

Surgeons and ethics : A time to introspect

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Abstract

Ethics is a set of behaviour expected from a group of people. A person from a cluster is expected to behave accordingly even when single. This group behaviour is an interesting behaviour which is seen in animals too, which is known as herd behaviour. Such kind of behaviour is seen prominently in the insect kingdom. This phenomenon is probably a remnant of our wild past. When Surgeons are taken as a herd or community it is seen that the group need to work under contradiction at time. "Primum none necere" is an ethical constant for the group. It literally means "Primarily do no harm". It is confusing at times. Sometimes harming one may be the only way one can save one. For example, a tracheostomy for ventilation in a medical cause. Donor Hepatectomy in Live related case is another. Choosing a new mesh for hernia for the first time ever. When you come across reports that the Mesh you favoured is being withdrawn from the market for the complication rates, it causes acute anxiety. This acute anxiety, amongst the ethical persons of the community, causes a dilemma. Doubts occur, whether the ethical behaviour is violated by them. To keep the surgeons in a set of behavioural boundary, some guidelines were brought in as legal bindings in the early nineteenth century. Initially these were unorganized and later from the mid nineteenth century in codified manner. First it was established in the US of A and few years later in the UK. In India the ancient Medical healthcare system considered Surgery as the most important subject. The Education system was under the control of the sages and ethics was a strong component of the students. But as the whole world embraced the modern medical education system brought in by the West, the set of behaviours changed. It brought many positive effects but along with it the unfair competition for the economics. As a result it created ethical conundrum in the minds of the ethical surgeons.

Keywords: Surgeons, Ethics, Behaviour.

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Introduction

Ethics are a set of expecting behaviour from a single person or a group of persons. Expectations and reality at times do not match and it causes frictions in the society. Surgeons are facing acute crises to adjust to this set of behavioural expectations these days. Three hundred years back, in the western world, this scenario was totally different. Surgeons were fighting for their existence with the barbers, butchers as well as the physicians. It only started once the surgeons established surgery as the most dominant form of medical subjects. Self control was needed. Patients were harmed by trainees, the apprentices, half trained doctors as well as

the surgeons themselves. We have example of 300% mortality on record. Scientific basis were not properly known. In addition to that the religious beliefs, taboos and customs were strong in the society. The situation was like a street war for establishing supremacy. No one was ready to leave ground. Economic consideration was the prime reasons. Today the scenario is not different. The approach and appearance have changed superficially but deep down all are fighting for the largest chunk of the prize or catch and spoil of the war. To control it, Gregory and Percival wrote certain topics for controlling the behaviour of the surgeons. Those treatises became the benchmarks for the ethical surgical practise today. First it was applied as law in the US of A in the year 1847. Later in the late nineteenth century it was accepted in the UK. Whatever we talk about the ethical surgical practice, originated from these two great authors. In India we are having a crisis. Ethical standards vary. Self control of the surgeons has become

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questionable due to the corporate behaviours. A book "Healers or Predators" edited by Dr. Nagral, Dr. Nundy and Dr. Desairaju, has caused a stir in the medical world. Prof Samiran Nundy has spoken about the reach of corruption in Indian system of medicines. The Editorial in the Lancet was scathing in its attack on the unethical practice in medicine as a branch. In this background it was thought to be prudent to look into the ethical conundrum and see if a set of improvements could be instilled in the minds of the Surgeons.

Discussion

The healers-patients conflict has increased in the recent times. For preparation of this work, the print media, news print, social media as well as the prominent, medical journals were followed. Totalling of the materials is not possible because of its sheer numbers. Incidences in the defined teaching hospitals were followed for a year. Quite a few numbers of conflicts were noted. Most of the time, the reasons were the clash of the expectations and the reality[1-5].The most important publications were by the Lancet and BMJ. The most important person involved in invoking ethics in India was Prof. Samiran Nundy from New Delhi. The most prominent book published was by Dr. Nagral, Dr. Nundy and Dr. Desairaju et al from Mumbai. [6-8, 11]All these materials suggest the ethical issues in the Private as well as the corporate sectors. The reported nexus between the businessmen Doctors, Laboratory owner doctors, Company bosses as well as the end user doctors are well highlighted in the publications. The pressure of "Targets" by the hospital management personnel in the corporate hospitals are at times demanding. The Corruption has extended its presence to present day fictions. Robin Cook, Michael Crichton wrote extensively on various aspects of the evil of the corporate medical worlds. "Final Diagnosis" by Arthur Halley is a masterpiece. In this novel some ethical points are raised which targets the behaviour of Surgical professional. Many of these fictions are made into movies thereby making the people aware about the unethical behaviours that lurk in the background. In this confusion the "Primum Non nocere" is lost somewhere. In the early Eighteenth Century, two British physicians made the greatest contribution to the history of surgical and medical ethics with the idea that the physician and surgeon should be part of a single profession. John Gregory (1724–73) wrote texts that are among the first about modern medical ethics in the English language [9]. Gregory followed the

