THE RELATIONS OF MEDICAL MEN TO EACH OTHER:

AN INTRODUCTION TO A DISCUSSION ON MEDICAL ETHICS.*

By RODERICK MACLAREN, M.D.,

Consulting Surgeon, Cumberland Infirmary.
(Late Chairman of the North Cumberland Division.)

ETHICS is defined as "the science which treats of the nature and grounds of moral obligation, which teaches men their duty and the reasons of it." Medical ethics is a limitation of this to the conduct of medical men in their professional capacity. It does not deal with their actions as members of the community at large, as citizens or as items of any social plane, but solely with what is incumbent on them as medical practitioners. A full consideration of the subject would involve a discussion of the relations of medical men to each other, of their position in regard to the body politic, to the various governing authorities of the land, and finally of the various relations and obligations as between patient and doctor. For the present, however, I purpose only to attempt an outline of the first, intra-professional ethics.

It has been said that this should be nothing more than an observance of the golden rule, Whatsoever ye would that men should do to you, do ye even so to them. While it is undoubtedly true that all correct intra-professional conduct ought to conform to this rule, it would be a very partial view of the subject which was limited to this statement. For in the multiform and complex relations of a well-evolved society it is often a most difficult question to answer, what men should do unto you, and conflicting conclusions may be reached by men equally anxious to do right.

It is undoubtedly to the advantage of the public as well as of this special occupation that the mutual relations of medical men should be such as to promote peace and friendliness, and that there should be no obstacle in the shape of distrust or jealousy to prevent them helping each other in grave cases and emergencies. There have existed such strained relations between practitioners that the expression of an opinion by one was certain to be followed by the assertion of a diametrically opposite view by the other, apart altogether from the merits of the case—a state of tension very apt to lead to disastrous results in actual practice. There is, therefore, good reason to have certain lines of conduct laid down as proper under given circumstances, both as guides to action and barriers against disagreement.

The public have the idea that medical men are bound hard and fast by certain rules which cannot be understood, and that these determine conduct differing in principle from that of other people. These supposed rules they call medical etiquette. No doubt, this idea has been fostered by men who have found it convenient to avoid disagreeable explanation by sheltering themselves behind a statement that some fine of action was in accordance with or contrary to medical etiquette. As a fact, rules are few and lines of conduct generally accepted are simple. They are the outcome of experience and designed to prevent disagreement. It may be claimed for all of them that they are only what right-minded men in any occupation would consider reasonable, and consistent with honourable behaviour.

Medical men get the credit of being an irritable set, of being unduly sensitive and easily offended. If these things are so, is it to be wondered at, when the personal and intimate nature of their work is taken into consideration? for their patients' feelings and well-being must become of intense individual concern to them. The necessary relations between doctor and patients are peculiar and confidential. He is told of their joys and sorrows and sins. He gets interested in them as human beings, they afford him studies of marvellous complexity and endless variety. Interest often grows into affection. He may have to deal with their mental and moral states as well as their physical condition. Often enough his apparent measures do not reveal his true motives, and some carefully thought-out scheme of treatment may be spoilt by an interfering irresponsible friend, or even when not spoilt may be rendered much more difficult by one who has neither the knowledge nor insight of the attending practitioner. It is perhaps inevitable from such conditions that medical men should be somewhat impatient of the shadow of interference;

that they do not well tolerate the fussy, meddlesome man, especially he who professes to have the good of the whole human race as the object for which he lives.

This state of matters, inseparable from the conditions of their life, should—and, I believe, does—bring home to every medical man the great necessity for watchfulness in speech and action, lest some careless remark, some little-headed act, bring unintended trouble on the shoulders of a professional brother. On the other hand, it makes an unhappy life to be thin-skinned, to be always on the look-out for a personal application, or for slights in whatever is said and done by those around us. Happy is the man who can just go straight on to his goal regardless of what is to right or left of him, heeding little what others do or say so long as he satisfies his own mind and conscience, and convinced that so acting his object will be attained. Valuable as this spirit is in every condition of life which necessitates much intercourse with fellow men, in no profession—I think I may say in no occupation—does it more conduce to a happy life than in medicine.

