THE MEDICAL PROFESSION AT A CROSSROAD – ENDS AND MEANS FOR DOCTORS? FOR PATIENTS? FOR MEDICAL ETHICS

"There are men and classes of men who stand above the common herd; the soldier, the sailor and the shepherd not frequently; the artist rarely; rarer still the clergyman; the physician almost as a rule. He is the flower (such as it is) of our civilization."

—Robert Louis Stevens
Underwood's Foreword, 1887

Since time immemorial, the place of a physician in society is by and large, one of friend, philosopher and guide. In ancient India, physicians were a class apart and they lived with honour and dignity. When communities were small, physicians blended well with society; society solicited the advice and guidance of physicians on personal, family and community problems. The healing profession was a helping profession too.

With the extension of society and the explosion of knowledge times have changed. In recent years public opinion has shifted radically as members of the medical profession have increasingly accepted complex and demanding roles in society. The position of the present day representatives of the noble profession of medicine has led to inevitable dilution of influence, suspicion and even distrust. Today, though fully equipped and eager to serve, the doctor from the position of healer, is being changed into a member of the helping profession–like a motor mechanic. The traditional physician–patient relationship is being broken down. The one

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to one physician-patient relationship is changing primarily because of the changing setting in which medicine is being practiced. The reasons for this change are familiar. Medical care is becoming costly but unavoidable, to one and all. An average doctor sees many more patients than he should but far less than what is expected of him. The physician's powers and responsibilities have grown enormously. All kinds of problems now come to the doctor's door; from sagging anatomies to attempted suicides; unwanted childlessness to unwanted pregnancies; marital difficulties to learning problems; genetic counselling to drug addiction; from laziness to crime. Other causes for change in reverence to doctors are that the practice of clinical medicine is not a precise art with exact answers to fundamental questions. Further, there are those who expect sophisticated modern technology to provide precisely correct computerized solutions to all dilemmas that confront physicians.

Goals of Medicine

Medicine's great technical power has reached a stage of confusion about standards and goals. When its powers were fewer, its purpose was clear. In fact, medicine was considered the very model of an art in the past. Today, even though medicine has a full armamentarium ready for use, its precise targets are not clear.

The means to an end for medical practice often remain unclear; even the basic distinction between health and disease is vague and, for that matter, even the distinction between life and death, or the beginning of life. At what stage does life begin - at the point of fertilization or when consciousness begins with the development of a nervous system?

Today health is not the only reasonable and possible goal of medicine, since there are other areas where medical techniques can be harnessed. Plastic surgery for correction of anatomical defects, amniocentesis and abortion, performing artificial insemination, vasectomies and abortions for non-medical reasons could be false goals. These practices are directed to satisfy the demands of the client and not of health - they serve the desires of patients as consumers. On an individual basis healthy human being is the end-goal of medicine. Prolongation of life without suffering and

prevention of death are the primary goals of medicine, but to be alive and to be healthy are certainly not the same. Death prevention means aiming at immortality.

What appears to be impossible today may well be a possibility tomorrow. Could death become reversible? Many comatose patients are being brought back to consciousness by stimulating brain tissues electrically. Gene manipulation could soon be made available and gene codes may be altered before the appearance of disease. Organ transplants are done routinely and every organ in the body in future could be transplanted, with patients demanding transplants either by living or cadaver donors, or by cloning. Doctors and society will have to face new ethical and legal problems, particularly with ovary and testes transplantation.

What is Health?

Health appears to be more or less a matter of degree, and health standards seem to be relative to the person and time of life. Who is the best judge of health - doctor or patient? Then there are people who look fine but harbour serious diseases. But, it is equally important that the patient's feeling of illness and well-being must be reckoned with, as there are many patients with only subjective manifestations of ill-health.

In recent times preventive medicine (health oriented) has been separated from curative medicine (disease oriented). There is confusion in these terms as branches of secondary and tertiary prevention fall within the ambit of curative medicine. It is also hard to draw a distinguishing line between purely preventive medicine and curative medicine.

Demands *vs.* Dilemmas

Demands for health care are increasing and outstrip the available resources. There is a limit to which society and the medical profession can cope with these demands. The practice of medicine has become impersonal and the doctor–patient relationship is changing from one of professional and client to technician and customer.

