (19); therefore, decorum aimed to avoid transgressing certain canons, codes, guidelines, or norms, denoting *respect* for the dignity of the subject addressed by the work (20).

In the 17th century, medical decorum faced tensions. Since classical times, doctors had to maintain decorum, especially in their manner of speaking and behaving. Many Spanish doctors, for example, adopted positions in defense of decorum in line with classical doctrines, in a kind of loyalty to Greco-Latin medical authorities. However, since ancient times, it had been considered that physicians should stay away from manual labor proper, such as dissections, which underwent a momentous turning point in the 16th century with Andreas Vesalius, who sparked a revolution by exposing the anatomical inaccuracies of Galenic doctrine. However, during the 17th century, it was still considered unseemly to open corpses. Of course, the treatment of patients did not change substantially. Patients had to be respected by maintaining an elegant personal appearance, especially in high social circles, but *learned* language had to be always used, accompanied by behavior imbued with an aura of courtesy, culture, and respect.

During the Neoclassical period, decorum, which had multiple functions, took center stage to the point that people spoke of *internal* and *external* decorum. The former referred to the coherence and harmony of the work of art, while the latter referred to the respect

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that the work should show in accordance with the social context in which it was circumscribed (21), that is, a kind of adaptation to a particular context. In the 18th century, decorum took on great importance in the clinical environment, and several books were essential in disseminating the duties of physicians. In 1770, John Gregory (1724-1773), a physician from Scotland, wrote a text on the duties and professions of physicians in which he discussed the ways of *the prudent physician* and insisted on the judgment and discretion that physicians should profess. At the end of the 18th century, both hospitals and the medical profession faced a complex situation in England, especially in cities such as Manchester. In that context, in 1803, the physician Thomas Percival published his *Medical Ethics,* a text that paved the way for future codes of ethics for the medical profession and set out guidelines for the conduct of physicians, which some today consider a kind of *etiquette* (22).

During the 19th century, a concept like decorum came to the fore: *modesty*. This term comes from *pudoris*, which means *shame* or *reserve*. Modesty applies especially in situations of nudity or where it is appropriate or considered necessary to maintain privacy. In the 19th century, for example, it was common for doctors to perform a semiological examination, to approach the patient's chest in order to auscultate the heart by placing their ear against the patient's chest. This act was sometimes difficult, for example, in cases of people with a large amount of adipose tissue, particularly in women, and even more so in those with large breasts. This inspired René Laënnec (1781-1826), a French physician, to think of a way to overcome this type of situation and improve auscultation. Remembering the acoustic effect produced when rolling up paper or similar material, he thought of one person speaking at one end and another listening at the other and came up with the idea for an object of great clinical utility. Laënnec experimented with different lengths and thicknesses, conducted tests, and finally settled on a hollow wooden cylinder, an invention he called *a stethoscope,* which he accompanied with some adjustments to the auscultatory technique (23).

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In the medical-clinical context, decorum takes on a unique connotation due to its connection with other terms, such as consistency, harmony, appropriateness, and respect. Clearly, these terms and decorum itself must be part of the *Ars medica (*medical art), even though medical professionals face a world dominated by technique, evidence, efficiency, and, especially, technology. In this context of contemporary medicine, few concepts take on such relevance as decorum, given that it constitutes a point of convergence between clinical medicine, ethics, philosophy, and history. Therefore, a qualified medical professional must have characteristics that are not limited to mastery of theoretical and technical aspects. In this sense, certain traits stand out as essential for success in medical practice, such as respect for professional dignity, but also for people(24) . As Edmund Pellegrino pointed out, physicians must turn their gaze to the humanities to seek those meanings that the medical sciences alone cannot provide (25).

