Medical ethics manual: does it serve its purpose?

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World Medical Association. *Ethics manual*. Ferney-Voltaire: WMA, 2005. http://www.wma.net/e/ethicsunit/pdf/manual/ethics_manual.pdf (available for download). This manual of medical ethics is meant to serve the purpose of a guiding teaching aid for medical students as well as physicians. It was decided upon and planned by the World Medical Assembly in 1999 and the work was supervised and coordinated by the WMA Ethics Unit.

The manual (134 pages) covers a wide variety of topics in medical ethics, such as ethical issues in the physician–patient relationship, medical research ethics, relationships between physicians and society, and relationships between colleagues and other health care personnel. Important issues are discussed, such as ethical challenges at the beginning and the end of life, decisions on behalf of incompetent patients, resource allocation, and challenges for global health services. It opens by introducing four medical cases—which are used later to illustrate the various topics and discussions of medical ethics—and also introduces some basic issues and concepts.

DOES THE MANUAL SERVE ITS INTENDED PURPOSE?

It is evident that, if the aim of this manual is to serve as a guiding teaching aid in the field of medical ethics, this can be only in a limited way. It presents a basic but quite superficial overview of some important topics and, given the space restrictions, it is difficult to see how it can fulfil such a comprehensive aim. This being said, the manual is well written. For the reader who is not acquainted with the basic topics in this field, it presents clearly some of the central issues in contemporary medical ethics. It also gives a clear and well formulated introduction to some of the fundamental concepts of medical ethics and ethics in general, such as the distinction between ethics and morality, and between medical ethics and bioethics, and the relationship between ethics and law. The chapters are well structured with regard to important topics, such as medical research ethics and the relationships between physicians and patients, the public, and colleagues.

SOME CRITICAL REMARKS

What the manual to some degree does not accomplish is to give a picture of relationships between the medical profession and other health care professions in a way that is not influenced by traditional medical paternalism and the belief that the medical profession is superior to other

related professions and partners. For instance, on page 17 it is stated that “compassion, competence and autonomy are not exclusive to medicine”, but that physicians are expected to exemplify these virtues to a higher degree than the members of many other professions. What can qualify this assertion, in particular when compared with other health care professions? I have no problem agreeing with the notion that these virtues are extremely central to medical practice and ethics, but more central to medicine than other health care professions ...?

On page 22 it is claimed that the time is gone when physicians felt accountable only to colleagues and to God, and mentions accountability to patients, hospitals, and managed care organisations, but not to other health care professionals such as nurses, physiotherapists, paramedics etc., who serve in essential capacities in today's health care services.

Even worse in this regard is the tiny space in chapter four allocated to the relationship between physicians and other health care professionals. This part of the text should really be rewritten because it is all too dismissive of the responsibilities and competence of cooperating health care professionals.

What is meant by “appreciating the skills and experience of other health care professions insofar as these can contribute to the care of the patients”? Are the skills of related health care professionals not tailored to the service of providing care just as much as those of medical care? What is this qualification meant to say? No skill, not even a medical skill, can be appreciated if it does not serve the care of the patient. Either this must stand as a general assertion about professional competency, when it becomes trivial, or it is meant to characterise other professionals working in health care, when it will be highly controversial. This section is all too negative when portraying relationships with other health care providers, only exemplifying the borders between medicine and related professions as well as the negative aspects of interdisciplinary cooperation. What about the important similarities between the medical profession and nursing, physiotherapy etc.? What about the contributions made to medical care by related professions, and the importance of communication and the exchange of knowledge and information between the professions for the good of patients. Nothing so central to cooperation between the professions is mentioned.

When it comes to the short presentation of theories of ethics on pages 27–31, let me make some brief remarks. It is of course a difficult task to present these central ethical distinctions in a clear and comprehensive way that does justice to

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the complexity of the subject matter. However, the manual succeeds quite well in presenting the basic theories and principles of medical ethics. What can be noted here is the distinction between rational and non-rational approaches to ethics, in which feelings and desires, intuitions and habits are examples of the non-rational approach. I am not sure that all intuitionists in ethics would be familiar with this categorisation. Furthermore, to regard feelings as strictly subjective in the way presented here was dismissed long ago by schools of moral philosophy and epistemology, as well as by cognitive science and psychology. In addition, the concept of habit would merely count as a strictly irrational approach to medical ethics if moral experience is not regarded as a genuine source of habitual action. Experience with different ethical situations and problem solving is however central in

shaping a kind of moral competency where some sort of habit plays a role, but it is not at all clear that this kind of experience based moral conduct is irrational in its foundation. For instance, the role of experience is highly regarded as a genuine source of moral judgement and conduct (such as casuistry).

Altogether this manual serves as an interesting and well formulated overview of an extensive and complex subject. As such it can serve as an aid to medical students and practitioners who are not already well acquainted with the field, but it should be supplemented with other literary sources that can provide a more basic introduction to the discipline of medical ethics.

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