

Why medical professionals need their own ethics

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Abstract

This viewpoint proposes the following theses: 1) To merit the trust of their patients, medical professionals must comply with professional ethical norms and exercise their professional virtues convincingly; 2) This implies that they must be able to identify with their ethical norms; 3) Therefore, medico-ethical guidelines should be grounded in clinical experience, crafted in critical interprofessional dialogue and checked for applicability in clinical practice; and finally 4) Medico-ethical guidelines are best applied and taught in structured clinical case discussions.

The general public, and especially patients, expect doctors and nurses to follow different moral standards than e.g. engineers or hairdressers. The main reason for this is the special vulnerability of the patient. This vulnerability would render the habitual asymmetry in knowledge and capabilities between professionals and their clients unbearably threatening if it were not mitigated by the certainty that the patient's wellbeing and autonomy are the highest guiding principles for the medical professional. To undergo the violations of bodily and emotional intimacy routinely associated with medical practice, patients must be able to trust medical professionals much more than an average business partner. This is especially true with patients rendered highly vulnerable by debilitating disease or disability.

To merit the patient's trust, it does not suffice for professionals to follow closely the rules of law and of professional conduct. The patient can verify compliance with these only after the fact when it may be irredeemably too late. Medical professionals need to convince patients from the outset that they identify themselves with professional ethics and put the wellbeing of the patient above other interests. This means to me that medical practice must be more than a job producing health services. Its goal is not only the health benefit for the patient, which can never be guaranteed, but also to fulfill the role of a good doctor or nurse. Its quality cannot be assessed exclusively by medical outcomes but is also dependent on the virtues exercised by the professionals. The most successful treatment cannot excuse a lack of compassion, dishonesty or violation of confidentiality. Conversely an inevitably unfavorable outcome can much more easily be accepted, if the professional has exercised all the required virtues. The paradigm case for this is the accompaniment of the dying patient.

For the virtuous exercise of a practice it is not sufficient to follow external rules and prescriptions to the letter. It is necessary for the medical professional to internalize the ethical norms. This is necessary in order to adapt and apply them adequately to the ever-changing particularities of the individual case and to guarantee that the professional continues to follow them, even when the algorithms of good clinical practice fail to be applicable or external interests or pressure suggest otherwise. This internalization of norms can only happen if these are recognized by professionals as being well adapted to their clinical experience. Norms, which are felt to be extraneous to clinical practice and governed by other considerations than the best interest of the patient, are not compatible with virtuous professional practice. Hence comes the widespread and obstinate resistance of medical professionals against political or economic pressure to adapt ethical norms to certain societal desiderata, e.g. to breach confidentiality with dangerous criminals in prison or with asylum seekers, to force-feed detained hunger strikers or to achieve economic targets at the expense of the patient's interest.

Traditionally medico-ethical norms were thought to be implicit in medical practice and transmitted by imitation of virtuous role-models. In the second half of the last century technological progress and the rising societal stress on the autonomy of the individual have rendered this approach inadequate. The ever-increasing gamut of effective medical interventions has made the decision which choice is truly beneficial in an individual clinical situation much more uncertain. In addition, the personal evaluation of these benefits by patients can widely diverge, especially in societies of increasing cultural diversity. The necessity of a wider discussion of these issues has led to the rise of bioethics and to an increasing impact of philosophical ethics, legislation and politics on medical professional practice. This development was undoubtedly necessary to overcome the unquestioned rule of medical paternalism. On the other hand, it has caused a proliferation of laws and rules regulating medical practice in much detail. This can be experienced by many medical professionals as impeding their clinical practice to the detriment of both professionals and patients. A sense of being caught in a network of extraneous regulations can also discourage professionals from feeling themselves responsible for a virtuous practice.

I see the process of elaborating and implementing the medico-ethical guidelines of the Swiss Academy of Medical Sciences SAMS as a valuable step to bridge this

gap between the requirement of a rational, transparent and democratic discussion and codification of ethical norms for medical professionals and the necessity to embed these norms in clinical practice in a way that professionals can identify with them. Guidelines are drafted by a carefully selected group of experts with longstanding practical experience and/or scholarship in their field. They come from a variety of medical professions and disciplines as well as from law, philosophy, theology and other backgrounds including patients. An important requirement is the ability to argue convincingly for their own point of view while being open to listen to different opinions and willing to seek a consensus.

Guideline drafts are discussed and edited by the institutional bodies of the SAMS and submitted to an open consultation process. Federal and cantonal bodies and professional organizations concerned by the theme of the guideline as well as any interested individual are invited to give their opinion on the draft. The results of the process are discussed by the drafting group and used for a balanced improvement of the guideline. Once approved by the senate of the SAMS the finalized guideline is published and usually adopted by the Swiss Medical Association FMH as part of their deontological code. The Central Ethics Commission of the SAMS follows the implementation of the guideline, samples the experiences made with its application in clinical practice and launches a revision, if this appears appropriate. This process is in my view a feasible way to codify ethical norms for medical professionals which are at the same time transparent and open to democratic scrutiny and apt to be regarded by professionals as suitable for their clinical practice.

The implementation and practical application of the SAMS medico-ethical guidelines is the crucial step to make them useful as instruments to further virtuous medical practice. Medico-ethical guidelines are by no means algorithms directly applicable to concrete clinical problems. They offer of course guidance for certain concrete questions, and delineate the borders of morally acceptable behavior. But the description of moral principles and values pertaining to given clinical situations and of the virtues necessary to respect these, comprises a large and important part of every guideline. This property makes the guidelines especially apt for use in ethical case discussions by clinical teams. Rather than making singlehanded decisions on treatment offers for their patients, medical professionals can discuss the values at stake and the options available in a team of members with different perspective and experience. This setting allows at the same time to have a rational ethical discussion and to exercise one's professional virtues. Ethical case discussions are therefore excellent opportunities for the teaching of professional ethics. Young professionals can learn at the same time the application of ethical principles and absorb virtuous professional conduct from experienced role-models.

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