

History

In primitive societies, the doctor was regarded as a supernatural figure capable of influencing the mysterious forces of nature.

Because he was thought to have knowledge ordinary mortals had no access to, people conferred on him an absolute authority. Such authority of doctors no longer exists in modern societies. The last twenty years, in particular, have witnessed the growth of patients' rights.

Doctors are no longer in a position to insist that their acts be immune from questioning by society. Society has made them accountable.

Two thousand years ago, Hippocrates formulated an oath that provided an ethical standard for physicians.

This oath creates high ideals. But it was not until the first two decades of this century that medical councils

were formed to institutionalize these and regulate the professional conduct of medical practitioners.

Far from seeing these medical council as an intrusion on their individual freedoms, most doctors have accepted them freely.

Review of Doctors' Conduct

Doctors recognize that if they are to function as members of a credible profession, their conduct must be reviewed and reformed.

A skilled surgeon without ethics can be dangerous. His knowledge and skills are powerful weapons and we expect him to use them to save lives and help his fellowmen. However, these weapons can do harm if he has poor ethics and wrong values.

All the As — Alcohol, Abortion, Advertisement and Adultery can embarrass a doctor's ethics. For example, a doctor's alcoholism cannot be allowed to diminish or

affect his clinical ability and judgment. A doctor may have his mistress made his patient, but he cannot have his patient as his mistress.

The Super and Postindustrial Economy in Singapore How will ethics be changed?

Numerous thinkers have made predictions about the world's future. Perhaps the most optimistic is the remarkable futurologist Herman Kahn, who in 1977 declared: *“200 years from now, we expect almost everywhere they will be numerous, rich and in control of the forces of nature. Emergence of sup industrial economies (where enterprises are extraordinary large) to be followed soon by the post-industrial economies (where the task of producing the necessities of life has become trivially easy).”*

If Herman Kahn's prediction come true, Singapore will emerge with a super industrial economy, followed by a post-industrial one. The emergence of super and

post-industrial technology in medicine has already begun, as can be seen in the introduction of operating microscopes, lasers, CAT scans and magnetic imaging.

Twenty years from now we will witness even more esoteric technology. Our successors will consider ordinary what we think of today as amazing! They may even view us as ignorant, foolish and hopelessly crude.

Medicine in Cities

Undoubtedly, the future for medicine is bright.

Today, medicine has become a controversial and an emotional, political and financial issue. With this new ethical issue will emerge.

When societies were largely rural and medical knowledge primitive, health care was mainly a local issue. When societies become largely urban and medical knowledge proliferating, health care becomes a concern to everyone.

For when people live in close proximity, it is not possible to ignore the sick and when sophisticated technology is available, it is not possible to deny this to those who cannot afford.

The future of medicine and its ethics is complicated and will be determined not by doctors alone and ethics will be influenced by various forces — political, economic, social, technological — more powerful and embracing than the profession itself.

Ethics and Medical Advances

Because of advances in technology, it is now possible for doctors to carry out procedures which for decades we could only dream about. Test tube babies, organ transplantation already exist. Other procedures, like determining the genetic make-up of our off-spring, or cloning ourselves, pose grave ethical problems.

This development will lead to many interesting questions. When is a person dead? In the past, the

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When is a person dead? In the past, the heart beat was the basic criteria; obviously, we can no longer do so.

The long queue for transplants has forced doctors to make life and death decision about patients for non-clinical reasons. Should doctors refuse, for example, to perform foetal tissue transplant if it discovered that the potential recipient paid a woman to abort her baby for that purpose? What is the difference between a foetus obtained from a miscarriage and one obtained from an abortion? And who decides?

Medical ethics, obviously, will have to grapple with the challenges of tomorrow.

Social Transformation

In Singapore, rapid social transformation has led the government to modify some of our traditional ethical customs through legislation. Consider, for example, the legalizing of abortion.

The considerable disagreement within the medical profession as to the wisdom of legalizing abortion was not surprising. It must be remembered that members of the medical profession have for long been taught that it was criminal to perform abortions. The Hippocratic Oath, an ethical guide for the profession for centuries, states unequivocally: “*I will not give to a woman pessary to produce abortion.*” When a new law transformed what was a serious professional, ethical and criminal offense into a social obligation, it was not surprising that it was received with great reservation by the medical profession.

Another example to consider is the change in the Medical Registration Act which allows the state to

remove from the medical register, qualified practitioners who are found guilty of committing offenses not necessarily medical in nature. The law, for example, allows the Medical Council to remove a medical practitioner from the Register if he fails to fulfill the bond he has signed.

The above illustrations should not be interpreted as criticisms of the changes; instead, they should serve to emphasize the importance of understanding the social transformation of Singapore, and the need for us, as doctors, to expect further laws which will greatly affect our professional practice and our ethics.

Political, social economic and technological forces will continue to influence the ethics of medical practice.

These changes in the coming decades will create controversies. But doctors must always remember that their patients' interest must always be foremost.

Teaching Medical Ethics — or Punishment!

“Facts and knowledge can be communicated but wisdom and ethics cannot.”

One of the problems facing Singapore is that medical ethics was not adequately taught at the university. The teaching of medical ethics to undergraduates is vital to impress ethical ideas upon the younger generation at an impressionable stage of their career. University teachers should not only teach the clinical signs and symptoms, diagnosis and management, but also discuss ethical controversies during clinics.

In a society of rapidly changing values where the marketplace increasingly intrudes into our professional lives, a deliberate approach to ethical questions will help us think. It is also important that practising doctors should hold forums and discuss medical ethics regularly.

It is impossible to lay down ethical rules for every situation. Medicine continually poses new and

unexpected ethical new issues and our ethical positions have to be constantly re-examined in the light of changing values.

Medical practitioners must continue to reflect on ethics throughout their careers. This will constantly remind them of their responsibilities and will help them follow the ethical code as a philosophy that is adhered to by honorable professionals and not simply out of the fear of punishment.

We must remember that ethics is not just
a set of rules; it is a way of life.

We cannot maintain a way of life in the face of numerous challenges without re-examining our conscience repeatedly. That, ultimately, is a major burden of being a doctor in an increasingly complex world.

The least desirable method is through
the use of punishment.

It is the least desirable because ethics and moral consciousness are, in the final analysis, a personal responsibility. No amount of discipline, policing and punishment can maintain high standards if a concept of good behavior is not already present in the consciousness of individuals. However, in any society or in any profession, there are always a few who do not understand or who do not wish to understand the importance of maintaining a high standard of medical ethics. The profession has no alternative but to deal with these members.

If the profession does not regulate itself, the reputation of the profession as a whole will suffer, and the government or legislature will be forced to act on behalf of the public.

The necessity of regulation, however, should not lead us to forget that medical ethics is fundamentally the doctor's personal outlook on his professional life.

Although medical ethics may have little relation to the doctor's technical training or his diagnostic skills, it has a significant influence on the degree of success he attains in his relationship with his colleagues and in his handling of his patients.

*The ethical code is more than just a set of rules.
It is a philosophy; a philosophy which we will
do well to look upon as a guide to professional
behavior, a means of reflecting upon our duty
to our fellow men.*

Arthur SM Lim