

**Physicians' Ethical
Inquiry:**

A DAY-TO-DAY MUST

Doctors who consciously and explicitly work through their small day-to-day ethical decisions become better equipped to make good decisions in an ethical crisis.

That's the view of Howard Brody, MD, a resident in family practice at the University of Virginia. Dr. Brody, who earned both his medical degree and a PhD in philosophy at MSU, discussed medical ethics and the teaching of medical inquiry in medical schools during an invited visit here in September.

Not all ethical decisions in medicine are "neon issues"-- problems such as abortion and euthanasia, which are so controversial they come on in neon lights, he says. Physicians' everyday encounters with patients require carefully thought out ethical choices, particularly because patients are likely to entrust their interests to the physician's judgment in smaller matters.

"There are no formulas for solving ethical problems, but you can make progress toward the truth. By working through issues thoroughly and frequently, you can eliminate a lot of the shallow, lousy answers and clear out the deadwood of political hot-headed statements that don't really address the issues."

He praises the increased focus on medical ethics training in medical schools and believes it would be well for coursework in medical ethics to be a requirement for admission.

"Just as importantly, faculty in medical schools must be sensitive to the medical humanities and keep ethics at the fore in the clinical setting. It's unlikely that formal coursework in biomedical ethics that is not reinforced daily in the student's clinical training will be as effective as it could be."

"You don't teach physiology in a single course and then ignore it. Basic physiology is taught as a pre-med course, studied in detail in the medical program, and then discussed and used at the patient's bedside during the residency. Ethics training should be handled in the same way."

Case Commentary:
 "I WANT THE PILL,
 BUT DON'T TELL
 MOM AND DAD"

The situation: Your patient is an emotionally and sexually mature 16-year-old girl whose parents are also your patients. She has asked you for a prescription for an oral contraceptive, and she has requested, furthermore, that you do not inform either of her parents. What, all things considered, should you do? And why?

Catherine Z. Elgin, PhD
Instructor-MSU Department of Philosophy

This case raises a moral problem for the family physician because 1) the patient has a right to privacy and wants to exercise that right, but 2) the physician's obligation is not just to that patient, but to the family as a whole.

This suggests that he should consult with her parents before prescribing contraceptives.

There are two ways to approach the problem: The first locates moral worth in respect for individual autonomy; the second locates it in the consequences of an action.

I want to argue that in this case, both approaches yield the same result: The physician should prescribe the contraceptives and should respect his patient's privacy.

According to the first account, respect for individual autonomy is morally fundamental. Since his patient is mature and responsible, the physician must respect her decision.

This does not mean that he must think it a good decision. If he does not, he should explain his objections, perhaps convincing her to change her mind. What he must respect is that the decision is hers to make. He is obliged to abide by it because it is the decision of a rational, responsible person.

According to the second account, consider the consequences of the various alternatives open to him. If he refuses to prescribe the contraceptives without her parents' knowledge, either his patient will obtain them elsewhere, or she won't. If she doesn't, she is likely to become pregnant. If she does, whatever family problems result from her secrecy will occur anyway.

His refusal to prescribe the pill will do nothing to reduce family tensions. And since the physician has refused to respect her privacy, she will be reluctant to be honest with him in the future--especially in matters of sexuality. If she suffers from side effects of the pill or contracts a venereal disease, she may not seek medical help, or she may not provide the information needed for proper diagnosis and treatment.

(MORE)

...the pill, cont'd.

The same results will occur if he insists on telling her parents that she has become sexually active. Since he is not willing to respect her confidence, she has no reason to trust him.

And if he cannot command her trust, he cannot provide her with good medical care.

If he prescribes the contraceptives and respects her privacy, he can continue to care for her. Whether he thereby betrays his obligation to her parents depends on what that obligation is. As a family physician, he has undertaken to treat medical problems in the context of the family. But this does not entail that he is obliged to disclose the treatment of each member of the family to all of the others.

By not consulting with the parents, he may be acting in the best interests of their daughter, and, all things considered, of the family as a whole. If this is what he is obliged to do, he has not betrayed their trust.

But if he has agreed always to consult with them about the care of their children, then in respecting their daughter's privacy, he does betray their trust. In that case, however, he cannot fail to betray someone's trust. And it appears, on balance, that the consequences of betraying the daughter's trust would be much more severe.

The physician should, however, make it clear in advance how he will treat such cases. If his patients disapprove of his policy, they can seek a more accommodating physician. And he will avoid being placed in a morally compromising position.

As soon as the daughter tells him that she has become sexually active, he is in a moral bind--for she tells him in confidence something that her parents would very much like to know. If she knows how he will treat such confidences, she knows whether to tell him. And if her parents also know, they know whether to expect him to pass on such information.

