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Victorino de la Fuente

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The Place of Ethics in the Medical Curriculum

VICTORINO DE LA FUENTE

Sometimes medical students of the University of Santo Tomas wonder why they are obliged to take up rational psychology, ethics and religion. These subjects do not appear to them to have any immediate bearing on the main purpose of their study. The same perplexity prompted a Catholic physician, when invited to speak on the moral aspect of therapeutic abortion, to reply that morality fell outside the province of his profession as a physician, and that physicians had better stick to medicine and leave moral problems to the moralists.

These two examples illustrate a not uncommon attitude which would separate ethics and medical practice into two mutually exclusive compartments, and would ultimately deny to ethics, if not in theory at least in deeds, any validity whatsoever in human behavior.

SEPARATION OF SCIENCE AND MORALITY

This refusal to recognize and be governed by the moral law—a law based on principles outside the sphere of science—was for a time fashionable in scientific circles. *Has Science Discovered God?* was, if I remember well, a title given to a symposium of renowned scientists. Whatever

may have been the answer, the theme clearly indicates the trend of scientific thinking at the period of its publication: if the existence of God is to be proved, it must be done with scientific arguments and in accordance with scientific methods, otherwise the proofs are not acceptable to the scientist; religious and moral values, generally accepted by mankind and recognized as responsible for the stability and order of society, are to be re-examined like tissue sections; they are to be forced to yield some scientific explanation, which is to be the sole reason for their validity. Two quotations from Julian Huxley will illustrate this vogue. "For a justification of our moral code we no longer have recourse to theological revelation, to a metaphysical Absolute; Freud in combination with Darwin suffices to give us our philosophic vision,"¹ and "Science will be called on to advise what expressions of the religious impulse are to be properly integrated with other human activities and harnessed to take its share in pulling the chariot of man's destiny along the path of progress."²

This disposition to brush aside as an intrusion the consideration of morality in the activities of scientists seemed to be justified in the eyes of many by the vast material improvement in the life of man resulting from the application of the natural sciences, and by the comparative failure of philosophical thought to show the right path to peace and happiness. But just at the point when faith in scientific learning appeared to be reaching its final and absolute vindication, namely, in the harnessing of atomic energy to human purposes, the first use of this energy jarred the confidence of many a scientist. The atom bomb was a creature of science, and when its vast possibility for destroying all the other works of men became clear, terror gripped the hearts of its inventors. An agonizing cry for control flashed frantically from scientific laboratories. For the first time, the truth glared unmistakably to everyone, more especially to the scientist, that science could not furnish the rules needed to direct its use exclusively for the good of men.

The following statements plainly indicate a reversal

of the Huxley position quoted above. The first was issued as a joint declaration of twelve top members of the American Physical Society: "We believe" they said, "that no nation has the right to use such a [atom] bomb, no matter how righteous its cause. This bomb is no longer a weapon of war, but a means of extermination of whole populations. Its use would be a betrayal of all standards of morality . . ." The second statement was from Dr. Robert Oppenheimer: "The decision to seek or not to seek the international control of atomic energy, the decision to try to make or not to make the hydrogen bomb is rooted in complex technical things, but they touch the very basis of our morality." On the same matter the great scientist Einstein had this to say: "Annihilation of any life on earth has been brought within the range of technical possibilities Is there any way out? Solemn renunciation of violence is undoubtedly necessary. Such renunciation, however, can only be effective if at the same time a supranational judicial and executive body is set up . . ." ³ What do these declarations denote but an admission that science cannot be its own measure, that it must look up to something outside of it to regulate its application?

I have introduced the issue created by the atom bomb because it is one of those scientific subjects which have caught universal public interest, and the controversy about it has impressed vividly upon the popular mind two things of supreme importance. First, it has illustrated the confusion into which men of science are thrown when confronted by questions involving the relation between the pursuit of science and the purposes of mankind. Their perplexity is reflected in their answer to the question when and how the atom bomb should be exploded. If the use of the bomb violates all standards of morality, as stated in one of the quotations cited, why should the employment of any other weapon of war, say the conventional bomb or the tank, not be considered to do so too? Does the difference in the number of deaths per explosion render one instrument less moral than the other?

The second important thing which the atom bomb has

fixed in the public consciousness is the horrible consequence of a complete dissociation of the applied sciences from ethics.

MEDICINE AND MORALITY

Medicine, being one of the natural sciences, is faced with the same problem. It is more directly concerned with human life than nuclear physics, and in the wrong hands can be destructively employed with greater impunity. For the physician's dealings with his patient are in the nature of a confidence which even newspapers respect and which the patient will be equally anxious to preserve. This cloak of secrecy constitutes an occasion for the evil practitioner by affording him protection for his conduct and by removing in a large measure one great deterrent of evil conduct, namely, the threat of court action and unfavorable publicity.

