

# MEDICAL ETHICS AND THE PHYSICIANS –EMERGING CHALLENGES AND NEW DILEMMAS

## I. Place of the Physician in Ancient India



In ancient India physicians were a class apart, they lived with honour and dignity and blended well with society. Society solicited their advice and guidance on personal, family and community problems. Thus, the ‘healing’ profession was a ‘helping’ profession too.

According to Manusmruhi physicians are always pure and among the elite. The usual disabilities and restrictions of caste, status and so on do not apply to the physician. Charaka says that a physician is superior to the twice born for he is thrice born. He acquires third birth after he completes medical education. *"vidhyaasamaaptou bhishajstriteeya janiruchyate"*

Charaka however classifies physicians into two categories; the right ones and the wrong ones - the former remove disease and assure life while the latter produce illness and remove life itself. *"Dwividhasthu bhishajo bhavatyagnivesha paanaanaamekeebhisaraah hantaro rogaanam, rogaanaamekeebhisaraah hantaare pranaanaamapi"*. There were quacks and fakes “Prati – Rupakas” and “Kuvaidyas” even in those days. Manu states that fake physicians and those who treat without knowing anything and making tall claims must be severely punished. According to Kautilya Arthashastra punishment (Sahasa danda) meted out to a false physician (Kuvaidya) must be mild or severe according to the damage that has been caused and suffering that the patient has experienced because of

his treatment. The false physicians 'Kuvaidyas' have their eyes on the fees, they are greedy and exploit gullible folk with their tall claims – Yajnavalkya Smriti lays down that a quack is to be fined heavily. "*Bhishang mitya charan dandyah*"

## II. Emerging Challenges

### 1. *Place of the Physician in Modern Times*

The doctor today is a scientist, technologist and a healer. But the one to one physician patient relationship has changed. The "good enough doctor" somehow can never be good enough. Patients are better informed about their health and expect their doctor to make decisions with and not for them. Days when doctor knew best are over. Loyalty and commitment of the physician are sometimes ever challenged. The public has started asking as to who is the best judge of health? a doctor or patient?. Even senior medical men express surprise at the erosion of 'medical ethics' but also its fast deterioration. Today doctors are neither slighted nor forgotten. Modern system of medicine which is widely respected among all professionals and which has never been more competent technically is facing trouble. It's own health is not too good. The doctor from the position of 'healer is reduced to that of a helper', say like motor mechanic.<sup>2</sup>

### 2. *Physicians as Providers of Happiness*

Medicine's great technical and healing powers have reached a stage of confusion about its goals and standards. When its powers were fewer its purpose was clear. Medicine was not only science but was a model of an art. Today although fully armed and eager to serve its targets are no longer clear. Health is not the only goal of medicine. There are other goals too, like - from family planning to genetic counselling and crime prevention.<sup>2</sup>

Physicians have also taken the role of providers of 'happiness' such as managers of computerised information, plastic surgery, family planning operations, etc., - all for non-medical reasons. Powers and prerogatives have grown due to new technologies and rising / increasing patient and social demands.

### 3. *Changing Boundaries of Medicine*

Simple matters of yesterday have become complex today. Today many non-controversial situations of previous time have entered the arena of

serious and acrimonious debate. Unknown matters till yesterday abruptly come to prominence today - some examples of such matters are – organ and tissue transplants and mother vs. baby and for that matter even life and death. We are not sure of the precise ‘definition of death’. Definitions of death have become complicated, getting it right is vital. Body’s organ and tissues do not die suddenly. Electrocardiographic tracing is not always flat at the time of death. “Electrocerebral silence” on electroencephelogram (EEG) is not always consistent with death. It seems that death is not an event but a process. The point at which actual death begins – ‘somatic death’ progresses to ‘molecular death’ may be difficult to define - it is the ‘sensory motor potential’ rather than heart beat and respiration. Is death reversible ? Some people nowadays are opting one’s dead body in deep freeze in the hope to restore “ Life if Cure” occurs in future.<sup>3</sup>



Socrates never met a doctor who practised medicine in full accordance with the null hypothesis (‘Socratic dissent’, David Grahame Smith, *BMJ*, Vol.11:473)

#### 4. Evidence Based Medicine

Growing interest in evidence based medicine has prompted doctors in every speciality to ask themselves to what extent is the care of my patients evidence based? Evaluation of one's own performance. Search is on for answering the question that is achievable, affordable, valid, reliable and response to change. There could be a 'league table' "of specialists ranked according to how evidence based they have been in their practice."<sup>4</sup> In USA it was suggested that sound scientific evidence based medical practice was 15% in 1990 and 21% in 1992<sup>4</sup>. The reasons for failure to practice evidence based medicine are lack of time or skill to evaluate evidence in narrow perspective limiting to their own experience (personal experience) - a strong influence on doctors actions than objective and comprehensive methods<sup>5</sup>. Advantages of evidence based medicine are it integrates medical education and clinical practice, can be learnt by people of different backgrounds and at any stage of career. It improves continuity and uniformity of care. It's disadvantages are it consumes time, exposes gaps in evidence and is a threat to authoritarian clinicians<sup>5</sup>.

