

## Editorial

# More on professional ethics

Raanan Gillon *Imperial College, London University*

The debate in this issue of the journal between Professor Downie, a moral philosopher, and Mr Sieghart, a barrister, centres crucially on the issue of whether or not doctors, lawyers and members of other 'true' professions have any special moral obligations to their clients apart from the moral obligations we all owe each other as 'members one of another'. According to Downie the answer is no. People should not 'pretend that there is a special sort of morality, "professional ethics", which applies to some sections of the community but not to others'. Not only is such an idea 'redundant' – it is also 'pernicious, for it serves to protect lawyers and other professionals from public disquiet about their practices'. Such arguments, coming as they do from a moral philosopher so closely and so long associated with the study of practical medical ethics in Britain, deserve careful and serious consideration.

The first thing to note is that it is a claim that most practising doctors would find hard to believe is made seriously, so ingrained throughout their professional training is the counterclaim that doctors do indeed have special moral (usually called ethical) obligations to their patients. Something similar is presumably true for lawyers – certainly a past president of the British Law Society has argued that 'of the three true professions, it would seem overall that the ethical standards which are required of the lawyer exceed those of any other profession' (1). The assumption in medicine – and the claim defended here – is that doctors have a moral duty to benefit their patients over and above any general duty that may exist for us all to benefit each other, or for us all to benefit the sick. Moreover that duty to benefit their patients exists independently of any co-existing financial considerations including any financial contract that may or may not exist between doctors and their patients or between doctors and some third party.

The claim does not go so far as Sieghart does in saying that self-interest has *no* place in a professional relationship (2) – surely it does. However, a doctor's self-interest is constrained in a doctor-patient relationship not only by the normal set of moral checks and balances which apply to us all in our dealings with each other but also by the special professional obligation of doctors to benefit their patients

medically. That obligation is at least in part altruistic in that it is self-imposed by the medical profession not to benefit themselves but to benefit their patients; and it is at least in part supererogatory in that it goes beyond what is required of every person and every occupation.

First, what sort of claim is being made? Downie criticises Sieghart in this regard for conflating empirical, conceptual and moral claims, but in fact the claim is surely in all three categories. It is conceptual in the sense that part of what is *meant* by the term 'doctor' or 'member of the medical profession' is someone who undertakes these special obligations of medical beneficence to his or her patients. It is empirical because the meaning of the term stems from what the medical profession *does in fact* undertake. And it is a moral claim insofar as given that the medical profession undertakes a special duty of beneficence to its patients then it and its members *ought* to fulfil that duty. (For good measure it can also be seen as what Sieghart calls a perceptual claim in that doctors are perceived – at least by many in society – to undertake this special obligation to their patients – another empirical claim).

On what grounds does Downie reject such claims and argue on the contrary that 'there is nothing to distinguish the professional from other occupations in terms of the criteria of self interest and altruism'? In relation to the empirical claim Downie points out that doctors and lawyers have sometimes acquired a bad name for being more interested in their fees than in their patients. But does this not *support* the empirical claims that the medical profession does acknowledge special moral obligations to its patients, and that it is perceived as having such obligations by society? Shopkeepers do not get a bad name for being more interested in their fees than in their customers, people merely say '*caveat emptor*'.

So far as the conceptual claim is concerned Downie rejects the argument that doctors *quâ* doctors aim at the good of their clients while other jobs aim at self-interest. While it is true that doctors *quâ* doctors aim at alleviating suffering and not at self-interest, so 'equally it is true that the mechanic aims at repairing cars and not at self-interest and the baker aims at baking and not at self-interest.' But this counter-argument fails to meet the challenge, which is not merely that medicine aims at something other than self-interest, but that part

of its aim is the special supererogatory moral obligation of benefiting its patients. Neither mechanics nor bakers would claim, nor be recognised to have, any such supererogatory moral obligations (though of course they share the moral obligations we all owe each other both in private life and in the course of our occupations). In meeting *that* argument (somewhat grandiloquently expressed by Sieghart in terms of 'noble causes') Downie ripostes that it is a matter of description. If a doctor can be said to serve the noble cause of promoting his patients' health, so 'the farmer could be said to serve the noble cause of sustaining life, and the manufacturer or retailer of undergarments could be said to serve the noble cause of ministering to our comfort, and the travel agent the noble cause of self-development . . .'.

