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On her deathbed Gertrude Stein asked, "What is the answer?", to which she herself replied with a laugh, "What is the question?" (1) To assess the meaning of collective responsibility in the professions, one must first follow Stein's suggestions and be clear about the question being asked, including understanding what one means by a profession. As I will suggest, the term 'profession' is importantly ambiguous. In fact, it is the ambiguity of the meaning of 'profession' that makes the collective responsibilities of the professions in many respects unique. Secondly, what one takes to be the proper responsibilities of the professions will be a function of how one assesses the significance of the tensions between the goals of the general society and those of the particular social enterprises which the professions are. One may hold, for example, that certain of such conflicts of interest are, within bounds, useful in assuring attention to the wide range of often conflicting human values. Thus, one may not make a provision in the law protecting the confidentiality of the sources of newspaper reporters. One may never wish to block so absolutely the access of society to information important for its security. Yet one may on the other hand be pleased in most cases when newspaper reporters consider it their professional duty to protect their sources. Towards the general good of compassing the wide range of human values, one may tolerate and in fact expect such conflicts. Insofar as one suspects that the human moral universe may not be totally coherent, (2) one may be in sympathy with tolerating, and in fact with favoring and abetting, the continuation of such tensions and contradictions. As a result, one may recognize that the responsibilities of the professions are often in a sense properly out of phase with the responsibilities of individuals as citizens.

In the course of this paper, I will first present a sketch of some of the cardinal characteristics of professions, as these characteristics bear upon understanding their collective responsibilities. After a brief review of these distinguishing characteristics, I will compare the different senses of obligations that one can attribute to professions and then to their members. I will first examine what is involved in simply being a member of a profession, then a member of a profession within a particular governmental organization (i.e., a state), and finally, the collective responsibility of members of particular professional associations. On the basis of these background reflections, I will proceed to address some particular issues concerning the collective responsibilities of physicians.

I. Being a Member of a Profession

Professions in the traditional sense contrast in many important ways with such collectives as clubs, nations, corporations, and associations. They do so in the ways they pursue their own intrinsic goods. Professions involve a dedication to the goods found in and through the possession and practice of particular knowledge and skills. This commitment to the flourishing of a special subset of human skills and knowledge I take to be signalled by the etymology of the word 'profession', which is bound up with consecration and open dedication. One might think here of the traditional three learned professions of divinity, law, and medicine, and of the fourth profession, the military. Each involves an interest in

and dedication to special goods associated with special abilities and skills, goods that are not simply goods of social service. Thus, there is a professionalism to be admired by fellow professionals when an individual achieves an excellence in a professional skill, even if that excellence in a particular instance produces no general social good. One might think here of one surgeon admiring another who adroitly performs a difficult operation, even though the patient dies, or of the general, admired by other generals, who fights ingeniously, even if the war itself is lost. Anyone who has made a skilled diagnosis or performed a difficult operation realizes that such enterprises are importantly, at least to some degree, ends in themselves. They produce pleasure because of the joy in an intricate skill well-practiced. Professions characteristically include the search for such immediate and intrinsic rewards in intricate skills or sets of skills. The art is pursued for its own sake. One might think here of the saying that in the Vienna of the mid-nineteenth century all that one could hope for was an excellent diagnosis from the therapeutic nihilist Josef Skoda (1805-1881), and an excellent autopsy from Carl Rokitansky (1804-1878).

This view can be sensed in the Hippocratic writings which speak with reverence of the Art.[1] They signal the social service of the art of medicine, but there is as well the sense that the art is revered in itself. There is an excellence in the practice of the art, which excellence the physician serves. "The physician is the servant of the Art." (4) That is to say, physicians are defined in part by their dedication to the excellence of their skill. They are not defined through social service alone, though this is also important. Physicians achieve an identity through the development of their skills, which skills have special intrinsic virtues in addition to the social contributions they produce.

As a consequence, one can identify a group of individuals as members of a profession even if they are mutually unknown to each other and share no social organization in common. They are defined first not in terms of a horizontal relationship, as members of a particular social organization, but through a vertical relationship between the professionals and the skills they attempt to achieve. What is involved is the pursuit of a possible human excellence, in fact a non-moral excellence. Thus, one is able to refer to the profession of robbery. One usually envisages special skills of cunning and deceit, and that such skills are intricate and have their own rewards. As a result, it is difficult to speak of the profession of ditch-digging. For ditch-diggers, such a special body of skills is not presupposed, nor need one imagine peculiar intrinsic rewards.

