

low guest collapses at a dinner party, the only reason for asking if there is a doctor in the house is because he is more likely to be able to offer effective help than the rest of the company; but if, to use another example, a female guest were to go into labour and a midwife were present, she would take over by common consent; and if the problem were a hold-up, we would reasonably defer to a policeman if he were one of the diners. I would distinguish this kind of first aid quite sharply from what a doctor does for one of his accredited patients to whom it is his duty to offer more than first aid in the light of a much greater and privileged knowledge of all the circumstances and of the place of the illness in his patient's life history. The obligation here is essentially contractual and involves the physician, in accordance with Hippocratic tradition, putting his patient's 'good' before his own in the context of the consultation – though clearly overall his liability is limited in the sense that it does not involve, for instance, providing food and shelter or even drugs other than by prescription. Since the relationship is essentially contractual, even if the contract is made via a third party such as a National Health Service authority, the doctor can morally refuse to enter into it (though this might mean resigning from his post); and the patient also is, of course, entitled to break it off. Within this arrangement a physician will do what he can to make his patient's life more worth living; and this obviously does not oblige him to give overriding importance to its prolongation; quality, not quantity, being the objective. The physician in essence comes into a novel in which the patient is narrator and attempts to occupy an honourable and appropriate role in it as might be judged by a disinterested reader. There are problems when the client and the patient are not the same person, which I have examined in another context (1) but they are not insuperable. As regards the question of whether a physician is entitled to refuse

taking on a patient who needs his care and perhaps cannot find another doctor: it is surely only reasonable for him not to enter into a contract which he has not got the resources to honour except by dishonouring another contract with someone whose claim is prior. But it would be only decent to render whatever first aid might appear to be needed and at least to attempt to direct the disappointed patient elsewhere. This is not, in fact, a situation that very often arises, even in countries where physicians are thin on the ground; mostly we manage as best we can and do what we have to do; but the decision is ours and no one, moral philosopher or bureaucrat, has the right to impose on us. Nor is it something that patients themselves seem to expect. All this fits reasonably well into a morality based on 'do as you would be done by' in the subtlest sense; and, of course, by taking up medicine as a career, physicians in a sense abjure fatalism and commit themselves to making the best of things in the here and now, whatever their eschatology. I should add that by joining a profession with moral traditions of its own, doctors often find themselves living up to higher standards than they would otherwise profess to observe, just as more courage is expected of professional soldiers than we ask of ourselves in civilian life. In this respect we ask more of ourselves than ordinary morality would have the right to exact; and it is for this reason that the public rightly prefers, on the whole, to consult members of the medical profession rather than mountebanks about their bodily ills. But this raises other issues to which perhaps John Harris will address himself if this debate continues.

## References

- (1) Davis J. Presidential address to the paediatric section of the Royal Society of Medicine, October, 1982. *Journal of the Royal Society of Medicine*. In press.

### News and notes Symposium about sex

The Liverpool Medical Group are holding a one-day symposium *About sex* on March 10 next year. The morning session will concentrate on problems as perceived by the individual and the afternoon session will focus on sexual problems and society.

Topics will include: Sexual problems of the handicapped and infirm; Sex, education and the adolescent; Sex in conflict with the law; Problems of sexual offenders;

and Prostitution.

The symposium will be held in the Cohen lecture theatre, the Duncan Building, Royal Liverpool Hospital, Daulby Street, Liverpool and will begin at 9.30 am with registration and coffee. Cost is £3.00, but there is a reduced fee of £1.00 for the "unwaged".

If you want to attend write to: The Secretary, the Liverpool Medical Group, PO Box 147, Liverpool L69 3BX.