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Father Lisson, of the Texas Institute of Religion, suggests areas where greater cooperation between physicians and ethicists will result in mutual awareness and understanding.

Looking for a good specialist in medical ethics? With the number of medical-moral questions reaching the news media and with increasing demands from medical students for medical-moral seminars and "Ethical Rounds," many institutions are scrambling to come up with an expert in medical ethics.

But who would this rare creature be? If a physician with the personality and impeccable competence of Marcus Welby also held a degree in Moral Theology from the Gregorian in Rome or a degree in Christian Ethics from Harvard, perhaps he would fill the bill. But living, and practicing, in the real world where the demands of being merely competent in either medicine or ethics becomes virtually impossible, the quest for one individual equally competent in both fields may have to be abandoned. Professor K. Danner Clouser accurately and realistically describes this necessary compromise in medical ethics when he asks for a constant and focused interchange which calls for medical people to become familiar with the basics of ethical theory, just as ethicists specializing in medical-moral questions must become familiar with some of the facts of medicine.[1]

The Problems

The root of the problem in finding the ideal medical ethicist lies primarily in the expanding scope of the number and complexity of the questions involved together with the depth of knowledge and skills required of either a physician or an ethicist to remain basically competent, if not up to date.

There is no need here to comment on the complexities of the physician's problems. However, the physician may not be aware that the problems facing the ethicist are expanding in not just one but in two dimensions at the same time. On what might be called a horizontal plane, on the level of concrete practical problems, the number and complexity of the questions confronting the ethicist are becoming virtually overwhelming. At the same time, the ethicist confronts another

whole dimension of questions in what might be called a vertical dimension. In this vertical dimension of problems, the ethicist faces deeper and ever more fundamental levels of questions concerning data and methodology, fundamental concepts and basic principles. On this level Clouser observes that . . . the data force some changes in the theoretical structures, and the theoretical frameworks lead to a new understanding of the data.[2]

In this vertical dimension, philosophical ethics must now re-examine the very meanings of the concepts of life, death, and health together with the humanistic values associated with these fundamental concepts. Similarly, the moral theologians are forced to re-examine the fundamental moral insights and principles contained in Scripture and to re-evaluate the bearing of Scripture upon contemporary concrete moral questions. At the same time they must carefully analyze the content of Catholic tradition in an effort to clarify the fundamental insights into human nature and the Christian vocation preserved and communicated through magisterial documents. On a level even more fundamental than that of methodology and data, the moralist is being challenged to re-evaluate his role within the Christian community. Thus, for anyone concerned about medical-moral questions, whether he is primarily physician or ethicist, the fundamental problem is the rapid expansion of the questions in terms of numbers and complexity, in breadth and depth.

The Dangers

One painful lesson presented by the Edelin and Quinlan cases is the real and present danger of issues which are properly medical and moral questions being settled in a court of law. If the nature and function of law is to remain that of preserving and protecting the values of society, there must necessarily be some temporal lag between legal decisions and the progress of both medicine and morals. As medicine gains insights into man's nature and potentials for self-preservation, so too, by its own proper data and methods, the science of ethics develops its proper insights into man's nature, his possibilities, and his responsibilities. Any reversal of this temporal sequence will bring irreversible damage to the progress of both medicine and ethics. Such will inevitably occur when the law is asked, or forced by default, to act in advance of medicine and morals and thereby inhibit the progress of both.

But even more pernicious to medical ethics is the threat of ethical apathy. Unlike legal invasion which would merely inhibit growth, ethical apathy could ultimately destroy the medical-moral enterprise through an internal debilitating process of decay.

How the Physician Can Help

Even though the number and complexity of medical-moral questions expands in both verti-

cal and horizontal dimensions, the physician might take note and take hope from the amount and quality of responsible research being carried out at such places as the Hastings Center in New York, the Kennedy Center in Georgetown, the Institute of Religion in Houston, ITEST and the John XXIII Centers in St. Louis, and the Joint Program in Bioethics in San Francisco. From the present lack of clear answers to many complex medical-moral questions, it would be wrong to conclude that practical and helpful solutions are either impossible or not forthcoming.

Thus, the first thing that any physician can do to assist the progress of medical ethics is to be patient with the scientists, ethicists, and moralists who are specializing in medical ethics. Just as it would be wrong for a physician to stop trying to find a cure for a disease after admitting that he cannot cure an individual patient, so too, it would be wrong to abandon the enterprise of medical ethics, if there are lacking clear answers to medical-moral questions.

