
Response to 'Ethical dilemmas in clinical genetics'

Ethics and surveys

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Editor's note

In this commentary on the preceding paper the author, a professor of moral philosophy, considers the possible relevance of surveys discovering what doctors in practice believe to be morally acceptable to the question 'what ought to be morally acceptable?'

In the last sentence of his interesting paper in this issue of the journal (1) Dr Young raises an issue of general importance to medical ethics. He suggests that the views of health care professionals 'provide a valuable means of assessing what is acceptable when formulating a practical code of ethics'. How far is this really so?

Some critics might argue that what someone says in a survey is not what he would actually do in a real situation, so the conclusions of all such surveys are suspect. I shall not pursue this objection but begin by pointing out a limitation in the practical value of the method. The limitation is that surveys can cover only typical sorts of case, whereas a doctor will be faced with the case of *this* patient now in front of him in *these* specific circumstances. The guidance from the survey will therefore at best be only rough and ready.

Other critics however might wish to argue more strongly that the method is not just limited in detail but defective in principle. Two arguments can be used here. The first is that there is an incipient contradiction in the method. To bring this out let us take a crude analogy. Suppose a student formulates a policy of lecture-attendance as follows: no student need attend lectures since any student can borrow another's notes! Unless Dr Young's method is carefully described it could be taken to be saying that the ethical views of any given health-care worker could be based on those of other health-care workers; and such a formulation leads of course to self-contradiction. But Dr Young's proposals if carefully stated need not lead to that. He is not saying that one need not have a view of one's own, but only that the views of others can be suggestive in the formulation of one's own views.

The second radical criticism will be familiar to all who have read J S Mill's *Utilitarianism* (2). If 'the acceptable' in Dr Young's method means 'what is in fact accepted' then a survey will certainly give us a

means of assessment. But 'the acceptable' more naturally means 'what ought to be accepted', and on this meaning we cannot move from a premise about what is in fact accepted to a conclusion about what ought to be accepted, anymore than we can move (as some philosophers have alleged that Mill does) from a premise about what people in fact desire to a conclusion about what is desirable or ought to be desired. Many philosophers would regard this as a decisive argument against Dr Young's type of approach. As Kant says, 'We cannot do morality a worse disservice than by seeking to derive it from examples' (3).

But this rebuttal seems to me altogether too brisk. Defenders of Mill point out that he is probably not arguing 'desired therefore desirable' but rather maintaining more mildly that the only *guide* in discovering what is desirable is to find out what people in fact desire; and in a similar way Dr Young may be maintaining that to be guided in what is acceptable in certain ethical matters we should find out what others in the same line of business in fact accept. Such a method for ethics is recommended by Aristotle: 'The true method for us to follow, here and elsewhere, is to set forth the views which are held on the subject and then, after discussing the problems involved in these, to indicate what truth lies in all or – if that proves impossible – in the greatest in number and importance of the beliefs generally entertained about these states of mind' (4). This approach is the more significant for medical ethics in that Aristotle's view of ethics is the same as that of many members of the medical profession – the aim of ethics, he says, is 'not knowing but doing' (5).

It seems to me important for a doctor to adopt some version of the method recommended by Dr Young (and Aristotle). The reason is that a doctor is acting, I submit, not only as a private individual but also as a public figure, and the ethical views he adopts should in general outline be the consensus views of the society in which he lives. Again, an analogy may help. Let us imagine a devout Roman Catholic who is in charge of a Citizens' Advice Bureau. Such a person, however much he may privately disapprove of divorce, should nevertheless ensure that his bureau carries the currently available leaflets on divorce etc. In a similar

way, a doctor may disapprove of issuing, say, contraceptive advice to 15-year-olds without their parents' knowledge, or of certain sorts of genetic counselling, but as a doctor he should still attempt to express the moral consensus of his society on such matters.

If a view of this sort were to be adopted – and I am not maintaining that it is exactly the view advocated by Dr Young – it would have several implications. The first is that surveys of ethical opinion ought to extend beyond the population Dr Young has in mind ('medical, nursing and student staff' p73) and include – predominantly include – the views of the *consumers* of health care. (Whose life is it anyway? Who will need to undertake the day-to-day care? Who will in the end need to pay for it all?) To this end, programmes about ethical dilemmas, such as those initiated by Ian Kennedy, G F Newman and others, are to be welcomed, since thereby the public is involved and informed, and, what is even more important, a little public opinion may penetrate that cocoon which is medical education.

The second implication is that such a policy imposes some limitations on the ethical autonomy of the doctor. The distinction between autonomy in medical

judgement (where the doctor is supreme) and autonomy in ethical judgement (where there are no experts) must be noted here, and of course there must always be escape clauses on conscientious grounds for the doctor. But since we (the general public) pay the medical piper perhaps we should be involved rather more than hitherto in calling the medical ethical tune. That is why I agree with Dr Young when he writes in his introduction 'that ethical values are . . . for contemporary discussion and that the views of caring intelligent citizens may be sought in formulating acceptable standards', but would strongly urge him to cast his net wider than 'the opinions of medical, nursing and student staff'.

References

- (1) Young I D. Ethical dilemmas in clinical genetics. *Journal of medical ethics* 1984; 10:
- (2) Mill J S. *Utilitarianism*. London: J M Dent, 1972, Chapter 4.
- (3) Kant I. *Groundwork of the metaphysics of morals*. London: Hutchinson's University Library, 1948: Chapter 2.
- (4) Aristotle. *Nicomachean ethics*. Harmondsworth: Penguin Books, 1953: Book 7, Chapter 1.
- (5) Aristotle. See reference (4): Book 1, Chapter 3.

News and notes

Aim to double kidney transplants this decade

'There are still 2,500 people waiting for a kidney transplant and many more waiting for corneas, hearts, liver and other organs', said Norman Fowler, Secretary of State for Social Services, speaking at the launch of a campaign to distribute 10 million organ donor cards.

Mr Fowler said: 'In 1983 there was a record number of 1,160 kidney transplant operations and I want to double this number before the end of the decade. Now transplantation is acknowledged as the preferred form of treatment for many kidney patients. Corneas play a valuable part in helping people to see better. Recent medical advances in the transplantation of hearts, livers and other organs are encouraging. So now is the right time to get more people to carry an organ donor card.'

'Doctors find it much easier to ask shocked or distressed relatives about possible organ donation if they know the patient carried a signed donor card. Many cards have been distributed and recent research shows that 66 per cent of people agree to have their kidneys used for transplantation purposes

after their death and only 20 per cent object. But only 20 per cent actually carry the card. Over 40 per cent of those who don't carry the card said they didn't because they couldn't be bothered or had never thought about it. We must convince them to bother.

'When someone decides to sign a donor card, they should ensure their friends and family know. It is important that they know so that the organs can be transplanted quickly in case of death.'

'The money for the eight children's centres designated to treat children with kidney diseases will be increased by the Government by £310,000 in 1984/85. This is a 15 per cent increase in services. These services have been helped considerably by the BBC TV Blue Peter Treasure Trove appeal last year which raised over £2 million – a magnificent achievement by that programme's viewers.'

Mr Fowler also announced a further £1,000,000 to be spent on renal services. 'This money will be given to health authorities where a small sum of money could get a new or experimental project off the ground.'