

Getting Ethics into Practice

In their day-to-day practice, clinicians make not only scientific judgements about the effectiveness of one intervention in comparison with another, but also value judgements. Sometimes such judgements are explicit -for example, when a doctor reflects on his or her own moral views about the permissibility of abortion. In most cases however, value judgements in medical practice are implicit in what seem, at first glance, to be 'clinical' decisions.

Thus doctors may not always think of themselves as making value judgements, when, for example, considering what would be in an incompetent patient's 'best interests', weighing up whether harm to a third party is sufficiently 'serious' to justify a breach of patient confidentiality or, assessing 'quality of life' in intensive care. Yet these decisions do indeed entail the making of value judgements, as do others -such as those in priority-setting. Good medical practice requires that such value judgements are properly analysed and assessed, just as scientific and technical evidence should be properly evaluated and evidence-based. It requires too that when asked, doctors can justify both the value judgements and the scientific judgements informing their practice. To do so, they need to receive appropriate education, support and guidance, as well as opportunities to share models of good ethical practice in discussion with their colleagues.

The belief that decision-making in medicine has an important ethical component has been apparent for as long as medicine has been practised. Nevertheless, the ethical dimensions of health care practice have become more prominent recently, initially in the 1970s and 80s in the United States and subsequently elsewhere, for several reasons[1]. Firstly, public attitudes to the professions have changed, leading to a welcome willingness to require of professionals that their decisions are based on good reasons rather than simply tradition or authority. Secondly, technological developments such as organ transplantation, critical care and, assisted reproductive technologies have created new ethical problems and intensified old ones. Thirdly, several high profile scandals in medicine, from Tuskegee to Alder Hey, have led to increased scrutiny of medicine and to calls for health professionals and managers to justify their practice in ethical terms.

This increased awareness of the ethical dimension of medicine has led to three major developments: laws and guidelines designed to regulate medical practice in ethically sensitive areas, innovative forms of ethics support in clinical settings [2] and an increased emphasis on ethics in the medical curriculum [3]. Although these developments are welcome, they are not enough

Law and guidance can provide frameworks for good practice but cannot determine what is good practice in individual cases. Similarly, while providing important sources of education, case consultation and policy development, clinical ethics committees cannot provide day-to-day ethics support in all clinical situations. In the United Kingdom the role of clinical ethics committees and the comparative merits different forms of clinical ethics support are being considered by a Royal College of Physicians working party, due to publish a report in June 2005. It is clear however that, just as laws and professional guidelines need to be complemented by the development of appropriate skills and awareness in doctors themselves, so too will

any form of ethics support. Doctors still need to be able to recognise the value judgements implicit in their practice, assess the merits of various competing courses of action, and be able to justify their decisions at least, in part in ethical terms.

This shows that providing ethics teaching in medical schools is central to developing and maintaining good medical practice. Ethics is increasingly taught to all medical students, and textbooks covering the core topics in ethics for medical students have been developed [4]. Many doctors currently practising will, however, have received little or no ethics education. This implies the need for continuing professional education in ethics.

References

1. Jonsen, A. *The Birth of Bioethics*, New York: Oxford University Press, 2003.
2. Slowther, A, Bunch, C, Woolnough, B, Hope, T *Clinical Ethics Support in the United Kingdom: a review of the current position and likely development* London: Nuffield Trust, 2001.
3. General Medical Council, *Tomorrow's Doctors: recommendations on undergraduate medical education*, General Medical Council, 2003.
4. Hope, T, Savulescu, J, Hendrick, J *Medical Ethics and Law: the core curriculum* Edinburgh: Churchill-Livingstone, 2003.