The medical profession, justifiedly or not, has a reputation for being distrustful of outsiders. Moreover, the present state of malpractice consciousness has seen an increase in the number of diagnostic tests, a heightened sense of confidentiality in record-keeping, and a mollified tone at tissue and pathology conferences. This climate has provided an even colder environment for the non-medical person with specialized interest in medical-moral questions making responsible research even more difficult.

In response, it might be helpful to keep in mind that there is very little likelihood of a responsible working ethicist being interested in malpractice — as little likelihood as his being called as an expert witness. Moreover, any ethicist who has devoted as many years to earning his credentials as a physician has his, will be at least as concerned about the unethical conduct of attorneys as he is of physicians. Malpractice suits are usually caused by malpractice, suit-prone patients, and the testimony of peers. Sometimes they involve actions of unethical attorneys but rarely the opinions of moral theologians.

From another point of view, Daniel Callahan, Director of the Hastings Center, has observed an ethical backlash sweeping through scientific quarters.[3] This backlash involves a strong suspicion that the new concern of ethics represents a latent anti-scientific bias together with a feeling that the personal morality of researchers and clinicians is under attack. Whether this backlash is justified or not, the conclusions of Charles B. Moore, M.D., after a year's exposure to Moral Theology as a Kennedy Fellow in Medical Ethics, may be as reassuring to his fellow physicians as it is to ethicists. After noting the inherent linguistic and conceptual difficulties between ethicists and physicians, Moore concludes that

"The obvious link between the two fields is that they both hope to accomplish the same goal — improved medical care for the patient, administered ethically."[4]

The physician can make an even greater contribution if besides merely being not threatened, he can develop a positive attitude of openness to the enterprise of medical ethics. This was also Moore's conclusion: "A more productive way would appear to involve meaningful dialogue as the two disciplines attempt to approach each other openly.[5]

Many of the linguistic and conceptual misunderstandings between medicine and ethics spring from the fact that medical ethics takes place at the interface of two radically different, but not necessarily opposed disciplines, each with its own data and methods. This interface is bridged by physicians who are specifically sensitive to, and interested in, the ethical implications of their profession, working in dialogue with ethicists who bring to this specific area of questions the principles and general norms of their profession. Just as the physician cannot be secure in his moral judgment without some understanding of the moral principles and values operative in his decision, so too the moralist can make little practical contribution without some understanding of the facts and consequences in the medical aspects of the question.

At this point, it would also be helpful to keep in mind the fact that the contribution of the moralists of the past generation such as McFadden, Healy, Lynch, Ford, and Kelly was largely the work of physicians. In addition to their regular teaching and writing responsibilities, these moralists answered dozens of questions each year from individual practitioners. In preparing practical moral responses to these requests, these moralists relied not only upon moral and medical textbooks but especially upon the personal opinions of prudent and knowledgeable physicians. As a result, their practical moral opinions were not only morally sound but eminently practical and useful for physicians.[6]

Furthermore, when these moralists received numbers of questions on the same issue, they felt obliged to publish an article, as much for the benefit of a larger audience as to have their own time. These articles were often the same in form and content as their responses to individual letters. As regards Kelly's work in particular, in the face of continuing requests, his articles were compiled into the book which is still used and cited almost a generation later.[7]

Thus the perduring value and practical usefulness of the work of this generation of moralists was largely due to the contribution of physicians who brought forth the questions and provided advice on their solution. There is no reason why the same contributions cannot be made in the present generation. In this per-

spective, any physician can make a valuable contribution, if besides merely being open to the enterprise of medicine, he assumes positive initiative and active leadership in the responsible and respectful dialogue which bridges the interface that is medical ethics.

Finally, the most important contribution which any physician can make to the progress of medical ethics is his personal sensitivity to ethical questions and his personal moral conduct. Always, the first and most fundamental ethical decision is whether or not to be ethical. Without continual interest and sensitivity to ethical issues involved in the physician's daily practice, there is no hope whatsoever for progress in medical ethics. Such a continuous ethical sensitivity might prove frustrating, sometimes even painful, but, one would hope, never debilitating or contrary to good medicine.

There is then every indication that good specialists in medical ethics are now at work and even more are being trained. But in any academic discipline, the specialist can make his proper contribution only in the textbooks and in the classroom — whether he is professor of anatomy, pathology, histology, or ethics. For the individual medical student moving through his professional training, the real learning is more likely to take place in the clinical situation through the role models he individually respects and selects for his individual and professional conduct. Thus, until Marcus Welby finishes that degree in Moral Theology, the real-world teacher of medical ethics will continue to be the individual physician whether he is private practitioner or chief of service, through his personal ethical knowledge and moral sensitivity, and most important of all, through his individual example.

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