It is essential that every medical man, even more than other men, should carefully restrain whatever has the slightest appearance of meddling in the concerns of others. He does well to avoid inquiry about other men's patients beyond what ordinary politeness or neighbourly friendship requires, and nothing should ever be said in conversation which can be construed into suggestion or criticism.

So also after consultations. It is a wise regulation which limits interest to professional contact. When pre-existing friendship, when social mingling intervenes, it is often difficult to steer a course which avoids on the one hand a cold, unfeeling aloofness, or on the other a friendliness and familiarity which is capable of misinterpretation.

One of the most common relations between medical men is that between consultants and practitioners. Consultations occur under two considerably differing conditions. In the one set the consultant does this kind of work and this only. He does not undertake the treatment of patients without the intervention of the family practitioner. In these circumstances the line which separates the consultant from the practitioner is a distinct and well-defined one, and few difficulties are met with. There is little impelling motive for either to trespass on the field of the other. The consultant sees the patient, who is generally a stranger to him, either with the ordinary attendant or, if the case is sent from a distance, in concert with and after hearing from him. An examination is made, an opinion formed and discussed, a treatment is decided on, and the consultant's connexion, for the time being, there ends.

Simple and straightforward as this story seems, there are yet a few ways in which a consultant may act in violation of ethical principles. He may suggest to the patient to come again, or he may see the patient without communicating with the usual attendant. Both practices are much to be deprecated. The former opens the way to the self-interested making of fees, and the latter is unjust to the medical attendant who is in the position of being the introducer of the patient to the consultant. If there is anything in the ailment which time alone will evolve, if it is advisable to re-discuss the effects of treatment, making it reasonable that the consultant should again see the patient, the suggestion should be made through the ordinary attendant, thus giving him the knowledge of what is proposed, the reason for it, and the power to carry it out should he see fit.

Consultants are almost universally an honourable and upright body of men whose conduct is beyond question, but there have existed, and probably always will exist, a few of whom this cannot be said, and who will not hesitate to adopt such practices as the above named, or even descend to acts less honourable still. I know of an instance in which a Fellow of a College of Surgeons, a man of wide repute in his speciality, saw a patient at his consulting rooms for which he received the usual fee; he also sold him apparatus for which he charged him a sum larger than the fee, and much larger than a dealer's price. He gave as his reason that he kept these things so as to ensure that they were all right and what he wished. Such practices need only be named to be condemned.

The other form in which consultations occur is when the consultant is not in consulting practice solely. Except in large cities, this must be; unless there exist a great or wealthy population the amount of consultation work required will not give a pure consultant a reasonable living. Sometimes the consultation is between men of strictly equal position, but

* Read before the annual meeting of the North Cumberland Division of the Border Counties Branch.

most frequently the consultant has or is supposed to have some special fitness. He may be physician or surgeon to a hospital, or he may have devoted himself largely to and gained experience in one branch of medicine. And yet he may not have debarred himself from acting as a general practitioner. Such consultations obviously contain elements which may give rise to positions of considerable difficulty. The same rules are binding on the consultant practitioner as on the pure consultant. He should consider himself as introduced by the attending practitioner. Prudence and equity alike enjoin that he do not supersede him. His connexion with the case should terminate with the consultation. It would manifestly be unfair to the ordinary medical attendant that he should call in another man for the good of his patient with the possibility of being displaced by the newcomer. It seems to me to speak well for the common sense and forbearance of doctors that breaches of this practice are so rare. The consulting practitioner is often sorely pressed to take over a case where there is a real or imaginary grievance, and it is often hard to convince patients or their friends that they are asking for a dishonourable act. We must also allow that there are limitations and exceptions to the application of the rule. We may agree that the obligation does not last for ever. After a lapse of time, differing according to circumstances, as men of sense we should hold that the influence of the introduction has worn out and that it should not be considered a breach of professional decency for a practitioner to become the ordinary medical attendant, because he has at some distant period acted as a consultant to the same patient. The interval should be long and the circumstances such as justify a reasonable man in changing his medical adviser. I have known the very recollection of a consultation fade from memory after the lapse of years. So after the interval of years it would be an undue interference with human liberty to forbid such a relationship. A recent work on medical ethics limits the period of exclusion to the illness. But in justice to the attending practitioner, this is too short. It might be thought to hold out an inducement to the consultant to act so that he should soon become the regular medical attendant.