Richard M. Czop, MD
Family Practitioner, Lansing

The fundamental issue here is: Is pregnancy a desirable outcome for this patient? By her presence and her request, the patient has answered the question in the negative. She chooses, therefore, to eliminate, for all practical purposes, the risk of pregnancy while still engaging in sexual activity for reasons other than reproductive.

At this point, the physician's responsibility is to determine whether or not there are factors that make this choice a threat to her physical and/or emotional well being.

(MORE)

...the pill, cont'd.

The first consideration is what motivating factors are behind the request. It is not a given that this person desires to be having intercourse. BCPs may be requested for status purposes (her peers taking them), there may be pressure from her boyfriend, or, more rarely, there may be an incest problem, driving the patient to seek protection from pregnancy.

After finding out why the request is made, a judgment must be made as to whether contraception is indicated and if the birth control pill is the most appropriate means. At this point, a discussion with the patient about reproductive physiology is in order, followed by discussion and materials about sexually-transmitted diseases.

If, from the above discussion, a need for oral contraceptives is present, a discussion of the appropriate use, side effects, relative and absolute contraindications and danger signs of these agents is mandatory.

If the patient chooses to accept the small risk of serious morbid events, the physician has the responsibility to provide the medication. It must be clear that providing the pills does not endorse or recommend a mode of behavior.

The pills prevent ovulation and nothing more. They do not cause promiscuity or VD, nor do they infer womanhood or emancipation. The question of whether and how often sexual intercourse should take place should be determined by considerations other than the possibility of becoming pregnant.

If the patient is sixteen years old, this should not be a one-time-only encounter. Less than ten percent of what is said will be retained beyond the initial visit, so printed material should be provided.

In addition, the initial prescription should be for one or two months' supply, after which a return visit should be mandatory before further supplies are given. During that visit, and any subsequent monthly visits, the above areas should again be dealt with as indicated, plus monitoring any negative effects of the pill.

Confidentiality must be assured to the patient, but I express to patients my bias that they discuss, when they are ready, their selected course of action with their parents.

Most people are aware enough of the problem of pediatric pregnancy that they do not become upset at my providing these services in the office on a confidential basis. Indeed, more often I find sixteen-year-olds are sent in by their parents for consideration of birth control pills.

With the above format, I feel comfortable enough that the best interests of everyone involved are served in a concerned and confidential manner, and I'm not fearful of legal or ethical repercussions.

April Symposium:
THE QUESTION OF
ANIMAL AWARENESS

To encourage informed decisions about the implications of animal consciousness, MSU will host a symposium, "The Question of Animal Consciousness," on April 5, 1980.

"There is currently a resurgence of interest in the question as to whether animals have consciousness," says Richard Hill, the MSU zoologist directing the symposium. "What we believe about animal awareness has an impact on our policies and practices regarding animals and can affect our culture, politics, land use practices, nutrition, medical research, and economies."

The April symposium will emphasize philosophical analysis and interpretation of recent research in brain function and the behavioral sciences.

"Today's political and social climates seem more amenable to giving moral consideration and legal protection to animals," Hill says. "What, if any, are the philosophical and biological bases for these views?"

Six speakers--three philosophers and three biologists--will make their remarks understandable to the intelligent layman, since the symposium is designed to draw a widely diverse audience--from agriculture, wildlife management, schools, religion, government, humane societies, veterinary medicine, university faculty and students, anyone interested in the issues of the treatment of animals.

"Because this issue threads through so many disciplines, the symposium should bring a number of different parts of the university together intellectually," says Martin Benjamin, MSU professor of philosophy and symposium speaker.

"We cannot objectively or unequivocally measure consciousness in either humans or animals," Hill says. "So we cannot resolve the question of animal awareness exclusively by methods of empirical science.

"But recent studies by philosophers and biologists have shed light on the issue, and our symposium will describe and analyze the implications of current findings."

The speakers have been selected for their expertise in ethics, animal behavior, brain function, symbolic communication and problem-solving in animals, and philosophy involving language, neurophysiology and the mind.

The event is sponsored by a grant from the Michigan Council for the Humanities and the departments of Philosophy, Zoology, Psychology, and Linguistics and Oriental and African Languages, the Office of the Provost, the College of Veterinary Medicine, Phi Zeta, Medical Humanities Program, Museum, Neuroscience Program, Honors College, and Director of Academic Services.

For a brochure (early in 1980), write: Richard Hill, Dept. of Philosophy, 116-G Morrill Hall, MSU, East Lansing, MI 48824. Or call 517/355-7550.

In the Curricula:

ETHICAL INQUIRY
AS A SCIENCE

Combining ethical inquiry with the other sciences "must be held as a non-negotiable item in any arbitration concerning the survival of our educational institutions," according to John Sawhill, president of New York University.

In a commentary in the October 29, 1979, issue of Newsweek magazine, Sawhill urged an increased focus on ethical inquiry as a cognitive discipline in higher education curricula.