But while one *could* say all these things, would they be true? Specifically, could the travel agent, farmer, or seller of knickers – or the car mechanic or baker – accurately be described as having moral obligations of beneficence to their clients over and above the normal moral obligations we all have to each other? The answer is fairly clearly no, and neither the members of those occupations nor most other people would make any such claims.

It is not denied that all these occupations can and do benefit their clients – of course they do. Nor is it denied, what Downie implicitly asserts, that a variety of occupations other than medicine, law and the priesthood have self-imposed supererogatory moral obligations. Lifeboatmen for example impose upon themselves potentially heroic supererogatory obligations of beneficence to those in danger on the sea. Nor is it asserted, what Downie convincingly refutes, that all so-called professions have supererogatory obligations to their clientele. If music is a profession it affords, as Downie points out, a clear counter-example. If professional football is a profession it affords another. Nor is it denied that all of us in all occupations share the common moral obligations we all have towards each other.

What is asserted is that some occupations do have self-imposed supererogatory altruistic moral obligations to those they serve, and that the medical profession is one such occupation. For at least 2500 years its special obligations of beneficence to its patients have been avowed by the profession collectively, willingly accepted (even though not always lived up to) by its members individually, and recognised, perhaps demanded, by the societies in which doctors practise. Nothing in Downie's arguments seems to refute these claims, yet if they are accepted then some of his admittedly tentative conclusions fail, at least in relation to the medical profession (and *some* other professions and occupations could defend themselves similarly).

Thus, given the concept of the medical profession proposed here, with its built-in self-imposed supererogatory obligations to benefit its patients we can indeed *logically* derive from the concept an account

of how its members morally ought to behave. Given too that shopkeepers do not have (and do not claim) any such supererogatory moral obligations to benefit their customers we can indeed *logically* infer that doctors *quâ* doctors *ought* to behave better than shopkeepers *quâ* shopkeepers.

Nor, if the concept offered is accepted, is the idea of professional ethics in the case of the medical profession redundant. It serves precisely to require of doctors in their professional relationships *better* behaviour than is demanded by our ordinary moral obligations one to another. That, surely, is in the interests of society. Of course Downie is right that standards may slip, both collectively and individually and that it behoves all of us, within and outside the medical profession, to be vigilant in preventing such deterioration. But it seems quixotic to advocate as a means to such vigilance denial of what the profession and public alike assert – namely that the moral obligations of doctors to their patients are *more* exacting than those which apply in our normal interactions.

Perhaps the key to Downie's arguments is what he offers as a conclusion but which seems more properly a premise, notably that 'moral duties are one and the same for all of us'. There is obviously a way of accepting and interpreting that *premise* so as to make it logically impossible for doctors to have more exacting moral obligations to their patients than shopkeepers have to their customers. The issue is complex but suffice it here to argue briefly that the moral duty to benefit others – beneficence – is at least not *necessarily* 'the same for all of us'. Thus it seems indisputable that it is possible for any of us to take on special moral obligations to benefit others, over and above whatever standard duty of beneficence we may or may not have. We may for example gratuitously and without prior obligation promise money to a charity. Having done so our moral duty of beneficence has become, *ex hypothesi*, greater than any standard obligation of beneficence, and thus *not* 'the same for all of us'. Similarly, groups of people, including occupational groups, may take on supererogatory moral obligations of beneficence, which again *ex hypothesi* are then *not* 'one and the same for all of us'. It is just such self-imposed supererogatory duties of beneficence which it is here argued members of the medical profession owe their patients.

### Acknowledgement

*This editorial has been stimulated not only by Professor Downie's response to Mr Sieghart published in this issue but also by an exchange of correspondence between us, for the benefit of which I thank him. Doubtless matters will not rest here.*

### References

- (1) Napley D. The ethics of the professions. *The Law Society's gazette* 1985; 82: 818–825.
- (2) Sieghart P. Professions as the conscience of society. *Journal of medical ethics* 1985; 11: 117–122.