EDITORIAL COMMENT

Until recently there has been an area of our medical education that has been neglected, namely the study of moral and ethical problems which arise in the practice of medicine. No one would be so foolish as to deny that such problems exist, but, unfortunately, many do feel that they are sufficiently enlightened to logically solve these problems from their own knowledge and experience. Such an attitude expresses ignorance. Since the time of the pre-socratic philosophers some of the greatest minds have wrestled with the problems of moral and ethical values. This does not mean that we must study philosophy in order to cope with day - to - day situations, nor that we must spend many hours in deep reflection every time we are presented with an ethical problem. However, it should imply that none of us are intuitively omniscient of all of the factors, or even some of the factors involved in a given situation.

The need for organized learning of medical ethical problems and possible methods of solution is more acute than ever before. It is not just the problems involved in organ transplant surgery that receive so much press coverage today. Every day in our hospital corridors problems arise which, in their way, are no less dramatic. With the almost routine use of equipment like respirators and cardiac pacemakers (Who would have thought ten years ago that today the routine treatment of choice, in a modern hospital, for heart block after infarction would be the insertion of a pacemaker!) the problem of what - constitutes - extraordinary - means in the treatment of a patient becomes very evident. I am sure that every medical student has seen or knows of a situation where some physician had to make a decision whether or not to attempt to resuscitate a dying patient. It must appear to many that the physician is almost called upon to play God at times, a role which he is ill equipped to play.

But the questions of ethics go further than this. Intraprofessional relationships can and do present problems. The difference between an honest mistake and professional incompetence can be very hazy and I'm sure that none of us would enjoy the task of weighing our moral obligation to the public and our obligation and natural feelings of loyalty to the profession and its image. The problem of assumption of responsibility by residents and interns is probably closer to us as students. There are rules and formulated ethical solutions to cover most situations. However, one does not have to stretch the imagination too far to conjure up a situation where an intern might feel that he could best serve a patient by acting instead of waiting for direction from higher and more competent authority, thus testing his own feelings of moral responsibility. Of course, in an emergency, the last thing that one has time to contemplate is the ethical consequence of one's actions. But prior consideration of the problem or at least of ethical and moral situations should influence one's actions and hopefully in the direction of whatever is best for the patient.

With the tremendous increase in technical information available and the increasingly scientific approach to the practice of medicine with subsequent fragmentation of various disciplines from general medicine and surgery, there is an unfortunate, but probably unavoidable, consequence of a certain depersonalization in physician-patient relationships. Paradoxically, the physician of today is asked to accept the handling of more and more social problems of his patients and is asked at times to sit in judgment of problems which are not strictly medical, or at least are outside of his educational experience. Certainly the request for prescription of contraceptive pills presents such problems at times and it is useless and even dangerous from a legal point of view for the physician to claim

that he will not question the motives of his patient since he is not equiped to sit in moral judgment.

The opening words of this editorial are "Until recently". Through the Dalhousie Medical Students' Society and with the encouragement of the administration, but mainly through the efforts of one student, a program for consideration of the type of problems discussed above is being instituted. This year in a series of four or five panel discussions the complexity and multifactorial nature of these problems will hopefully come to the awareness of the students. It is obviously not possible nor even desirable to offer solutions in these short sessions. However, with the presentation of many viewpoints one should be better able to formulate his own solutions.

We hope that these discussions will be successful and that students will partake the opportunity presented. We also hope that if these sessions are successful, that some similar program could be incorporated into the medical curriculum in the future. It would surely be of benefit to all future physicians.

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The greater the ignorance the greater the dogmatism.
Sir Willams Osler