

Correspondence

SIR,

I was interested to see Professor Agich's alternative case analysis¹ to my case report entitled 'When consent is unbearable'² and have the following comments to make in reply.

The most striking point in our discrepancy seems to be that philosophers and physicians apparently do not share a common viewpoint. No doubt, Professor Agich has the general advantage of being coherent in thought and articulate in language, and has the specific advantage of writing in his native language, which I do not.

Let me skip over the first two pages of his paper, which basically only reinforce his disagreement with my analysis. He then disagrees with my position that informed consent is not an absolute element in the physician/patient relation, but that pragmatic considerations can influence or nullify this element. Precisely because informed consent is a contingent element of medical relationships, it remains an issue for ethical thought that requires decision and, therefore, the possibility of alternatives. It is still my belief that information which cannot be usefully or adequately digested is meaningless. I am sure that he will dislike my position that the informant is the judge of what is meaningful, but there is no other instance since, once the patient is informed, the ethical issue of informed consent dissolves.

Professor Agich dismisses material considerations as non-relevant to the decision of informing. This may be true in the sphere of pure thought but is, to my mind, utterly untrue in practice. Very few cultures, and very few people, will accept that basic material goods—food, shelter—are not essential, and I think it is morally defensible, but unrealistic,

to insinuate that freedom, compassion and love are valued higher than the basics of material survival.

It was suggested that, since I was not personally acquainted with the patient's family, I was ignorant of his and their vital circumstances. I think this is underrating a minimum of insight and extrapolation power that can be expected in a practising physician who is daily confronted with similar social problems.

Professor Agich also considers that the evaluation of the patient's material circumstances was biased by the Western liberal tradition. It certainly was. Both physician and patient lived in a Western, at that time liberal, country. He may be interested to know that this case occurred in Chile, before the present military regime came to power, and at that time I lived and worked there as an ophthalmologist. Even in the province of Chile people valued food, shelter and social security, and no amount of unbiased philosophising can dismiss the generalised needs these people had, expressed and lived by.

On the points about treatment relationship and course of treatment relationship—I have not read Szasz's original paper, but imagine that what applies to psychiatric, especially psychotherapeutic, treatment, is not necessarily of overall validity in medicine. I would not consider a surgical intervention as a treatment relationship, and post-surgical care as a course of treatment relationship. This is artificial. The decision and therefore any ethical implications, lie at the point where a certain mode of treatment is decided upon.

My whole point is: if informed consent is no longer a matter of ethical discussion, because it is a universal and necessary component

of any medical relationship, then Agich is right, and informed consent should no longer be the topic of further analysis, just like nobody discusses whether or not it is ethical to prescribe correctly indicated antibiotics. But, if informed consent is still a matter for debate and analysis, it still remains an ethical issue, then I can make my point that is, that any ethical issue is subject to revisions and exceptions.

Medical ethics deal with decisions taken by those involved in health issues, therefore, also with decisions taken by physicians. Only if issues like informed consent remain subject to decision and revision, by staying clear from a *priori* dogmatism, will they continue to be food for ethical thought. Informed consent is essential, but not a sacred cow that cannot be discretionally violated. Maybe few philosophers, but many physicians, would agree to this type of circumstantial or situational ethicism (much as I disagree with Fletcher's thoughts on this), which may be distasteful and dangerous, but is certainly uncomfortable. But that is the whole irritating charm of ethical thought; the answers are never definitely there.

I enjoyed going through Professor Agich's analysis, and was pleased with the interest he took in my paper, and thank the Editor of the *Journal* for the opportunity to reply.

MICHAEL H KOTTOW
Stuttgart, West Germany

References

- ¹Agich, G J (1979). When consent is unbearable: an alternative case analysis. *Journal of medical ethics* 5, 26-29.
- ²Kottow, M H (1978). When consent is unbearable—a case report. *Journal of medical ethics*, 4, 78-80.