

MEDICAL ETHICS *

WE do not know whether the book which has occasioned this article signifies the decay either of ethics or of (what its writer calls) "medicine"; or of both ethics and medicine, for without a doubt it signifies a decay. A profession such as "medicine," which deals with the human ultimates of birth, marriage, and death, has an ethical import which might well exercise the genius of a modern Thomas Browne. We must not be taken to indulge in personalities but rather to criticize a state of things and a state of learning if we look upon this work of an Edinburgh Lecturer on Medical Jurisprudence as a pathological specimen which we must patiently diagnose and treat.

It is the sub-title that reveals the unhealthy state of things. The book is entitled *Medical Conduct and Practice*. This is a sufficiently general title to cover the contents of the book; and to allow the author to give shrewd advice to his Scottish medical readers on "how to get on in the world."

But this non-committal title has the sub-title "A Guide to the Ethics of Medicine." To most of us whom a University has befriended in youth, the word *Ethics* recalls that highest branch of Philosophy which the Greeks elaborated in order to endow Christian thought. We recall the *Ethics of Aristotle*, with many regrets that the true wisdom of that book is now a quarry for the philologist rather than for the philosopher. But the word Ethics stirs up such deep emotions in our heart that we are at expectation's end to see what will be said of it by a modern brother of him who wrote *Religio Medici*, and especially by one of those

* *Medical Conduct and Practice: A Guide to the Ethics of Medicine.* by W. G. Aitchieson Robertson, M.D., D.Sc., F.R.C.S.E., F.R.S.E., Lecturer on Medical Jurisprudence and Public Health School of Medicine, Royal College of Surgeons, Edinburgh.—A. and C. Black, pp. 168. 6s.

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accepted few who have sitten in the chair of Medicine near Arthur's Seat.

It would have been well for Dr. Robertson if, throughout his book, he could have remembered its beginnings. But we seem to feel that he has easily forgotten his own excellent words: "By *Medical Ethics* is meant that body of rules and principles concerning moral obligation which is intended to regulate Medical practice. These rules have not been drawn up by any body of medical or other men, but have for so long a time received the unanimous consent of the medical profession as a whole that they have become binding on each individual member" (p. 2).

We take it that this intention to give the rules concerning *moral obligations* which regulate medical practice has been of the nature of a pious wish rather than of a considered and deliberate aim. We can hardly think that a desire to state moral obligations has dictated chapters which belong to the etiquette (i.e. the lesser ethics) more than to the ethics of one of the most serious professions. Indeed there is at least one chapter explicitly entitled the "Etiquette of the Sick Room"; yet this chapter is not out of line with the other chapters. The writer would, perhaps, have given us another book had he clearly understood that as good manners are often a safeguard of good morals, so may etiquette be the safeguard of ethics.

Yet it is perplexingly hard to discern the boundaries between ethics and its guardian etiquette in this medical handbook. Have we reached a region of ethics in words like these? "In treating patients belonging to the artisan or labouring classes, remember to keep your self-respect. . . . No man need be either superior or inferior to the other—only let us thank Providence that we have not been born under conditions which do not favour the growth of nobility of character" (p. 44).

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Dr. Robertson's association of nobility of character with a money limit gives food for thought !

A chapter on "Success in Practice" is so symptomatic that we might almost take it as a clue to the social problems raised by the new Ministry of Health. The word "success" when used of one of the noblest professions would naturally be taken to mean "success in reaching the end or aim of that profession." As this profession is primarily intended to prevent or cure human illness, a successful medical man is one who has fitted himself by study and experience to prevent or cure human illness.

Another secondary aim of the medical profession is to procure the necessities of life for the medical man, his family, and dependents. This aim, of course, is not peculiar to the profession of medicine as such, but is common to all professions and crafts of life. It is quite evident that a successful ploughman as contrasted with a successful soldier is not a ploughman who succeeds in making money, for a soldier might be equally successful in the craft of money-making. A successful ploughman as such is one who knows well not how to make money but how to plough ; even as a successful soldier as such is one who knows well not how to make money but how to soldier. In the same way we presume that a successful medical man is one who knows, not indeed how to make money, but how to prevent and cure human ailments. It is then just a little astonishing to find that the professor whom the historic Scottish University entrusts with the ethical training of its medical students should identify "success" with money-making.

