MEDICAL PRACTICE

New Horizons in Medical Ethics

"Traditional" Ethics and the G.M.C.

This tape-recorded discussion was devoted to questions of professional discipline and serious professional misconduct. Dr. Allen, a general practitioner, argues that the G.M.C. is outdated and is no longer justified in a service controlled by the State; Dr. Constable, a former secretary of a medical defence society, that, though changes are needed, the G.M.C. should be retained for the benefit of the profession and public alike; and Paul Vaughan, a medical journalist, that most patients do not care a great deal about the code that governs doctors' moral behaviour. The working papers are printed below, followed by the discussion, which was chaired by a member of the B.M.J. editorial staff.

Ethics or Restrictive Practices?

STANLEY ALLEN

The problems that surround all the subjects to be discussed really stem from one concept—the so-called traditional ethics. Actually, these professional rules are not ethics in a true sense, since they are backed by a system of sanctions or punishments and, because ethics must be voluntarily imposed by each doctor on himself, are really no more than a set of restrictive practices. If an ethical ruling is so important that it must be maintained by the threat of punishment, then it is essential that it be given the force of law and decided by the community as a whole—not by a small group within the community. Only the patient can protect the patient and, just as essential, ensure that the rules of the

profession evolve to suit the changing mores of the community. The doctor must be part of the community, not above it.

By its actions the G.M.C. does not accept this concept. It believes that it can act in a legislative manner and lay down, as well as enforce, an ethical code. Before 1948 it had the justification that there was no other body which could regulate doctors' behaviour, but, with the coming of the National Health Service, this is no longer so. The vast majority of doctors in Britain are now employed by the Secretary of State and, if any rules affecting patients are to be made, it is his duty and responsibility to make them. It is also his duty to punish doctors who break these rules, so that the G.M.C.'s disciplinary powers are redundant and unnecessary.

Advertising in the medical sense is unethical only because the G.M.C. says it is. If patients want more information, they are entitled to have it—and to have it expressed through the media they wish. It is not for doctors to decide what other doctors should discuss. I am entitled to put limits on my contacts with the media; I must not attempt to do this for my colleagues.

Not to be Dispensed With

HERBERT CONSTABLE

I believe ethical standards are inevitably restrictive in some respects—and why ever not? Any club or community must have rules for the common good and in some areas of conduct ethics are basically a matter of good manners. In its early years the G.M.C. was greatly concerned with "covering"—a practice considered dangerous for patients but also contrary to the "closed shop" principle. In the first decades of this century moral lapses, advertising, and abortion cases predominated and

charges of covering were few. In the G.M.C.'s most recent list of examples of professional misconduct, disregard of personal responsibilities to patients is number one and adultery etc., has dropped to number five. A few months ago a journalist telephoned me about a case before the Disciplinary Committee and referred to it as a "harmless bit of slap and tickle in the surgery," but agreed he would not expect doctors, least of all his own doctor, to behave in this way. How much of this subconscious regard for patients derives from the standards imposed by the G.M.C.?

I believe this body has done, and continues to do, an excellent job of work, though it changes perhaps too slowly and like all

human institutions is capable of error. Now it needs to be reorganized by increasing the representation of general practitioners and consultants from non-teaching hospitals. God forbid that we should dispense with our own G.M.C. in favour of supervision by a Government department. Other learned professions "keep their own houses in order," and the G.M.C. has done well enough to be imitated elsewhere throughout the world.

What a good thing that today we have a more sensible relationship with the press. In recent years journalists and doctors have got to know each other better. Twenty years ago I

disliked interviews with the press—almost certainly a feeling engendered by the attitude of both the B.M.A. and G.M.C. I have since learnt that most journalists were just doing a job, and if treated naturally in a straightforward way invariably returned the compliment.

I am also pleased that the anonymity business seems to be on the way out. It is good that named doctors may participate in sensible and informative discussions on the "media" without being suspected or accused of promoting "their professional advantage." The educated public of these times is now able to benefit from a better understanding of health and disease.

