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Dilemmas, ethics and intent – a commentary

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Dr Newton has written a paper which I think is interesting and important in its implications for medical ethics. But some of his arguments and conclusions are understated and ambiguous. In this discussion I shall try to develop the arguments, although not necessarily in ways which Dr Newton would regard as acceptable. I should like to comment on three themes. The first is the problem of the trainee.

In order for any skill to be perpetuated there must be a continuous supply of learners, but learners (by definition) are not so proficient as their masters. In many cases (music students, say) this does not matter, but where the skill must of necessity be practised on a human subject it does matter, and it matters acutely in contexts (such as ophthalmic surgery) where by the nature of the case, there can be no dual control. The trainee is irreversibly on his or her own in a way which is potentially detrimental to the interests of the patient. But how else can the trainee learn?

Dr Newton has uncovered a real dilemma here, which is not often noticed and cannot be solved by appeals to ethical codes. I do not know any way of removing it completely, but I think that its force can be lessened, by stressing some aspects of the situation more than is done by Dr Newton.

The point to be underlined is that no trainee is let loose on difficult problems straightaway. The trainee surgeon will spend long hours working on cadavers in anatomy departments, carry out minor surgery himself, carry out major surgery of a sort where the trained surgeon is available if things go wrong, and so on. By the time he reaches the irreversible piece of surgery he may scarcely notice that such is its nature.

Dr Newton would probably reject this approach to the dilemma on the grounds that if the trainee does not notice the irreversible nature of what he is doing he is lacking in 'ethical intent'. The examination of the concept of 'ethical intent' will be taken up later as the third theme, but in this context the concept refers to a painful awareness on the part of the trainee of the dilemma he is in. But why and when should the trainee cultivate this awareness? Certainly, the trainee (and the trained) surgeon should frequently assess his own skills, and it would be wrong to proceed unless he were moderately confident of his abilities. This kind of honest self-appraisal may well be painful, but should be encouraged in the profession. Having said that however I think that painful awareness, or any other sort of introspection, is inappropriate when a decision has been taken, and especially at the time of an operation. Presumably what it is ethical to do after the decision that the trainee will operate has been taken is to forget about ethics and concentrate on the planning of the operation and then on the techniques of surgery. Ethical intent surely requires *self-forgetfulness* as well as self-awareness.

In addressing the trainee's dilemma Dr Newton points out that the usual frameworks within which medical ethics is discussed – the utilitarian and the deontological – are no help to him. The limitations of medical ethics is the second theme inviting comment. Dr Newton's first claim is that medical ethics is of no help, for 'core dilemmas defy philosophical resolution'. His second claim is that 'the attempt to find an "ultimate standard" is inherently self-deceptive and thus deeply destructive to an inner ethical sensibility'. In other words, medical ethics, insofar as it represents the attempt to apply traditional philosophical frameworks to actual problems, is not only *impossible* but also *pernicious*.

There seems to me no doubt that many doctors, perplexed by the ethical problems they have encountered, have turned to moral philosophy in the hope of guidance. The attempt to use moral philosopy to solve moral problems was called 'casuistry' in earlier centuries and it was discredited among moral philosophers. Some medical ethics represents an effort by doctors (and philosophers) to revive a discredited tradition. It is this recent revival of casuistry which Dr Newton seems to be attacking.

The argument which Dr Newton advances for the 'impossibility' claim is that medical ethics is impossible if it is the attempt to derive answers to dilemmas from general philosophical positions. In supporting his point one could quote (I do not know whether he would agree or not) the all-pervasive ambiguity of central philosophical concepts. For example, take the familiar debate as to whether patients should be told the truth

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about their diseases if they are life-threatening. The standard utilitarian view is that the doctor should tell only if by doing so he will not harm his patient, whereas the standard deontological view invokes autonomy or respect for the dignity of the patient, and says that the patient should always be informed, whether or not he will be harmed; truth is more important than harm or benefit. But a utilitarian wishing to support the latter view can simply define 'harm' and 'benefit' in such a way that a person is never harmed and always benefited by knowing the truth. In other words, it is arguable that Dr Newton is correct here, for the philosophical framework is totally irrelevant to the moral decision, and this use of medical ethics is impossible.

