The physician charter on medical professionalism: a Jewish ethical perspective
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The physician charter on medical professionalism creates standards of ethical behaviour for physicians and has been endorsed by professional organisations worldwide. It is based on the cardinal principles of the primacy of patient welfare, patient autonomy, and social welfare. There has been little discussion in the bioethics community of the doctrine of the charter and none from a Jewish ethical perspective. In this essay the authors discuss the obligations of the charter from a Jewish ethical viewpoint and call on other cultures to develop their own unique perspectives on this important document.

Organised medicine both in Europe and the United States has called for a renewed sense of professionalism among physicians and for an emphasis on this set of attributes in undergraduate and postgraduate medical education. Both the American Board of Internal Medicine and the Association of American Medical Colleges have in the last decade launched major initiatives promoting professionalism, and the Accreditation Council on Graduate Medical Education in the United States lists professional development as one of the major goals of residency education. These efforts have culminated in the European Federation of Internal Medicine, the American College of Physicians/American Society of Internal Medicine, and the American Board of Internal Medicine working together to develop a Charter on Medical Professionalism, which seeks to define better these attributes and mandate physician responsibilities. To date the charter has been accepted and endorsed by over ninety professional societies worldwide. The charter is based on the overriding principles of the primacy of patient welfare (individual rights) and the primacy of patient welfare (societal responsibilities the physician/patient relationship). The principles are specific set of professional obligations are derived. As Harold Sox has pointed out in an introduction to the charter, the principle of the primacy of patient welfare dates from ancient times and is intuitive to most physicians. In contrast, the principle of patient autonomy is a product of the past century and is the basis for much of modern Western medical ethics. The almost universally accepted Helsinki code on human experimentation relies heavily on this principle. The obligation to pursue social justice is in a sense the most revolutionary of the principles and for many physicians will amount to murder in Jewish law. The physician's daily prayer, attributed to Maimonides, also emphasises altruism as a requirement for a physician. "Do not allow thirst for

Patients; patient confidentiality; maintaining appropriate relations with patients; improving quality of care; improving access to care; a just distribution of finite resources; scientific knowledge, and maintaining trust by managing conflicts of interest.

Critiques of the charter have focused on the fact that no matter how noble the intentions of the charter are, doctors of today no longer have the power to carry out its mandates. "The charter asks physicians to reassert their authority and recapture the medical high ground to improve the welfare of patients. However, this requires engaging the new authorities of health care: corporate health institutions such as insurers, managed care organisations, and health systems run by governments. Now they are in charge. Only by working with them can physicians meet the basic commitments the charter asks them to make."
The charter has also been challenged on the grounds that it is inherently contradictory as it calls for the primacy of patient welfare (individual rights) and the pursuit of social justice (group rights), which are mutually exclusive. There is also a notable lack of a concurrent set of patient responsibilities: the physician/patient relationship should mandate obligations on both sides. Also, there has been no serious discussion on the bioethical principles implicit in the document. The purpose of this essay is to provide a Jewish ethical response, grounded in rabbinic tradition, to the principles of the charter, with the caveat that Judaism is far from monolithic in its outlook and other interpretations can be equally valid.

The first fundamental principle, of the primacy of patient welfare, which is based on a "dedication to serving the interests of the patient" is fully consonant with Jewish tradition. The two most famous Jewish physicians' oaths reflect similar concerns. Asaph's oath (from the 6th century) consists of a charge of the physician/teacher to his students. The students respond: "for it is a command of the Torah and we must do it with all our heart, with all our soul and with all our might!". In other words, the obligations of the oath are just an extension of Jewish legal and ethical mandates. Regarding altruism, Asaph's oath requires that physicians provide care to the indigent: "Do not harden your heart from pitying the poor and healing the needy!". In fact, in Jewish law, the acceptance of payment by a physician was only permitted through the use of a variety of legal manipulations because, in principle, one should not be paid for required good deeds. The obligation of the physician to heal is a biblical commandment and refusal to render care is almost tantamount to murder in Jewish law. The physician's daily prayer, attributed to Maimonides, also emphasises altruism as a requirement for a physician. "Do not allow thirst for

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prof, ambition for renown and admiration, to interfere with
my profession for these are the enemies of truth and of love
for mankind”.10 This emphasis on the altruistic aspect of
patient care is deeply rooted in the ancient biblical
commandment “to love your neighbour as yourself”,
which is the cardinal principle of Judaism.

