

A Walk Down the Ethical Path

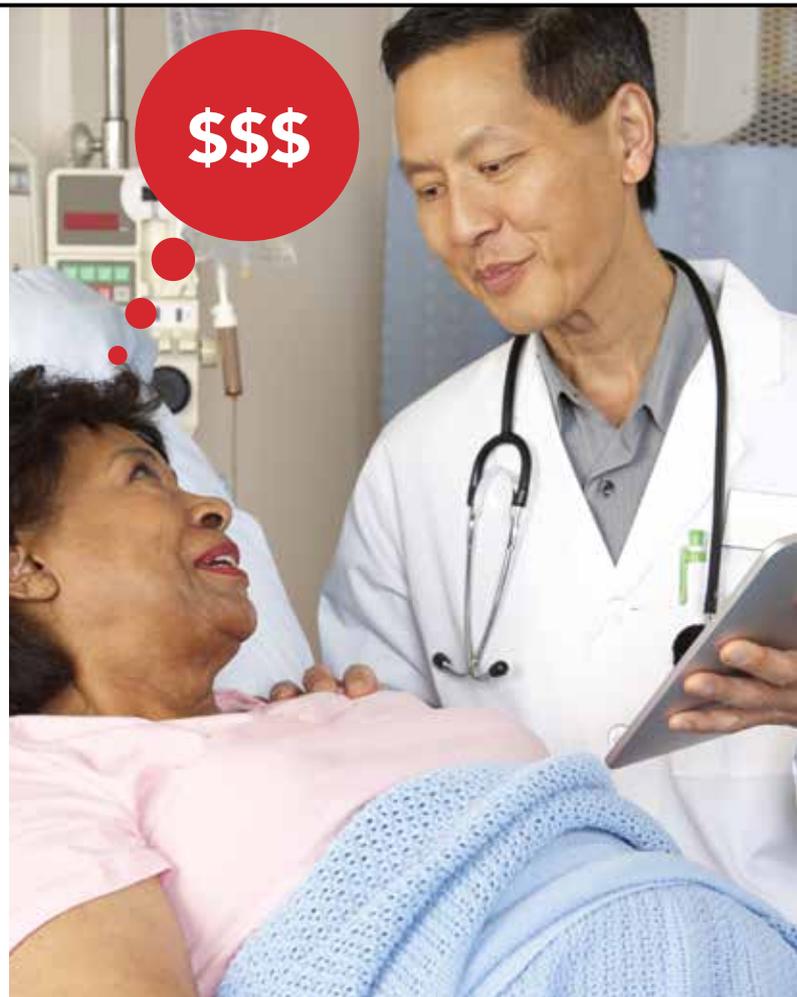


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When I was in medical college, ethics was touched upon in our curriculum, superficially though. Medical ethics was akin to the vestigial appendix; you may be able to survive through medical college as long as you have good clinical skills.

Increasing reports highlighted recently in the Malaysian press of unethical practices by doctors and escalating number of disciplinary cases heard by the Malaysian Medical Council relating to similar complaints are raising concern among the medical fraternity. Alarm bells were raised in the nineties when the article in the Journal of American Medical Association {Ralph C; David E et al; JAMA. 1995; 273(19)} titled *Patient-Physician Covenant* aptly commented "from within, there is growing legitimation of the physician's materialistic self-interest; from without, for-profit forces press the physician into the role of commercial agent to enhance the profitability of healthcare organizations. Such distortions of the physician's responsibility degrade the physician-patient relationship that is the central element and structure of clinical care".

Hippocrates stressed on the three elements that amalgamate the field of medicine, viz. sickness, patients and doctors. Conventionally, medical ethics dart precariously within these elements. In the current millennium, other parties are drawn into this relationship, namely the third party payor who emphasizes the profit margin, the politician who contents satisfying the political mileage at whatever costs and the unscrupulous traditional practitioner who wears the 'doctor's cloak' and attempts to cash on the patients vulnerability. According to the World Health Organization (WHO),



scientific evidence is only strong for many uses of acupuncture, some herbal medicines and for some of the manual therapies. More research needs to be undertaken to ascertain the efficacy of other traditional treatment modalities. Angell M, Kassirer JP in the article *Alternative Medicine – The risks of untested and unregulated remedies very rightly quoted* "There cannot be two kinds of medicine – conventional and alternative. There is only medicine that has been adequately tested and medicine that has not, medicine that works and medicine that may or may not work. Once a treatment has been tested rigorously, it no longer matters whether it was considered alternative at the outset. If it is found to be reasonably safe and effective, it will be accepted." (Angell M., Kassirer J.P., N Engl J Med 1998; 339:839-841)

To make matters worse, some private hospitals work hand in glove with few unscrupulous doctors to pad hospital bills with double or triple coding of bills when they forward the medical bills to the insurance companies. Economic considerations or defensive medical practices tend to push some of us occasionally to over investigate cases. There are also occasional attempts of inflating medical bills with excessive so-called services or with cross referrals. Some private hospitals go to the extent of dishing out toiletry sets, bags and other goodies to the patients who are unwittingly paying for these items. Ironically, doctors' professional fees are governed by a fee schedule under the Private Healthcare Facilities and

Services Act 1998 whilst the mega hospitals have a free hand in charging hospital fees unregulated.

