

## Correspondence

### The role of the medical ethicist - how can he help the medical practitioner?

SIR,

The *British Medical Journal* of November 5th 1977 carried two reviews side by side. The first was of Dr W A R Thomson's *Dictionary of Medical Ethics and Practice* reviewed by the Rev A V Campbell, and the second of A S Duncan, R B Welbourn and G R Dunstan's *Dictionary of Medical Ethics*, by Prof P Rhodes. Two bold headings - perhaps by the BMJ's editorial department - labelled Dr Thomson's contributions as 'Medical Moralising' and the work of the composite editorship and authorship as 'Moral Problems in Medicine'. After reading the books and reflecting on the *BMJ* reviews we are constrained to ask one or two questions.

Dr W A R Thomson, the distinguished former Editor of the *Practitioner* and currently Medical Correspondent of *The Daily Telegraph*, shows awareness throughout his dictionary of the problems of busy practitioners who sit in surgeries or consulting rooms and are confronted by anxious patients and emergency situations. He is evidently concerned, as the title shows, with the practice as well as the theory of medical ethics. He has aimed to bring sound principles and experience to bear upon the practitioner's difficulties in decision-making. The reviewer, however, stigmatises him for making value judgments. But what other decisions should be made in a book on Ethics? Also, Dr Thomson is at fault, it seems, for building on the Judaeo-Christian tradition in the Nineteenth and early Twentieth Centuries. The BMA calls this 'moralising'. But, we might ask, what else is morality about but deciding what ought or ought not to be done.

The second reviewer praises the ethically weaker offerings of the

composite team, because he feels that morals 'for tolerant people should not be dogmatic, but a matter for gentle exploration with some understanding of the rival view-points'. The editors are praised for keeping their contributors 'cool, reasonable and undogmatic', and for leaving a good deal unsaid, 'for it makes the reader play his part in asking and trying to answer some of his own questions'. The articles are mainly exploratory and often describe things as they *are* rather than as they *should* be. A number of questions are unasked and unanswered. This, perhaps, is not surprising. For some of the contributors may not have had to cope with anxious patients in the consulting room at crucial moments.

We understand that the editorial team of the *JME* has not been unconnected with the planning and production of this composite dictionary and have, therefore, directed our questions to the *Journal*.

We were taught that Ethics is the science of the 'ought'. That is, it is concerned with what man in general (or professional people in particular) *ought to do* in certain given situations - *and why*. We heard, for example, of Immanuel Kant's categorical *imperative* and lecturers in philosophy taught that behind the concepts of any given philosophy (or for that matter any religion or system of ethics) there was, or should be, an overall principle. Hence, may we be allowed to ask what is the coordinating principle behind the *Journal*? For example, by what basic standard, apart from the Law, do reviewers and writers of articles measure their words? By what yardstick do contributors assess any subject under discussion? Are they allowed to make any value judgments?

In the Middle Ages an uneasy association of Hippocrates, Galen and the doctrines of the Church did its best for doctors. British law itself has been heavily influenced by the Judaeo-Christian religion, which also

by the late nineteenth century to large extent controlled the practice and ethics of the Profession. But what now? Was not Dr Thomson right to try to assist doctors in making value judgments? Are the three editors of the other volume right to be content with what is in the main a presentation of what is current practice in medicine? Are the editors of the *JME* happy to allow the *ought* of medical practice to be determined by an empirical assortment of facts and by some kind of consensus thinking while having 'freedom for their own opinions'? We are not suggesting there should be dogmatic utterances but rather guidance based on clear principles to help the practitioner when he is confronted by an ethical dilemma.

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### Response from The Society for the Study of Medical Ethics

The Editor showed the above letter to the President and Director of Studies for the Society for the Study of Medical Ethics so that they might reply in time for publication in this issue. Their letter follows below.

From: Lord Amulree and Prebendary E F Shotter

SIR,

It is not true that there is a connection between the *Dictionary of Medical Ethics* and the *Journal of Medical Ethics*. The dictionary is not published by the Society for the Study of Medical Ethics as is the *Journal*, and neither the Editorial Board nor the Governing Body, have had any responsibility for it, although its publication is to be welcomed.

It would seem timely to restate the aims and nature of the *Journal of Medical Ethics*. It is not a mouth-piece for any particular moral viewpoint. It aims to establish medical

ethics, not as a new discipline, but as a multi-disciplinary study of moral issues raised by the practice of medicine. The Society, and hence the *Journal*, accepts that ethics is the study of moral theory or moral philosophy and, by analogy, medical ethics is the study of moral theory as applied to medicine. Thus, medical ethics is not hortatory; it should not be confused with medical moralising and the *Journal* cannot have a party line on such issues as, e.g. abortion, although it readily includes papers which have mutually contradictory 'value judgments'. It is a proper function of such a journal, as indeed it is of moral philosophy, i.e. ethics, to examine the underlying moral beliefs or theories that lead to such differing conclusions. The *Journal of Medical Ethics* is neither a medico-legal journal nor a journal of moral theology nor of medical sociology. It looks for authoritative statements from authors in these disciplines just as it does from individual medical specialities. The *Journal* does not turn to the Law, nor for that

matter to the Church, for its sole authority – unlike the writers of the letter, who appear to want the return of moralising in the name of religion. However in a plural society there is no 'basic standard' and it is necessary that medical ethics should be seen to have an autonomy of its own and a journal of medical ethics must be known for its independence if it is to earn the respect of a wide cross section of medical opinion. It is the assessment of 'basic standards', moral theories or beliefs that is one of the functions of this journal – just as it is of moral philosophy. Mercifully we live in a society which does not have imposed upon it a rigid moral dogmatism. If we did, then the *Journal* would be a very different publication.

Since 1963 the London Medical Group, with similar groups elsewhere, has enabled students of medicine, nursing and allied professions to discuss the broader consequences of medical practice. The lectures and symposia are not based on a narrow paternalism since the choice of topics is reserved to stu-

dents themselves. The medical groups, like the universities in which they are found, do not set out to provide moral guidelines, but to introduce an element of reflection into an apprenticeship which has been often notably unreflective. It is from these origins that this Society has developed and the *Journal of Medical Ethics* is published in an attempt to ensure the highest possible standards for both the professional and public discussion of these issues. Clinical responsibility rests with clinicians. If a sound clinical judgment depends upon knowledge, a sound moral judgment will only result where there is both knowledge and a freedom of choice. The writers of the letter, as is not uncommon in some medical circles, appear to have confused proselytising with the study of medical ethics.

AMULREE  
President

EDWARD F SHOTTER  
Director of Studies

*Society for the Study of Medical Ethics*