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The profession and professional progress are considered by the author in terms of scientific advances, professional ethics, and objective morality. He also treats the matter of individual liberty of the physician in relation to professional and legal restrictions.

Moral Objectivity in Medical Progress*

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Why the Professions?

The raison d'être of all professions (and indeed of all legitimate trades and businesses) is preservation and improvement of the well-being of the individual persons whom the individual members of the professions serve: well-being of spirit, of mind, of body. True progress in a profession must result in improvement in goodness, or wisdom, or health, or wealth, but never in any of the last three at the expense of the first. Virtue comes first, for "what doth it profit a man if he gain the whole world, and lose his immortal soul?"

What is Progress?

The criteria of progress are objective, based upon invariable principles, upon "the knowledge of good and evil." If change is objectively good it is progressive; if objectively bad, retrogressive. Change for change's sake is mere capriciousness. Further, progress is spurious if the means of its attainment are evil. And change directed toward "the greatest good for the greatest number" is progressive provided only if it results in no harm to the smallest number or even to the least of these.

Members of each profession also serve themselves, and in turn are served by other persons of their own profession and by individuals of other professions. Change in these relationships of service may be objectively good, or bad, or indifferent, and hence progressive, retrogressive, or capricious.

Advances in science and technology inevitably bring changes in the professions, but not necessarily progress. Scientific knowledge and technical know-how bring power to their possessors, and power may be employed for evil as well as for good. And it must not be forgotten that so-called advances in science may themselves be spurious, especially concepts and conclusions based only in theory or hypothesis. "Trial and error" has a role in progress, but trials of methods and agents based on unproven theories or inconclusive empirical evidence must be limited in scope and time and carefully controlled, lest error become well-nigh irreversible.

With the advancement of science and technology in the past century there has been a universal tendency, in the name of progress, to make and employ things or do things which could not be made or done before, or done less easily or efficiently, without regard to the morality of the use of the machines or the methods of employment, or even without due regard for possible adverse effects in the purely temporal sphere. All too often the attitude has been: "This machine can be made; therefore it shall be made, and used." Or: "This procedure can be done, more easily and more safely than ever before; therefore it shall be used, more widely than ever before." Only quite recently, as disastrous effects of the "can-do-will-do" concept of progress have become apparent, has its validity been questioned, and unfortunately the questions asked have for the most part been pragmatic rather than ethical.

Let me give a few examples in the field of medicine:

(1) Transplantation of organs has become technically feasible, hence it has been done widely, in many cases in complete disregard of the virtue of prudence. This virtue was flagrantly violated in the earlier stages of kidney transplantation, and our consciences cannot be salved by saying that the suffering of recipients and the mutilation of donors is justified by the now modest success of this procedure. It was attempted long before it was justified on scientific grounds. Heart transplantation, which thank God has now declined almost to the point of abandonment, is a worse case in point. The ethical problems of transplantation of human hearts are complex, but even on a purely scientific basis transplantation of human hearts was and still is unjustified in view of our state of knowledge regarding immune mechanisms and the suppression thereof.

(2) Artificial contraception, the moral aspects of which have been completely ignored by most people for a couple of generations, has because of recent advances in science and technology been made more convenient (although neither safer nor more effective), and hence employed on a much wider scale than ever before. And our women have been exhorted to sin, almost forced to sin, their sin subsidized, because of a false notion of freedom and the spurious hypothesis of population explosion. A terrible aspect of the contraception explosion is the role the physician must play if the hazards of the newer methods are to be minimized. Even worse, perhaps, is the ethical confusion which arose among Catholic physicians out of the fact that the advent of the pill introduced a medical rather than a mechanical method, reversible rather than permanent, of sterilization. Although the solemn pronouncement of the Holy Father on this matter cleared up the confusion of some, others became more militant in their advocacy of evil.