Development of MSU's Medical Humanities Program would seem to be precisely what Sawhill is encouraging. Here are excerpts from his Newsweek commentary:

"Unless we teach our students to focus on the enduring values of civilization, our achievements will always fall short of our goals."

"The laws described by the physical sciences are morally neutral: gravity, for instance, is neither good nor bad. It is obviously the use to which facts are put that determines their value to civilization.... Unless we are willing to abandon the goal of a more humane future, it is essential for us to increase our emphasis upon the ethical aspect of life, to combine an ethical inquiry with the other sciences in which we will surely continue to excel. This must be held as a non-negotiable item in any arbitration concerning the survival of our educational institutions.

"The physical sciences have the enormous advantage of verifiability through direct observation and sensory experience....To systematically study ethical questions is more difficult. But that there is difficulty in discovering the truth does not prove that there is no truth to be discovered. The object of ethics is to determine true propositions about virtuous conduct in exactly the same way that the object of chemistry is to determine true propositions about the elements. Our success at the one should give us great confidence in our ability to succeed at the other."

"Whatever else the future holds, it will demand choices on increasingly complex issues. We can expect to find the right answers only if we ask the right questions. No elaborate equipment is required to determine what these questions are. All we require is a well-integrated and ethically-based approach to problem-solving."

MEDICAL ETHICS
CASES SOUGHT

If you have a case or a topic that would provide stimulating discussion at a medical ethics conference, we would like to know about it.

The Medical Humanities Program schedules hour-long ethics conferences for medical staff, residents and interns during Fall, Winter and Spring terms at Lansing's Ingham Medical Center, E.W. Sparrow Hospital, St. Lawrence Hospital, and occasionally at hospitals out-state. We are continually searching for pertinent cases and would also like to know which ethics issues you'd like to work over at such conferences.

The noon-hour Brown Bag Lecture Series is open to everyone. The hospital grand rounds case conferences are for medical personnel, residents and students. For details, contact Susan K. Theut through the Medical Humanities Program office. Ph. 517/355-7550.

November 29 "Ethical Theory in the Medical Context: Social Welfare vs Individual Rights"
Ethical Issues in Medicine. Last of the fall term Brown Bag Lecture Series on Thursdays.

Martin Benjamin and Bruce Miller, PhDs
MSU Dept of Philosophy

A-133 Life Sciences Bldg-MSU
Noon-1 pm

December 10 Medical Ethics Conference

E.W. Sparrow Hospital-Lansing
8-9 am

The Winter Term 1980 Medical Ethics Conferences are scheduled but not all topics solidified:

January 14 Medical Ethics Conference
E.W. Sparrow Hospital-Lansing
8-9 am

January 31 Pediatric Grand Rounds
Ingham Medical Center-Lansing
8-9 am

February 11 Medical Ethics Conference
E.W. Sparrow Hospital-Lansing
8-9 am

February 26 Medicine Grand Rounds
Ingham Medical Center-Lansing
Noon-1 pm

March 10 Medical Ethics Conference
E.W. Sparrow Hospital-Lansing
8-9 am

March 27 Surgery Grand Rounds
St. Lawrence Hospital-Lansing
Noon-1 pm

April 5 "The Question of Animal Consciousness:
Philosophical and Biological Perspectives"

See details in this issue of the MSU Medical Humanities Program newsletter.

COMMENTS?

The Medical Humanities Newsletter is published Fall, Winter, and Spring terms by the MSU Medical Humanities Program. Program coordinator is Andrew D. Hunt, MD. Assistant Coordinator is Martin Benjamin, PhD. Editor is Linda Christensen.

We invite letters in response to the Case Commentary and other newsletter articles. Write: Medical Humanities Program, A110 East Fee Hall, Michigan State University, East Lansing, MI 48824.

THE MSU MEDICAL HUMANITIES PROGRAM

For most of the value-laden questions that arise in the medical context, there are no "experts" and no unequivocally authoritative answers. The thoughtful collaboration of those trained in medicine, nursing, religious studies, history, law, and philosophy can, however, help us to make more thoughtful decisions.

The aim of the MSU Medical Humanities Program is to assist the academic community in its efforts to understand and enhance the interrelationships of medicine, health, and the humanistic disciplines.

The program aims to stimulate inquiry by medical professionals, academicians, students and laymen and to heighten public awareness and understanding of various issues.

Among the issues that have prompted the need for interdisciplinary collaboration are: the difficulty of matching advances in medical technology with ethical insight; the use of human and non-human subjects in medical research; concern over the distribution of scarce medical resources and fairness in national health policy, and an underlying sense of increasing dehumanization resulting from modern medical technology.

Under the medical humanities umbrella come allopathic and osteopathic medicine, nursing, veterinary medicine, other health professions, and the disciplines of philosophy, literature, the arts, history, religion, law, and the social sciences.

The Medical Humanities Program coordinates teaching, facilitates research, provides consultation, and encourages general collaboration between medical and humanistic disciplines.

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