What is suggested here is not a precise line of conceptual geography dividing professions from other human activities but a rough rule for identifying professions. In indicating this defining role of interests in knowledge and skills, one signals a peculiarity of the professions: since they are not defined first through their social organization, members of a profession can recognize each other as members of the same profession, although they are not members of a common association. As a result, members of the military on all sides of a war can recognize themselves as members of the same profession, though they are members of different and hostile nations, societies, associations. What binds them together as members of the same profession is not a particular social organization, but a set of interests and abilities in the skills of logistics, tactics, etc. This communality of profession obtains, though the professions in each country may have radically different non-professional goals and, in fact, radically different professional traditions.

Professions are thus general ways in which humans divide labor so as to allow special clusters of goods to flourish. Professions are a function of life in well-developed cultures where the store of practical knowledge is more than any one individual can compass. As a consequence, not only does a division of labors become necessary, but a division and

distribution of human skills and knowledge, and a division and distribution of the possibility of joy in those skills becomes unavoidable. This I take to be a point made by Alfred Schutz in his study, *The Structures of the Life-World.* (5) As a consequence of the scope of practical knowledge in a developed society, one rarely encounters one single individual compassing at the same time the roles of shaman, lawyer, warrior, hunter, and physician. Such versatility, however, is feasible in a primitive society. Particular professions develop particular special abilities, rewards, and social duties attendant to one of the set ways in which humans come to terms with reality. Consider the role of the three learned professions in protecting humans against God, the State, and disease. In each of these professions, a particular skill is developed as a way of negotiating a major set of difficulties in life. Thus, physicians defend individuals against the power of certain acts of nature, as lawyers defend individuals against the powers and acts of the State. (6) Many of the particular duties and prerogatives of the professions, including their collective responsibilities, arise out of these special roles. The client-lawyer, physician-patient, confessor-penitent duties and privileges of confidentiality are, for example, meant to give an individual client, patient, or penitent, protection against the powers of the State, nature, or God. He or she is provided a confidant, even when that confidentiality may violate some of the general interests of the community. As a result, a professional group may in its codes of ethics, or informally in its practice, agree that disobedience to the State with respect to its demands to violate confidentiality will not count as unprofessional conduct.[2] Professionals may, thus, develop responsibilities to their clients and to their professional community that are at variance with their responsibilities as citizens to the larger community.

There are numerous clusters of interests that are potentially at variance in professions: (1) the intrinsic value of the professional's skills, (2) the value for individual clients of the products of those skills, (3) the value for society of the product of those skills, and (4) the extrinsic value of the profession for the individual professionals by reason of its production of money and esteem. Particular professional activities may better serve one of these goals than others. Consider, for example, that there is no necessary harmony among the intrinsic goods that a gynecologist finds in practicing the skills of abortion, the goods of those skills for his or her patients, the goods of the practice of abortion for society in general, and the return in money and esteem. As a consequence, the professional may come to see his or her responsibilities, i.e., to the profession, to clients, and to the larger society, as well as his or her interests in the benefits of the profession for himself or herself, to be not only distinguishable matters, but matters that become separated as competing goals engendering points of tension. Professions are enterprises fraught with conflicts of interests and the responsibility of the professions is ambiguous. Such responsibility is likely to be construed differently with reference to the preservation of the intrinsic goals of the profession, the goods of the individual patient or client, the goods of society, and the extrinsic benefits to the professional.

The focus of responsibility is also different in each case. In the first case, responsibility is to an ideal or a goal, as well as to others who pursue that goal, insofar as one wishes to feel a community of identity with others committed to that goal, and thus create a virtual community. In the second case, the responsibility is to a patient or client, as well as to the others who identify with a goal of personal service. In the third case, one similarly finds a sense of responsibility to society and to the others who identify with a form of social service. And lastly, one has responsibilities to one's family and to one's self. But in each of these cases the meaning of responsibility varies importantly. In the case of the patient and perhaps society, there are contractual responsibilities. In the case of society, there may in addition be a status responsibility to society in virtue of one playing a particular social role.

Further, feeling responsibility to a goal and to other venerators of the goal is, on the other hand, a way of acknowledging the attractiveness of a good or human excellence. Responsibility here is a special form of commitment to a good.

Some of these responsibilities may in certain circumstances be non-distributive, borne in part by the profession as a whole, as a social entity. In other cases, they may be totally distributive, borne only by the 'members' of the profession. In fact, at times they may be borne only individually. That is, viewing a number of individuals as members of a profession may at times be simply a way of understanding the unity of many individuals without implying a moral unity in action. However, a unity can be recognized without holding that the individuals are blameable because of the failure of a social whole or professional entity of which those are a part.[3] A unity in this morally significant sense need not be presupposed. In any event, the goals of a profession are at possible variance, and the foci of responsibilities are potentially divergent.

