

## Editorial — On Medical Ethics (excerpt)

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In studying this subject, three aspects present themselves for consideration. First, there is the relationship between members of the same profession; second, there is the relationship between the profession and the patient; and third, the relationship between the profession and the state.

In regard to the first, it should be summed up as one of mutual respect and assistance; in practice, it frequently is not. It is regrettable that professional jealousy should exist to such an extent and that some medical men both Europeans and Chinese should spend their time in picking out motes and beams from one another's eyes. We are told that the condition is even worse in some neighbouring islands. It is a lamentable line of conduct which can bring no permanent credit to the man who practices it or to the profession as a whole. In non-European countries this problem is complicated with the eternal question of colour — but tempting though this question is, we will not enter into it here.

Advertising in any form is another common and reprehensible practice which cannot seriously be said to benefit the patient and is certainly a method unfair to others of the profession. As a science and an art Medicine must be judged on merit and not on advertisement. Any amount of problems will arise in our dealings with one another, but the chances of friction will be reduced to a minimum if we remember that the underlying principle in our attitude towards one another should be the Golden Rule — in its positive or Christian aspect — “Therefore all things whatsoever ye would that men should do to you, do ye even so to them,” and in its negative or Confucian aspect — “Do not do to others, what ye would not like when done to yourself.” We advocate this line of conduct, not in any spirit of goodness, but because experience and our own observations have convinced us that like honesty, it is the best policy. Outside this rule of reciprocity any good obtained can only be shortlived. If there is one lesson that the Twentieth Century teaches in no uncertain voice it is the lesson of co-operation, of unity in action, the lesson that union is strength. Whatever tends to disrupt or to weaken the strength or lower the

dignity of the profession as a whole will sooner or later react on the individual and the converse is equally true.

In our relationship with our patients, two thoughts should be constantly borne in mind. The first is that the profession is primarily humane in its purpose and no one in suffering, however poor can be refused attention. The majority of medical men as a rule, of their own accord do not spare themselves in the interest of their patients, however poor these may be. It is a very commendable practice, and one that is easily lost sight of in the keen struggle for existence. The medical man may, if he likes, take up the attitude of bold Robin Hood of yore, of whom ancient bards sang that “he robbed the rich to pay for the poor.” But for those who deem the profession a form of heartless commercialism, no condemnation can be too strong.

The second thought in our relation with our patients is that of a trust imposed. For obviously, a patient who sees a doctor comes with the faith in his power to heal him. What he confides, as necessary information for the diagnosis and treatment of his case, bears the sacredness of a confessional, and should not be discussed with a third party. We should remember at all times that the interest of our patients must come uppermost in our minds. Arising out of this altruistic attitude, many awkward problems may occur to the doctor. An interesting one is that referred to in Saundby’s book on Medical Ethics.

A police circular is sent round stating that at a certain place and at a certain time an infant is found strangled. Medical attendants of that particular district who may have recently attended a woman in confinement under suspicious circumstances are requested to communicate with the police. A medical man who may have attended such a case and to whom the poor woman may very likely have unburdened her woes, may well ask himself if he is justified in betraying. He may even be questioned about it in court. It may be the greater virtue to let blind Justice exact her “pound of flesh” from the poor woman with an unwanted infant, but we venture to think it is the better part of virtue for the doctor to be faithful to his trust.

Such problems as these are bound to arise at one time or another in the life of every medical man, but we have neither the courage of a David nor the wisdom of a Solomon to take upon ourselves the attitude of a general adviser.

For those who are interested, there are books on the subject. We feel our purpose has been answered, if we can stimulate the interest of students and others to study more into this entrancing subject of Medical Ethics — a wider knowledge and familiarity with which cannot but conduce to the good of the profession and the public.

And lastly, we come to the discussion of the relationship between the profession and the state. To promote the hygiene, public health, and social welfare of a community, it is increasingly apparent that the state and the profession must co-operate more closely. Such co-operation may take the form of helping in the education of the public, in the prevention and suppression of disease. The assistance thus given, is usually crystallised in the signing of a certificate — whether a simple vaccination or a death certificate.

Too often in the hurry and worries of practice such certificates are perfunctorily signed with consequences discreditable to the profession and disastrous to the individual. In dealing with the state the guiding principle should be that of a public trust, where transparent honesty pays in the long run. It is an invariable rule to which there is no exception, that the signing of a certificate of however trivial a nature, is a direct dealing with the state, and in dealing with the state with its ponderous legal machinery (like the wheels of the gods, which though they may grind slowly, they grind exceeding small) one cannot be too careful. The man who is as ready with his signature as he may be with his advices, is asking for trouble. This aspect of Medical Ethics — the relation between the profession and the state — is of immense practical value and its study will amply repay the time and trouble spent.

It is fitting that Hippocrates, the man who first set medicine on a scientific basis, and to whom the world rightly honoured by giving the title of the Father of Medicine, should be the first to conceive and enunciate as a principle the high ideals and noble purpose of the profession and its obligations. The Hippocratic Oath, a translation of which is here given shows how sound are his general concepts of Medical Ethics, which on the whole have changed little since his day.