Furthermore not only does the privacy of the physician's ministrations make any aberration in his thinking peculiarly destructive, but its preoccupation with the physical also tends to make him unbalanced in his outlook. The physician is invariably consulted for physical troubles and is never, as such, approached for spiritual or legal counsel. Hence his habitual reaction to any complaint is to prescribe remedies along physiological lines, without considering whether perhaps some of his orders may have spiritual repercussions. Thus, it is not infrequent to hear of an adolescent having received from his doctor a suggestion to indulge in actions forbidden by the Sixth Commandment as a remedy for some physical condition. This same exclusive attention to the physiological explains how obstetricians at times do not hesitate to crush the head of a living fetus for the safety of the mother; and how other physicians through compassion for the sufferings of cancer patients resort to so-called mercy-killing.

IGNORANCE OF ETHICS IN MEDICAL PRACTISE

The reason for this disregard of morality in many cases, such as those alleged above, is ignorance rather than ill-will. It is to be attributed to lack of instruction in morals, a defect which is not likely to be alleviated by subsequent experience. I have heard Catholic physicians, aware of the Church's condemnation of therapeutic abortion, tell their patients suffering from toxemia of pregnancy and unrelieved by conservative measures, that induced abortion might improve their condition, but that since they were Catholic doctors they could not perform this operation, insinuating the name of a physician who would not hesitate to resort to it. Here we have an example of naive obedience to the precepts of the Church, an edifying will-*ingness* to refrain from what is prohibited, coupled with failure to appreciate the finer implications of the law.

Since as we have said, these violations of the moral law out of eagerness to relieve physical sufferings are so often due not to bad will but to deficient instruction in morality, the medical schools cannot escape part of the blame for this intellectual insolvency. Concentration on purely medical subjects for a period of five years is enough to make any student miss the fact that medical practice is intertwined with morality. The result is that when that student is later informed that artificial birth-control, for example, is wrong and should not be prescribed, he instinctively reacts by considering the ban as an irritating and unjustified interference with a reasonable scientific procedure. An example of this state of mind was given by an obstetrician in one of the meetings of the Catholic Physicians' Guild of the Philippines when he condemned the moral precepts enunciated by the Catholic Church touching medical practice as an obstruction in the path of scientific progress. It is not necessary to accuse this obstetrician of bad will. His attitude was rooted in ignorance which in turn went back to the limitations of his education. He had never considered deeply the nature

of morality or its relations to his profession and therefore had never perceived that medicine is only able to spread its manifold benefits to the people because physicians and people take for granted a whole code of morality, and this precisely as a check upon medicine, and that if it were not for this control, medicine and medical knowledge would be a menace to the community.

ETHICS CO-EXTENSIVE WITH MEDICINE

And this must be the starting point in the ethical education of the medical student. He must be convinced that ethics is not some extraneous influence that from time to time makes accidental and troublesome contact with medical practice, but is something which is co-extensive with it. We must stress the ubiquitous role that the moral law plays in medical practice.

If we consider the life of a physician, the daily unnoticed activities of the doctor, we find ethics a constant determinant of his conduct.

If we begin at the time when the medical graduate has just passed the examination given by the Medical Board of Examiners, we find that before he is finally allowed to hang out his shingle, he is required to take an oath, declaring that "he will support and defend the Constitution of the Philippines; . . . will bear true faith and allegiance to the same; will obey the laws, legal orders and decrees promulgated by the duly constituted authorities of the Republic of the Philippines. . . ." ⁴

This act is enjoined not for scientific but for moral reasons. It has nothing to do with the person's ability to treat patients. If the successful examinee refuses to swear allegiance to the Constitution, it is certain that he will not be granted the right to exercise his profession. Similarly, if during the course of his practice it can be proved that he has violated his oath, he may be deprived of the same right.

Now, has it ever occurred to anyone to ask why the

government should take particular pains to bind the medical practitioners of the country by such a declaration of loyalty? Is there any special connection between the Constitution and medicine? It is obvious that there can be no relation between the two on the basis of science. But a moral tie between them does exist. It is the mind of the state that since physicians play such an important part in the country's welfare, they must be reminded at the beginning of their career to exercise this influence in such a way as not to forget other obligations, outside the medical order, but no less important. And the physicians by this oath, at the very outset of their professional lives, admit that there are certain moral considerations which must guide them in their practice and which they undertake to observe.

