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Introduction to Medical Ethics*

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Economics supplies the need of the body; ethics that of the spirit. When young, we have trouble with our souls; when old, with our bodies. Economics is less important to the young, than to the aged; for the young can dig a ditch, if medicine fails to support. Medicine is a glorious profession. The humanitarian and non-economic aspects of medicine bring out the best in man, and it takes an enlightened mind to perceive that we are not economically suicidal when we practice preventive medicine.

Ethics is the science of human relations; professional ethics the study of the fundamental principles which will permit us to get on honestly with our fellow practitioners and also with the public we serve.

The spirit of mockery is abroad. George Bernard Shaw’s mockery is perhaps of my age, more than of yours; yet I fancy that he voices your sentiments when he says that Truth is funny. Let me deny that. Do not tell me that truth does not exist, or if you do, discontinue the study of medicine at once. Equally, do not tell me that you are on intimate terms with the truth, for that is pride—intellectual pride—which when one harbors it, destroys the poor shreds of one’s surviving sense of humor.

The wise practitioner must be constantly on his guard lest he confuse hypnotism and physical therapy. The other day a patient consulted us for the relief of a truly torturing tuberculous cystitis. After she had been in the hospital a week or so, we showed her to the third-year class, relieved of her spasms, urinating every hour or two, instead of every few minutes, immensely grateful. Had we supposed that this result was accomplished by some special virtue of the anaesthetizing oil that had been instilled into her bladder, we should have been unprepared to interpret her relapse of symptoms as soon as she left the hospital. It was proper to hypnotize her so long as we did not permit her to hypnotize us.

Does it strike you as incredible that the practitioner should be credulous and vain? Look around you: not one of us escapes! Vow that you will resist the basilisk of flattery as stoutly as you may; but encourage your patients to think you as godly as they will, for thus you help them psychologically. Do not, however, allow them to persuade you that you are a divine genius.

The modern practitioner, it is true, is no longer a solitary searcher, completely surrounded...
by flatterers. His profession contains more of the science of medicine and less of the art of healing than it used to; his genius is less creative than collative, if one may coin a term, less of the senses and more intellectual. The laboratory and the autopsy-room are at his elbow. Be observant, add what little comes your way, but in the main, if you would be content with life, haunt the pleasant valleys and make only rare excursions to the windy hilltops.

THE TRUTH

The first principle of medical ethics is: Do not lie to yourself “and it must follow as the night the day...”

Your second principle should be: Do not lie to your patient. And yet what an accomplished set of scene-shifters clinicians are. Follow me around the wards, or follow any of my peers. Note that we never quite succeed in telling our patients the truth, the whole truth and nothing but the truth. Always there slips in the cheering word, the soothing touch, to tell them things are not as bad as they seem. You, happily, will be able to tell your patients more of the truth than my generation could; for as medical science advances, the incurable syphilis and tuberculosis of yesterday become manageable diseases today.

Let us get down to cases. A patient riddled with carcinoma, sensible that his strength is failing, is supported only by what small cheer the doctor has afforded him. Shall you tell him he has carcinoma and will die? Here we enter the shadowy domain of casuistry, faced by two conflicting duties — the obligation to cheer, the duty to be truthful. It is difficult for young people who have not known despair, to read the situation correctly. Probably you would not be able to fool your patient; all you need to do is to permit him to fool himself. To a direct question give a direct answer.

Talk to him like a child, proffer no information not specifically asked for, but tell him the truth. Do not demean yourself by tricking a dying man, and remember that once your condemnatory words are uttered, the anointed priest takes over your comforting function.

“Nothing begins and nothing ends that is not paid with moan. We enter life in others’ pain and leave it in our own.”

Fortunately, however, the amateur optimism of the patient equals the professional optimism of the physician. A patient who is not willing to face the horrid truth, does not ask the direct question that demands your statement to him of his true condition. Him you spare, though in any case, you inform the family of the precise prognosis as clearly as you dare estimate it. Yet always remember that soothsaying is not your strong point.

EUTHANASIA

The question of euthanasia has come up again in England. May
a physician put a patient out of his misery as one would a beloved dog? No; certainly not.

One does not dare possess the power to kill. Think what would be the psychology of the medical man under such a dispensation. Our proud function is to usher new lives into this human world and keep them there. Ours is a losing battle every day renewed. If euthanasia is to be, they will have to choose men, who, if they have ever been practitioners, have ceased to practice the healing art. You may not even perform an act intended to kill. How could your patients ever trust you otherwise?

ABORTION

The prohibition against murder is the same at each end of life and the rules that guide you in the case of euthanasia will suffice for the protection of the fetus. Actually, however, the case is complicated by the fact that the fetus threatens the mother's life. Sentimentalists have wasted much oratory and some tears over the plight of the nephritic or tuberculous expectant mother. Dr. Knopf, in particular, may be read on this subject.

The following considerations should be borne in mind: (a) The fetus has yet to be heard from. Its growth threatens the life of the diseased mother; but she put it there, and the life it promises to bring into the world may be better than the confessedly crippled life of the mother. (b) The honest, normal mother will implore you to spare her child. Here is a chance to back up with all your cunning, a fight in which the psychological good-will of the mother may turn her doubtful battle into victory. (c) Less than a century ago, a princess of a reigning house was sacrificed by an obstetrician who maintained that the administration of anesthetics to women was expressly forbidden by the prophecy that woman should bear her child in pain. We have traveled a long way from such notions, but we are constantly immersed in the spirit of the times, and the spirit of our times counsels the sacrifice of many an ultimate advantage for immediate release from pain.

