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Professional ethics: further comments

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In his editorial 'More on professional ethics' (1) Dr Gillon argues for three main theses, which are stated in his third paragraph: 1) that a doctor has a special professional obligation to benefit his patients medically; 2) that 'that obligation is at least in part altruistic in that it is self-imposed by the medical profession not to benefit themselves but to benefit their patients'; 3) that 'it is at least in part supererogatory in that it goes beyond what is required of every person and every occupation'.

1) No one would dispute, and certainly I did not dispute in my commentary on Mr Paul Sieghart (2), that doctors have special professional obligations to their patients which other people (non-doctors) do not have. But pilots have special obligations to their passengers and shopkeepers to their customers which other people not in these jobs do not have. In other words, to say that doctors have special obligations to their patients which non-doctors do not have is not to make a moral point at all but simply to define what it is to be a doctor.

2) The claim that the doctor's professional obligation to benefit his patients rather than himself constitutes the moral duty of altruism or benevolence is either trivially true or plain false. It is trivially true if all it means is that part of the job of the doctor is to benefit patients – for, as we have seen, that is simply a job-description, just as it is trivially true that a pilot benefits his passengers by transporting them safely. The general point here is that society, with its division of labour, has grown up as a system of mutual benefit; we are members one of another. In other words, the vast majority of jobs are in some way for the benefit of others so it is not a significant claim to say that the role of the doctor exists for the benefit of others. The thesis is false if it is taken as suggesting that doctors (or pilots) show the special *moral* virtue of altruism in benefiting their patients or passengers. Whatever they show it cannot be the moral virtue of altruism or benevolence since both doctors and pilots receive a high remuneration for so doing. To stress this point is not to join Mr Paul Sieghart in cynicism (3), but just to make the conceptual point that when a person carries out his well-paid employment (whatever it is) he cannot be called 'altruistic' or 'benevolent' for so doing. Now if the doctor were on holiday, attended to a stranger who had fallen ill, and did not ask for payment, then *that* would be benevolent. There is a myth left over from an earlier period that doctors do a lot of this unpaid work, but most commonly they would (perhaps rightly) simply advise ringing for the nearest ambulance or doctor on call. Sometimes of course doctors can and will help in such situations, and that is altruism. This is perhaps what Gillon means when he says that the doctor's moral duty exists independently of any financial considerations. But car mechanics also sometimes help when they are off duty, and then what they do must also count as altruistic.

Paul Sieghart would say that the difference is that we do not *expect* a mechanic to help but we do expect a professional to help, and I shall come to this sense of 'expect' shortly. Note here however that it would be only in an *emergency* that we would expect an off-duty doctor to help – we would not expect him, say, to advise on acne when he was off-duty – but in emergencies we might also expect off-duty mechanics, coastguards, policemen and many others to help. The point is that there is a moral duty on *anyone* to help in an emergency if he/she can, and if off-duty doctors or policemen are more likely to be called on than some others (philosophers or lawyers), it is because they have especially relevant *skills*, not because they have a special moral duty which the rest of us do not have.

3) It is true that some professionals do take much more trouble than others in the performance of their professional obligations. This can consist either in an exceptional quality shown in the performance of ordinary obligations, or in the performance of ordinary obligations in very adverse circumstances, or in the going beyond what might be regarded as normal statutory obligations. In any of these three overlapping types of case we could speak of 'supererogation', whether the duty is remunerated or not. It is common to hear of doctors, nurses, or schoolteachers doing this, and even shopkeepers vary a lot in the trouble they will take with customers. Supererogation is here a virtue of what might be called the 'role-enactment', and it is shown in the enthusiasm, imagination etc with which

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the *person* who happens to be the doctor, shopkeeper or whatever performs his/her duties. Gillon wishes however to make 'supererogation' a characteristic of the role of doctor as such; he wishes to build it into the concept of the doctor in particular. It is this that I cannot accept.

In his reply (3) to me Mr Paul Sieghart puts his main point as follows: 'I would in fact categorise my main claim as perceptual rather than conceptual: what I was trying to convey was that this* was how most people in most societies *expect* their true professionals to behave. If we see a doctor refusing to turn out of bed in an emergency . . . or a lawyer maximising his income by involving his clients in unnecessary law suits, we say that this is bad doctoring or lawyering, because it is not what we expect of them'. I hope that Mr Sieghart will not think me tiresomely philosophical if I draw attention to the ambiguity in the word 'expect'. It can mean 'believe it likely', as in 'I expect it will rain tomorrow'. In that sense of 'expect' I am afraid I must join Mr Sieghart i cynicism, for an increasing number of people do *not* expect their doctor to turn out in the middle of the night, and do expect their lawyer to overcharge. 'Expect' can also mean 'require', as in 'I expect my employees to be punctual'. In that sense we *do* expect our doctor to turn out in the middle of the night, not because he has moral duties of supererogatory altruism, which the rest of us don't have, but because it is a statutory professional obligation, for which he is well paid. The same is true of many occupations which offer a 24-hour service.

My conclusion is that I wish to retain the view that morality is one and the same for all of us. A person who takes on the role of doctor or lawyer or baker takes on *ipso facto* a special set of obligations. Such people do not become benevolent in the full moral sense simply by accepting these roles, *especially* the well paid 'professional' ones. But they are able to show benevolence, supererogation and other forms of moral goodness by the manner in which, as *human beings*, they act in these roles. It may be that some young people who by nature or grace are particularly altruistic are attracted to medicine, although many are nowadays attracted by the high salary.

To sum up (polemically), the whole idea of 'true' professions and their special 'ethics' as traditionally understood and defended by Paul Sieghart, Raanan Gillon and many others, seems to me to create a cocoon of self-deception which prevents professionals from seeing themselves as others see them. But professional ethics can also be dynamic, and generative of contexts in which the challenges posed by science, economics, changing social values and so on are debated; and I believe that this is how medical ethics is conceived in this journal under the editorship of Ranaan Gillon.

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**altruistically rather than self-interestedly*

Role of philosophy in teaching medical ethics

A workshop on the role of philosophy in teaching medical ethics will be held by the Society for Applied Philosophy on Saturday, March 7th, 1987, from 2 pm - 5.30 pm in London.
The convenor, Dr Raanan Gillon, editor of the *Journal of Medical Ethics*, hopes to attract health-care professionals as well as philosophers interested in this area.
Further details from: Raanan Gillon, c/o *Journal of Medical Ethics*, or Donald Hill, Department of Teaching Studies, Polytechnic of North London, Prince of Wales Road, London NW5 3LB.