*Null Hypothesis:* Interestingly a new dimension of confusion is added to evidence based medicine practice in recent times<sup>6</sup>. This is in particular to the introduction of a new treatment. By and large doctors welcome that their new treatment will work, be it individual patient or in a group. Introduction of every new treatment should be challenged by what is known as 'Socratic Dissent' or 'Null hypothesis'. Null hypothesis assumes that new treatment is no better than old treatment or even no treatment at all. New treatment is popular because of positive conclusion and good marketing technique. Journals and authors are reluctant to publish negative conclusions of efficiency of new treatment - things are more interesting if they turn out positive<sup>6</sup>.

#### 5. Corporate Houses as Medical Care Providers

In recent times health care delivery is a business. Corporate houses and private bodies have huge stakes. They run high tech hospitals. Service is the slogan and profit is the motive. But these high tech institutions do cater to the medical needs of a large section of society by providing that tertiary medical management which no State in any part of the globe can afford to provide to all.

## 6. *Stealth Bombers*

Pharmaceutical representatives are a link between the pharmaceutical companies and the prescribing doctors. Drug representatives are the ‘stealth bombers’ of medicine. As communication experts, drug representatives swoop in, change physicians prescribing habits and disappear. They are better than journal articles or medical educator. There has been one drug representative for every fifteen doctors in USA in the year 1996 – a teacher student ratio<sup>7</sup>. As of now, there are 5000 drug representatives for 4000 qualified doctors and specialists in Bangalore - A ratio of ‘5 reps’ for every 4 doctors.

Bottom line message of the pharmaceutical representatives is ‘prescribe my drug’ with seemingly supported by medical evidence, yet frequently intermingled with emotional appeals and logical fallacies. In one survey one in ten of their statements was at odds with company’s own literature. Drug representatives provide drug samples, gifts, etc., to the doctor. Since reciprocity is a part of human nature, doctors must guard against prescribing their drugs thoughtlessly. The question to be asked is if the particular drug is used does it produce longer, healthier, more productive and symptoms free life to patients? STEP – an acronym for Safety, Tolerability, Effectiveness and Price of a drug has to be evaluated. Drug representatives are effective if used with caution. Put them to work for you – ‘Tell them what information you need.’ They can be a source for useful accurate information.<sup>7</sup>

## 7. *Complementary / Integrated Medicine*

Medicine of the new millennium is the upcoming integrated medicine in order to restore ‘care’ by values eroded by social and economic factors and paying attention to life style factors - power of self care and healing by environmental influences. Complementary medicine and alternate medicine are no longer an obscure issue in medicine. Teaching complementary medicine is increasingly viewed as a way of making teaching more holistic.

## 8. *Doctors and their Well Being*<sup>9</sup>

Although physicians were thought to take good history from patients, our own histories often remain hidden from us. Countless studies reveal that the proportion of doctors showing above threshold levels of stress is constant at around 28 per cent compared to 18 per cent in general population. This is true both in longitudinal and cross sectional studies. Stress costs doctors

dearly in the form of absenteeism, litigation, poor quality care and make more errors, take to alcohol and suicide to mention only a few. Measures to lower the stress at work place (inadequate sleep, poor communications skills and team work) and at individual level (being self critical, low self esteem and unsupportive family life) are essential parts of patient's safety, lives of doctors and patients. Some countries have instituted "National Sick Doctors Scheme", telephone help line, free counselling, psychotherapy; providing teamwork and leadership training and educating about errors as primary preventive interventions. Secondary services include providing coaching, counselling, psychotherapy and about alcohol, drug treatment and educating to accept the fact that "things do go wrong for most people sometime or other".<sup>9</sup>

### 9. Public Grievance<sup>10, 11</sup>

Where loyalty and commitment are challenged or broken, people feel betrayed<sup>10</sup>. It should be emphasised to the physicians that emergency is not an excuse for bad medicine. No one likes admitting that things have gone wrong, least of all politicians and doctors even if not culpable, vehemently react defensively. Frank and sympathetic explanation, timely expression of regret as apology would avert many an adverse situation. Otherwise trust disintegrates into adverbial contest between embattled doctors and bruised families. Greater openness has a smoothening effect.



