

## EDITORIAL

### NEW PROBLEM IN ETHICS

In the popular mind, the doctor is one of the several benign personalities who have to do with the healing of disease. In fact, it is also the avowed aim of all aspirants in medicine to heal or to ameliorate, and the very mention of the word "doctor" conjures up not a picture of a learned man with a doctorate degree, and deeply immersed in his abstruse theories, but a common place man with his syringes and his scalpels, ready to relieve pain, and give succour. By common usage, therefore, a doctor in philosophy is much less a doctor than a medical practitioner, although academically, the former has a far more genuine claim to the title.

The gradual evolution in medicine, however, has modified the role of a doctor considerably, to such extent that there are now at least as many doctors in medicine, who treat no disease and see no patients, as their better known counterpart who carry on their battle for health. Doctors are now spending their time in Public Health, looking after factories, and examining cases for fitness for employment.

This change in activity must needs bring about a situation when the former concept of ethics and behaviour may prove inadequate or difficult to apply. One of this has been the function of a doctor with regards to certification. Theoretically, a doctor has no interest in certificates as he is only interested in getting a patient back to health. The State, however, expects the doctor to be concerned in certificates of birth, death and notifiable diseases which usually carry the risk of infection, and the employer frequently demands a bill of health for a new recruit or for absentees due to illness. An individual patient may also be interested in certificates to claim insurance benefits, injury compensations, or as an excuse to be away from work or other commitments such as testifying in court.

The progressive systematisation of human society brings in its wake many new requirements, the most apparent of which has been the increasing need of documents. A modern man has to have his citizen papers or passports in order that he may claim a place for his own under the sun! He has to have his health papers before he can get his travel tickets, and entry into another port!

To enumerate his various documents can occupy several pages, and one may say that the personality of a modern man is contained within the papers he carries with him!

This tendency has affected the doctor too. A doctor finds that he has more and more of his time taken up in filling forms and certificates, and the more advanced and elaborate the medical service in a country, the greater the number of documents a doctor has to execute! So much so that in some cases, a practising doctor spends half of his working hours treating disease and the other half filling up forms!

We cannot expect to change the trend, and certification must remain a doctor's commitment and liability. But this new commitment and liability are apt to cause embarrassment to a doctor with an eye on ethics. For certification must mean the divulging of medical facts which are matters of confidence between the patient and the doctor, and indiscriminate demand for certificates by the State, institutions, employers, police, insurance companies, legal representatives, and even welfare organisations can and do threaten the existence of this very important aspect of a doctor's ethics.

An employer is apt to pressurize a patient to request the doctor to release information regarding himself in cases of employment, retirement, or compensations, and a doctor so requested cannot be happy especially when he knows full well that the report he is going to make may jeopardise the wellbeing of his case, even though a consent is given by his patient. A sailor with a compensated heart disease may be working for many years, and supporting a large family, until his employer insists that he gets a medical examination for fitness. The doctor is approached and with the consent of the patient, he may reveal that the man has an incurable heart disease which will eventually make him unfit. Legally, the doctor has done no wrong because he has the patient's permission to make the report, but practically, he knows that his report is injurious to the patient who will lose his job; and he appreciates also that a case of heart disease further burdened by unemployment deteriorates much faster. It cannot be a happy decision for him to make the report, and the result of his activity

is certainly the reverse of his avowed aim, "to cure or to ameliorate".

The problem becomes even more complex, when a doctor is engaged by a firm to look after the workers. The firm quite naturally expects him to cut down absenteeism, malingering, and to increase working capacity. To do that, the doctor would be expected to be sparing in his sick leaves, harsh to the malingerers, and perhaps economical in his use of medicines. On the other hand, the doctor is supposed to look after the workers who are his patients. There is then a conflict of interest between the employer and the employee, and a doctor cannot honestly serve two parties adequately. The B.M.A. advises that a factory doctor should not undertake treatment to avoid this difficulty, but locally, the doctors on contract work with firms are expected to please both parties. Hence a doctor sometimes acts for the worker, and at others for the employer, and a schism of his interest cannot be good for his soul or conscience if he is still an honest doctor at heart.

One of the possible solutions would be to transfer the control of the funds for medical expenses of a firm to a responsible organisation of workers, which will undertake to arrange medical attention for employees. The doctor then will be under no obligation to reply to the employer's query which is frequently inimical to the worker's interest. On the other hand if the firm requires the expert advice of a doctor to cut down industrial illness, it can retain a doctor for that expressed purpose without requiring him to look after the illness of the workers. This would seem to be a reasonable method to reconcile the conflicting demands made on a contract doctor, and to come in line with the advice of the ethical committee of the B.M.A.

This is but one of the many new problems confronting a modern doctor in the paper age. The profession cannot afford to sit idle until the problems become overwhelming. An early appraisal of these problems by a responsible body with definite proposals would seem to be urgently required.

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