ETHICS MAN **Daniel K Sokol**

"But you're not a doctor!"

Ethicists are valuable additions to the medical community, not despite but because of their distance from the nitty-gritty of clinical practice

My partner, a surgeon, does not tell her colleagues that I'm a medical ethicist. I am, instead, a "journalist."

At a working party of anaesthetics last week an intensivist expressed surprise that the meeting proceeded without argument. "I expected the ethicist to be against this pro-doctor proposal," he said, with evident relief. If doctors could design a Dante-esque inferno, medical ethicists would inhabit one of the lowest circles, below the statisticians and lower still than nurse managers and sociologists. Sporting ass's ears, we would wallow in the excrement spewed from our mouths, whipped by doctors struck off the General Medical Council's register—a suitable punishment for a group believed by many clinicians to bash doctors and speak drivel.

Three years ago I wrote an editorial arguing for the introduction of clinical ethicists in hospitals (*BMJ* 2005;30:741). One retired GP remarked, "So bring in someone from an ivory tower, who has no experience of the real clinical world." In my experience the most common dismissal of an ethicist's opinion is some variation on "But what do you know? You're not a doctor." It is a simple and effective riposte, aimed at the heart of the ethicist's ignorance. And so, a wounded medical ignoramus, I scrambled down the ivory tower and got a job as a pharmacy assistant, shadowed a general practitioner, spent shifts in an ambulance, worked in hospitals in England and North America, observed clinical teaching sessions, and spent a month with a general surgeon in India. I returned from these experiences more medically aware and, I think, a better ethicist, if only because I could now appreciate more vividly the difficulties and pragmatic nature of frontline medicine. I wrote up my findings, again in the *BMJ*, and suggested that ethicists undergo a clinical attachment to familiarise themselves with clinical reality (*BMJ* 2006;333:1226). I still believe that some sort of "bring an ethicist to work" scheme, perhaps counting towards continuing professional development, would benefit ethicists and clinicians alike.

However, the "you're not a doctor" attack is not as devastating as I once believed, at least not in this skeletal form. To be meaningful, it must contain an explanation of what it is about being a doctor that prevents the ethicist from understanding the true situation. It may be the time constraints of a busy clinic, the hierarchical structure of the medical team, or some other reason, but it is not enough simply to point out that the ethicist, as a non-doctor, cannot possibly understand. One senior house officer was guilty of this shortcoming when he wrote, in a rapid response: "A short clinical attachment to help distinguish, as Sokol puts it, 'their gluteus maximus from their lateral epicondyle,' would do very little to help academic medical ethicists without a medical degree to relate to daily medical practice." OK, but why? And what can the author suggest instead?

The US surgeon Harvey Cushing once remarked that "the only doctor who makes no mistakes is the doctor who has nothing to do." Similarly, ethicists also make mistakes, and these should be politely pointed out, with an explanation of why the particular argument is flawed. I say "politely" because doctors' criticisms of ethicists can be vituperative and personalised, attacking the individual rather than the argument. "Is Sokol wasting his time teaching medical ethics?" wrote one *BMJ* reader in another rapid response. In the more contentious areas of medical ethics, where it is difficult to establish right from wrong, it is unwise (though tempting) to describe as wrong or idiotic anyone whose opinion differs from one's own or from the majority opinion.

There may well be doctor bashers among the growing population of medical ethicists. It is also true that some ethicists, perhaps as a defensive reaction to the familiar criticisms of doctors, look down on clinicians who dare to speak on matters ethical: "These doctors don't even have a degrees in ethics. Quite preposterous!" Like the tut-tutting doctors, however, they seldom explain why this lack of formal study should matter. Most ethicists are not, in my experience, anti-doctor or intellectual snobs. Our aim is to improve, however modestly, the moral climate of contemporary medical practice. On occasion this may entail questioning the status quo and suggesting improvements. This can be misinterpreted as doctor bashing.

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Impatient and paternalistic, I would doubtless make a lousy doctor; and this awareness generates a feeling of utmost respect towards those who practise medicine and who do it well. I do believe, however, that ethicists are valuable additions to the medical community, in part exactly because they are removed from the nitty-gritty of clinical practice. It is sometimes hard to see clearly when you are so close to the action and so accustomed to it. From their vantage point, medical ethicists can ask probing or uncomfortable questions, highlight unspoken assumptions and problematic areas, bring new ideas and solutions, add rigour to the moral reasoning underlying medical decisions, and, through this, contribute to the delivery of medical care of the highest ethical quality.

Until clinicians and ethicists work together, without suspicion or snobbery from either party, progress in the field of medical ethics will be hampered, to the detriment of all, including patients. Furthermore, I shall continue to be introduced as a journalist, which is downright immoral.

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