The push by the Government to make Malaysia a health tourism hub has further opened the market for abuse. Tourism as a word invariably boils down to the whole idea of business. Business and healthcare undeniably is a bad equation for the patients! Emphasizing healthcare as a tourism agenda invariably escalates healthcare costs legitimately. The public will pay the price. Major hospitals in Malaysia especially in the Klang Valley are monopolized by 2 to 3 mega companies; some government linked. This puts at odds the government's role as the policy maker or regulator as the element of vested interest crops up when crafting health policies as each foot is on either sides of the line. I begin to reflect on Oscar Ameringer's, the Mark Twain of American Socialism quote, "Politics is the gentle art of getting votes from the poor and campaign funds from the rich, by promising to protect each from the other".

Currently, ethical considerations have heightened with the rapid advancement of medicine. Surrogate motherhood, end of life decision, patient's rights, and abortion are some of the issues that have evoked passionate debate among the medical fraternity and public.

It takes skill, not mere talk to weave an ethical net around the doctors of today. Quite often, consultants preach on the virtues of ethics to the younger doctors. The very next moment, the same consultant may practice a complete reversal of earlier sermon. As infants, we cry, crawl and progress to walk, run, speak, shout and fall at times. An ideal environment plays a pertinent role in the development of these milestones. A role model creates a big impact to a child and likewise, a role model doctor creates a positive impact to colleagues. A simple reciprocal acknowledgement when wished by a colleague or patient makes a day for a colleague, subordinate or a patient. It is rather not uncommon to find doctors not properly attired or without an apron during medical rounds. Good communication skills with patients tend to untangle many issues; medical, medico-legal or social issues. A clear example is the recent media hype of absurd allegations of racism thrown against few doctors at public hospitals in a northern state. An emphatic but firm, reasonable approach goes a long way in the practice of medicine. The higher one climbs up a ladder in life, the tone of person should mellow with wisdom. Nevertheless, one is able to command more respect from the rest not because of the fear but due to the sheer respect to the person.

As role models, one should not be enticed by silver tongued medical representatives who try to cajole us with their products, fancy dinners, gifts and overseas trips. The Declaration of Geneva of the World Medical Association binds the physician with the words, "The health of my patient will be my first consideration". Practice of poly pharmacy to accommodate one's bank balance or on patients' request, fee splitting, abortion and bad mouthing fellow colleagues certainly goes against

fundamental principles entombed by Hippocrates. We are sometimes caught in dodgy circumstances prescribing unproven drugs or nutritional supplements, ordering questionable screening tests and indulging in aesthetic treatments beyond our scope. Stem cell therapy seems to be the buzz word of the millennium with beauticians and with some of us in our noble profession. Are doctors preaching and practicing an ethical profession or materialistic gains clouding our professional judgment? We certainly need to practice what we preach to hold our profession in high esteem rather than being looked upon as another tradesman.

As I reflect back, I realized the multitude of information and mega words imbibed with regards to medical ethics during medical college days, current working environment and in the academia have not trickled down in the practical sense. We try to imbibe the good virtues of non-maleficence (do no harm). However, the acts of beneficence (do good) like care, compassion, empathy, kindness, friendship and mercy seem to be distant in this era of hustle and bustle.

In reality, the current climate for doctors seems to place us as a profession to be self-regulatory. However, if we do not take cognizance of events that occasionally stir strong negative sentiments among the public against us due to our own irresponsible acts; the tide will turn against us in the years to come. MMA as an august professional body, the Ministry of Health and patient rights advocacy groups will have to take the bull by the horn to reverse the tide; the tide that seems to be receding from the ethical shores of medical practice. We have over time read articles superfluously written in Berita MMA, mainstream media and in the blogosphere regarding medical ethics. Most of us are aware of the situation and pitfalls. However, these concerns seem to remain afloat only at coffee table conversations. We will keep talking till the cows come home but the scenario will remain or possibly escalate if no affirmative actions are taken by the stakeholders. As much as unethical practices remain chagrin to patients, we may one day be lying distressfully in a sick bay gasping when we realize the treating doctor is actually an enterprising entrepreneur rather than a healer.

Black sheep exists in most professions. Medical fraternity is not spared either. It is a bitter pill to swallow. We have to nip the problem at the bud before it goes out of hand.

Do the stakeholders have the guts and willpower to say the buck stops here?

“The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head. Often the best part of your work will have nothing to do with portions and powders, but with exercise of an influence of the strong upon the weak, of the righteous upon the wicked, of the wise upon the foolish.”

– Sir William Osler, the first chief of Medicine at The Johns Hopkins Hospital and the founder of the institution's residency program.