In their paper, Are doctors altruistic?, Glannon and Ross advance the unusual, but refreshing, view that it is patients rather than doctors who are altruistic. This they explain by an analysis both of the nature of the doctor-patient relationship and by the definition of altruism as an act which is both optional and supererogatory. Thus, while accepting that doctors act to high moral standards and ideals, in their view this is an inevitable concomitant of their fiduciary relationship with their patients, and is thus separate from, although occasionally overlapping with altruism. However, in supporting their conclusion that it is patients rather than doctors who are altruistic, they place themselves in what I believe is an unnecessary quandary. Their description of the doctor-patient relationship includes the notion that patients too have obligations—to tell doctors the truth, to undertake the recommended therapy, and so on. Thus, they claim, when patients go beyond these obligations by, for example, allowing medical students to examine them as apart of the educational process, they are acting beyond their own obligations and are acting altruistically.

This analysis is, I believe, flawed as well as unnecessary. To be sure, in the ideal world patients will act in the way Glannon and Ross suggest, but they do so out of self interest—not because they have an obligation so to do. Or at least, not an obligation which flows from the nature of the doctor-patient relationship. If there is such an obligation, then it is one owed to themselves. However, in supporting their conclusion that it is patients rather than doctors who are altruistic, they place themselves in what I believe is an unnecessary quandary. Their description of the doctor-patient relationship includes the notion that patients too have obligations—to tell doctors the truth, to undertake the recommended therapy, and so on. Thus, they claim, when patients go beyond these obligations by, for example, allowing medical students to examine them as apart of the educational process, they are acting beyond their own obligations and are acting altruistically.

McKay, on the other hand, wishes to convince that the mere fact of choosing medicine as a profession is sufficiently supererogatory to describe what doctors do as being altruistic. He uses examples such as the fact that doctors must be prepared to devote all of their spare time if necessary to an ill patient as demonstrating the altruistic nature of what doctors do. However, although he clearly makes the case for benevolence as a descriptor of good medical practice (ironically, perhaps, the term preferred by Glannon and Ross), he does not convince this reader at least that the practice of medicine as such is altruistic.

What he does achieve is evidence that in some circumstances medical practitioners go beyond the terms of their contractual or fiduciary relationship with their patients, or at least that some doctors do this some of the time.

Both papers seem to stem from a recognition that respect for medicine is currently at a low point. The revelations of the practice of medicine as such is altruistic. This is where the basis of that relationship. The papers by Glannon and Ross, and McKay seek to identify the sources of authority in the patient-doctor relationship by evaluating it in terms of the concept of altruism. In this paper I argue that the analysis of Glannon and Ross, and of McKay is unnecessary and that the analysis offered by the latter is also flawed. I do acknowledge, however, that Glannon and Ross’s description of doctors’ responsibilities and patients’ roles has much to commend it.