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Controversy: 3

The positive aspects of medical ethics today

Kenneth Boyd *Scottish Director, Society for the Study of Medical Ethics*

Author's abstract

The author of this comment suggests that some of the important points made by Dr Adrian Rogers are vitiated by a tendency to contrast the worst of modern medical practice with an over-idealised view of the past. The state of medical ethics today, the author suggests, is more hopeful than Dr Rogers allows.

Dr Rogers expresses conservative ethical views which, one suspects, many other doctors probably feel in their bones but today find difficult to defend in public. It is some measure of his achievement in this paper therefore that he has made out a case for these views which ought to disturb a wider audience than that by which they would normally be applauded. His case is weakened however by the way in which he contrasts the worst of the present with the best of the past, thereby overlooking grounds of hope for the future.

This weakness is most obvious in Dr Rogers's attribution of so many different contemporary problems and evils to the advent of the National Health Service and the absence of doctors' fees. In the case of some of the problems he mentions, this connection is not very apparent: the very real problems of confidentiality, for example, seem more readily attributable to the scale and complexity of modern medicine than to the method of paying for it. Other issues he discusses appear to be not so much new problems as old ones in a new form: in the past, for example, public advertising may not have been practised, but presumably, in the circles which counted, word got around the village green or the society dinner-table; in the eighteenth century and for much of the nineteenth, professional disrespect flourished; and as far as public statements are concerned, respected and ennobled medical figures such as Lister and Dawson of Penn seem not to have hesitated in putting their medical *gravitas* behind what they had to say on issues no less controversial in their own day than abortion and nuclear disarmament are now.

Key words

National Health Service; doctors' fees; education; situational ethics; casuistry.

Perhaps the most serious evils which Dr Rogers attributes to 'socialist medicine' however, are bureaucratic indifference to the needs and wishes of the individual and deficiencies in the courtesies of medical consultation which work to the patient's detriment. Doubtless these aspects of the NHS at its worst were not features of old-fashioned private practice at its best. But then one of the main arguments for creating the NHS was precisely that this best was available, on the one hand only to those patients who could afford it and knew what they were buying, and on the other, only from those doctors who were prepared continually to cross what the aforementioned Lord Dawson termed the 'wide gap between the minimum and the maximum efforts'. The problem now, as then, is how to encourage the others to cross this gap. But even in the past, payment of a fee was no guarantee that they would, or that the patient would receive the best that medicine had to offer. For this, the patient also had to have some idea of what the best was. In this connection, Dr Rogers's concentration on the fee overlooks some of the more hopeful signs in contemporary medicine, in particular those areas where the existence of better educated, or consumer and self-help oriented patients, has encouraged doctors to respond by developing the educational aspect of their work. In these areas, since knowledge is power, Dr Roger's imbalance between masters and servants may be on the way to being remedied. And indeed far from being some kind of trendy novelty, such sharing of knowledge in the doctor-patient (and indeed professional-public) relationship would seem to correspond with much of what was best in old-style private practice. Encouraging this educational process moreover would help to reduce many of the risks of medical advertising, most of which exist in proportion to public ignorance.

Comparison of the worst of the present with the (at least implied) best of the past is also evident in Dr Rogers's criticism of situational ethics. This he describes as 'where there is no right or wrong behaviour but every individual case and all its circumstances are adjudged by the doctor at the time of action, such judgement to be made in the best interests of the patient'. If this indeed is the basis of modern medical ethics, then clearly that ethics is in a very bad

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way, since to make such judgements genuinely in the patient's best interests, doctors would need more than human omniscience about those interests and about all the possible outcomes of their actions. One doubts however if this really is what any doctor actually does, since however situational a judgement, it is unlikely to be made without some moral presuppositions based on the wider experience of the individual doctor, his profession and society. These presuppositions may be, and probably often are framed with greater reference to probable consequences than to what is right or wrong regardless or consequences: but to label such medico-moral thinking as in this way broadly utilitarian, is not to demonstrate that it is unprincipled. Even the much-abused 'permissive society' has some moral foundations, related to principles concerned with respect for the liberties of others.

That modern medical ethics is not quite as anarchic as he originally suggests does in fact seem to be admitted by Dr Rogers when he writes later of 'rules followed by exceptions' as 'situational ethics in practice'. Another name for this sort of thing, of course, is casuistry, the application of general principles to particular cases, an art, however risky, which has had as long an ecclesiastical as a medical history, and which recognises the need to pay attention not only to principles, but also to the specific human realities they apply to. Thus while agreeing with Dr Rogers's important point that exceptions should not be made carelessly or arbitrarily, and also that examples of possible exceptions should be stated and studied (as in fact is increasingly the case in modern medical ethics, not least in this journal), one again cannot help thinking that the best of the present, in this case related to respect for individual persons, is another hopeful sign which his approach has overlooked. And then too of course, this concern with the individual also corresponds with much of what was best in old-style private practice.

(continued from page 116)

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