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Medical Ethics

The physician historically has occupied a unique position in society. This singularity is rapidly being destroyed by the public and by physicians. The loss is due chiefly to erosion of medical ethics. In my view medical ethics depends importantly on whether the starting point is religious, existentialist, or wholly materialist. Each leads to its own particular reasoning, and when the reasonings are mixed an almost insoluble confusion results. Ethics cannot be formulated or enforced by committees, panels, or chest beating; ultimately it is a matter of the head and heart. I shall give examples of the ethical problems medicine now faces; their solution will depend upon individual beliefs.

The sanctity of the human body has long been considered inviolate, as has the relationship between patient and physician. It is on just these questions that the problem of consent for operations, drug testing, organ transplantation, and experimentation has hit a snag. Despite millions of words, we are no closer to solving such problems than we were before the Kefauver investigation. Indeed, we have managed to hide our dilemma by the simple device of word coverage. The recent flurry of TV spectacles concerned with surgical operations highlights the question; a man's innards and his sufferings are freely and intimately presented to the untutored public for their delectation in a kind of electronic Roman circus!

Privacy of both body and mind seems to be an aging idea that no longer deserves credence. Recently there have been repeated assaults upon this last remnant of man's dignity, especially when a celebrity or "public person" is concerned. The health of the President or of the Prime Minister is said to be of concern to everyone and therefore should be public knowledge. At the other extreme, sexual behavior is said to be a private affair, but recent literature shows how untrue this is. Sexual behavior is now depicted as a series of physiological responses made operational by biochemists and measurable by psychologists, perhaps for the benefit of sociologists.

Science has awakened a quiescent medical ethics with such headline stimulants as "chronic dialysis," "organ transplantation," and, most recently, "artificial hearts." Government spending is leading to active federal participation in the conduct of both medicine and research, and so in their ethics as well. Radio, television, and science-reporting have questioned the right to privacy and the inviolability of the doctor-patient relationship. Even the right to die with some degree of dignity is being reexamined. If there is such a thing as an expert in medical ethics, we need him badly, but I suspect he is nonexistent.

In the present circumstances all of us might well consult the ancient Hippocratic Oath. It reads in part as follows: "The regimen I adopt shall be for the benefit of my patients according to my ability and judgment, and not for their hurt or for any wrong. . . . Whatsoever house I enter, there will I go for the benefit of the sick, refraining from all wrongdoing or corruption. . . . Whatsoever things I see or hear concerning the life of men, in my attendance on the sick or even apart therefrom, which ought not to be noised abroad, I will keep silence thereon, counting such things to be as sacred secrets."

Those words have been a guiding light for medicine for 2500 years. Does not their spirit provide a beacon reliable for both today and tomorrow?—IRVINE H. PAGE, *Director, Research Division, Cleveland Clinic, Cleveland, Ohio*