

The Linacre Quarterly

Volume 54 | Number 3

Article 3

August 1987

President's Page: The New Ethics

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Recommended Citation

Peters, Andrew J. (1987) "President's Page: The New Ethics," *The Linacre Quarterly*: Vol. 54 : No. 3 , Article 3.
Available at: <http://epublications.marquette.edu/lnq/vol54/iss3/3>

President's Page



The New Ethics

When I first started practicing medicine 24 years ago, there were few medical-moral issues. I would be asked to pronounce a patient at home or be called to the scene of a motor vehicle accident to pronounce a victim. Our hospital patients were given every opportunity and benefit of our abilities. If and when they died, it was not because of a lack of expertise on our part.

Moral issues were clear-cut. Abortion was immoral and illegal, birth control was considered only by non-practicing Catholics; pornography and illegal drugs were limited to small pockets in the big cities. Patients' medical fees were handled on a personal basis or were waived if conditions warranted and our only contact with lawyers was when we were buying a home or writing a will. The threat of nuclear warfare was thought to be most unlikely.

Now a generation has passed and the world of medicine and science has grown by leaps and bounds. Man has been to the moon, babies are born through artificial insemination, patients live by renal dialysis, pornography is socially acceptable, illegal drugs are rampant, fornication is no longer frowned upon or considered sinful by many and terminal patients are kept alive on respirators. Surrogate motherhood is now a public issue and homosexuality is being considered as an alternate life style.

Every medical decision we make is influenced by its legal implications or tainted by its liability threat. We have ethics committees to decide when and who will be allowed to expire, who will be organ transplant donors and who will be recipients, and who will be the subjects of a DNR policy.

Catholic physicians are now being asked to "accept" these new ethics without question. Rules and regulations are being laid down by the legal

profession, the government and society. Decisions are made on the basis of third-party carriers, what is best for society, and what is the best way to avoid a liability suit. What happened to considerations of the patients' needs? When do we ever get to exercise our medical-ethical principles? Today, the federal government is our conscience and the DRG book its bible. We are not allowed or expected to spend time or cognitive value on our medical decisions. We are expected to act according to the rules of cost effectiveness.

Why aren't we doing something about the erosion of the country's moral fibre? The churches are not taking a strong opposing stand, our profession is going along with the tide, the educational systems are only concerned with crisis control and parents sit by, hopelessly wondering how far the nation can move toward amorality before it crumbles.

Will all of this change in our lifetime? Will today's social ethics make a better tomorrow for our children and their children? Will degeneracy get worse before it gets better? Why is society considering homosexuality an alternate lifestyle? What can we do for our young physicians and the future doctors so that they will not get a distorted view of our beloved profession? Why aren't we publicly calling drug abuse a form of self-destruction and why are we allowing it to reach epidemic proportions?

The immorality of homosexuality and drug abuse and AIDS is self-explicit. The questions we ask ourselves are not subject to freedom of conscience or relative values. But it is these principles which must be taught as an absolute which are not being expounded from the pulpits and are being ignored by the media and the educators.

I do not attempt to come up with text book answers which will resolve this issue, but I think we should live by our principles and values we hold so dear. We are charged with upholding the moral character of our profession and we must not give up this responsibility. We should continue to teach ethics to our students and our children and show by example that there is no conflict between ethical principles and our medical standards. We should serve on committees where we will be heard and we should continue to set an example in our homes, offices and hospitals.

Above all, we should not give up hope. Let us continue to work within the framework of the principles of Judeo-Christianity. Let us continue to have self-esteem and respect for others' values. Let us keep our minds open so that our eagerness to learn will be rewarded. Let us continue to have the courage of our convictions, and to speak out when we feel these new "principles" of society conflict with what we know to be just ideals.

As the end of my year as president of the NFCPG draws near, the one message I would leave which will help resolve these medical-ethical dilemmas for those who follow, is that they should continue to have hope and continue to work with the knowledge that our Lord Jesus is guiding us in all of our actions.

— Andrew J. Peters, M.D.
President, NFCPG