OTHER ETHICAL RELATIONS

Allegiance to the Constitution of the country is not the only moral restriction which requires compliance from the medical practitioner. There are many more.

For example, as soon as he starts his practice, a relationship is established between him and his patient, involving an exchange of rights and duties. The verbal contract, no less valid than a notarized one, imposes upon the physician the personal obligation to restore the sick to health as soon as possible. When this cannot be done either due to the nature of the disease, or the unavailability of means, like drugs and instruments, or to his inability, as when the case is surgical and the attending physician is an internist, then he should inform the patient or his family about the situation. The physician in turn acquires certain rights with regard to the patient, for example, for compensation for the services rendered to him.

These few examples—and many more could be cited—show that in applying his medical knowledge, a physician is guided by rules other than those dictated by science. It is furthermore clear that if he disregards these extra-

medical prescriptions, if, for example, he does not respect the right of the patient to request a consultation, he will soon find himself without any patient to whom to apply his medical knowledge.

These extra-medical rules, which the physician actually observes and takes for granted, are promulgations of morality. Unfortunately many physicians are not aware of them as such. They do not appreciate that morality and medical practice here are closely intertwined, that the relation between patient and physician is *primarily ethical* and only *secondarily medical*, and that *it is the ethical element in this relationship which in the first place directs medical science to seek the medical good of the patient and prohibits anything contrary to it.*

Now, if ethics is intimately related with medical practice, why should not physicians be made more fully aware of it, and why should ethics not be taught more efficiently to medical students along with purely medical subjects?

SPECIAL ETHICAL TRAINING NECESSARY

It may be objected that since physicians in the country are for the most part actually obeying the precepts of morality, the students will instinctively fall in with their predecessors and should not be burdened with a subject whose principal aim is thus already realized. This objection would have some force if all the problems which face a physician were as simple as those indicated above. The simplicity of these problems consists in the fact that their respective solutions bring about the medical good of the patient and at the same time satisfy the requirements of morality, that is to say, the medical good coincides with the moral good. When confronted with problems of this nature, the physician is spared the trouble of deliberating over the moral aspect of the act. It is sufficient under such circumstances to look merely after the medical good.

But unfortunately, the search for medical good does not always fall in with the demands of the moral law.

When this conflict arises the physician who is not well instructed in the principles of ethics flounders, gets confused and solves the problem with utmost capriciousness. Since he has been trained solely to look to the medical welfare of the patient and since in the majority of instances, the medical good of the patients has coincided with his own moral obligation, to seek the medical good has a tendency to become for him the only norm of behaviour.

An example of this bewilderment is the classification of induced abortion into therapeutic and criminal by those who believe that the life of the fetus may be sacrificed for the sake of the mother. One cannot accuse the supporters of therapeutic abortion of denying morality, for the very fact that they characterize one type of abortion as criminal is an affirmation of morality. Criminal abortion can only be criminal, if the fetus is admitted to be the subject of rights. Yet having thus recognized this fact, they fail to see that the right of the fetus to live continues to exist even when the mother happens to be in an advanced stage of tuberculosis, or to have a weak heart, or to be suffering from toxemia. This is foggy thinking.

Now if we ask why at times physicians of good will cannot appreciate the moral arguments against some scientifically approved therapeutic intervention, there can only be one answer. It is due to defective instruction in ethical principles, and ultimately therefore to a gap in their youthful formation.

This is not to say that there is never a degree of culpability in this ignorance. Ignorance of ethics in a physician who has reached a high degree of intellectual development, and who is almost inevitably challenged by daily circumstances and by the spoken and written word to review his ethical position, can hardly exist without some blame attaching to it. It is the physician's duty, even if the schools have been neglectful, to know more about the principles and precepts of morality.

I may add parenthetically that for those other physicians who with malice and for selfish purpose engage in practices contrary to the precepts of morality, more pro-

found knowledge of ethics would be of little use. What they need is a change of heart which increased knowledge cannot effect. Fortunately they are few and it is not so much for them that this article is written. The harm they can do can be minimized, if the majority of physicians are attuned to the dictates of the moral law.

SOCIAL IMPACT OF PHYSICIAN

There is another and very weighty reason for giving ethics an important place in the medical curriculum. It is a wider social consideration. The injury done by a medical intervention which is interdicted by morality, remains isolated and sporadic, and affects only a few ailing individuals, as long as the measure is considered a treatment for specific cases. But when such medical intervention is transformed into an instrument of a social program to relieve social and economic ills, then the evil consequences are multiplied a thousandfold.

