

ADVERTISEMENT AND THE MEDICAL PROFESSION*

By Gwee Ah Leng

(Department of Clinical Medicine, University of Singapore)

I am deeply honoured to be given the lecture-ship of Singapore Medical Association to lecture on ethics. For many years, medical ethics has not been taught as a subject in medicine in many Universities, and only the other day I met a doctor who confessed to me that although she came from a good University and had been in practice for nearly 10 years, her first glimpse of the Hippocratic oath was at the moment when I showed it to her! In Singapore, special lectures on ethics have been given as a part of Medical Jurisprudence in the last 3 years. This, to my mind, is a step in the right direction, for medical educationists must not aim at the production of medical technicians who concern themselves only with science and finance, but they should rather promote a special class of professional people known as the medical men — men who are concerned not only with knowledge or profit and loss, but also with the philosophy of living and morality. It must be stressed that a fool without moral is only a social nuisance, but an intelligent mind, bereft of scruples, is a danger to society. Hence, medical education is imperfect and even menacing; if it neglects the human side of a doctor's training.

However, the present teaching of ethics frequently takes the form of enumerating the various dos and don'ts of doctors. This seems an unhappy state of affairs. If the teaching of ethics means no more than a simple recitation of a string of facts, then a few printed sheets of notes would be more valuable than a formal lecture. Moreover, if we teach ethics by simple narration and reiteration, we are in fact presupposing that the ethical code is constant and unvaried.

As medical men, we are only willing to permit perfection to remain in a changeless state, but none of us would dare to pretend that our ethical code as such is already in that state of bliss! Hence, I am happy to have this opportunity to delve into the basis of ethics, and would like to take up with you the question of advertisement.

Although etymologically, the word advertisement is derived with a meaning of "to direct in

a certain way", modern use has conferred on it the implication of making an information widely known to achieve a certain predetermined effect. A good and effective advertisement must therefore have a purpose to achieve, and it must be able to disseminate widely with the desired objective attained ultimately. As far as medicine is concerned, advertisement may be used to spread information of true facts as of exceptional individual qualities, superlative skill and facilities, and of general health information topics such as immunisation, and disease. It may also publicise untrue stories which are self-laudatory or deprecatory to others, or acclamations of merits and facilities of persons or skills or therapeutic agents quite unjustifiably. In other words, advertisement itself is capable of truth and falsehood, of good and evil; and unqualified support or condemnation of such an instrument can be both valuable and harmful.

The present attitude of the medical profession is fairly uniform at least within the Commonwealth countries, but it is essential to remember that this uniformly accepted attitude is only of a duration of less than half a century, so that we may not delude ourselves into thinking that what we believe now represents the consistent behaviour of the profession since its beginning. This attitude is succinctly expressed in Section 6 of the warning notice of the General Medical Council of Great Britain, a copy of which is now in your hands (Appendix).

Individual members of the Commonwealth also introduce deviations which are both minor and major to suit local conditions. Thus, taking the subject of a doctor's signboard, the B.M.A. advises that no such words as "psychiatrist" or "consulting surgeon" may appear (P120 B.M.A. Year Book 1962) whereas the Malayan Medical Association takes the stand that there is no objection to the use by a practitioner who is solely engaged in Consulting Practice (M.M.A. Ethical Code 1962), and the New Zealand Branch of B.M.A. permits the mentioning of a speciality on the name plate provided the practitioner has acceptable qualifications and experience, and confines his professional work wholly to that speciality (B.M.A. New Zealand

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Branch Annual Handbook 1962). On the subject of giving notice about the change of address, B.M.A. and M.M.A. are both insistent that no press announcement is permitted, but in Australia it is permitted to announce in a fixed form in the press thus: Dr. A.B. has changed his address from.....to....., provided the type shall be ordinary, and the spacing does not exceed one inch, and the time not more than three days, and no telephone number or hours of consultation mentioned. In general too, the Associations suggest anonymity as unavoidable in the television. They also advocate the curious behaviour of advising a doctor giving a lecture to the public to intimate to the press that he does not want any report of his lecture to be published!

These points apart, we may say that the present attitude of the profession is uniform in the assertion that a doctor must not advertise, and that advertisement is unethical.

It is generally appreciated that the nameplate of a doctor, however discreet in size and appearance, is advertisement and this form of advertisement is accepted as customary. However, it is perhaps not well appreciated that the use of the prefix Doctor or Mister, the publication of the Medical Registration List, and the use of special uniforms, and, sometimes, the assumption of a particularly serious mien are equally different forms of advertisement. It should also be stressed that if an issue is wrong, the professional conscience is unlikely to be injured by the flimsy excuse of usage alone. These much would be sufficient to show that in spite of the uniform attitude, we are far from perfection in regards to our concept and understanding of advertisement.

It is profitable to go back to history when considering any issue. Our legal colleagues hold in awe precedents set up by past decisions of Judges, and it would take more than a brave Judge to run counter to an established precedent. We doctors, however, are more iconoclastic, and frequently rake up history in order to demolish the past. Nevertheless, it will still be beneficial to scrutinise history which will give us a better perspective even if we do not let it commit us. Let us, therefore, go back to the time of Hippocrates, the father of modern medicine, and the perpetrator of the oath to which we pay lip service even though many admit their ignorance of it. Hippocrates was a "periodeutes", a travelling physician who plied his trade from place to place, usually never staying long enough in a place to get well-known

unless specially favoured by fortune. From what we know, he conducted his practice in public under a tree sometimes, if not all the time. The prohibition of advertisement would be a meaningless jargon to him, and indeed his renowned oath made no reference at all to advertisement.