(3) Abortion is perhaps a little less risky to life than it was a generation ago, though no less inconvenient. (Unfortunately, it may be made more
convenient within the next few years as a result of anti-life scientific research). At the moment, therefore, the so-called liberalization of the indications for abortion by legislative action, judicial fiat, and decisions of medical and lay organizations with the resultant epidemic of baby killings can be attributed only to triumph of the forces of anti-life, who either have no concept of objective morality or who reject it; who in their hearts perhaps believe that (their dream of heaven or heaven having been shattered, and lacking faith in a heaven in heaven) life is an egregious error which must be snuffed out if it cannot be prevented. I do not believe it is coincidental that many of the leading contraceptionists, abstorionists, and euthanacists are all working together. The how-to-do-it sex educationists are tied into this group. Also, perhaps believe that although life is bad one should have as much fun as he can just so he doesn't generate any new life. 

There are, of course (and thank God), no Catholic doctors among the abstorionists. However, there are in our profession an appreciable number of them, a much larger number of birth controllers, and even a few advocates of euthanastia, which, although aesthetically and sentimentally less acceptable than abortion, is no more abhorrent from the standpoint of objective morality.

It is an undoubted fact that the practical long-term effects of deeds are determined by the objective morality thereof. Figs do not grow from thistles, nor can a bad tree bring forth good fruit. An example comes to mind: The physician who becomes an executioner of unborn babies and/or of the hopelessly ill, the unwanted, the undesirables, will have abandoned his traditional role as the protector of life and restorer of health. What will then his "image" be? Herod, who ordered the murder of the Innocents, is not generally held in high regard.

Liberty and Law and Progress

One of the pillars upon which progress in any profession must be built is individual liberty, which freedom to do what one ought to strive to become what one ought to be. Ethically speaking, restriction of individual freedom must be limited to the preservation of the liberties of others and to the protection of their person and their property. Further restriction of the liberties enjoyed by members of a profession is immoral coercion and therefore retrogressive, even though such coercion might result in certain benefits to segments of the population. The end does not justify the means.

Justifiable restriction of the liberties enjoyed by members of any profession is most acceptable when imposed by the profession itself, and it therefore behooves professional associations to adopt and enforce codes of ethics which are grounded in the Natural Law lest they become mere rules of conduct based on courtesy and mutual protection. Human nature being what it is, however, utterly deprived according to Luther and Calvin, tainted with Original Sin according to Catholic belief, society must be imposed upon all professions certain duties which again should be grounded in the law of God. Ideally, what is legal should be ethical, and vice versa. It is sophistic to say that society has the right to impose morality by law. While it is perfectly true that everyone has the right to go to hell if he wants to, no one has the right to carry others along with him, and I submit that it is as hard to hell as head for hell alone.

I leave it to you to judge whether recent changes in the so-called complex of medical ethics and in the law which prescribe the rights and duties of physicians are progressive or retrogressive.

The Purview of Medicine. The Premise of Competence

The profession of medicine is concerned with the protection of persons, specifically with the protection and restoration of their health, insofar as it is possible by the efforts of competent physicians, working individually and in free association with one another.

In medicine, as in all learned professions, presumption of competence is established by legal requirements in education and experience, leading to licensure after examination by legally constituted boards, which themselves must be composed of competent practicing physicians. Changes in requirements for licensure (education, experience, types of examination) may themselves be progressive or retrogressive or capricious, and must be judged by moral as well as pragmatic standards, and in consideration of the rights of the candidates as well as the "needs of society."

Rights of Physicians

Once the physician is licensed, he must be free to chart his own course, to pursue and to change his own goals. Where he goes to practice, what type of practice or specialty he may choose is his own business. His choices will be influenced by many factors his choice is his; it may not be forced upon him. He may, of course, voluntarily limit his liberty by going into such worthy fields as missionary work, public health, industrial medicine, group practice of one kind or another, government service, medical administration, teaching, research. But under the law of liberty he may not be forced into any field or type of practice or ordered to go where or how, or when; the only morally permissible exception is a "clear and present danger" to the very existence of his society, when all citizens may be required to relinquish certain liberties temporarily. So-called crises in health care, or real or supposed deficiencies therein, do not justify coercion of the doctor.

Immoral coercion may be subtle as well as overt, indirect as well as direct, negative as well as positive, effective as well as ineffective, by professional organization as well as by government. Examples of some of the more blatant but nevertheless real forms of coercion are governmental sub-contracts between groups or enterprises and restricted pathways toward attainment of the skills and privileges of the specialist. The stated or intended end of coercion is always "good," but again the end does not justify the means.