Though most of the time this kind of social project is sponsored by non-medical groups, its success essentially depends upon the co-operation of physicians. Now physicians, if they have little knowledge of ethics, cannot pass judgment on the moral soundness of these social enterprises, and hence they are easily enticed to become instruments of undertakings which are immoral and cannot but end in catastrophe. Only when the evils have grown to huge proportions and the practical consequences of the initial false postulates are manifest, do they come to realize what they have done or what they should not have done.

The social evils which overwhelm a community do not come with the unexpectedness of a hurricane or a tidal wave. Like cancer, they initially afflict only a small portion of the social body. When detected early they can always be extirpated. And here is where the medical profession can play its part.

The medical profession constitutes an important sector of the community and its influence when organized cannot

be overestimated. But if physicians believe that ethics, which supplies the postulates of politics and sociology, is outside the province of their study, and if they are unable or unwilling to pass judgment upon social movements, which depend heavily upon their support for success, how can they ever become the positive force they should be towards the goals to which communal activities should be directed.

LIGHT FROM RECENT HISTORY

Such indifference born of ignorance is not only to be found in the Philippines but also in many countries, and I often wonder whether the neutrality of the medical profession in places overridden by Communism has not in some way smoothed the path to the complete subjugation of their respective peoples, and whether this neutrality was not the reason why physicians were reckoned by dictators a negligible social force and were exempted from the horrible purges which periodically fell upon priests and newspapermen.

From what has been said, it is obvious that the act of the physician precisely as a physician cannot be emancipated from the governance of morality without putting his special talents in danger of becoming an instrument of iniquity. What we have read regarding the experiments made on prisoners by the Nazi physicians, allegedly for the sake of science, should arouse us to serious thought as to what may happen when ethical training is neglected in the formation of medical students.

Of course as long as the dignity of the human person is respected in a country, we can rest assured that physicians will not run amuck. However the methodic bestiality committed in the name of science in totalitarian countries by physicians is only the last phase of a long process of degeneration of which the initial stage was characterized by indifference to the precepts of moral law. Our warning therefore is not untimely.

We see then the importance of ethics in the daily life of practising physicians and consequently the necessity of giving ethics an important place in the medical curriculum.

WHERE IN THE CURRICULUM?

One small item still remains to be mentioned. At what level of education should ethics be taught? The subject of ethics has been traditionally divided into several portions. That portion which deals with the application of principles to the practice of medicine and is designated *medical deontology* cannot, of course, be taught except in medical schools. The other portions are more general in nature and touch not merely the activities of physicians, but of men regardless of their professional calling. They can be taken up in the pre-medical segments of education. Unfortunately ethics is not a prerequisite to admission into medical school and as a consequence many medical students are not in a position to understand fully the matter treated in medical deontology.

Aware of the prevailing mood among educators of tossing the responsibility for the unpreparedness of their present students to the previous teachers, I am afraid that the place where ethics should be taught would be the subject of an interminable and paralyzing controversy. I am afraid that even if there were agreement on its importance, it would meet the same fate as the proposed one-year extension of pre-collegiate education. While most educators believe in the soundness of the proposal, yet they cannot agree whether the one year should be added to the elementary or to the high school department.

I hope that the problem at hand will be met as a physician should meet it. When a physician is called to a critically ill patient, who in his opinion cannot be diagnosed correctly and treated properly without extensive laboratory tests, he does not just fold his arms and wait for the results of the examination. A seasoned practitioner immediately institutes measures to relieve symptoms while the labora-

tory tests are being performed. I hope that while the place for ethics is being debated, deans of medical schools will see to it that no student is allowed to take medical deontology who has not had an adequate preparation for it in fundamental ethics, and that in the case of those students who have had no ethical education at all before entering medical school, compulsory hours be assigned to correct this deficiency. It is recognized, of course, that the real problem lies precisely in the pre-pre-medical and pre-college training and that it is almost a hopeless task to expect the professional schools to undertake the ethical training of a youth who has arrived at manhood uninfluenced by any serious ethical formation. However something will be accomplished if medical schools in general recognize the existence of the problem, and bring their not inconsiderable influence to bear on the lower levels of education to provide them with more suitable material.



¹ Julian Huxley, *Man in the Modern World* (New York: Mentor Book, 1948), p. 156.

² *Ibid.*, p. 138.

³ The three passages quoted are taken from the article, "The Soul-Searchers Find No Answer", *Life* (International Edition, Mar. 13, 1950), 24-25.

⁴ From the Oath sworn by those who have passed the examinations given by the Board of Examiners, Bureau of Civil Service.