The degree of interaction with people is not the same in all medical specialties. In some, interaction with individuals, patients, or their families may be limited or almost non-existent, but in a good number of specialties, and of course in general medicine, personal interaction with patients is imperative. However, patients and their families are not absent from assessments and emotions, as they analyze their doctors and, consciously or unconsciously, scrutinize their attitudes and behaviors. Therefore, the medical act is not only ethical, but also aesthetic. The question also lies in an ethic of form, of what is embodied in gestures, actions, tone, posture, gaze, composure, and what is said with and without words. As Pedro Laín Entralgo points out: doctors and patients say a lot with words and silences (26). In his 2008 article, Dr. Michael Kahn pointed out the need for "Etiquette-Based Medicine" (27), an approach that calls for a more humane form of medicine with an emphasis on exemplary behavior combined with compassionate treatment, professionalism, and a good experience for the patient (27).

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5. Decorum: bioethical, pedagogical, and formative dimensions

Just as *good poetry* requires decorum, so does *good medicine*. But to achieve good medicine, good doctors are needed, which is achieved through ideals of excellence and patient-oriented ethics. However, as James Drane pointed out, it also requires the virtue of respect (28). From the Latin *respicere,* respect means *to look again* or *to give particular attention and consideration,* but it also means to avoid being intrusive or interfering with privacy. Respect means having an appropriate attitude and maintaining distance (28). In this context, despite the crisis in medicine, some questions remain valid: Should medical professionals be decent? Should they be respectful? Should decorum be part of the medical act? The answer to these questions is possibly a resounding yes. But another question arises: Why talk about decorum today? In the times we live in, where the world seems to be leaning toward relativism, decorum cries out for a place where, as an aesthetic manifestation of professional honor, it prevails alongside other virtues such as wisdom and prudence.

Without venturing into the realm of radical moralism, but rather from the perspective of caring for the physician, the patient, and the relationship between them, it is essential to restore and maintain decorum. This is another way of evoking an ethic of care that favors the restoration of the human, emotional, and relational dimension that should prevail in all medical acts. Patients expect medical professionals to have problem-solving skills, but they also expect dignified treatment, one that is appropriate to their condition as sick or patients, a decent treatment. This is part of the *phronesis* of the medical art, of medical wisdom and morality, traits that reflect the virtues of the ideal professional. Among these virtues are trust, compassion, justice, and integrity (29). We speak here of virtues because decorum is part of virtue ethics; it is not an isolated element, but rather a disposition of character, an adjustment of behavior in accordance with prudent and wise judgment in medical-clinical practice, a conduct based on moderation and respect.

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Decorum embodies wisdom in the use of words and prudent and appropriate behavior, not from a position of rigidity, but from good judgment accompanied by sensitivity and lucidity. For this reason, decorum should be included in medical education, which calls for a review of curricula and the inclusion of decorum where appropriate. More than a classical virtue, decorum is a necessity that reflects awareness and professionalism, and more than a necessity, it is an imperative (30). In this vein, the concept of etiquette does not have to be foreign to medical practice. With the advent of technological innovations, including artificial intelligence, the limits of what is technically possible are becoming increasingly blurred, and in a few years, there will likely be nothing from a technical and operational standpoint that technology cannot do better than humans. Just to give a basic example, it is worth mentioning that chatbots ask users how they are, greet them, and express themselves in a cordial manner, which is something that not all medical professionals do, leaving much to be desired.

Including decorum in medical training involves cultivating the ethical-aesthetic duality of medical practice. Honoring the symbols that make us human and valuing relationships leads to practicing medicine that is reflective, self-critical, and respectful of both the patient and the very essence of the profession. In this sense, as Eric Cassell points out, education, research, and medical practice pay little attention to the issue of suffering (31). It is precisely there, in this recovery of aspects of the multidimensional process of health and illness, that decorum must be redefined. Evoking an ethic in which mutual and social recognition is relevant (32), decorum is valued as a form of consideration towards others, evoking dignity and mutual respect. To the extent that others are recognized, virtue is alluded to, and in medicine it is necessary to maintain the tradition of virtuous practices, for it is there, grounded in respect, that decorum can build bridges between different moralities, what Engelhardt would call moral strangers (33).