CONTRACEPTION

Excursions and alarums such as confuse the issue of abortion are at least muted when one utters the word "murder." When it comes to birth control, however, one has no such talisman with which to fight for the preservation of the race. I thank God I am a Catholic and can, at least, have the advantage when disturbed on this subject, of talking with a priest whose experience in the Confessional is much more precious than mine in the Clinic.

By Christian standards, the primary object of matrimony is the procreation and the rearing of the child; the secondary object the satisfaction of sexual instinct within the law. Modern theory reverses this and places the satisfaction of the partners ahead of
the propagation of the race, a
dangerous and untrue doctrine.
When you degrade post-marital
sexual relations to the bare and
sterile terms of the extra-marital,
you add a note of impermanence
to the nuptial bond while advanc-
ing no great distance toward the
solution of the question. Self-
control is synonymous with civil-
ization. We have reason to hope
that the day is not far off when
our lessened wealth as a people
will bring us nearer to this dream
of the sociologist.

What the Patient Wants
To the young physician I would
say, cultivate a gentleness of man-
ner. Dress the truth you must tell
in the most soothing, the most
hopeful terms, and remember that
the best news you will ever give the
patient is “Goodbye, then; I think
we need not see each other again
in the consulting room.”

It has been said that there are
only three things a physician need
know: diagnosis, prognosis—and
what to charge the patient. There
must indeed be a moderation in
things. Your fees must be large
enough to command respect in the
community and not to undercut
your neighbor—and no higher.

Fee-splitting is practiced under
many forms, all of them reprehen-
sible. There was once upon a
time, a comic strip by Goldberg,
in which the first picture showed a
group of consultants outside the
sickroom, saying one to another,
“What has he got, doctor?” The
next picture showed a confusion
of tongues, “He has meningitis,”
“He has Banti’s disease,” “He has
Hirschsprung’s disease.” The third
picture, “We will ask Ouija.”
Then, “What has he got, Ouija?”
And the Ouija board sits politely
on its end and whispers, “He has
Five Hundred Dollars.” Loud
cheers and cries of “We will
operate.”

Plain honesty is impossible if
the fee is split, and you would do
well to abide by our ethical rule.

The Consultation
The etiquette of consultation
with other physicians and our re-
lations with patients over whom
such consultations have been held,
bring up a difficult problem in
medical ethics. When we assume
responsibility for a patient, we do
so with the tacit assumption that
we are at least as competent as
anyone else in town to attend and
cure the backache. However, to
an orthopedist the backache might
look like a sacro-iliac slip; a
chiropractor would be more inter-
ested in the fallen arches; a chiro-
practor could be counted on to
find a displaced vertebra or two;
and it is by no means proven that
the urologist might not be detect-
ed surreptitiously massaging the
patient’s prostate. Faced with
this diversity of opinion, the pa-
tient, let us say, flies to the young-
est and least specialized physician
he can find who after examining
him, advises that he see a certain
celebrated professor. This he does,
and is so delighted that he rushes
back to the young physician to
cover him with blessings and tell him that he is going to transfer his confidence from him to the consultant. Do you wonder that the wily practitioner makes it a point to be present at the consultation? The patient who is sent to a specialist is thereby denied the liberty of consulting him thereafter or of transferring his case to the specialist's care, except at the suggestion of and with the free consent of the physician who sent him. Such a ruling may seem cruel both to specialist and patient. Such rules, however, are essential to the existence of society.

THE REWARD

Give yourselves the pleasure in your contacts with patients of appreciating and rewarding their adoration of you. They think of you as godlike, therefore put on the attributes of divinity.

Be firm; be wise; be prudent; be gentle; be as clean and high-minded as you would have your patient to be. Do these things, and you will step into a world of simple stripped honesty, a world where hopelessness strips souls of sham. Then give back Hope, that bitter-sweet, and your name will be called blessed.

THE NEW ILLINOIS MARRIAGE LAW *

By H. GRADY VIEN, Attorney
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The last session of the Illinois Legislature passed an amendment to the Marriage Act, which requires persons to be examined by a duly licensed physician fifteen days before obtaining a license to marry, in order to determine the existence or non-existence of venereal disease. The Act makes it unlawful for County Clerks to issue licenses to persons who fail to present such certificate showing that they are free from such disease. The certificate must be accompanied by laboratory tests of microscopical examination and the Wassermann or Kahn Test.

It contains a penalty clause providing for a fine of not less than $100 nor more than $500 for any County Clerk unlawfully issuing or refusing to issue such a license, or any physician making a false statement in connection therewith. Applicants who violate the law are subject to a fine of not less than $100, or imprisonment for not less than three months, or both.

Such a law has been enacted in several other states, particularly in Connecticut in 1935, and, as far as we have been able to learn, the result has been very satisfactory. The United States Public Health Service is now engaged in a vigorous campaign to combat syphilis, and such laws enacted by the re-