Before Hippocrates, we find Babylonian patients were treated in public streets. Later, we came on to another era with another great man. Galen contributed much to medicine although his dominance was said to retard the progress of medicine for many years. He was not sparing in his remarks of self-praise, and his life was certainly one which was very much in the public eye. Perhaps, it will be bad taste to quote Paracelsus who was not content with a false name to add grandeur to himself but must attract attention by refusing to lecture in Latin, and by collecting a number of current medical books to make a bonfire in public to show how much more he knew of medicine! Jesus Christ, one of the greatest faith healers in history, did not administer his cures behind doors! Even in the enlightened eighteenth century, one read of doctors who were amongst the immortals, pamphleteering, running down their colleagues in public, and many of them even fought duels serious enough to be wounded or killed. In dress, they were so distinct that like a clergyman with his clerical collar, they advertised their profession as they went on the streets. Even to-day, you can see a gold-headed cane in the Royal College of Physicians of England, an object which must have given its holder a good deal of publicity in his time! If we can judge by the uncomplimentary remarks of novelists at about that time, the picture of a publicity-seeking doctor might even be worse. Dickens, Molière, Chekov, Fielding, all had unpleasant things to say of doctors, but perhaps we may console ourselves that novelists, like artists and poets, seldom tell the truth, since they are too often carried away by impressions and emotions. Nevertheless, it is indisputable that our present puritanical attitude towards advertisement is only of recent history!

Now that we have put advertisement in its proper perspective, it will be much easier to consider the topic with less emotion and more reason. Advertisement is not one of the vital ethical morality as professional confidence or respect for life, although we may have lost far more sleep over it in the last 30 years than over any other issues in medical ethics. A bitter doctor once complained that modern ethics were concerned only with alcoholism, addiction, adultery and advertisement. It is my sincere prayer that this is untrue, but I must admit a

sinking feeling in my stomach each time I said my prayer!

Without doubt, the gathering momentum of advertisement will eventually modify doctors' outlook. It has done so already in many countries, for example, Japan, U.S.A.; but if we are able to put our own thinking in order, we should exert our influence on advertisement rather than holding on to our shibboleth until the moment our citadel is stormed and overrun. The public wants information, and advertisement provides it. The doctor now-a-days needs public co-operation in order that his practice in medicine may remain satisfactory, and one cannot gain co-operation from someone who is ignorant about our science. We cannot stop advertisement because, whilst we abstain, drug houses parade their panaceas, quacks publicise their swindling systems, and semi-knowledgeable scientific writers peddle hair-raising untruth about diseases and sufferings. The doctor may be an individualist, and looking after a single patient at one time, but even the most bigoted and rugged individualist cannot ignore the effect of collective conviction on individualism. Individualism cannot be upheld if we forsake collective appeals, and by outlawing advertisement with even more conviction than we

uphold the vital principles of medical philosophy, we are actually getting more and more into untenable and ridiculous positions year by year.

I have already said that advertisement is an effective weapon capable of good and evil. As trained men supposed to have passed through one of the most exacting disciplines, are we really so incapable that, given such a weapon, we are unable to get its goodness and avoid its evil? Many of our effective therapeutic agents kill if used in excess or wrongly, but with judicious use they save lives. If we have enough faith in ourselves to ask to be entrusted with human lives, it would seem strange, indeed, that we have no conviction in our ability to be in control of our reputation! I am positive that within the century the medical mind will either accept the value of advertisement and use it to advantage or be put into such an untenable position about advertisement that the ethical code about it will become a farce. Which way it is going to be must depend on our proper appreciation of the basis of ethical principles, an appreciation that should elevate the doctor from his present position as a highly-skilled technician into his former honoured position as a philosopher.

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APPENDIX

THE HIPPOCRATIC OATH

The Oath is worth quoting in its entirety in one of the numerous English renderings:

"I swear by Apollo the Physician, by Aesculapius, by Hygeia, by Panacea, and by all the gods and goddesses, making them my witnesses, that I will carry out according to my ability and judgement, this oath and this indenture. To hold my teacher in this art equal to my own parents; to make him partner in my livelihood; when he is in need of money to share mine with him; to consider his family as my own brothers, and to teach them this art, if they want to learn it, without fee or indenture; to impart precept, oral instruction, and all other instruction to my own sons, the sons of my teacher, and to pupils who have taken the physicians' Oath, but to nobody else. I will use treatment to help the sick according to my ability and judgement, but never with a view to injury and wrongdoing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. Similarly I will not give to a woman a

pessary to cause abortion. But I will keep pure and holy both my life and my art. I will not use the knife, not even, verily, on sufferers from stone, but I will give place to such as are craftsmen therein. Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrongdoing and harm, especially from abusing the bodies of man or woman, bond or free. And whatsoever I shall see or hear in the course of my profession, as well as outside my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets. Now if I carry out this oath, and break it not, may I gain for ever reputation among all men for my life and for my art; but if I transgress it and forswear myself, may the opposite befall me."

From "A HISTORY OF MEDICINE"

by D. Guthrie

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