There is, in short, a moral precariousness about the professions. They are liable, as Alasdair MacIntyre has suggested, to generate conflicts of right with right, and to offer choices among wrongs. "If members of the medical profession choose special forms of specialization in research or in practice, they thereby determine the availability of certain patterns of medical care. If the freedom of physicians is safeguarded, the equal rights of citizens will be flouted. So the autonomy of the medical profession becomes a social vice, while the freedom of the physician becomes an important value." (8) Because the professional has allegiance both to the profession and to society, there will be conflicts not only among goods, but conflicts among responsibilities and obligations as well.

Finally, as Alasdair MacIntyre's paper, "How Virtues Become Vices," suggests, the virtues of professionals have a way of becoming vices as they become exaggerated - a somewhat Aristotelian point. Thus, one could list among the virtues of the medical professional: 1) a special keenness in clinical observation and the framing of therapeutic decisions, 2) courage in the face of suffering and death, and constancy of purpose, commitment, and judgment in the care of others in often painful and ambiguous circumstances, 3) a facility in comforting and caring for the suffering and dying, and 4) a joy in the special skills needed to accomplish the above. Yet there are companion vices that grow out of these virtues: 1) failure to bring the patient into therapeutic decision-making, 2) insistence on the patient facing suffering and death, even against the patient's wishes, 3) an inclination to paternalistic disingenuity by hiding from the patient the character of his or her diagnosis or prognosis, and 4) an inclination to use the patient without consent in the service of developing the profession (e.g., teaching medical students). It is because of these ingredient opportunities for conflict with the purposes of the larger social community and with the interests of individual patients and clients that concern about the responsibilities of professionals has become topical.

II. Professional Responsibilities and the Responsibility of Professionals

Having sketched some of the geography of the conflicts involved in the professions, I will turn now to examining the nature of professions such that they may be held responsible for their acts. I hope to have already suggested the ambiguity of the term profession and the varying senses in which a profession may constitute an association or an organization. I will now turn to these points more explicitly. In a recent article on the meaning of professionalism, Stephen Toulmin has suggested three levels or degrees of professionalization which are relevant here. He offers three respects in which an activity may or may not be professionalized and three corresponding conditions which such activities must satisfy in order to be characterized as truly professional.

"for fun" -- as amateurs or dilettantes;

2) There is a recognized body of skills, constituting "the state of the art," with which professionals become familiar through training or apprenticeship, and a network of guild-type institutions, which act as custodians of those arts and supervise the accreditation procedures for entry into the profession;

3) There are statutory bodies, established by legislation or official decree, which confer on professionals the privileges attaching to the exercise of the profession, in return for an acceptance by the professional "guild" of correlative responsibilities toward the public for maintaining the requisite standards of performance and conduct. (9)

These three aspects correspond roughly with increasing levels of social organization, as well as socialization within the larger society. As I will argue, it is reasonable to hold that the collective responsibilities of the professions increase as their organization develops.

The first aspect of professionalization, when combined with the notion of professions possessing intrinsically valued skills and knowledge, produces the most general sense of a profession. It is the one to which one appeals in speaking of generals on both sides of a war being members of the same profession, even though they share no formal social organization. This sense of a profession is also invoked insofar as one considers physicians apart from such recent world-wide social institutions as the World Medical Association or the World Health Organization. The question is whether professions as such involve collective responsibility. Can one on this level sensibly talk in general about the collective responsibilities of the medical profession or of the military profession? Are there ways in which one can distribute blame to members of the medical profession, or the military profession, in the absence of any social organization? Surely one way of making sense of collective responsibilities on this level is by reference to the intrinsic vices of certain professions. Thus an absolute pacifist would undoubtedly be able to speak of the collective responsibilities and culpabilities of all members of the military profession. Also an individual who unconditionally rejected sterilizations could speak similarly about physicians who performed sterilizations. The point would be that there are certain temptations to use excellent surgical skill on behalf of patients even when the result is vicious. This moral warning would invite professionals to reflect upon the ways in which they can prevent the development of the vices of their profession. Such considerations are likely to provide moral grounds for individual professionals to develop professional associations, which can act to prevent such vices and to enlist the power of the larger community through statutes and regulations to curtail abuses. One is thus offered a possible moral imperative for the organization and socialization of the professions to the degree necessary to give reasonable assurance that they will forebear from direct, significant injury to individuals and to the general society.