Dr Newton's second claim is that the search for philosophical standards actually destroys ethical sensibility. I believe there are two points in Dr Newton's position. The first is that the process of applying philosophy is 'inherently self-deceptive'. I am not sure what he means by this, but one interpretation of the phrase can refer to the intellectually dishonest twisting of philosophical principles and concepts to fit preconceived moral positions. It was this that gave casuists a bad name. A second interpretation (stressed more by Dr Newton) is that the search for philosophical principles takes one's gaze away from the pain of one's experience to external authorities and this blunts ethical sensibility. Many philosophers, as diverse as Kant and Sartre, would agree with that.

If moral philosophy cannot solve moral problems are we to conclude that the whole enterprise of medical ethics, and applied philosophy generally, is totally without value?

Dr Newton backs off from this negative conclusion and ascribes to medical ethics two functions. The first is that of guiding 'our actions in the unambiguous aspects of an ethical problem'. In other words it will guide us when we do not need guidance! Dr Newton rightly attaches more importance to the second function he finds for medical ethics – enabling us 'to see the limits of codes, laws and rules of behaviour'.

The point here is that traditional medical ethics has been in the form of codes of a quasi-legal nature. Moreover medical students are often unclear as to the difference between law and morality, and the same is true of many senior members of the profession. The desire always seems to be for 'guidelines' for definite answers or authoritative rulings. If the philosophical study of medical concepts and situations can reconcile doctors to living with uncertainty then it is worth pursuing, for there are not always definite answers to be had. But Dr Newton is correct to stress the limitations of medical ethics if it is seen as an expertise for solving moral problems. The doctor can send a blood sample to his biochemist, but he cannot (without moral abdication) send his moral problems to an ethicist. On the other hand, if medical ethics can enable the doctor to see this, and if it can also provide him with some concepts for thinking about moral problems for himself, then it will have a worthwhile function.

The third and most important theme in Dr Newton's paper is that of the central moral importance of 'ethical intent'. To have 'ethical intent' is to be free of reliance on external authority, to reject the idea of an ultimate standard, and to have a 'constant and painful awareness of the consequences inherent in human interactions' and to take 'personal responsibility' for one's actions. But what does all this amount to? The problem is that it seems to lend itself to two quite different interpretations. On the first interpretation Dr Newton is saying that there are *no* objective principles and no right answers to moral dilemmas, and on the second he is saying that there are objective principles and right answers but in dilemma situations you cannot use the objective principles because they are too crude – you just have to decide. The first interpretation is suggested by sentences like: 'The attempt to find an "ultimate standard" is inherently self-deceptive and thus deeply destructive to an inner sensibility'. The second is suggested by his comment that medical ethics 'will help guide our actions in the unambiguous aspects of a problem'. He illustrates this by referring to 'the surgical trainee's responsibility to minimise risks to his patients'. Presumably this at least is an ultimate standard or objective principle. On the first interpretation the pain of ethical intent is the pain of knowing that there are no right answers, while remaining responsible for one's actions. This is the position found in some existentialist writers. On the second interpretation ethical intent is a sensitivity which enables you to decide rightly in the given case, and the pain is the pain of knowing you must hurt somebody.

I do not know which of the two interpretations is intended by Dr Newton, but I think that the first line is open to the sort of objections which are sometimes made to some forms of existentialism. It is surely irrational to keep painful awareness alive and to take personal responsibility for one's actions, shunning apathy and conformity, unless one believes that there is an objective standard governing one's conduct. That is why I believe that the second interpretation of Dr Newton's position is philosophically to be preferred. If the standard were unambiguous in its guidance and clearly mandating there would be no pain, but if there were no standard the pain would be irrational. It is only insofar as we do believe there is an objective principle and we find its application complex that ethical intent is of fundamental moral importance.

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