

THE INDIFFERENCE OF DOCTORS

On professional ethics, the important role of mentors in medical education, and the standards of behavior expected of doctors.

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Considering medical ethics in the times of a pandemic provides fresh insights on the topic. Much like in the case of wildfires spreading during periods of drought, the forces of nature have shown us their ruthless power. We find it disconcerting to see the consequences of human errors being laid bare. On the one hand, we can observe heroic behavior, sacrifices, and physically exhausting work on the part of people who are risking their lives and health. On the other, we also see people whose egoistic and stupid attitudes show a disregard for their own health and the health of others. Such observations unfortunately apply both inside and outside of the health-care sector.

Public perception of this sector in the times of the pandemic varies, ranging from admiration and praised being heaped upon doctors, people providing spontaneous help, food and equipment, all the way to hate speech, aggression, and even physical violence. In such situations, public expectations are at their zenith, and law (including labor law) is reluctant to defend us health-care professionals, because a state of pandemic is governed by special rules. The closing of borders gives us a chance to compare the effectiveness of different methods of fighting against the virus. But people forget that the Polish health service has been underfunded for years. Likewise, the commonly held belief that “a doctor will always land on his feet” is rearing its ugly head. After all, we always work in difficult conditions, and we have accepted this situation for years, so respect for our profession is dwindling. Yes, being a doctor is an underappreciated, danger-

ous, and demanding profession, and this fact becomes more clearly visible in emergency situations.

Two days ago, I talked to a colleague of mine I went to university with, who is an experienced doctor. We shared thoughts about a specific and hard-to-predict clinical situation. “Our profession is an interesting one, after all,” I concluded. “The most splendid one of all,” the colleague of mine replied, sounding sincerely emotional and deeply convinced of his words. I know that his devotion to his daily work and his strong belief in its importance stem from many years of experience. Also, I have had the opportunity to ask him for advice on numerous occasions, because we respect and trust each other. Sharing experiences is a necessary and invaluable aspect of our work, which requires us to think unconventionally despite all the standards by which it is regulated. But that is not all. The work we do also involves other values collectively referred to as professional ethics.

I hereby swear...

The medical oath of ethics in its original wording (the Hippocratic oath) and all other pledges that have been made by physicians to the present day define the relations between doctors and their teachers (masters or mentors), their colleagues (other doctors), their patients (the sick), and the abstractly construed medical profession itself (knowledge). All such pledges also assume that the primary motive behind the actions of doctors is to do good (and do so intentionally). In ancient times, when physicians swore an oath, they invoked such gods as Apollo, Asclepius, Hygeia, and Panacea. In Poland, from the 15th century onward, they made references to Christian ethics. Since the 19th century, the pledge made by physicians in Europe has referred only to mentors (teachers) and the code of medical ethics to the law applicable in a given country. Consequently, we could say that the wording of the pledge has been stripped of its depth. The absence of



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the sacral aspect has made the pledge universal, but it has also deprived it of humility towards what goes beyond the scope of today's knowledge. In light of doubtless advancements in medicine, there has been a tendency towards "modifying" the wording of each subsequent pledge (e.g. in 1948, 1968, 1983, 1994, 2005) formulated by the World Medical Association (WMA) and referred to as the Declaration of Geneva. However, a pledge derives its strength not from modern wording but rather the opposite, from its unchangeability, and so such unchangeability is a value in its own right, perhaps one that is more important than other values. But this has been neglected.

I accept with respect and gratitude...

References to the authority of masters (expert mentors) have been traditionally part of the oath. Indeed, their role appears especially important. But it is the law of a specific country and its agencies that remain the ultimate verification criterion. Consideration needs to be given to the opinions of experts, their proper role in medical education and in the standards of behavior expected of doctors as well legal effectiveness and legal justice. When we compare the quality of the professional education of the present and the past generations of doctors, we may conclude that the situation is not too bad (despite the fact that the type of learning has changed and theory has surpassed practice). When it comes to standards of behavior, however, we may have more reservations. It is a lot more difficult to verify the quality of the standards of behavior expected of doctors. We can notice flaws in the lack of respect for medical ethics on the part of doctors themselves – in other words, doctors acting to the detriment of their own reputation. In order to sustain and build up the good reputation enjoyed by medical professionals, we should stress the role of teaching the history of medicine, setting models to be emulated, and fostering students' sensitivity to the situation of other people. The development of diagnostic techniques and treatment methods, the necessary specialization, and ongoing advancements in technology are all still not more important than what constitutes the primary motive behind medicine and its very source: humanism.