We diagnose this disease of money-making in the opening sentences of the chapter on "Success in Practice:" "It is often the belief of the medical student or young practitioner that the greater the number of degrees or qualifications he can obtain, he

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will the more readily attract patients. . . . it is not unusual to find that a man who having followed some other business for some years has commenced the study of medicine when far beyond the usual age, starts a practice and rapidly acquires an extensive clientele ; while, on the other hand, the man who gained many prizes and scholarships may find it very difficult to attract patients ” (p. 32). We are of opinion that Scotsmen who are sensitive to the traditional gibe against their thrifty countrymen will be anxious to remove these sentences from a second edition.

An almost more painful display of the disease of money-making seems to be the essence of the following : “ Adroitness in managing the feelings of persons with whom you are brought in contact, the nice perception of seeing and doing exactly what is best in the circumstances is of supreme importance during one’s whole professional life. Tact in dealing with a patient’s crotchets or foibles ; tact in letting him have his own way ; tact in interpreting his thoughts and enunciating them as your own. . . . *It has been truly said that the tactful man is the wealthy man* ” (pp. 38, 39).

This apophthegm on tact and wealth will please only the enemies of the “ canny Scot.” It is hard to see how it could please the Royal College of Surgeons, Edinburgh. But they, not we, are the judges whether this financial finesse of their Medical Jurisprudence Lecturer represents the national outlook of a great profession, or the business methods befitting a charlatan of the market-place.

Another paragraph in the same chapter on “ Success ” is more astounding. We reproduce it in full :

“ By your sympathetic manner he ” (the patient) “ may unbosom himself to you, and impart to you particulars regarding himself and his family which he would never think of repeating to any other living per-

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son. It is in this way that the family doctor often becomes depository of family secrets, the firm friend, and the trusted adviser.

“ During sickness there is often a weakening and breaking down of the natural restraint of the patient’s feelings. There is a desire to confide in the one person who alone can afford bodily help. Thus a much more intimate relationship exists usually between the medical attendant and his patient than there is between him or her and any other person outside the immediate family circle, the clergyman not even excepted ” (p. 38).

Too many of the present writer’s kith and kin profess and honour the great medical profession for any words of ours to be taken as belittling either the profession itself or the present members of the profession. But as an ethical practitioner the writer in *BLACKFRIARS* must point out the grave ethical errors latent in this advice of a medical lecturer to medical students.

1. The medical lecturer recognizes that “ during sickness there is often a weakening and breaking down of the natural restraint of the patient’s feelings.” This is indeed so normal to the abnormal state called sickness that legal acts such as the making of a will undertaken in such a state are often declared invalid. To make use of this “ breakdown of natural restraint ” for the purpose of gaining other than medical influence would be a breach of medical ethics !

2. If this breach of professional ethics is not at once seen let Dr. Robertson’s words be transferred from a medical to a sacerdotal setting, e.g. : “ During sickness there is often a weakening and breaking down of the natural restraint. . . . By your sympathetic manner he may unbosom himself to you (the priest) ; and impart to you particulars regarding himself and his family which he would never think of repeating to

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any other living person. . . . Thus a much more intimate relationship exists usually between the sacerdotal attendant and his patient than there is between him or her and any other person outside the family circle, the medical man not even excepted ! ! ”

As a member of the sacerdotal profession, I should look upon it as a breach, not merely of professional etiquette but of professional ethics if I allowed my sacerdotal influence over anyone, and especially over one whose *natural restraint was broken down by illness*, to compete with the medical influence of the medical man. It would be a further breach of professional ethics if I allowed this stricken one to *impart* (unnecessary) *particulars regarding himself or his family*.

3. In saying this we are neither affirming nor denying that some priests have abused their professional influence. Neither are we affirming or denying that some medical men have abused their professional influence. Indeed we are not affirming or denying that Dr. Robertson has abused his professional influence ; although to have done this would have been only to have followed his own principles.

We have not, therefore, made any statements of fact. We have merely pointed out the grave breach of professional ethics taught in an official and *ad hoc* handbook by an official of one of our historic Universities.