However, prior to such an organization of a profession, to what extent is it credible to speak of a profession having acted irresponsibly, or of individual members of a profession being responsible for the delinquency of other members of that profession? This is a general form of the question: to what extent was the military profession in Switzerland, and perhaps also individual Swiss soldiers, responsible for the Second World War in which Switzerland played no part? I take it that one of three views of responsibility could be implicit in such questions.

First, by responsibility one may mean only that a sense of identification is felt and one is likely to take joy from the accomplishments of fellow professionals and feel shame at their

failures. Nothing would then be asserted with respect to whether one is worthy of happiness or deserving of unhappiness, but only that certain moral sentiments of pride or remorse are evoked. Such senses of responsibility probably play a role in vague notions of ethnic guilt and pride. Polish-Americans may take pride in the election of the first Polish Pope, and should he act irresponsibly, some would undoubtedly feel shame, though it is not clear that there are any ties of responsibility that would make them accountable. Similarly, one can take pride in a profession and be ashamed of the shortcomings of its members, as well as identify with their successes. But simply as such, a profession is not responsible for anything in the sense of being worthy of blame, though it may evoke moral sentiments such as pride and shame. The point is that there is not a unity, as clubs, associations, and nations have a unity, which would enable collective decision-making, collective assumption of responsibilities, and therefore collective success and failure, as well as collective faithfulness and malfeasance. Blaming a profession in general, as opposed to blaming a particular professional group or association, would be a metaphorical use of blame. It would be like blaming the Polish people or praising the Polish people on the basis of the performance of the Polish Pope. Neither races nor professions as such have a social unity or organization that allows them to be the bearer of rights or duties, or the recipient of true blame or praise.

Second, unlike races or peoples, professions are developed towards the pursuit of particular skills, knowledge, and goals. It is therefore possible, as mentioned above, to blame the members of a profession when the goals of that profession are perverse. In that the enterprise of murder is immoral, the profession of being a hit man (i.e., a professional murderer) would be such an example. Beyond that, because particular professions give special opportunity for immoral actions, there will be obligations ingredient in the peculiar social situation of the profession: the obligation of physicians to keep confidentiality, not to take unfair sexual or other advantage of their patients, to maintain an expected level of technical competence, etc. These obligations will be encumbent upon all of a profession's members. Each member will have his or her obligations, and it will be at least praiseworthy to attempt, ceteris paribus, to get other professionals to fulfill their obligations. Such responsibilities, however, fall upon each member of the profession directly, and do not devolve upon them because of the responsibilities that may be encumbent upon some collective. There need at this point be no such collective. This is due to the basic vertical structure of professions. It is, if you will, a Protestant structure in which each member is directly related to the goods of the profession, the goals and skills which define a profession independently of any professional association. There is no mediation through social organization.

There is, however, the possibility of understanding a profession as a group as one can understand members of a species as a group. Professionals have a conceptually identifiable unity in terms of their individual commitment to certain skills. However, in a non-organized state they share that commitment only in virtue of many isolated individual acts of commitment and affirmation. However, this unity does not constitute a social entity; there is no shared focus of responsibility. Like Virginia Held's random collection[4], each and therefore possibly all can be held responsible for not acting as a responsible, already existing social entity. They have failed to fashion such. Clubs and nations may in contrast own things as single entities, be held responsible for their actions as wholes, and thus incur their own debts and rewards. They can even be granted worthiness of blame and praise in a metaphorical but important sense that they can as unified products of personal wills engage in moral actions with actual persons. One should note that in Virginia Held's examples of random collections, she is for the most part signalling the ambiguity of responsibility similar to that involved in imperfect moral duties. With imperfect duties someone (no particular person) owes an obligation, usually one of

beneficence, often not to any particular individual, but to some individual.[5] In Virginia Held's example a person is described as having a right to beneficence not from any particular individual, but from some individual or individuals. She is describing imperfect rights, and they tend to require a social structure to ensure their realization. She has, however, not shown the existence of a moral duty possessed by a mere collective as a unity. All individual members of her collection save two could be replaced by a machine so that either of the unreplaced individuals is in a position to push a button to initiate the morally desired action. Thus, one could blame both if neither pushed the button, be happy if only one pushed the button, and still not consider the two persons plus machine to be a social entity. A random collection may look complicated, and as a result it may be useful to understand it as some sort of a whole, but there is no collective decision-making sufficient to establish it as a unity in the way clubs and nations are. There are no choices and commitments made as a single entity, which choices and commitments one could then impute to that entity. This is the case as well in the instance of the pre-organized medical profession whose members can recognize each other as pursuers of the same skills and goods, but not as members of a collective capable of acting as a unity, and thus itself worthy of blame or praise.

