

## Extensive discussion on the essay “Vocación y Ética” by Gregorio Marañón

## Deliberación amplia sobre el ensayo “Vocación y Ética”, de Gregorio Marañón

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## Abstract

This article offers a comprehensive discussion of Gregorio Marañón’s essay *Vocación y Ética* (Vocation and Ethics), which examines the fundamentals of medical practice from the perspective of vocation, professional training, and ethics. Rather than interpreting the relevance of his ideas, this work seeks to highlight the pedagogical depth with which Marañón addresses issues such as effectiveness, the application of knowledge, duty, and the social commitment of physicians. The reflection emphasizes how vocation transcends mere professional choice, becoming an inner force that guides the passion, service, and responsibility of physicians toward their patients and society. It also explores the tensions between science and humanism, instruction and experience, technique and ethics, showing the relevance of Marañón’s proposals for rethinking medical training and the dignity of professional practice.

*Keywords:* medical vocation, professional ethics, Gregorio Marañón, medical training, medical humanism.

## 1. Introduction

The Spanish physician, essayist, and humanist Gregorio Marañón (1887-1960) occupies a fundamental place in the history of 20th-century medical thought. His work, which combines science, ethics, and humanism, has contributed to consolidating a comprehensive conception of professional practice based on the physician’s vocation, training, and moral commitment to society. In his essay “Vocación y Ética” (Vocation and Ethics), included in the volume *Vocación y Ética y otros ensayos* (Vocation and Ethics and Other Essays) (Espasa Calpe, 1981), Marañón reflects on the fundamentals of medical practice and the dangers of its dehumanization in the face of technical and scientific advances (1).

This article offers a broad discussion of the ideas put forward by Marañón, with the aim of highlighting their pedagogical and ethical

value for contemporary medical training. More than a mere historical exegesis, this work seeks to update his thinking in light of current bioethics, recognizing him as a precursor of what is now called virtue ethics or patient care ethics. In this sense, his approach can be placed in dialogue with contemporary authors such as Edmund D. Pellegrino, who considers medicine to be, rather than a technique, a moral relationship between people (2), and Diego Gracia, who emphasizes prudent deliberation as the cornerstone of all medical decisions (3).

Based on the notions of efficacy, vocation, duty, instruction, and ethics, Marañón traces a path of thought that remains fully valid today. These categories not only describe the qualities that a physician should possess but also constitute authentic guiding principles for rethinking the relationship between science, conscience, and humanity in clinical practice. At a time when medicine faces the risk of being reduced to technical procedures, his call for vocation as an inner force and ethics as a form of service takes on renewed relevance for bioethical reflection and medical education.

## **2. Effectiveness and application in medical practice**

In his essay, Marañón places effectiveness as a cardinal principle of medical practice, understood not only as the ability to produce clinical results, but also as an ethical and rational disposition on the part of the physician to apply their knowledge with prudence and discernment (4). Effectiveness does not depend, as the author points out, on abstract rules, but on how these are applied in specific situations. This emphasis on application links medical science with a hermeneutic and deliberative dimension, as physicians must interpret each case with sensitivity and clinical judgment, avoiding technical or normative automatisms that depersonalize care (5).

Based on the above, physicians invite us to see that it is in the “application” of their reasoning and resources that effectiveness flourishes and knowledge is treasured; or, in other words, in the face

of calamities, their applications are and must be all the more effective, because the opposite situation brings discontent that fuels the zeal and mistrust of those who expose their unhealthy condition to the physician based on the hope of an effective cure. Marañón refers to the “mode of application” as the indicator of the physician’s service and effectiveness; let us then see what this term from the hermeneutic field, “application,” reports:

- First, what is applicable recognizes what is possible and what must be taken into consideration, a requirement that leaves out both the impossible and the rare, leaving the field open to what is recognized as correct and safe, and in the case of illness and pain, what is identified as definitively good and favorable. The casuistry faced by the physician leaves a clear lesson that not everything is applicable in all cases, so prior to considering the applicability or non-applicability of a remedy or procedure, deliberation is necessary to the point that situations may arise in which what had been applicable in similar cases is not applicable in others.
- The second important consideration in relation to application has to do with the situation itself in which one thing will be pitted against another, so that the effect of such opposition has the desired effects and not adverse ones, which could aggravate the condition of the person receiving the application. The success that stems from this approach, in which the doctor acts as both arbiter and, in many cases, executor, consolidates the experience and knowledge necessary to establish oneself in the practice of medicine.
- Thirdly, what can be considered the definitive meaning of application is: “to put into practice,” considering both the object in which something is used and the objective set. Coming from the doctor, the application is not limited to the prescriptions he or she writes, specifying medications and dosages, because it also includes the accompanying words and the confidence they convey. In this way, the application becomes fair, cordial, and safe.