Hippocrates



The Hippocratic oath

(From students BMJ Vol. II May 2003, 133-134)

## II. Medical Ethics<sup>1,5,10,12,13,14</sup>

*Hippocratic Oath* : Public and senior doctors express their surprise at the erosion of ‘Medical Ethics’. They perhaps mean ‘Hippocratic Oath’. In reality Hippocratic oath represents the ethical consideration prevalent in the practice of medicine in ancient Greek, Roman, Alexandrine and European countries and probably started during Hippocratic time and has its earliest reference in the 1st century A.D – more an ideal to be attained rather than a norm to be observed. Contrary to Hippocratic oath, doctors carried out abortions, assisted suicides, performed only surgery for a payment. Perhaps ‘Hippocratic oath’ was a pretence of morality. Nevertheless professional morality instills faith (self serving) against medical scandals<sup>9</sup>. World Medical Association has come out with a code of ethics equivalent to Hippocratic Oath. *i.e.*, Declaration of Geneva – 1948 (amended at Sydney 1968, Venice 1983 and 2005) - A pledge taken at the time of admission to medical profession and also International Code of Medical Ethics–London 1949 (amended at Sydney 1968 and Venice 1983) with regard to duties of physician. Hippocratic Oath declared “To regard my teacher in this art as equal to my parents; to make him partner in my livelihood, and when he is in need of money to share mine with him; to consider, his offspring equal to my brothers...” while the equivalent to this clause in the Declaration of Geneva is “I will give my teachers the respect and gratitude which is their due”. The reasons for this drastic change are simple. Until recently concept of medical ethics was simple and it did not have to deal with such knotty problems like euthanasia, abortion, forensic medicine, iatrogenic disease - as moral issues; statutes, codes, national commissions, professional review bodies, ombudsmen, law suits, consumer groups, medical malpractice, insurance, hospitals and nursing homes as business houses and Consumer Protection Act. There are today codes and codes of ethics ( 251 number of Codes and Declarations) from Therapeutic abortion to Declaration of death – enunciated by World Medical Association<sup>12</sup>. Codes of medical ethics with lofty language and lofty promises was developed ages ago. Both science and ethics are time and culture bound. One century’s services is another century’s quackery and what is ethical for one society is not necessarily so for another or even for the same society at a later date<sup>10</sup>.

### III. New Dilemmas

#### 1. *Could Profession be a Business?*

Profession promotes the interest of patients, fees are incidental, have concern, duty, political independence and ‘knowledge based’. Business promotes business men’s own interest, profits are central, concerned with wants, has no social commitment and lacks political independence, has a swallower attitude. One could be ‘Trained’ to be a businessman. Doctors want to have professionalism but too often want it to ‘seem’ rather than to be. With doctors, professionalism gets lost in the noise of fame, achievement, power and money.

#### 2. *Can there be Guidelines ?*

Doctors would have guidelines for evaluation of their professional conduct or performances in order to have standard medical care. But who should write the guidelines ? Guidelines - must emanate from a credible and acceptable source. a) Governments : Do not qualify because of “cost containment and “rationing of health care”. b) Insurance Groups: They interfere with physicians autonomy; c) Medical Council of India : May regard it as minimum acceptable standards of care which reflect optimal care at all times - a goal that simply could not be achieved. Arguments against guidelines are medical practice will be directed by rules – ‘Cook Book’, rapid rate of development and technology and acceptable standards differ between rural and urban settings. There is a scope for misuse of guidelines<sup>10</sup>.

#### 3. *Realties*<sup>10</sup>

Relation between physicians and patients and broader society has undergone tremendous change. Time keeps changing and so also values with them. With changing values the significance of the ‘noble’ profession loses its meaning. Surely with the ‘Consumer Protection Act’ boundaries of ethics become not only unclear but many of the clauses redundant<sup>10</sup>.

### IV. Is it Time to End Taking Oaths?<sup>15, 16</sup>

Ethics is a normative discipline, designed to secure orderliness in the lives of people and effectively in collective action. Student should be aware of oaths rather than swearing oaths. Oath provides moral framework for practitioners and instill faith and trust in their patients. None of the



declarations is enforceable in a court of law but they can be used to the ethical dimension of human rights. Ethics is not the prerogative of doctor alone<sup>10,15</sup>.

However, medical training should encourage discipline, a spirit of candour, humility and partnership with patients something which does not come naturally to medical students or doctors<sup>16</sup>.

## V. Where is the Solution ?

Relation between a patient and a doctor has been and should be unique— based on trust, faith and confidence. Patients trust in their doctors might be increased by the knowledge that the medical profession is putting it's own house in order. State must recognise the useful contribution of medical sciences to society and appreciate the efforts of doctors. "If the profession has to regain its old glory in society, the only way open to it is to fulfill its obligations to society and discharge the same with kindness, compassion and humanity. There is no other profession in the world that takes a pledge like the 'Hippocratic oath' and it therefore behoves us to honour and preserve the sanctity of this pledge"<sup>6</sup>.

**With good ethics we are priceless**

Without it we are worthless

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