

CHAPTER SIX – CONCLUSION



Man Hiking on Steep Incline
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RESPONSIBILITIES AND PRIVILEGES OF PHYSICIANS

This Manual has focused on the duties and responsibilities of physicians, and indeed that is the main substance of medical

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ethics. However, like all human beings, physicians have rights as well as responsibilities, and medical ethics would be incomplete if it did not consider how physicians should be treated by others, whether patients, society or colleagues. This

perspective on medical ethics has become increasingly important as physicians in many countries are experiencing great frustration in practising their profession, whether because of limited resources, government and/or corporate micro-management of healthcare delivery, sensationalist media reports of medical errors and unethical physician conduct, or challenges to their authority and skills by patients and other healthcare providers.

Medical ethics has in the past considered the rights of physicians as well as their responsibilities. Previous codes of ethics such as the 1847 version of the American Medical Association's Code included sections on the obligations of patients and of the public to the profession. Most of these obligations are outmoded, for example, “The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness, to influence his attention to them.” However, the statement, “The public ought... to entertain a just appreciation of medical qualifications... [and] to afford every encouragement and facility for the acquisition of medical education...,” is still valid. Rather than revising and updating these sections, however, the AMA eventually eliminated them from its Code of Ethics.

Over the years the WMA has adopted several policy statements on the rights of physicians and the corresponding responsibilities of others, especially governments, to respect these rights:

- The 1984 **Statement on Freedom to Attend Medical Meetings** asserts that “there should... be no barriers which will prevent physicians from attending meetings of the WMA, or other medical meetings, wherever such meetings are convened.”
- The 2006 **Statement on Professional Responsibility for Standards of Medical Care** declares that “any judgement on a physician’s professional conduct or performance must incorporate evaluation by the physician’s professional peers who, by their training and experience, understand the complexity of the medical issues involved.” The same statement condemns “any procedures for considering complaints from patients which fail to be based upon good faith evaluation of the physician’s actions or omissions by the physician’s peers.”
- The 1997 **Declaration Concerning Support for Medical Doctors Refusing to Participate in, or to Condone, the Use of Torture or Other Forms of Cruel, Inhuman or Degrading Treatment** commits the WMA “to support and protect, and to call upon its National Medical Associations to support and protect, physicians who are resisting involvement in such inhuman procedures or who are working to treat and rehabilitate victims thereof, as well as to secure the right to uphold the highest ethical principles including medical confidentiality....”
- The 2014 **Statement on Ethical Guidelines for the International Migration of Health Workers** calls on every country to “do its utmost to retain its physicians in the profession as well as in the country by providing them with the support they need to meet their personal and professional goals, taking into account the country’s needs and resources” and to ensure that

“Physicians who are working, either permanently or temporarily, in a country other than their home country... be treated fairly in relation to other physicians in that country (for example, equal opportunity career options and equal payment for the same work).”

Although such advocacy on behalf of physicians is necessary, given the threats and challenges listed above, physicians sometimes need also to be reminded of the privileges they enjoy.

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Public surveys in many countries have consistently shown that physicians are among the most highly regarded and trusted occupational groups. They generally receive higher than average remuneration (much higher in some countries). They still have a great deal of clinical autonomy, although not as much as previously. Many are engaged in an exciting search for new knowledge through participation in research. Most important, they provide services that are of inestimable value to individual patients, particularly those who are vulnerable and most in need, and to society in general. Few occupations have the potential to be more satisfying than medicine, considering the benefits that physicians provide – relief of pain and suffering, cure of illnesses, and comfort of the dying. Fulfilment of their ethical duties may be a small price to pay for all these privileges.

RESPONSIBILITIES TO ONESELF

This Manual has classified physicians’ ethical responsibilities according to their main beneficiaries: patients, society, and colleagues (including other health professionals). Physicians often forget that they have responsibilities to themselves, and to their families, as well. In many parts of the world, being a physician has required devoting oneself to the practice of medicine with little

consideration for one's own health and well-being. Working weeks of 60-80 hours are not uncommon and vacations are sometimes considered to be unnecessary luxuries. Although many physicians seem to do well in these conditions, their families may be adversely affected. Other physicians clearly suffer from this pace of professional activity, with results ranging from chronic fatigue to substance abuse to suicide. Impaired physicians are a danger to their patients, with fatigue being an important factor in medical mishaps.

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The need to ensure patient safety, as well as to promote a healthy lifestyle for physicians, is being addressed in some countries by restrictions on the number of hours and the length of shifts that physicians in training may work. Some medical educational institutions now make it easier for female physicians to interrupt their training programmes for family reasons. Although measures such as these can contribute to physician health and well-being, the primary responsibility for self-care rests with the individual physician. Besides avoiding such obvious health hazards as smoking, substance abuse and overwork, physicians should protect and enhance their own health and well-being by identifying stress factors in their professional and personal lives and by developing and practising appropriate coping strategies. When these fail, they should seek help from colleagues and appropriately qualified professionals for personal problems that might adversely affect their relationships with patients, society or colleagues.

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THE FUTURE OF MEDICAL ETHICS

This Manual has focussed on the current state of medical ethics, although with numerous references to its past. However, the present is constantly slipping away and it is necessary to anticipate the future if we are not to be always behind the times. The future of medical ethics will depend in large part on the future of medicine. In the first decades of the 21st century, medicine is evolving at a very rapid pace and it is difficult to predict how it will be practised by the time today's first-year medical students complete their training, and impossible to know what further changes will take place before they are ready to retire. The future will not necessarily be better than the present, given widespread political and economic instability, environmental degradation, the continuing spread of HIV/AIDS and other potential epidemics. Although we can hope that medical progress will eventually benefit all countries and that the ethical problems they will face will be similar to those currently being discussed in the wealthy countries, the reverse could happen – countries that are wealthy now could deteriorate to the point where their physicians have to deal with epidemics of tropical diseases and severe shortages of medical supplies.

Given the inherent unpredictability of the future, medical ethics needs to be flexible and open to change and adjustment, as indeed it has been for some time now. However, we can hope that its basic principles will remain in place, especially the values of compassion, competence and autonomy, along with its concern for fundamental human rights and its devotion to professionalism. Whatever changes in medicine occur as a result of scientific developments and social, political and economic factors, there will always be sick people needing cure if possible and care always. Physicians have traditionally provided these services along with others such as health promotion, disease prevention and health system management. Although the balance among these activities may change in the

future, physicians will likely continue to play an important role in all of them. Since each activity involves many ethical challenges, physicians will need to keep informed about developments in medical ethics just as they do in other aspects of medicine.

This is the end of the Manual but for the reader it should be just one step in a life-long immersion in medical ethics. To repeat what was stated in the Introduction, this Manual provides only a basic introduction to medical ethics and some of its central issues. It is intended to give you an appreciation of the need for continual reflection on the ethical dimension of medicine, and especially on how to deal with the ethical issues that you will encounter in your own practice. The list of resources provided in Appendix B can help you deepen your knowledge of this field.