"experience"-based philosophy of Francis Bacon (1561–1626) and the "science of man" or "science of morals" and the ethics generated on this basis by his contemporary colleagues, David Hume (1711–76) [4,5,9]. Thomas Percival (1740–1804) wrote the first text entitled "Medical Ethics", and he wrote on "experience"-based philosophy of medicine propagated by Bacon. Percival wrote for holistic ethics mainly after Richard Price (1723–91), the initiator of what is today known as "moral realism" in the history of philosophical ethics [9]. Ethics based on the scientific identification and conceptual analysis of the obligations that constitute social roles of a group of people, professional or class. Gregory and Percival were concerned and aware about the harmful effects for patients, especially old and frail bed ridden patients, of the competitions between that of physicians and surgeons. It was often competition between them for market share and economic gains. Both these authors used the tools of ethical analysis and argument to promote the idea of medicine and surgery to become a single profession. They hoped to bring the physicians and surgeons together around a set of common scientific and moral commitments, which may be considered as the ethics. These had three components. First, the Physicians and surgeons should commit to become and remain scientifically and clinically competent. It was suggested to be by practising, doing research, and teaching on the basis of "experience"-based medicine as postulated by Bacon and was designated as "Baconian". Second, the Physicians and surgeons should first protect and promote the patient's health-related interests as their primary concern. They must keep their economic and other forms of self-interest secondary. Finally, the Physicians and surgeons should maintain and strengthen medicine as a public trust that exists for the benefit of future patients and not as a merchant body that exists only to protect the economic, political, and social interests of its privileged members like the physicians and Surgeons. Gregory and Percival were reformers who wanted to change medicine and surgery from the largely self-interested, unscientific groups, who were competing only for privilege and power. The history of surgical medical ethics depends on the contribution of these two physician-ethicists. The ethical behaviours of medicine as a profession led the development of the 1847 Code of Ethics of the American Medical Association and British professional medical ethics later in the 19th century. Surgeons should ethically assess the conflict of interest in terms of their ability to keep intact the three components of the ethical concept of medicine

as a profession. Conflicts of interest are intrinsically ethically unstable and, if not properly understood and managed, even minor violations are liable to accelerate. The history of surgery is full of incidences and stories of the unacceptable consequences that the patients suffer for lack of professional integrity and the questionable character of health-care organisations when conflicts of interest are irresponsibly managed. The concept of a modern competent surgeon includes the following characteristics:

- Good clinical skills and appropriate surgical judgment.
- Good technical skills, including knowledge and capability in the performance of operative procedures.
- Knowledge and practice of ethics, moral values as well as the appropriate human values. The most important being the empathy.

Ethics, therefore, lies at the core of the surgical profession. A proficient surgeon is considered to be not only competent to perform the art and science of surgery but also ethically and morally dependable. In fact, surgical decision making can be viewed as a two-part process: the ‘how to treat’ aspect, which is a matter of surgical science, and the ‘why to treat’ issues, which are a matter of surgical ethics and should be based in moral and ethical philosophies.

When deciding on ‘why to treat’, surgical ethics provides us four principles:

- Beneficence,
- Non-maleficence,
- Respect for patient autonomy, and
- Justice.

In a nutshell, the ethical practice of surgery implies dignity, tolerance, and respect, and as such it means

- Placing the welfare and rights of the patients above that of the Surgeons;
- Treating each patient as one would wish to be treated themselves;
- Valuing each individual and
- Doing unto others as one would have them do unto us.[10,11]

Conclusion

It cannot be said that only Surgeons have changed their ethical behaviours and outlook. When the king changes

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its characters, the subjects will too. “You will have to pay for your Honesty”, a great quote. It is a painful reminder that a set of ethical behaviours, which is called honesty, will make you get the maximum punishment. The problem must be tackled by the Society. Let the society take up the challenge and I am sure that the surgeons, being a part of the society itself, will also reciprocate appropriately. The Foolish thoughts of good and evil may be replaced by thoughts of good only. We don’t actually know what is right and what is truly wrong. But let us keep the best ethical quote of all quotes “Primum non nocere” as our ethical goal and settle the confusion once and for all.

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