Note of the editors: This is a BOWMAN-generated English translation of the officially indexed Spanish-language article, which should be cited as Emergencias 2026;38:384-385. In this translated version, the editors have supervised the process; however, it cannot be ruled out that some errors resulting from the artificial intelligence translation process may have gone unnoticed.

CHANGE OF SHIFT

In search of areté

En busca de la areté

Miguel Castro Neira

What does it mean to work? Is it merely to perform tasks in exchange for a salary? Or is it a way of being in the world, a way of relating to matter, to others, and to ourselves?

When we work, we transform something external. But do we also transform ourselves? Does the physician who diagnoses diseases over the years merely identify illnesses, or also refine clinical judgment and composure in emergencies? Does the teacher who explains concepts day after day merely transmit knowledge, or also cultivate patience, clarity of expression, and the ability to adapt the message to students?

Aristotle distinguished between 2 types of activity. On the one hand, praxis: actions whose value lies in the very act of performing them, such as educating, healing, deliberating, and caring. Their good lies not only in the outcome (the educated student, the cured patient), but in the very act of educating or healing. On the other hand, poiesis seeks an external result, such as making a chair, building a house, or writing a report. Here, value lies in the finished product; the action itself becomes less relevant, serving as a means to achieve that external end.[1]

For the philosopher from Stagira, all human action seeks *eudaimonia,* happiness. This is understood as the flourishing of the whole person, rather than superficial pleasure. Work, therefore, because it occupies so many hours of our lives, is one of the settings in which we can attain that *eudaimonia.* Thus, work undertaken solely as a means of earning a salary may impoverish us. By contrast, work performed with excellence may perfect us. The question is not merely what we do, but how we do it and who we become through doing it.

However, this pursuit of flourishing through work requires three inseparable dimensions: personal improvement, because work can be a setting for virtue; justice in labor relations, because excellence cannot be demanded in an unjust environment; and social moral commitment, an activity that transcends contractual obligations and connects us to others beyond what the law requires.

Excellence as the development of character

Areté, which we translate as virtue or excellence, is not an abstract quality; it is the expression of our capacities brought to their best form through constant practice. No one becomes just without acting justly, or prudent without deliberating repeatedly. This concept of practical excellence is fundamental in any discipline and is particularly relevant in medicine.

In this field, excellence manifests itself through *phronesis,* the practical wisdom that allows us to discern what is appropriate in each specific situation. It is not merely technical knowledge, but the ability to know when and how to apply it.

This integration of technical excellence and moral wisdom is what allows us to distinguish between the good physician and the physician who is a good person. The good physician is technically competent, masters the specialty, and makes no errors; the physician who is a good person also cultivates virtues such as dedication, patience, prudence, and humility. As Pellegrino and Thomasma point out, fully serving the patient requires combining intellectual virtues (theoretical and practical wisdom) with moral virtues (generosity, justice, fortitude, temperance).[2] This integration of knowledge and commitment is cultivated day by day, in every clinical decision, in every interaction with colleagues and patients, demonstrating that true *areté* in medicine is the inseparable union of technique and ethics.

Individual virtue, however, requires sufficient time to exercise clinical judgment, adequate resources, recognition of work well done, and relationships based on mutual respect. Institutions that reduce everything to quantitative metrics and treat professionals as expendable resources erode the conditions needed for excellence.

Yet even under adverse conditions, the pursuit of excellence remains desirable. Virtue is cultivated through action, even when circumstances make it difficult. Anyone who waits for perfect conditions in which to work well will never begin.

Author Affiliations: Servicio de Urgencias, Hospital Universitario de Navarra, Pamplona, Spain.
Author Contributions: All authors have confirmed their authorship in the author's responsibilities document, publication agreement, and assignment of rights to EMERGENCIAS.
Corresponding Author: Miguel Castro Neira. Servicio de Urgencias. Hospital Universitario de Navarra. Irunlarrea, 3. 31008 Pamplona, Spain.
Email: miguelcastroneira@gmail.com
Article Information: Received: 16-2-2026. Accepted: 22-2-2026. *Online:* 27-4-2026.
Editor in Charge: Antonio Juan Pastor.

The moral duty beyond the contract

We live in an increasingly contractualist society, in which human relationships seem to be valid only if mediated by a signature and an explicit exchange of consideration.

The contract defines the minimum standards of technical competence, but it cannot codify warmth, compassion, an attentive gaze, or consolation. Those who renounce these noncontractual dimensions renounce the very essence of medicine as *praxis.* They become qualified technicians. By sheltering behind "that is not my job," professionals protect themselves, but they also empty themselves of meaning. True impoverishment is not earning less money, but devoting one's life to an activity from which we have amputated its deepest moral dimension.[3]

This retreat into contractual obligations is characteristic of a society that has forgotten that we are interdependent and that society is sustained not by laws alone, but by civic virtues and moral commitments. When a physician cares attentively for a patient, or accompanies someone through grief beyond working hours, that physician is not giving free labor to institutions; rather, they are weaving the web of humanity that sustains us all. A society that discourages this moral contribution, dismissing it as naivety or cynically exploiting it, is a society heading toward its own ethical dissolution.[4]

Conclusion: the return to eudaimonia

Reducing medicine to mere *poiesis,* to the production of results, impoverishes us existentially and drains meaning from an activity that, by its very nature, touches the boundaries of human life.

The pursuit of *areté,* of an excellence that is both technical and moral, is a necessity in the age in which we live. Faced with the fragility of institutions and the precariousness of contracts, personal virtue and collective justice emerge as the only bulwarks that allow us not merely to work, but to live through our work.

In the celebrated painting Self-portrait of Goya and Dr. Arrieta, the painter inscribed a testimony to what medical excellence means: skill and care. He recognized in his physician both professional knowledge (technical skill) and an ethical attitude (careful attention). That combination is precisely what defines medical *areté.*

The ethics of work in medicine, therefore, is not a list of prohibitions or a manual of etiquette. It is an invitation to recover *praxis,* to understand that by caring for others with excellence, justice, and prudence, professionals are not wearing themselves down for the benefit of a third party, but are building themselves. Working well is, ultimately, a way of being happy.

Aristotelian *eudaimonia* is not a destination reached after retirement; it is a way of proceeding through life. And although the system may sometimes seem to conspire against it, excellence remains a possible choice, an act of silent resistance that affirms, against all commercial logic, that medicine remains, above all, a human encounter.

References

1 Aristóteles. Ética a Nicómaco. Madrid: Alianza Editorial; 2014.
2 Pellegrino ED, Thomasma DC. Las virtudes en la práctica médica. Madrid: Editorial UFV; 2019.
3 Camps V. Los valores éticos de la profesión sanitaria. Educ Med. 2015;16:3-8.
4 Camps V. Virtudes públicas. Barcelona: Arpa editores; 2019.