It is sometimes laid down in medical journals and by writers on this subject that a practitioner should never refuse to meet a legally qualified medical brother in consultation, whatever be their respective ages or attainments. I do not accept this view. For though it is extremely unusual for circumstances to occur which justify refusal, yet they do occur; and while the solace and satisfaction of a consultation should never be withheld from a patient, it is undoubtedly nothing but just to the attendant that he should have a voice in the choice of the consultant. It is not difficult to conceive of circumstances in which the request to meet some individual amounts to an insult, and it should be dealt with as any such occurrence would be in ordinary social life. A temperate statement of the reasons should be given. The patient should be offered a choice of suitable consultants, and, failing acceptance, the ordinary attendant is justified in withdrawing from the case.

Troublesome complications may arise where the consulting medical man has been the ordinary attendant in former times, and is asked again to become so. There is no ethical reason that I know of to prevent him if he likes; nevertheless, he does wisely to decline. It is difficult cordially to resume interrupted relations under such circumstances, and the practitioner who is superseded can hardly do otherwise than feel aggrieved. But what reason can be given to a patient or friends for so doing? Well, this is just one of the conditions in which it is best not to give any reason. It saves much trouble to announce your decision as final, and there let the matter rest. We are too chary of exercising our right to select our patients, which is just as definite as a patient's to select his medical attendant. The assertion of such a right is often received with incredulity, not only by the public generally, but even by medical men themselves. We might stand better with the public if we as a body showed a little less eagerness to acquire patients. The natural man values and runs after what it gives him some trouble to attain, more than what can be picked up without trouble.

It is not a very uncommon occurrence for a consulting practitioner to be asked to attend some near relative of a patient seen in consultation, and honourable and straight-walking men have often much difficulty in knowing how to act. The simplest rule that I can offer you is that the obligation of non-attendance should extend to the heads of the house—say husband and wife, and those who may be presumed to be dependent on them, those whose age or

standing makes it reasonable to assume that they do not act for themselves.

Patients and their doctors quarrel sometimes. When such an event happens and a consulting practitioner is asked to attend, what should he do? I think, agree to attend if asked by the displaced attendant, not otherwise. It seems to me that the latter alone can release the consultant from the customary obligation. Very often he would prefer to have his patient in the care of a friendly consultant rather than under the charge of a stranger or active opponent. I am assuming, of course, that the difference has been of such a nature as not to admit of patching up. For many a time it happens that a judicious consultant succeeds in restoring confidence and harmony when both have been shaken. Temper, real or supposed neglect, assumed or actual incompetence may be the reasons alleged for a medical man and his patient to part company, and all call for the strongest possible efforts to find a remedy or prevent a rupture. Alcoholism, on the other hand, stands by itself, and I assert that the medical man who drinks deserves no consideration at anybody's hands. He voluntarily renders himself incapable of fitly fulfilling the moral obligation which he has accepted, and indulges in a vice which may make him a danger rather than a help to the community. Consequently the higher obligation of protecting the weak and helpless supersedes the lower one of protecting or helping a professional brother.

If a medical man drinks and does wrong, let him bear the penalty. Fortunately, medicine is a sober profession.

It has ever been the kindly custom of the medical occupation for its practitioners to help each other to the utmost limits of their ability; to attend not only each other but also their families in illness without fee or reward; to do each other's work in emergencies and during incapacity from sickness, and for the juniors to take the work of seniors at holiday times, or when pressure of work produces some temporary difficulty; nothing has a greater influence in promoting friendliness than the will and capacity to be helpful freely and generously. There is no ethical obligation which should be more fully recognized and acted on, than this one. Called to an emergency, the first duty of the medical man is to relieve; the second is to find out the ordinary medical attendant's name and the reason why he is not present, and, should no obstacle intervene, to hand over the case to him. I am aware that this is not a view universally accepted, and that there are men who hold and act on the belief that the first comer is the man to take charge of the case. I think, however, that the course which I have submitted to you as right is approved by the greatest number and the best practitioners. It is in accord with the feeling that medicine is a liberal profession and not a mere self-aggrandising occupation. Of course, the right of the patient to change his doctor must always be borne in mind and his wishes consulted. But in no way should any medical man supersede the usual attendant if he can help it. A man in choosing his medical attendant pays the chosen one a compliment when it is done deliberately; it implies an opinion that he is in some way better than others; and the choice should be respected accordingly. But it is no compliment to be called in on an emergency as the nearest.