The second principle of the charter requires physicians
to respect patient autonomy and to be honest with their
patients. We have previously pointed out that the principle
of unlimited autonomy might reflect a Western liberal bias
not shared by other cultures or religions.11 As a matter of fact,
more voices in the West are questioning the overemphasis on
autonomy, particularly in view of the fact that many patients
are not always fully competent decision makers.12 In an
insightful analysis of the concept of autonomy and informed
consent from a Jewish perspective, Benjamin Freedman has
pointed out that the obligation for a person to seek medical
attention stems from the fact that he is the guardian of his
body.13 The patient is biblically obligated to safeguard his
body and is entrusted with the primary responsibility. This
mandate is a reflection of the covenantal nature of Judaism,
which is based on obligations and commandments and views
man as a “charged” being. From this perspective the concept
of autonomy flows from the patient’s responsibilities and is
not a result of any inherent human rights. The one who has the
primary obligation to watch over his body naturally becomes
the primary decision maker. There are, however, limits to this
formulation. As opposed to the “rights” concept, when there is
a clear unambiguous conflict between beneficence and
autonomy, Jewish law mandates that even coercion may at
times be appropriate in order to extend the life of the patient.
Most Jewish authorities would—for example—mandate that
we feed a hunger striker even against his or her will14 in clear
contradiction to accepted Western ethical consensus. We
acknowledge the paternalistic nature of our position and its
dissonance with modern concepts of patient self determination
but submission to a higher authority, even against human will,
is a feature of many religions.

We would also extend this formulation to the issue of truth
telling and full disclosure. Traditionally, Jewish law has been
reluctant to fully disclose bad news to the patient for fear of
harming him or her. As Lord Rabbi Immanuel Jakobovits, the
pioneer of modern Jewish medical ethics, declared: “the
Rabbis insisted on maintaining the patient’s hopefulness not
merely by withholding information of his imminent death,
but by positive means to encourage his confidence in
recovery”.15 We beg to differ from this traditional approach, which is
based on the primacy of beneficence, for two reasons. The
fear of the danger in receiving the bad news does not seem to
be supported by the current medical evidence. The fear of the
unknown is often more disconcerting to the patient than the
bad news itself. However, an emphasis should be placed on
the information being given in a compassionate manner and
in such a way that the patient may be left with hope. In
addition, based on our previous analysis, the patient is the
one primarily responsible for his or her welfare and can best
decide how he or she will react to the information. From our
experience as physicians, one can learn to grasp from a
patient how, to what degree, and when the patient wants a
physician to disclose bad news. In summary, the charter’s
principle of autonomy can be consonant with a Jewish
medical ethical approach in a limited manner.

The third principle of the charter, and in a sense the most
revolutionary, calls for physicians to promote justice in the
healthcare system, including a commitment to the fair
distribution of healthcare resources. Jewish tradition does
not specifically mandate doctors to play this role but certainly
this requirement would broadly fall under the responsibility
of all citizens to be involved in Tikun Olam (to speak out
against injustice, evil, poverty, and to act accordingly) and
charitable works. From a Jewish ethical perspective this
requirement should be lauded and a healthcare system
should be built on these principles.

Jewish ethicists have addressed the contradiction alluded to
previously in the charter between the primacy of patient welfare
and the commitment to a just distribution of healthcare
resources. Recent authorities have ruled that from a public
policy standpoint, in an environment of limited resources, a
physician can decide to limit expenditures to individual
patients and instead spend money on health prevention in an
attempt to save as many lives as possible.16 According to this
position the needs of the community come before the individual
and a healthcare system built on the principle of a just
distribution of resources would be looked upon favourably.

This brief essay addresses only one community’s response
to the physician charter. As the charter is meant to be a
universal document we call on other cultures to respond to it
and to initiate a global dialogue on the important issues it
raises between patients, physicians, ethicists, and religious
leaders. The commitment to a fair distribution of limited
healthcare resources is not—for example—a local issue and
has important global ethical and policy ramifications for both
developed and developing countries. In addition, as we have
argued, the emphasis on patient autonomy in an inter-
national charter needs to be further explored. However, by
expressing a universal desire for basic health care and
empathetic physicians the charter can also serve as a bridge
between divergent societies.
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