National law is what it is – unstable and debatable. We keep drifting away from the spirit of the law towards its letter, and everyone can see this. Admittedly, invoking the law does simplify the procedures regulating the actions of doctors, yet it also turns the code of medical ethics into something relative. Consequently, it is possible to act within the boundaries of the law, and yet go beyond good standards of behavior and ignore compassion and conscience. I would not like to discuss the discrepancies between law and ethics

– I merely wish to stress the liberation of doctors from Kant's internal moral law. Consequently, the existing codes of medical ethics make no mention of compassion, care, the Ten Commandments, the Quran, or the Talmud.

To serve human life and health...

Laws vary by country and change under the influence of numerous other factors. This does not always affect the rules governing the professional conduct of doctors, but... Shameful examples include the laws of the Third Reich (fortunately, subjected to scrutiny in Nurnberg). We do not know how many lives these laws claimed among patients, but we know that the victims also included many doctors who refused to obey them. The cruel laws of Nazi Germany called for the elimination of individuals who did not fit into the superior race. In the name of the law, thousands of mentally ill patients and individuals who did not belong to the Nordic race were murdered. Less forceful criticism, however, was leveled against the eugenic policies in place in ancient Sparta, where disabled children were thrown off a cliff, and in the United States in the 1950s, a period characterized by forced sterilization and surgical corrections of "mental health." One example of a country where euthanasia is legally allowed is the Netherlands. In Sparta, it was hard to hold physicians accountable for the enforcement of such laws, but to this very day, the involvement of doctors in the administration of the death penalty or the ending of a life "for medical reasons" is undoubtable. There is no doubt that such examples, though relatively few in number, clearly fly in the face of the age-old principle demanding that doctors always act to protect life.

To maintain confidentiality...

We can see even more clearly the discrepancy between traditional principle of discretion, now referred to as the physician-patient privilege, and the overriding of this privilege in compliance with a requirement imposed by a court of law. Recognizing the primacy of the interests of the justice system over the potential interests of an individual (Article 180 Section 2 of the Polish Code of Criminal Procedure) is not always consistent with a doctor's moral beliefs. Law did not interfere with the widespread introduction of IT systems for the purpose of medical record keeping, and this is yet another issue that may raise doubts in light of possible access to large amounts of data. Even if we can verify whether such data have only been accessed by "authorized individuals," such access may mean breaching medical confidentiality and infringing up-

Further reading:

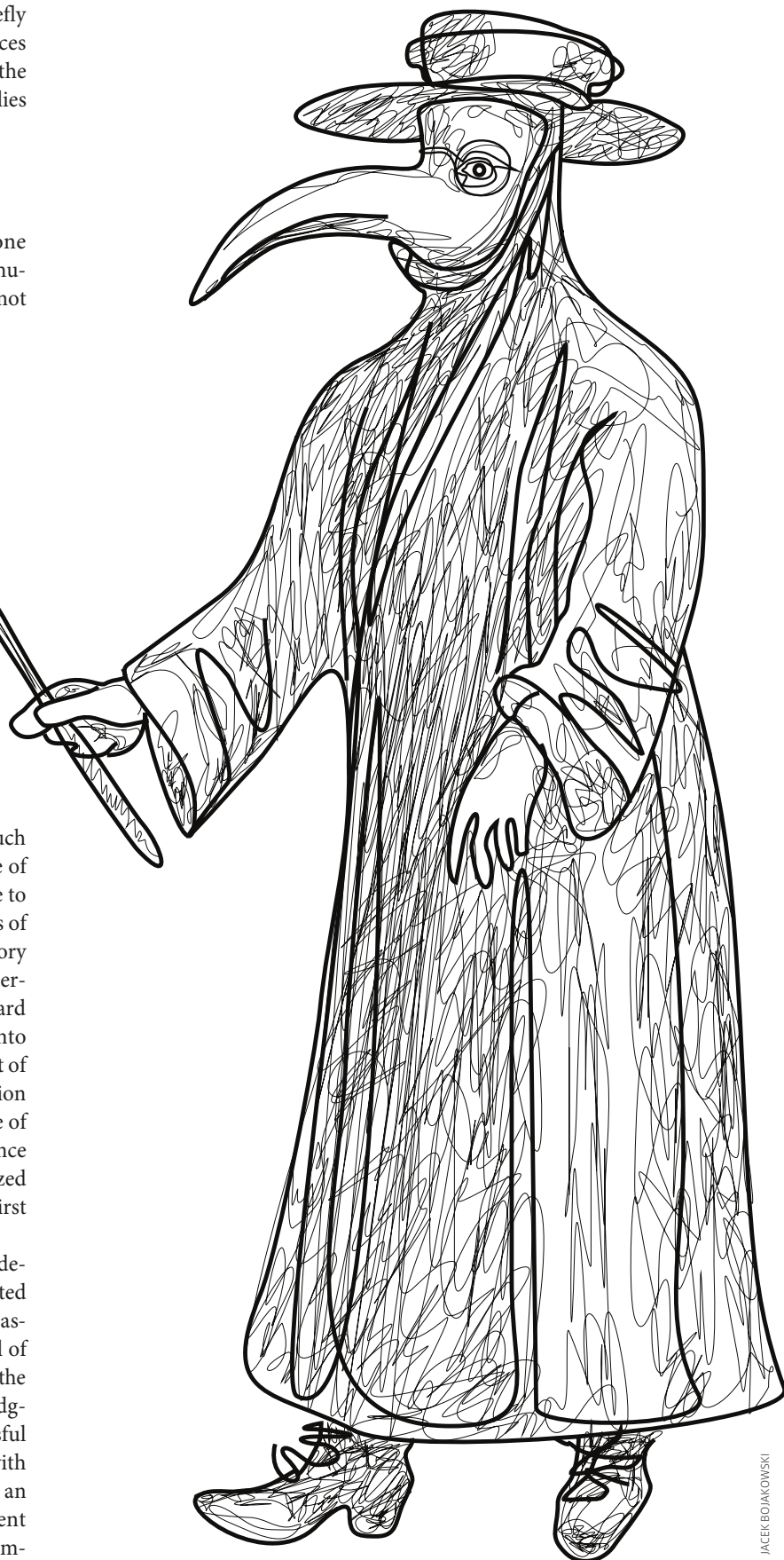
- Gula J., *Przysięga Hipokratesa* [The Hippocratic Oath]. in: J. Gałkowski, J. Gula, *W imieniu dziecka poczętego* [In the Name of the Child Conceived], Rome–Lublin 1991.
- Tulczyński A., *Polskie lekarskie kodeksy deontologiczne* [Polish Deontological Physicians' Codes]. Warsaw 1975.
- Kodeks etyki lekarskiej* [Code of Medical Ethics]. Warsaw 1994.
- Tatarkiewicz W., *Historia filozofii* [History of Philosophy]. vol. II, Warsaw 2005.

on the interests of a patient. Here, concern for protecting personal data is a farce. The purpose is chiefly to efficiently calculate the costs of medical services and enable easier access to information useful in the course of treatment. Consequently, the system relies on a compromise, but is it a good compromise?

The unwritten rules...

It is very hard or even impossible to teach anyone sensitivity to the misfortune or suffering of other human beings. However, integrating topics related not directly to medicine, but rather to human emotions and their development, such as art and literature into the medical curriculum appears advisable even despite its existing overload. We should also stress the role of art in the development of people's imaginative-ness – without imagination, it is hard to ensure advancements in science and ward off future problems. It would be possible to test the empathetic sensitivity of prospective medical students during entrance exams, but this would require many changes in the objectives of such exams and would complicate their methodology. Teaching the history of medicine at the beginning of medical school leaves students with a rather abstract knowledge of this subject. Such knowledge should be supplemented in the course of practical courses to remind students what we owe to whom. In this way, we would have more examples of mentor and role models and we would bring theory closer to practice. The presence of a mentor, understood as a real person, someone ready to work hard and make sacrifices, turns such characteristics into something natural for students. The establishment of such an emotional relationship boosts the motivation of students. Empathetic emotions, as the opposite of indifference, are associated with taking action. Since the times of Hippocrates, our teachers have realized this, hence respect for teachers is stressed in the first sentences of the oath.

I recall with pleasure my own teachers, who – despite their advanced age – still treated patients, edited scientific publications, and discussed intriguing cases with the flushed cheeks and excitement typical of medical students. Indifference defies the essence of the medical profession and turns it into thankless drudgery. Dangerous, hard, uncomfortable, and stressful work turns into torture when it is not coupled with a profound belief in its necessity, stemming from an imperative to do good. For this reason, indifferent doctors, who are not convinced about the moral importance of their actions, suffer more. ■



Costume worn by doctors in times of the plague