Of the obligation to come to the help of a brother practitioner whenever he asks such, I say nothing, for the reason that it is universally admitted, and that neither absence of reward nor the existence of less pressing engagements ever stands in the way of such an appeal being responded to. Right feeling requires that for work done in this way there should follow the same exclusion as after a consultation. A patient seen for a brother practitioner should not be attended by the helping friend, lest the feeling or imputation arise that in apparently doing a kindness, really an injury is inflicted. Some people change their doctors very lightly, and it happens to most men when acting for another to be asked to continue an attendance for themselves; to do so would be a breach of good faith towards the man for whom he acts, who has trusted him as a friend to take his work or otherwise help him. A friend cannot honourably supplant him.

In fairness to each other, medical men should always discourage patients to change. There is no right or title to interfere with any man's freedom to select his own doctor, provided that no obligation has arisen which bars some particular individual medical man; but it is well to use such gentle persuasion as we may, to prevent a passing feeling of irritation resulting in a permanent separation. In this spirit should the members of a liberal profession deal with each

other and put away from them all effort at keen business competition. There should be no seeking of personal aggrandisement, regardless of the feelings and interests of others. Competition there ought to be, but it should be the emulation of knowing and doing our business as well as or better than our neighbours—of being as kindly and sympathetic to our patients as we can, and of sparing no effort for their comfort and recovery. In an occupation which numbers in the United Kingdom more than 30,000 there will always be some whose code of morality is a loose one, who will go as near the verge of breaking laws as they think they safely can; some with whom moral obliquity is part of their nature; and yet others who, by original disposition or by cultivation, are cantankerous and ill-conditioned fellows. As sensible men we must recognize the fact that so long as the present constitution of humanity remains the same we cannot eliminate them; indeed, perhaps we should not long to do so even if we could. They are stimulative. This being so, how shall they be dealt with? I say, leave them alone as much as possible; let them fulfil their destiny by themselves. In no respect yield to them because they are objectionable; equally, and above all things, do not imitate them—it would be degrading. They carry within them their punishment, which develops as inevitably as the planets follow their courses. If we had this choice put before us—the alternative of a life of peace and comfort, with an equable mind and the esteem of our friends and brethren; or, on the other hand, a life of perpetual disagreement, always a position of offence or defence, with the knowledge that the goodwill and friendship of those of our own occupation are withheld from us, would any sensible man hesitate for a moment which to accept? Yet a man may so order his life that the latter is the result he attains—often, it may be, by slow and insensible degrees and not of deliberate aforethought.

Is a medical practitioner morally bound to conform his fees to any given standard? It is an opinion largely held that he is. Anyone deviating, either by falling short of or exceeding the custom of his locality, is sure to be subjected to active criticism. I submit to you, however, that every man has a right to value his services. If he fixes his fees above those of his neighbours it is a question between him and his patients whether or not they will accept his estimate of what his professional knowledge and skill are worth; his fellow practitioners have no claim to any voice in the matter. We may doubt the wisdom of the man who charges smaller fees than his brethren, and thereby proclaims his opinion that he is worth less. Yet he is equally within his rights, and it would be unjust to submit either to ostracism for what they have elected to do. I would willingly see more inequality of fees than exists, certainly the value of the work of different men varies out of proportion to the difference of reward. Take consultants, for instance: the conventional fee is the same for the struggling youth as for the man of great experience and knowledge. There is no gradation. I think there is a somewhat general feeling that a change would be to the advantage of everybody. Among general practitioners, again, it would not be an unfair arrangement if it were customary and usual to double fees at a certain age. There are undoubtedly difficulties in the way of introducing such changes; most changes are difficult. It could be applied only to a limited extent in country practices where the fees are often as much as the people can afford. It probably, also, would involve something less of the personal attachment which usually exists between practitioners and their patients. I am not, however, without hope that an alteration may yet be made in the direction I have indicated, and perhaps rather by slow evolution than by a rapid revolution. But I trust that the members of the medical profession will never take the false step of attempting to dictate to any one what his fees must be or of refusing recognition to those who may deviate from ordinary custom.

