Letters

Ethical theory, ethnography, doctors and nurses

SIR

As a social scientist interested in how those engaged in medical interventions as either practitioners or recipients construct and justify their decisions, I was pleased to see both David Robertson's account of his empirical enquiry into such issues when he worked in a psychiatric hospital in this country and your editorial comment on the value of such enquiries.[1]

Nevertheless, again as a social scientist, I feel compelled to voice some criticism of the paper and the editorial comment on it. My concern is that, in the absence of much crucial information about the setting in which the data were obtained and with the uncritical editorial endorsement of the study, the reader is almost encouraged to conclude that the findings and the author's speculative conclusions about the reasons for the differences he found have a timeless universal generalisability.

Before reaching such a conclusion, I would want to know, for example, what the sex distribution of the compared groups was. Other work on gender differences in perception and orientation suggest that adult men are more likely to voice instrumental, and women affectional and relational, values. Robertson tells us only that both sexes were represented in both the doctor and nurse groups. However, if the proportion of males in both groups approximated to the national picture, one would expect the nurse sample to be composed mainly of women and the doctor group mainly of men. If we had been given an analysis of adherence to ethical principles by the sex of the individual sample members we would be in a better position to judge whether the results reflected gender rather than occupational differences.

I would also have liked to know more about the age of the sample members. Many studies of attitudes of health personnel to many aspects of professional work have pointed to differences related to age, which in turn may be due to differences in exposure to new knowledge, or to cohort-specific engrained modes of thinking and acting.

Finally, the appearance on the current agenda of professional and lay discourses of controversial issues, barely articulated even a decade ago because they then lacked salience, makes it essential to record the period during which opinions were obtained.

So, only two rather than three cheers for the paper and editorial!

Reference

1 Robertson DW. Ethical theory, ethnography, and differences between doctors and nurses in approaches to patient care. *Journal of Medical Ethics* 1996; **22:** 5: 292–9; Gillon R. Editorial: Ethnography, medical practice and moral reflective equilibrium. *Journal of Medical Ethics* 1996; **22:** 259–60.

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