According to Marañón, medical application involves recognizing the uniqueness of the patient and adjusting therapeutic action to the context and the individual. This perspective is related to the concept of clinical prudence developed by Diego Gracia, who conceives of medicine as a moral practice in which prudent judgment mediates between scientific evidence and the specific situation (6). Thus, efficacy, far from being an exclusively technical criterion, becomes a form of practical wisdom (*phronesis*) that requires a balance between knowledge, experience, and humanity.

Similarly, authors such as Edmund Pellegrino and David Thomasma have pointed out that true medical efficacy is measured not only by healing, but by the integral good of the patient, as a vulnerable person who places their trust in another human being (7). This approach rescues the relational meaning of the medical act, which Marañón anticipated when he warned that the application of scientific knowledge only acquires legitimacy when it is exercised in a spirit of service and moral conscience.

In this way, Marañón's thinking anticipates the need for a deliberative and humanistic medicine that balances science and compassion, efficacy and ethics, technical application and moral prudence. In the current context of evidence-based medicine, his reflection reminds us that true efficacy arises from the integration of scientific knowledge and an understanding of human suffering.

### **3. Vocation**

For Gregorio Marañón, vocation is the spiritual and moral foundation of medical practice. It is not simply a professional inclination, but an inner force that guides the doctor's life toward service and compassion (8). The author asserts that vocation is "the inner voice that calls us to the practice of a particular activity," a voice that gives meaning and dignity to medical practice. In this way, vocation transcends the realm of rational choice: one does not choose to be a

physician for convenience or prestige, but because something deeper compels one to respond to the call of human suffering (9).

Marañón distinguishes vocation from mere professional choice. While the latter may be tentative or conditioned by external circumstances, vocation is a conviction forged in experience, maturing in contact with the pain, illness, and hope of others (10). True vocation, he writes, “has the characteristics of love: exclusivity in the beloved object and absolute selflessness in serving it.” It is in this selfless devotion that the true meaning of the medical profession is revealed.

In the author’s own words, this distinction is clarified by recognizing that vocation does not arise automatically, as the reason and truth of the choice, but is a conviction that takes shape as the personal experience of working in a profession becomes entrenched in the Being and the person, in Marañón’s case, the Being and the person of the physician. Marañón adds: “a passion that has the characteristics of love, namely: exclusivity in the beloved object and absolute selflessness in serving it” (11).

As training leaves its mark on the physician, the execution of that work itself is expressed in terms of a “passion” that cannot be reduced to a mere description of that work as intense and dizzying. Instead, “passion” reflects a feeling derived from an inclination that moves the spirit, to the point that without passion there is negligence in the work, which can be read as mechanical, dull, and expressionless.

This notion is echoed in contemporary medical ethics. Edmund D. Pellegrino argues that medicine is, above all, a moral encounter between two vulnerabilities: that of the patient, who suffers and trusts, and that of the physician, who is morally committed to helping (12). Similarly, Eric Cassell reminds us that the purpose of medicine is not only to cure, but also to alleviate suffering and accompany the patient in their experience of fragility (13). Both authors agree with Marañón that the physician cannot reduce his task to the application of techniques: he must assume his work as an act of care and moral responsibility.

In this sense, the medical vocation reveals itself as an ethical disposition that directs scientific knowledge toward the good of others. Vocation and ethics, in Marañón, are inseparable: the former gives rise to the latter. The absence of vocation, he asserts, leads to the “distortion of the physician,” to the professional who substitutes service with vanity or mechanical routine (14). Hence, vocation is not only a personal attribute, but a formative and social principle that sustains the community’s trust in medicine.

For Diego Gracia, this vocation can be understood as the source of moral prudence, a virtue that drives the physician to deliberate, listen, and act with justice and compassion (15). In short, vocation is not a romantic gift, but a rational and emotional commitment to human life, which is reaffirmed every day in clinical practice.

#### **4. Duty and instruction**

After reflecting on vocation, Gregorio Marañón addresses the notion of duty as a necessary complement to it. If vocation is the inner voice that calls, duty is the conscious response that commits the physician to his own being and to others (16). In the author’s words, duty cannot be understood as an imperative imposed from outside, but as a moral invention, that is, an internalization of the commitment that the physician freely assumes by recognizing himself as a servant of life (17).

Duty, in this sense, is not reduced to compliance with rules or protocols. Marañón conceives of it as a form of ethical autonomy, in which the physician “creates his own obligations” and carries them out “with love,” transcending formal obedience (18). It is a duty that does not arise from coercion, but from conviction, and which therefore rises to the category of virtue. From this perspective, the physician’s professional morality cannot be separated from his inner vocation: both are manifestations of the same spiritual force that guides action toward the good.