In the new era of medicine, decorum cannot be a marginal element. Today, more than ever, in times when much medical practice

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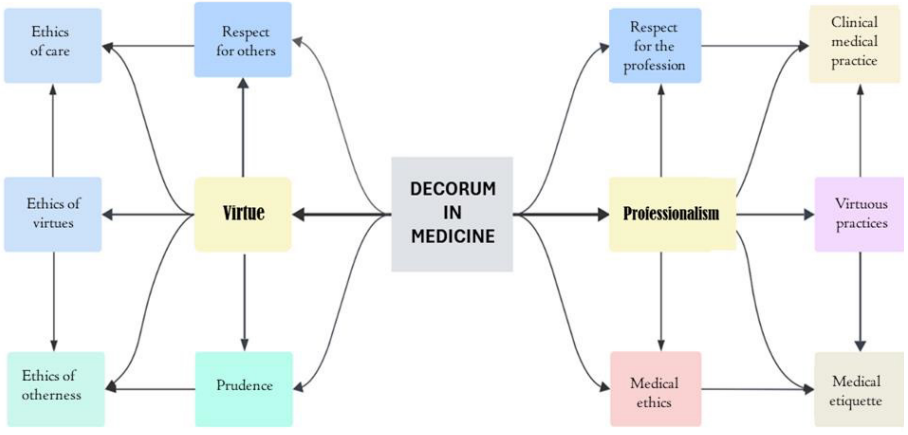
has become industrialized, when it is possible to treat patients virtually, when technology has come to play a more prominent role than the medical professional themselves, and when mistrust roams the corridors of hospitals and clinics, decorum must regain its prominence. Decorum can be evoked in various ways, for example, by training active listening, looking patient in the eye, taking care with clinical language, and communicating empathetically. Unfortunately, times today are so fast paced that it seems increasingly difficult to do the right thing at the right time. However, in the face of technological dominance, medicine must preserve the humanity of both the doctor and the patient. Now, putting decorum back into the glossary of medical ethics requires reflection and the conception of a healthcare practice where the doctor-patient relationship is not something incidental or anecdotal, but a central factor that articulates two dimensions, one ethical and the other professional in a medical-care sense, as can be seen in Figure 1.

Figure 1. Ethical architecture of professional decorum in medicine



Source: own elaboration.

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6. Conclusions

Decorum, for the purposes of this text, in the medical-clinical context, is an essential element in human interactions. Rather than a forgotten concept of classical ethical virtue, decorum must once again take center stage as a catalyst for the relational aspect of ethics in favor of recognizing otherness. In clinics and hospitals, where physical and mental pain are often present, the least that should exist towards patients is *decent* treatment*,* which, in Adela Cortina's view, can be equated with certain basic ethical standards (34). In a medical world dominated by technical knowledge and technology, decorum cannot be relegated to oblivion or become a linguistic fossil. Clearly, technology itself can serve as an excuse for not having direct contact with the patient. For example, while a few centuries ago, patients would bring their urine in a container or flask to the doctor for analysis, today patients take a small amount of urine directly to the laboratory, where the sample is placed in the analysis machine and the result is sent to a digital platform or software for reading.

It is essential to restore decorum as an expression and converging node of various types of ethics, such as the ethics of care, the ethics of otherness, the ethics of virtue, the ethics of responsibility, the ethics of recognition, and the ethics of forms. The medical act is also related to aesthetics, so nonverbal language can convey more than words. Decorum, in this logic, is also related to what is right, that is, the correct actions, at the right time, in the right manner. Therefore, we must not forget that medical professionals are not only bearers of technical knowledge, because if that were the case, there would be no difference between them and technology, and medical professionals could be replaced by it. In this sense, gestures, tone, composure, gaze, manner of speaking, and even silences become relevant. Acting with decorum involves, among other things, prudent attention, careful interrelation, restraint in language, emotional restraint, and responsibility, as befits the medical act itself. Decorum, then, must be in favor of reverence for the patient's pain and suffering in order to rescue

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the humanization of medicine and reposition respect for the medical profession and the doctor-patient relationship.

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