4. Moreover, much as it has pained us to do so, we have held up to condemnation these ethical errors of this book because an official journal like the *British Medical Journal* in its review of the book finds nothing to censure in the passages we have quoted. If silence gives consent, and if the *British Medical Journal* is a gauge of the level of British Medical ethics, our plain-spoken criticism is not too trenchant but only too long delayed.

The whole subject of Dr. Robertson's chapter on

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“Medical Secrecy” betrays an ignorance of Ethics which we attribute not to the writer’s personal character but to his religious environment. The change in religion which the sixteenth century brought about, even in Scotland, meant a gradual lessening of the study of scientific Ethics. We neither know, nor wish to know, the religious beliefs of Dr. Robertson. It is enough for us to know that the University of Edinburgh has suffered more than it can perhaps forget or forgive by adopting John Knox and Calvin as teachers of wisdom.

To a Catholic priest the following passages from Dr. Robertson’s book make bitter reading :

“Of course there must be exceptions to the rule of medical secrecy, and in such one must act upon one’s own judgment. . . . In the case of the approaching marriage of a man whom you know to be suffering from syphilis it would be your duty to persuade him against entering into this contract or at least to get him to inform his prospective father-in-law. If he refused you might even take this latter step yourself, even though it broke the ethical rule of secrecy” (p. 134).

. . . “Again, if you were called to see a woman obviously dying as the result of criminal abortion, you should endeavour to obtain from her the name of the abortionist in order that he or she should be punished. In the trial, of course, the name of the woman would be made public, but in such a case the end would justify the means” (p. 135).

“Again : one is compelled to give away confidence reposed in one by a patient, in courts of law, if the judge allows the question to be put to you” (p. 134).

Detailed criticism of these extracts from the chapter on “Medical Secrecy” would be beyond our space.

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For the moment we may quote from the recent discussion on Professional Secrecy at the Meeting of the British Medical Association, Newcastle-on-Tyne. The Solicitor to the Association said, "There was a case in which the late Lord Brampton * (then Mr. Justice Hawkins) was extremely sarcastic in his reference to the medical man who disclosed what he did in that case, and went to the length of saying that it would make him extremely careful what medical man he consulted in the future" (*Brit. Med. Journal*, July 3).

As a result of the discussion opened by Dr. Langdon-Down, Chairman of the Central Ethical Committee, the following resolution was carried by a large majority :

"That having further considered the question of professional secrecy, viewed from the standpoint of the medical profession, and with special regard to venereal diseases, the Representative Body reiterates the opinion that a medical practitioner should not, without his patient's consent, voluntarily disclose information which he had obtained from such patient in the exercise of his professional duties."

We are glad to think that the British Medical Association is not endorsing the Medical Ethics of Dr. Robertson. Thus the book he has written is out of date almost as soon as published. The matter of medical secrecy has come quickly to a head, through the growing restiveness of the community under the inquisitive and servile methods of the Ministry of Health. Already in the June of last year the present writer called the attention of the Medical Council to a statement of fact made in a handbook put into the hands of candidates for infant-welfare and maternity work. This book, *The Prize Essay on a Scheme for Maternity and Child-welfare Work*, by Miss Isabel Macdonald, A.R.San.I., and Miss Kate Cropper-

* Afterwards a Catholic.

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Atherton, A.R.San.I., said : “ It is impossible to secure any comprehensive basis for ante-natal work ; although in some towns the difficulty has to some extent been overcome *by offering a small fee to doctors and midwives for each notification of pregnancy.*”

Moreover, we called attention to the statement made before the National Birth-Rate Commission by Dr. Killick Millard, M.D., Medical Officer of Health for the City of Leicester. He gave the Commission a detail of how a hospital informed the police of the case of a woman who had attempted abortion. (Second Report, p. 278.)

Again, this same Dr. Millard submitted to the Commission a letter of his which “ is handed to every married tuberculosis patient who leaves the Leicester Sanatorium.” This letter frankly advises these persons affected with consumption “ not to beget offspring, and offers to give them the necessary advice.” His public support of the neo-Malthusian campaign provokes us to wonder how the ethical instincts of the Medical Council are at ease. It is, however, consoling to think that the great profession is not at ease ; but is awakening to the seriousness of despising those ethical ultimates which are for the rise and fall of peoples.

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