Are there circumstances which ought to prohibit a medical practitioner from competing for a vacant paid appointment? A medical man leaves a locality or dies, and his practice is bought by another; a partner holds appointments and resigns them: is there any reason why any one else should not compete with the successor to the practice? I venture to assert that there is not. There is no property in such posts. It would be alike contrary to public interest and to the best traditions of the profession that an effort should be made to have it created, even by custom. We ought not to think badly of any man who elects to contest any such vacancy because he does so. Even in the case of a necessitous widow who has sold a practice and receives payment for

appointments, it must be held as an act of goodwill and charity on the part of an eligible candidate if he declines to compete for vacancies. Again, the same question arises in the event of a man being unjustly dismissed. A Board or committee may seek to impose terms or remuneration which are manifestly inequitable. Do these circumstances imply any moral claim to such support from his brethren as is implied in a refusal to endeavour to supersede him? I assert that they do. None of us should aid or abet the doing of injustice. While the quarrelsome or injudicious man has no reason to expect to be supported in opposition to the powers that be, the man, who has been dismissed because he has conscientiously done his duty, or the man who resists an effort to reduce his remuneration below what is just recompense for his labour, has the strongest possible grounds for expecting active sympathy and support. I hold that any one disregarding this obligation and acting in a manner contrary to the sense of honourable men has voluntarily renounced his right to be treated as their equal.

It is well for the future of medicine as a profession that its governing body, the General Medical Council, is taking cognisance of breaches of good conduct by those whom it has registered. The Council now punishes and censures acts of which it formerly took no notice. There is hope that it may one day feel able to extend its powers a little further. But even if it does there will still remain minor lapses—acts which may be classed as ungentelemanly, and personal disagreements which it cannot be expected to regulate. For such, we now have admirable tribunals in the Ethical Committees of the Branches and Divisions, to which we may look to maintain in the future a high standard of professional honour. We need not desire for them any more extended powers than they now possess, for a deliberate and ordered expression of opinion is a sufficiently powerful agent for the object in view.

In concluding these remarks there come to me the words of the Psalmist: "Behold how good and how pleasant it is for brethren to dwell together in unity." And if I have in any way directed your thoughts to the means which tend to amity and to good fellowship and to that kindly charity which thinketh no evil, I shall feel that my purpose has been attained.

THE CALCULATION OF THE DATE OF DELIVERY IN PREGNANCY.

By W. J. CAIE, M.A., M.B., B.Ch.,
Bury St. Edmunds.

THOUGH authorities differ somewhat as to the average duration of pregnancy in woman, the amount of divergence is small, and it is generally agreed that there is no absolutely sure method of calculating the exact date of delivery, the causes of this being mainly the impossibility of determining the date of fruitful coitus, combined with our ignorance of the factors which go to induce the occurrence of labour at term. Added to this is the prevailing inaccuracy of the woman regarding the date of the last menstrual epoch.

The length of gestation is given by Matthews Duncan¹ as 278 days, Schlichting² 273.2 days, Ahlfeld³ 281.6 days, Löwenhardt⁴ 279.8 days, Hasler⁵ 280 days, Montgomery⁶ 276 days, Edgar⁷ 280 days, giving an average of 278.3 days.

The simplest calculation is, perhaps, that by Naegeli's method, which consists in counting three months back from the date of the onset of the last menstrual period, adding seven days (in Leap Year six days if February be included), and counting a year forward from the resulting date.

I have kept by Naegeli's method a record of 200 cases which were under my own observation, only those being recorded in which, on inquiry, the woman herself gave an exact date for the onset of the last menstrual epoch, and the results are as follows:

A. Labour occurred before the estimated date...	53.70 per cent.
B. " " " after " " "	24.50 " "
C. The estimated date was exactly correct " " "	16.04 " "

The remaining percentage is accounted for by immature and premature labours.

In A. labour occurred on an average 3.4 days before the estimated date.

In B. labour occurred on an average 1.8 days after the estimated date.

There are, therefore, two points about this analysis which should be noted:

1. The percentage of labours occurring before the estimated date is far in excess of those occurring after it.