Marañón’s reflection is surprisingly close to the philosophical conceptions of virtue ethics. Edmund Pellegrino argued that the virtuous physician does not act out of external duty, but because his character has been formed in the constant pursuit of the patient’s good (19). Duty, in this framework, is not an abstract obligation, but the result of a moral identity consolidated by practice and reflection. Similarly, Diego Gracia has pointed out that moral deliberation requires recognizing the responsibility of the physician as an autonomous agent who acts with prudence and social commitment (20).

Marañón then introduces the notion of instruction as the second pillar of physician training, alongside vocation. Instruction, he says, is not limited to the accumulation of technical knowledge, but constitutes a process of comprehensive training in which both intelligence and moral sensitivity are educated (21). To instruct is to prepare, to prevent, to provide the means that will enable the physician to respond wisely to the complexity of life and human suffering.

On this point, Marañón himself resorts to an etymological observation of the word “preparation” to clarify his point: from the Latin *preparare*, which means «to prevent,» to prepare or arrange with care. The allusion to “advance preparation” is evident, but the emphasis added by the idea of ‘preventing’ is fundamental. In this sense, the physicians preparation “prevents” multiple complications that could arise in their practice, and only the manifestation of their instruction and sensitivity, their intelligence and vocation, will demonstrate the extent of their preparation.

To prepare is, quite simply, to educate and train in a profession that will require each individual to perform to the best of their ability. Without the appropriate education, the doctors being and doing as a man or woman of science and as a humanist, that is, as someone who identifies their social role based on the preparation they have received, is devalued. From a philosophical point of view, instruction appears as the bridge between scientific knowledge and practical virtue. Just as Aristotle conceived of phronesis as the wisdom that unites knowledge and just action (22), Marañón recognizes that

authentic medical training cannot dispense with moral reflection. Technique without ethics becomes dangerous, ethics without knowledge, impotent.

At the confluence of these two elements, the dignity of the medical profession is forged, finding in instruction the channel to express its vocation and in duty the guide to exercise it with justice and humanity.

In short, the Marañón's triad (vocation, duty, and instruction) offers a moral anthropology of medicine: the physician as a rational and ethical being who, educated in science and moved by vocation, responds to his duty to care for others. That response, born of freedom and responsibility, is the core of professional ethics and the essence of medical humanism.

## 5. Ethics

For Gregorio Marañón, ethics is the culmination of reflection on medical practice. After examining efficacy, vocation, and duty, the author turns his attention to the moral dimension of the medical act, which he defines as an exercise in dignity, prudence, and humanity (23). His statement that “doctors have a fixed weapon for healing, which is science, but we act on the suffering person through the invisible and imponderable means of suggestion” is not a eulogy to the psychological power of the doctor, but a warning about the moral responsibility involved in any caring relationship (24).

In this observation, Marañón anticipates what contemporary bioethics has called the relational nature of the medical act: the awareness that caring for the sick involves ethical communication where trust, vulnerability, and reciprocity converge (25). The “suggestion” to which the author alludes can be understood as the moral and emotional influence that the physician exerts, which must be administered with respect and restraint. Its effectiveness, Marañón would say, depends more on the physician's integrity than on their technical knowledge.

On this point, his thinking is close to the virtue ethics formulated by Edmund Pellegrino, who conceives of medicine as a fiduciary relationship based on the patients trust and the physicians moral responsibility (26).

For Pellegrino, the excellence of the physician lies not only in mastering techniques, but also in embodying virtues such as prudence, justice, and benevolence, without which knowledge becomes neutral or even dangerous. This view resonates with Marañón when he states that medicine, in its origin and essence, “is a humble art, of direct observation of nature” (27), a practice that requires both scientific rigor and moral sensitivity.

Medical ethics, according to Marañón, unfolds on three levels: the physician’s relationship with other physicians, with their patients, and with society (28).

### *5.1. The physician’s ethics with respect to other physicians.*

Marañón maintains that “only in the face of serious and verifiable scientific errors is public dissent appropriate. Never in the face of differences of empirical or academic criteria” (29). What is at stake in every interaction of the physician is his or her prestige, and prestige is earned through willingness and preparation, demonstrating moral and professional conduct, to which must be added mental agility, promptness, and diligence in action, taking care not to reveal any cracks that might call into question his or her behavior and knowledge.

A physician’s prestige is all the greater when it is supported by the high regard in which he or she is held by other doctors, who offer nothing but support and recognition, even if the physician’s career has included challenging situations, since such difficulties are an inherent part of the practice of medicine. Ultimately, the prestige of medicine benefits humanity, because without it, skepticism would prevail, and diseases would not be subject to the necessary control to manage and eradicate them.

