Commentary on Glannon and Ross, and McKay

S A M McLean

In their paper, Are doctors altruistic?, Glannon and Ross advance the unusual, but refreshing, view that it is patients rather than doctors who are altruistic. This they explain by an analysis both of the nature of the doctor-patient relationship and by the definition of altruism as an act which is both optional and supererogatory. Thus, while accepting that doctors act to high moral standards and ideals, in their view this is an inevitable concommitant of their fiduciary relationship with their patients, and is thus separate from, although occasionally overlapping with, altruism. However, in supporting their conclusion that it is patients rather than doctors who are altruistic, they place themselves in what I believe is an unnecessary quandary. Their description of the doctor-patient relationship includes the notion that patients too have obligations—to tell doctors the truth, to undertake the recommended therapy, and so on. Thus, they claim, when patients go beyond these obligations by, for example, allowing medical students to examine them as apart of the educational process, they are acting beyond their own obligations and are acting altruistically.

This analysis is, I believe, flawed as well as unnecessary. To be sure, in the ideal world patients will act in the way Glannon and Ross suggest, but they do so out of self-interest—not because they have an obligation so to do. Or at least, not an obligation which flows from the nature of the doctor-patient relationship. If there is such an obligation, then it is one owed to themselves. In supporting their conclusion that it is patients rather than doctors who are altruistic, they place themselves in what I believe is an unnecessary quandary. Their description of the doctor-patient relationship includes the notion that patients too have obligations—to tell doctors the truth, to undertake the recommended therapy, and so on. Thus, they claim, when patients go beyond these obligations by, for example, allowing medical students to examine them as part of the educational process, they are acting beyond their own obligations and are acting altruistically.

McKay, on the other hand, wishes to convince that the mere fact of choosing medicine as a profession is sufficiently supererogatory to describe what doctors do as being altruistic. He uses examples such as the fact that doctors must be prepared to devote all of their spare time if necessary to an ill patient as part of their fiduciary relationship with their patients. In fact, it is possible to reach the same conclusion as Glannon and Ross without viewing that relationship from the perspective of the mutually fiduciary model which they advance. Whether or not patients have obligations within the relationship, it remains the case that there are certain things that they do, or may do, which do not arise out of obligation, but rather out of a true act of altruism; things such as organ donation or willing submission to medical research.

The patient-doctor relationship has recently come under intense scrutiny, resulting in a re-evaluation of the basis of that relationship. The papers by Glannon and Ross, and McKay seek to identify the sources of authority in the patient-doctor relationship by evaluating it in terms of the concept of altruism. In this paper I argue that the analysis of Glannon and Ross, and of McKay is unnecessary and that the analysis offered by the latter is also flawed. I do acknowledge, however, that Glannon and Ross’s description of doctors’ responsibilities and patients’ roles has much to commend it.
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