

# ETHICAL PROBLEMS IN MEDICINE

by F. Tremaine Billings, Jr.

*Editor's note: During his multi-faceted medical career in Practise, Teaching, Research and Administration, Josh Billings has written extensively on many topics. The following is a condensation of an article published in the American Oxonian Magazine on a topic we thought would be of interest.*

Problems of ethics in medicine are very challenging; they become more and more important every day. The Joint Hospital Accrediting Committee which monitors hospital activities requires that hospitals have a committee on ethics. The charge of such a committee is three fold:

1. Consult with medical and nursing staff and patients and their families when problems relating to ethical issues arise.
2. Help educate the constituency of the medical center regarding ethics.
3. Help formulate policies for the hospital where issues relative to ethics are involved.

The dictionary says that ethics is the study of standards of conduct and moral judgment. The ten commandments constitute a code of ethics; so does the golden rule. Ethics basically reflects the conscience of a society. It is the code of conduct by which people are able to live with one another reasonably and harmoniously.

There is nothing binding about ethics except where it has been set into law. Different cultures have different ethics. Some groups of people took deformed newborns into the wilderness and left them. Eskimos put their decrepit old folks in a boat and push them out to sea.

Not so many years ago the ethical code by which physicians comported themselves was relatively simple. In those days when it came time to die, one died. Pneumonia was the friend of the aged. Cancer was inexorable. Life support systems were inadequate. The prolongation of life in the presence of acute or chronic disease was not possible and therefore presented no problem.



There are three main reasons why medicine has become so deeply involved in ethics.

1. Patients no longer trust physicians. Prescriptions must be written in English; all side effects must be enumerated; patients all have Physician's Desk Reference. Second opinions are needed and often the opinions voiced at the bridge table must be taken into consideration. The lay journals report changes in the management of medical problems often before they are reported in the medical literature...
2. In contrast to our helplessness not so long ago, physicians can now do something to keep patients alive and even cure them of very serious illnesses. Patients can be kept alive even when they don't want to be. It has become a failure when a patient dies.
3. The threat of a malpractice suit hangs over the head of all physicians. This leads to the practise of defensive medicine and the use of more diagnostic procedures and therapeutic maneuvers than might otherwise be needed.

Here are some difficult medical problems in ethics.

AIDS is a huge national problem which is growing. It is caused by a sensitive complicated virus which destroys the body's immunity. It is so delicate that it can only be transmitted by direct contact with body fluids from an infected person to the mucous membranes of a non-infected person. This is accomplished by homo- or heterosexual activity and by sharing unsterile equipment for intravenous drug use. Transfusions with infected blood are now virtually ruled out by modern testing techniques, although this did occur before testing was adequate. We know that AIDS cannot be transmitted by casual contact. i.e. food, door knobs, toilet seats. School children in casual contact are no threat to one another. But AIDS is a dread deadly disease. Fear promotes prejudice. Insurance policies are cancelled. Employees are fired. Should or can confidentiality of the patient be preserved? Should his/her partner know? Should an operating surgeon know? A prick of the finger or a spurt of blood in the eye are not uncommon.

The test for AIDS is not perfect. Rare false positive and false negative results occur. Should all patients entering a hospital be tested? Should, on the other hand, no testing be done, except in special cases, and great care be taken with all patients, treating all as though they had AIDS?

If an unmarried teenage girl with AIDS becomes pregnant, and is too ignorant to understand the implications, who decides what should be done with the fetus? It is estimated that 70% of babies born of infected mothers have AIDS.

To resuscitate or not to resuscitate? A 90 year old patient in a nursing home, demented, develops pneumonia or a severe urinary tract infection, either one fatal if not treated. To treat or not to treat?

A 75 year old man has cardiac arrest. He is revived and a ventilatory tube placed in his windpipe. He is semiconscious. Days and a few weeks drag by. It can be demonstrated that he cannot survive without life support. How can a decision be made to withdraw this support?

Organ transplantation—heart, heart-lung, kidneys, liver—is now a recognized satisfactory life prolonging procedure. Organs are in short supply. A list of potential recipients is kept by a selection committee: a housewife with three little children; a business man the sole support of his family; an unmarried superb school teacher; an eighteen year old boy on the threshold of college. How to select?

Abortion now legal, but to exemplify the fickleness of ethics, the change of a single vote in the Supreme Court might make it illegal. The capability of determining in advance whether a fetus has Downs Syndrome enables parents to decide for or against abortion.

The Hemlock Society claims the right to commit suicide at what might be considered the right time. A member of the congregation of Jehovah's Witnesses, bleeding profusely, refuses blood transfusion even unto death.

Clearly, problems of medical ethics are with us, and still multiplying. In the absence of legal guidelines, concerned families and physicians must painstakingly work together with compassion to accomplish the best result for each individual.