

Correspondence

Continuing the debate – the role of the medical ethicist

SIR,

Thank you for your explanation of the official policy of the *J.M.E.* in the last (June) issue. We appreciate that the *Journal* is intended to be an open forum for the multidisciplinary study of the moral issues raised by the practice of medicine and that its aim is to examine the underlying moral beliefs and theories that lead to differing conclusions. We did not suggest that you should be 'hortatory', or indulge in 'medical moralising', or impose a 'rigid moral dogmatism'. But if the study of moral issues does not lead to a practical outcome which helps the individual doctor – what is the point of all the discussion?

What appears to be happening so often today is that, on the positive side, we empirically and impartially collect all possible data on what is being done and what can be done in a particular medical situation. On the negative side all value judgments from philosophy and religion, and the wisdom of past ages, are excluded. We then sit down before the unadorned facts and try to come to the appropriate moral conclusion.

But, surely, medical ethics can never have 'an autonomy of its own'? We must bring something to the facts which few have assembled. What we bring is our understanding of human nature and what is right and wrong in human conduct. The obvious example is abortion. A knowledge of the facts of pregnancy and the techniques for its termination will not enable any doctor to decide what to do in a particular case. On the other hand, if the doctor regards human life as sacrosanct he will be most reluctant, or may refuse, to comply with the patients' wishes. But, if he regards the fetus as a potential life or not yet human he may see nothing wrong in removing it. His concept of life shapes his decision, but he will

probably bring other secondary attitudes to bear.

The *Journal* plays a very valuable part in stimulating thought but it declines to offer any moral guidelines. As you express it, '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'. But how is it possible to make a moral judgment out of mere knowledge – however extensive that knowledge may be? The logic of what you say is that in urgent and sometimes complicated situations the doctor, be he general practitioner or consultant physician, can – if armed with neutral knowledge and freedom of choice – determine the moral issue? But can he? Ought he?

If such an approach to ethics is allowed to stand, does it not mean that we shall all be swept onward by the prevailing popular notions of the day with regard to the rights and wrongs of human conduct. The clamour of contradictory voices is all around us today and he who shouts loudest is most easily heard. Doctors also are strongly influenced by what they hear and read. How can medical ethics ever be 'neutral' without in the end running the risk of betraying humanity itself?

May we end by quoting from a recent publication edited by Hunt and Arras – *Ethical Issues in Modern Medicine*? '... in adopting a particular ethical stance, we commit ourselves to a certain way of being and a certain way of regarding ourselves and our relationship with others. As Plato said, "For no light matter is at stake; the question concerns the very manner in which human life is to be lived".'

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SIR,

The statement of the aims and nature of the *Journal of Medical Ethics* by Lord Amulree and

Prebendary E. F. Shotter was most helpful. It is timely that a journal exists to stimulate the introduction of an element of reflection into an apprenticeship which has been often notably unreflective. The absence of reflection contrasts with activities and activism in all areas of the health care field which become increasingly frenetic, particularly in the United States. Thankfully, there are still opportunities and outlets to share sober, non-hortatory reflection.

However, in reading the issue in which the letter of Lord Amulree and Prebendary Shotter appears, I find myself being exhorted to engage in some cause in practically every article. For example, 'There seem to be sensible grounds for reappraisal of attitudes to incest...'¹ Even more strongly advocated is 'the responsibility and duty of all of us to secure proper ethical conditions for the persual of medicine and science free from the constraints of ulterior motives which governments may from time to time seek to impose,'² and I suppose a particularly tendentious exhortation is 'We should seek to ensure that both heterosexual and homosexual households have very open attitudes to sex in their homes.'³ These recommendations are neither unexpected nor necessarily inappropriate as medical ethicists typically are in an activist and some would say an evangelistic phase. Proponents of a wide spectrum of political, social and religious thought have discovered this arena for what is proving a valuable dialogue. I am, therefore, left puzzled why the views of your contributors Scorer and Johnson were severely handled. The authors are accused of appearing 'to want the appearance of moralising in the name of religion' and 'to have confused proselytising with the study of medical ethics.' I must confess that having read their letter carefully on several occasions, I fail to sense these aims. They simply ask whether any particular consensus guides the