Bioethics also produces new problems. Fundamental definitions of compassion are being replaced by bioethical enthusiasm - an example of

this is extending life support systems to clinically dead persons. In mixed communities with different values and beliefs, the medical profession may have to face severe criticism by fundamentalists.

The physician's new power have brought new problems with attempts to regulate statutory codes, national commissions and lawsuits, etc. Lastly a section in society including doctors have begun to wonder, whether and to what extent medicine is doing good rather than harm.

Medical Ethics

In recent times the common public complaint is that medical professionals do not adhere to medical ethics nowadays. Senior medical men express their surprise at the erosion of medical ethics. They refer to the Hippocratic Oath. Ethics is the science of morals and deals with rules of conduct. It seeks to stop the misuse of professional skills, exploitation, wickedness, selfishness and cruelty. It also behoves an obligation and commitment to fellow members. Medical ethics is an abstract and a self-imposed regulation. The Hippocratic Oath was and is an inspiring document, making the welfare of patients the most important consideration. The Hippocratic Oath was probably the earliest reference, in the first century AD, to represent the ethical considerations prevalent in the practice of medicine in ancient Greece, Rome, Alexandria and throughout Europe. It was seen in those days as an ideal to be attained rather than a norm to be observed. It was after the 14th century that it became obligatory for a doctor to take the Hippocratic Oath before practising. While the Hippocratic Oath reflects a high standard of morality, some of its clauses are totally outdated in the present context. The Declaration of Geneva (1948; amended in 1968, 1983 and 1994) and the International Code of Medical Ethics (1949; amended in 1968 and 1983) of the World Medical Association (WMA) are modern equivalents of the Hippocratic Oath. Where the Hippocratic Oath states that "he who was taught art is equal to my parents", the Declaration of Geneva observes "I will give to my teachers respect and gratitude which is their due."

Medical ethics are designed to protect the rights and interests of patients. Ethics insist on the doctors' duty to the public, and being the natural protector of the sick, the doctor has to be faithful to the code of ethics.

Until recently the concept of medical ethics was rather a simple one.

It did not have to deal with moral issues involving knotty problems like euthanasia, abortion, forensic medicine and iatrogenic diseases, etc. Medical negligence, drug industry, public service, registration, hospitals and nursing homes as business ventures, review bodies, law suits, specialisations and associations to safeguard them, malpractice insurance, patients as consumers were irrelevant in the practice of medicine in older days. A peculiarity of modern society is that simple matters of yesterday become complex today, non-controversial matters of yesterday enter the arena of serious debate today, obscure and unknown matters till yesterday suddenly come to light today. For example, life and death, organ and tissue transplants, in *vitro* fertilization, human genetic engineering and gene therapy. The powers, prerogatives and responsibilities of physicians have grown as a result of new technologies - together with patient and social demands for medical help such as in behavioural and social problems.

Increasing and intricate social developments necessitated the introduction of a series of codes of ethics for medical professionals in several different fields by the World Medical Association. They include the following: the Declaration of Helsinki (1964; amended in 1975, 1983, 1989 and 1996) which offers guidelines to physicians in biomedical research involving human subjects; the Declaration of Sydney (1968; amended in 1983) which is a Statement on death; the Declaration of Oslo (1970; amended in 1983) which is a Statement on therapeutic abortion; the Declaration of Tokyo (1975) concerning torture and cruelty to detainees; the Declaration of Sao Paulo (1976; amended in 1984) on pollution; the Statement on physicians' participation in capital punishment (Lisbon 1961); the Declaration on principles of health care for sports medicine (Lisbon 1981; amended in 1987 and 1993); the Declaration of Venice (1983) on terminal illness; and a Statement on the use of computers in medicine (Munich 1973; amended in 1983). No biomedical research and interest of science should take precedence over human rights and human dignity. But the pace of development in unravelling mysteries of life is far outstripping the ethical questions raised. Future predictions are difficult and ethical codes to be practiced by doctors may be more demanding.