### *5.2. The ethics of the physician in his relationship with patients*

Although at first the person who is suffering and in pain may be confused, he hopes to receive an honest account of his condition, the prognosis, and the options and resources available to control and overcome it from his contact with the physician. Faced with this situation, Marañón is consistent with the attitude of the physician who is moderate in the level of information he presents to the patient. This, which could be taken as ethics in quotation marks, is in no way laden with malice and treachery, insofar as by concealing the truth, it reserves a greater space for observation and assessment that is beneficial to the patient. These are Marañón's reasons: «The doctor, then —lets say it heroically— must lie. And not only out of charity, but in the service of health» (30).

### *5.3. The ethics of the doctor in relation to society*

A society that distrusts medicine because it considers it an assault on the laws of nature and because of mythical beliefs that see certain diseases as the shadow of evil has little to gain. But in the times, we live in, many barriers have been broken down by effective medical practice with scientific support, equipped with increasingly sophisticated and effective technical resources, and, ultimately, by the breadth of treatments themselves, which include various types of tests, surgical procedures, and recovery therapies, with step-by-step observations recorded in patients' medical records. As Marañón puts it: “For almost half a century now, disease has lost its mythical character as a punishment from God and has become a defined accident whose causes are known and, in many cases, can be prevented and cured; it is, therefore, a simple episode in natural history” (31).

In this threefold dimension, the physicians' ethics are based on generosity, a virtue that Marañón considers the highest expression of professional spirit: “Absolute generosity: this is what makes the physicians' attitude respectable; cordial generosity in advice” (32). Generosity, in its philosophical sense, is not simple altruism, but the

manifestation of a rational love for others, an inner disposition that unites knowledge, compassion, and commitment.

In times of increasing technological advancement in medicine, Marañón’s reflection reminds us that science without ethics is meaningless, while ethics without science is powerless. The greatness of the physician lies in integrating both, making their practice not only a profession but an ethical vocation of service, where healing, alleviating, and accompanying are expressions of the same moral virtue.

## 6. Conclusions

Reading Gregorio Marañón’s essay “Vocación y Ética” reveals the extraordinary depth with which the author understood medicine as a moral, scientific, and spiritual endeavor. Its pages intertwine the three dimensions that, in his opinion, sustain the dignity of the physician: vocation as an inner impulse, duty as a rational commitment, and instruction as a scientific and ethical foundation (33). Far from being relics of another era, these categories engage with the current challenges of medical practice, marked by technological pressure, the bureaucratization of care, and the loss of meaning in the clinical relationship.

Marañón invites us to reconcile science with conscience, technique with virtue, and efficacy with humanity. His reflection is, in essence, a call to restore the moral bond that unites physicians with their patients and with society: a bond of trust that cannot be reduced to a professional contract but is rooted in the understanding of the other as a vulnerable and dignified being (34). In this regard, his thinking anticipates contemporary bioethics, which recognizes prudent deliberation and moral virtue as the pillars of humanized medicine (35).

Marañón’s relevance today lies in reminding us that doctors are not trained solely in laboratories or classrooms, but also in the moral experience of encountering suffering. Medicine is a science, but also, and above all, an art of compassion. In his view, medical ethics

is not exhausted in the fulfillment of rules, but requires ongoing character formation, a cultivation of sensitivity and judgment.

His legacy, therefore, is not only doctrinal, but formative: it guides the physician toward a reflective praxis that integrates knowledge, virtue, and service. In Marañón's words, "vocation elevates the status of the occupation; the status of the occupation is irretrievably lowered if vocation does not exist" (36). To this statement we could add that medicine, when practiced with vocation and ethics, becomes one of the highest forms of human dignity.

### **Pearls for the reader**

1. Vocation is not chosen; it is discovered and cultivated. It is an inner calling that is strengthened in the daily practice of service.
2. Duty is not an imposition, but a conviction. The physician acts ethically when he or she transforms obligation into free and responsible commitment.
3. Instruction without ethics produces empty technique. Knowledge acquires meaning only when it is oriented toward the good of others.
4. Authentic effectiveness is born of prudence. Deliberating, listening, and discerning are acts that are as clinical as they are moral.
5. The ethics of the physician are inseparable from generosity. Serving the sick with dedication, clarity, and compassion is the highest form of medical knowledge.
6. Healing, alleviating, and accompanying are three ways of practicing medicine; all three are equally noble when performed with humanity.

These pearls, inspired by Marañón's writings and the humanistic tradition of medicine, are essential reminders for clinical practice that aspires to be not only effective, but also fair, prudent, and compassionate.

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