

ETHICS

Fresh insight, or rank nonsense?

Is medical ethics a malodorous subject? Daniel Sokol and Piers Benn think not

Medical ethics is a la mode and every medical school must teach it. Textbooks on it proliferate like cancerous cells, and medical ethicists invade our TV screens, radios and newspapers with astonishing frequency.

Yet, in the corridors and cafeterias of our hospitals, the subject exudes a distinctly bad odour. Many doctors are sceptical about the usefulness of ethics to clinical practice. Here, we examine five of the key presumptions held by cynics.

Medical ethics is a matter of opinion – there are no real answers

In medicine, many things are known facts. All human cells, for example, possess a plasma membrane, cytoplasm and genetic material. Others are less sure – the aetiology of certain cancers, for instance. The same is true of medical ethics.

Many situations will be obviously unethical. Few would contest that the murderous actions of Harold Shipman were wrong. Less obviously, if a consultant gets each of eight medical students to perform a digital rectal examination on a conscious cancer patient, without consent, most people would condemn this as unethical. In many cases, then, there is an agreed right and wrong answer.

Only in certain difficult cases, such as the aborting of disabled fetuses, will there be intractable disagreement about which ethical path to adopt. Although such dramatic cases can feature heavily in the news, they are relatively rare in clinical practice. The vast majority of ethical issues in everyday medicine are not a matter of opinion. They will have one (or more) right answers and many wrong answers.

Just as medicine is not subjective, because the aetiology of many psychiatric disorders is unknown, neither is medical ethics, because some cases are difficult to resolve.

Medical ethics is just common sense

A lot of medical ethics is indeed common sense. It is, after all, pretty obvious that doctors should be saving life rather than taking it, at least in normal circumstances, and that they should promote the health of their patients. Nevertheless, some ethical problems are less clear.

Consider a case where a 33-year-old woman is heavily pregnant. Without a caesarean, her baby will die and she too will face a serious risk of death. She refuses the procedure on religious and cultural grounds. What is the right thing to do?

Not all problems have common-sense solutions. Some must be examined with a more structured approach, by identifying the conflict of values and principles, analysing the risks and benefits of each alternative, and arriving at a solution that can withstand criticism, even if not everyone agrees with it.

As a final caveat, it might be worth noting Voltaire's remark that 'common sense is not so common'.

Medical ethics is only a matter of law

Another sceptical thought about medical ethics is that everything you need to know is contained in law. So, in the case of the pregnant woman, the ethical thing – provided she is competent – is to respect her refusal of treatment.

But although a knowledge of the law is important, it is insufficient to resolve some ethical cases. Sometimes, the law is silent or unclear on an issue. For example, take a frail 80-year-old lady with inoperable lung cancer. She already knows her grim prognosis. During a 'routine' blood test, you realise she has liver involvement. Should you give her the results?

The law provides little help in this case. Furthermore, what morality requires may be different to what the law requires. Imagine yourself in 1966, when all abortion was illegal in Britain. If a

traumatised 12-year-old girl, raped by a madman with serious inheritable diseases, begged you for an abortion, you may have felt morally obliged to help her, although this was forbidden by law.

The law should play a role in the moral deliberations of doctors, but it doesn't always settle the moral issue.

Medical ethicists are out to criticise doctors

Medical ethics aims to analyse and promote the ethical practice of medicine.

Most doctors perform their art with laudable zeal and integrity. A few do not. Every doctor, however junior, has at some point witnessed the ethically dubious actions of a colleague.

Perhaps the colleague concealed information that you believe the patient had a right to know, or maybe it was something more sinister. If taught properly, medical ethics provides tools to identify and resolve the ethical problems found at the coalface. It is not the abstract, useless discipline some think it is.

North American hospitals now have full-time 'clinical ethicists' who help doctors resolve difficult moral cases. They are not finger-pointing critics of the medical profession, but an integral part of the health care team.

Medical ethicists are not, in our view, the 'ethics police'. Their primary role is to identify and clarify the moral issues in medicine and to suggest ways to address them. Doctors and ethicists should ideally work together to find the most practical and ethical solutions.

Who do medical ethicists think they are, anyway?

No doubt the hard-nosed cynics will not have been swayed by our answers. For others, the stench around medical ethics will have somewhat lessened. The practice of medicine is enmeshed with moral issues. Medicine and morality cannot be separated, no matter how hard one pulls.

It is unsurprising, then, that



medical ethics is as old as medicine itself. As medicine develops into an increasingly complex discipline, so too should its bedfellow, medical ethics. Now a discipline in its own right, medical ethics has a valuable role in the day-to-day practice of medicine.

One niggling worry remains, however. Just who do ethicists think they are? Are they 'experts' in morality? Are they better people than average? What qualifies them as ethicists, and how do you tell the good ones from bad ones?

If they claim to be moral experts, they sound like charlatans – if they don't, then why listen to them?

In truth, they come from a variety of backgrounds – law, medicine, philosophy, theology – and are trained to think in an analytical way.

They are not oracles, just people who try to think straight, avoid inconsistency, identify relevant principles, and sometimes challenge entrenched assumptions. By bringing clarity and rigour to often heated arguments, they strive to do some good. ■

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