The Indian Medical Association has also drawn a model code of medical ethics (1970) emphasing ethical obligations to one's patients, colleagues and society. None of the declarations are enforcible in a court of law but they can be used to highlight the ethical dimensions of human rights. Ethics is

not the sole prerogative of doctors. Ethics varies according to place, time, circumstances and context.

Consumer Protection Act (1986)

On April 9th, 1985, the General Assembly of the United Nations, by Consumer Protection Resolution No. 39/248 adopted guidelines to provide a framework for governments, particularly those of developing countries, to use consumer protection policies and legislations in achieving adequate protection for their population as consumers. With this background, the Consumer Protection Act, 1986 (amended 1993) was enacted by the Parliament of India to provide better protection of the interests of consumers. The Supreme Court of India, in response to a special leave petition filed by the Indian Medical Association, has ruled that services rendered to a patient by medical practitioners would fall within the ambit of the Act.

This has changed the situation and reduced the doctor to the seller of defective goods. At its 47th General Assembly in Bali, Indonesia (1995), WMA unanimously adopted the "Statement of Professional Responsibility for Standards of Medical Care" as a response and remedy. The Statement emphasizes the importance of evaluation of a doctor's professional conduct or performance by the doctor's professional peers who by their training and experience understand the complexity of the medical issues involved.

Rights of the Patients

The WMA Declaration of Lisbon (1981–amended in 1995) represents some of the principal rights which the medical profession seeks to provide to the patient. Physicians and other persons or bodies involved in the provision of health care have a joint responsibility to recognise and uphold this rights. Every person has the right to health education that will assist him/her in making informed choices about personal health and about the available health services. The education should include information about healthy lifestyles and about methods of prevention and early detection of illnesses. The personal responsibility of every body for his/her own health should be stressed. Physicians have an obligation to participate actively in educational efforts.

* The statement was endorsed at 48th General Assembly of WMA, someset west South

The terminally ill patient is entitled to palliative care and to be provided with all available assistance in making dying as dignified and comfortable as possible.

Medical Confidentiality

The most fundamental rules governing the doctor–patient relationship lie in the confidentiality of information relating to the patient. Information may be disclosed to a third party with the consent of the patient. Difficulties arise when the patient is unconscious, in respect to children, mentally sick persons, and patients who have died. Sometimes a doctor may have to disclose the information as a legal duty or in cases of a patient suffering from an infectious disease in the public interest. In certain circumstances a doctor may feel it necessary to disclose the information to a colleague out of concern and for effective treatment. Excessive disclosure of confidential information may result in a conflict of interests for the doctor, as sometimes relevant and necessary information may have to be disclosed to a third party on a "need to know basis".

Application of telecommunications to medical technology has progressed to telemedicine and advanced robotics for remote health care delivery. Progress in the knowledge of genomics and its application to diagnosis and treatment of disease has redefined the role of physicians in treating the sick. Much information may be stored by software computer engineers, technicians etc., raising ethical issues as to knowledge about patients' diseases, security and loss of confidentiality.

How much do Doctors owe to the Public?

The relationship between physicians, their patients and broader society has undergone tremendous changes in recent times. With changing values in a competitive world the significance of the "noble" profession could lose its meaning. Surely, with the inclusion of the medical profession in a Consumer Protection Act, the boundaries of medical ethics become not only unclear but many of its clauses become redundant or transgressed as a result. Many new codes may have to be written and new declarations proclaimed. Times keep changing and so also the values that go along with them. But the medical profession, when it takes a pledge like the Hippocratic Oath (on graduation for example) keeps the interests of the

patient supreme. With or without the Hippocratic Oath, let us hope that "physicians of the future will maintain their position not just as students of science, but also as disciples of learning and wisdom" (Denton, A. Cooley).

The relationship between a patient and a doctor has been and should be unique and specifically based on mutual trust, faith and confidence. This cordiality between the patient and his/her doctor should remain so. Recognizing that there may be practical, ethical or legal difficulties, a physician should always act according to his/her conscience and always in the best interests of the patient. The doctor, while dealing with the public and while giving treatment, has to be inspired by a spirit of compassion and kindness to the patient. The State must recognise the useful contributions of medical science to society at large and mankind generally, and appreciate the efforts of the doctors to promote the welfare of the people and improve their health. This is in keeping with the directive principles and State policy

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