Duties. Some Limits of Obligations

The inalienable right of liberty is of course attended by ethically required duties. The specific obligations of individual physicians are self-evident, and require no enumeration. Failure to discharge these particular obligations renders the physician justly liable to censure, or reprobaton, or control, or punishment — that is, to limitation of his liberties directly or indirectly. As a person and a citizen he is subject to the laws of the land and the positive duties of man, in common with all persons in every profession and trade; but as a physician his obligations are limited to the persons whom he chooses to serve and who choose him to serve them. The physician as such has no obligations to society or to the body politic, and to force such obligations upon him is antiethical to progress.

In this regard, opposition to socialized medicine, to contraception, to abortion, to euthanasia, to eugenics manipulation is the obligation of the Catholic doctor as a citizen rather than as a physician; his obligations are broad, not limited specifically to problems which affect the practice of medicine.

Criteria of Progress. The Etiology of Malaise

The physician who grows in goodness and competence is progressive.
The profession whose members are in the main growing more virtuous and more competent is progressive. The society which nurtures the growth of goodness and knowledge and wisdom and wealth in all the professions and all the people, “with malice toward none and liberty for all”, is a progressive society.

Few men of good will, Catholic or non-Catholic, who believe in the imminence of God, and His promise that freedom shall be found in truth, will take issue with the principles and criteria of progress insofar as I have set them forth — inadequately to be sure, and perhaps not so clearly, but I hope without objective error. It is neglect of imperishable principles, even by those who in their hearts accept them, which has led to the malaise of our society and our profession and ourselves.

Our society is in trouble; our profession is in trouble, you and I are in trouble. Change there will be, inevitable, but it’s time for a redirection of change in our society and our profession, and in you and me. Progress may involve a turning back, as in the words of Richard Weaver, “the river of knowledge often turns back on itself.” It’s time again to acknowledge the primacy of virtue.

I submit that if physicians were free to do “what comes naturally,” that if they act according to their nature as “creatures composed of body and soul and made to the image and likeness of God” they will best fulfill their obligations to themselves, their families, their patients, to society. And this is progress.

Postscript

Only a few days ago I received a letter from an Indian priest whom I met in Spain last summer while I was on route to an assignment in New Orleans. His antecedents have been Catholic since the days of St. Thomas the Apostle. He wrote: “The more I see of the world around me the more I am convinced that the modern world is fast moving toward darkness and decay. Only our Blessed Mother can save us now. Every Catholic must now pray and do penance as though the salvation of all the world depended upon him or her.” I agree with him.

Abortion — Part XVII

What about the “unwanted” child? What constitutes an “unwanted” child? Who is it that does not want the child? Is it just the mother? Who protects the right of the father to have this child if it is the mother who does not want him? What about the child’s right to be born even if he is not wanted?

What about the “unwanted” child? What constitutes and “unwanted” child? Who is it that does not want the child? Is it just the mother? Who protects the right of the father to have this child if it is the mother who does not want him? What about the child’s right to be born even if he is not wanted?

These are very basic and important questions. There are many women who may not want the pregnancy but, if the pregnancy continues, she does not reject the child when he is born; in fact most women, who were displeased with the pregnancy, want the child at birth.

There are many women, who experience a slight temporary depression after they learn that they are pregnant. This is particularly true if they already have some children and may not have been planning on another child at this time. However, this depression is not serious and passes after a short time. It would be a grave mistake to allow them to have an abortion during the period of depression because basically they neither reject the pregnancy nor the child and, yet, if the possibility were present, their depressed thinking might move them to consider an abortion.

What is meant by the “unwanted” child is apparently the decision by the mother that another child would add further burdens and responsibility to what she already has; that another child, at this time, would increase the stress and strain and would complicate the mother’s plans and might add inconvenience to her.

It must be kept clearly in mind that in this type of case, the pregnancy will not endanger the life of the mother and will not impair her physical or mental health. The child is healthy and normal and will not, as far as it is known, be born handicapped or damaged. We have a healthy mother and a normal child. There is enough room in the house for the child. There will not be any economic or financial problem. The child will receive excellent educational, social and job opportunities.

RT. REV. MSGR. PAUL V. HARRINGTON, P.A., J.C.L.

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