More Allegorical than Practical Significance

PAUL VAUGHAN

From the journalist's point of view, one of the most conspicuous changes to have come over medicine in the last 15 years has been the way doctors have come to terms with the press, radio, and television. I should perhaps say begun to come to terms; many doctors would still prefer it if nothing were ever written or said or seen about medicine and its problems. But their numbers are dwindling. I think most doctors would agree that the public has a right to an opinion on many medical matters and that journalists have a duty to help them make up their minds.

Partly because of their political requirements, the medical organizations have been very willing to be friends with the press; more so than their members, who had to be convinced that making friends meant practical benefits—they might also be able to influence people. Anyway, now that fraternization is in vogue, the old attitude towards anonymity, for example, has altered. High time too, but it is a trifle ironical that it has altered in practice without anybody having rewritten the tablets on which the official attitude towards this question was enshrined. Take a look, for instance, at the section in the *B.M.A. Handbook* which supposedly guides doctors through the apparent nightmare of talking to a journalist ("Doctors should exercise extreme caution

when *granting* interviews," etc.—my italics). From this one has the impression not so much of dawning friendship as of armed neutrality.

One can only imagine that individual B.M.A. members seldom consult this miserly oracle, for in general they do now talk to us without appearing especially nervous. The possibility of self-advertisement, which is what the *B.M.A. Handbook* is secretly worried about, is now much less of a hazard to all concerned. Again, just as well, for the rules on this were never clearly defined and have often led to silly incongruities.

As for medical ethics as a whole—well, I doubt if most patients care a great deal about the code that governs a doctor's moral behaviour. Medical ethics seldom effect us *lumpen* patients except in the genteel form of "medical etiquette," which may be invoked when, say, one wants to change one's doctor. The rest is something you only read about in the papers, and I have the impression that outside the profession, medical ethics is looked upon as faintly ludicrous, on a par with Freemasons' ceremonial—that is to say, of more allegorical than practical significance.

Appointments of Speakers

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HERBERT A. CONSTABLE, M.B., M.R.C.S., lately Secretary of the Medical Protection Society
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Discussion

CHAIRMAN: Today we are considering "traditional" ethics—that is to say, matters regulating the code by which a doctor practises medicine, regulating such things as disregard of his personal responsibilities to patients, drug abuse, adultery, advertising, and so on. These questions are so bound up with the regulation of professional discipline by the G.M.C. that I think we should start by discussing the role of this body. Dr. Allen, you believe that the G.M.C. is now no longer needed?

DR. ALLEN: Yes, once the profession accepted the N.H.S. regulations, then they also accepted that the Minister, or Secretary of State, laid down a disciplinary code and so it is silly for the profession to add anything on to this. If the disciplinary codes overlap then we do not need the profession's one; if they don't then it is up to the Secretary of State to control his employees.

DR. CONSTABLE: Despite this new factor I still feel the profession needs its own regulating body. The Secretary of State does not cover the whole disciplinary field—only a limited one. Although there is the danger that a man is going to be arraigned before two tribunals for the same offence it is still preferable to dispensing with the profession's own body. To hand the whole thing over to a Government department would be a mistake. The high standards of British medicine owe a lot to the G.M.C., and in my experience the whole solemnity of the disciplinary procedure has an important effect on the profession.

MR. VAUGHAN: This puts the G.M.C. in the same category as, say, the Roman Catholic church. It's apparently the ritual, one feels, that is meant to impress, almost more than the reality. This is demeaning to your profession, if I may say so.

DR. ALLEN: I agree; the fallacy in this argument is that the profession owes its discipline to the G.M.C.—in fact, it's due to the individual doctor not doing the "wicked thing." The G.M.C.'s role has never been anything else but to follow a Governmental line.

DR. CONSTABLE: But the history of the G.M.C. shows that it originated to clear up the mass of various dubious qualifications and covering unregistered practice; it wasn't until the end of the 19th century that it began to concern itself more with doctors' moral standards.

MR. VAUGHAN: Yes the early, justified concern about professional standards became translated into some sort of search for moral propriety. A very Victorian phenomenon.

Professional Status

CHAIRMAN: To quote from the joint working party on the function of the G.M.C.¹ "It is noteworthy that all groups aspiring to professional status commonly regard the establishment of professional bodies with suitable powers as one of their primary