Are doctors altruistic?

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There is a growing belief in the US that medicine is an altruistic profession, and that physicians display altruism in their daily work. We argue that one of the most fundamental features of medical professionalism is a fiduciary responsibility to patients, which implies a duty or obligation to act in patients’ best medical interests. The term that best captures this sense of obligation is “beneficence”, which contrasts with “altruism” because the latter act is supererogatory and is beyond obligation. On the other hand, we offer several examples in which patients act altruistically. If it is patients and not the doctors who are altruistic, then the patients are the gift-bearers and to that extent doctors owe them gratitude and respect for their many contributions to medicine. Recognising this might help us better understand the moral significance of the doctor-patient relationship in modern medicine.
physicians to ensure a timely and accurate diagnosis by providing honest answers to the physicians' queries, and patients have an obligation to comply with treatment after a diagnosis has been made. Some may argue that individuals who allow medical students to participate in their medical care are not altruistic because unless some patients do permit such training, the future supply of trained physicians will be threatened. If there is some imperfect duty on the part of patients to permit students to partake in their care, then presumably their action is not altruistic because the act is not fully voluntary, but has an obligatory, albeit imperfect, component. While medical students need to learn, however, they have no right to learn from any particular patient. As such, patients who do allow medical students to participate in their care are acting altruistically.

Even if the clinic patient has some degree of obligation, one cannot morally require that an individual offer to serve as an organ donor to a complete stranger. Bone marrow registries, which allow individuals in need of a bone marrow to call upon complete strangers who are immunologically compatible, have existed for over three decades. And in the 1990s, Matas et al implemented a programme that would allow an individual to donate a kidney to an unknown recipient. The risks of a nephrectomy are not inconsequential. These individuals are clearly acting altruistically because they donate voluntarily at some cost to themselves.

We believe that the clinic patient as well as the unrelated transplant donor are altruists, although one can differentiate the degree to which they act supererogatorily. Using the language of Urmson, we can call the patient who allows medical students to participate in her care a hero as distinct from the donor who is a saint.

At issue here is more than a mere semantic quibble, because whether acts are beneficent or altruistic makes a significant difference in the ethical evaluation of actions. Altruistic acts are more praiseworthy than beneficent ones because of their optional nature. This is not to diminish the ethical importance of doctors discharging their duty of beneficence to patients. Indeed, this is one of the morally admirable traits of the medical profession. But promoting the best interests of patients is not optional, given the medical professional’s role and the obligations it entails. Accordingly, doctors should disabuse themselves of the idea that they are altruistic, and refer to themselves and their profession as what they really are: beneficent.

If the altruists in medicine are not doctors but patients, then the patients are the true gift-bearers and to that extent doctors owe them gratitude and respect for their many contributions to medicine. Recognising this might help us better understand the moral significance of the doctor-patient relationship in modern medicine.

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REFERENCES
2 American Board of Internal Medicine. Project professionalism. Philadelphia: American Board of Internal Medicine, 1998:5
8 Sierra J, Anasetti C. Marrow transplantation from unrelated donors. Current Opinion in Hematology 1995;2:444–51. Sierra and Anasetti state that in 1995, the number of volunteers in marrow donor registries worldwide had increased to more than 2.5 million, and the number of unrelated donor transplants facilitated by the US National Marrow Donor Program alone would exceed 900.