

Expanding Concerns and Applications of Medical Ethics

John P. Geyman, MD

Until recently, the subject of medical ethics has been perceived in a rather limited and circumscribed way. For many physicians, medical ethics recalls the Hippocratic Oath or the Declaration of Geneva, a modified form of the Hippocratic Oath adopted by the General Assembly of the World Medical Association in 1948. These declarations are quite general, by which physicians swear to abide by certain ethical behaviors, such as committing themselves to always provide the best possible care for the patient and to keep any confidences shared with them by their patients. The principles of medical ethics which have been adopted over the years by the American Medical Association are likewise quite limited in their scope. They comprise ten brief sections on a single page which outline standards of ethical conduct on the part of the physician with respect to such additional areas as clinical competence, quality of care, and use of consultation. All of these documents, while useful and essential parts of the tradition of good medical practice, fall far short in

themselves of defining and helping to resolve the increasingly common and complex ethical issues in today's health care.

The past few years have seen growing awareness of the broad scope and difficulty of ethical issues in medical practice. The dimensions of these issues are illustrated by the range of topics attracting attention in recent years, such as informed consent, rights of minors, confidentiality of medical records, genetic counseling, experimentation with human subjects, definition of death, and limits of extraordinary care. The introductions of new procedures, such as organ transplantation, renal dialysis, and legalized abortion, have raised new and pressing ethical questions. In addition to the ethical questions associated with the use of medical technology, other ethical issues are inevitably associated with the necessity to allocate (and even to ration) the use of limited health care resources.

It has become clear that attempts to address and resolve these kinds of ethical issues require the

0094-3509/80/040595-02\$00.50
© 1980 Appleton-Century-Crofts

collaboration of many disciplines beyond medicine and its particular specialties; in addition to physicians, these may include sociologists, economists, historians, attorneys, philosophers, theologians, and others in the sciences, social sciences, and humanities. It is also apparent that societal perceptions of the role of medicine and of the physician are integral to this process. As Engelhardt has pointed out¹:

... what is gathered under the terms "medicine" and "physician" is heterogeneous at any one time (ie, the physician plays many roles and medicine means a number of things), as well as being heterogeneous over time. Paradigms of medical practice and research shift dramatically with changes in medical science and art, as well as with changes in the concepts of health and disease.

Given these complexities, where can practicing physicians, hospital medical staff committees, educators, residents, and students turn for help with these problems? Two organizations, each about ten years old, are especially helpful in this regard: (1) The Hastings Center, Institute of Society, Ethics and the Life Sciences,* and (2) the Institute on Human Values in Medicine, established by the Society for Health and Human Values.** The Hastings Center, through the efforts of a full-time staff, non-resident elected Fellows, and invited researchers and consultants, has explored in depth a wide range of ethical problems. Ongoing inquiry and research are carried out in the areas of death and dying, behavior control,

genetics, population growth, health policy, the humanities, and the foundations of ethics. Examples of their work include a model bill on the definition of death adopted in eight states, guidelines for mass genetic screening, and reading packets on a large number of subjects in bioethics. The Institute on Human Values in Medicine maintains four different kinds of continuing programs: (1) resource services to educational institutions, (2) special conferences, (3) faculty development fellowships, and (4) reports on a wide variety of subjects, including descriptions of the content and methods of teaching programs in bioethics in medical schools. Complete listings of the various publications of these two organizations are available through the footnoted addresses.

As the concerns and boundaries of medical ethics expand to meet current problems in health care, family physicians find themselves inescapably involved in many of these problems. The special relevance of these developments to family medicine is discussed and well illustrated by Dickman in his paper on medical ethics in this issue of *The Journal*.² A start has been made to integrate medical ethics into some family practice teaching programs, but much remains to be done.

*The Hastings Center, 360 Broadway, Hastings-on-Hudson, New York, 10706

**Society for Health and Human Values, 723 Witherspoon Building, Philadelphia, Pennsylvania 19107

References

1. Engelhardt HT: The doctor's role in the evolution of human society. In Wolf SG, Berle BB (eds): *Limits of Medicine: The Doctor's Job in the Coming Era*. New York, Plenum Press, 1976, p 5
2. Dickman RL: Family medicine and medical ethics: A natural and necessary union. *J Fam Pract* 10:633-637