However, a move to such an organization is a natural one. It is advantageous to members of a profession if in general members discharge their responsibilities -- it adds to the esteem and success of the profession. One finds, for example, numerous remarks in the Hippocratic corpus regarding ways in which the profession of medicine can be maintained in honor. (12) Such remarks were obviously made in the absence of a Hellenic medical association and in fact, at least in the times of the writing of the *Law*, of laws structuring the practice of medicine in Greece. What was suggested was an expedient that would aid all those engaged in the profession of medicine by increasing its acceptability. This tactical suggestion can, however, be cast morally. Members of a profession have a special moral obligation to organize sufficiently or to seek sufficient legal constraints, so as to prevent likely abuses of their profession. This is the third observation with regard to the moral obligations of professionals as such. They have an obligation, at least in the sense that it would be a desirable enterprise, to structure the practice of their profession so as to prevent likely abuses. However, that sense of obligation need not be the obligation of a debt to a society, of a duty of forebearance, or of a special responsibility that one has received in exchange for being made a member of a communal endeavor given particular privileges by a society. Rather, the obligation would at most be a duty of beneficence, not one of non-maleficence. Defaulting on such an obligation would be equivalent to rejecting the good of protecting individuals and society from certain evils and thus refusing the pursuit of certain goods. In many cases, the dangers of inaction may be great enough, and the inconveniences involved in acting minimal enough, to justify holding any individual who defaulted on such action to be vicious, callous, or unfeeling. However, some forms of regulation may endanger the goals of the profession. What I wish to signal is that there is, in addition to ingredient duties to impose social guards against abuses, a natural and at times proper conservatism among professionals with regard to such controls. Still, many of the forms of abuse, or possible abuse, will be so serious as clearly to warrant some regulations. Thus one properly finds formal rules and sanctions bearing on consent of patients, their right to know the truth about their diagnoses, and their rights to the confidentiality of their records.

Many such restrictions evolve out of the imposition of socially chosen goods upon the conduct of a profession and are not the responsibility of the professions. For example, one could imagine that it could be the case that special placebo effects redound to the benefit of patients if they are not given precise information concerning their diagnoses and

prognoses. This might be so even if it were true that full disclosure shortens lifespan and increases morbidity in a striking fashion. Even if that were so, one could imagine a society imposing the duty of full disclosure upon professionals in that society. I would take it that there would, however, be nothing immoral about a society wishing to forego such disclosure and providing only a general warning that out of considerations of health physicians do not inform patients of problems of a certain kind. In any event, since most patients come to most physicians more in need of a physician than a physician is in need of a patient, a society is likely to impose some restraints on the laissez-faire establishment of the physician-patient relationship in order to place the patient on a more even footing. However, in such circumstances there is surely nothing wrong with members of a profession resisting such constraints until they become formally a condition of being members of the society in which the professional practices, as long as such professionals are candid, eschew coercion, and have good reasons for believing such a practice achieves a balance of value over disvalue.

My point is that there is a sense of obligation upon non-organized professionals to develop a professional organization and to enlist society in protecting its patients and clients from abuses. Again, this is not a collective responsibility in the sense of a responsibility which an association assumes, but rather a responsibility that lies more heavily upon individuals with particular skills and knowledge, simply in terms of their knowledge, interests and abilities, and not because they are members of a social entity.

III. Social Regulations

Up to this point I have been arguing that there are no collective responsibilities in a strict sense borne by a profession as such. I have, however, suggested that there may be obligations to develop such professional organizations and to seek to prevent, through societal regulations, the danger of abuses. I will now move in my considerations from the moral responsibility of professions in general, to the kinds of collective responsibilities that one might be able to speak of with regard to Texas physicians or members of the American Medical Association, that is, with regard to the collective responsibilities of particular groups of professionals.

To begin with, I will attempt to distinguish those forms of responsibility which are imposed by a society upon a profession, or made through some form of negotiation with its members, from those responsibilities that arise out of the actions of professional associations. It is only with regard to the latter that I believe that a case can be made for collective responsibility in any strong sense. The former can occur and often does occur apart from particular direct relations with a professional association or organization. Thus, for example, the requirements of licensure in a profession are often handled through governmental bodies, which are distinct from particular professional organizations. They may even include members of groups not officially acknowledged by particular state professional associations. One might think here of the role played by osteopaths in many boards of medical examiners. The point is that states have created monopolies for physicians, often in response to the economic interests of physicians, but also well out of paternalistic concerns for the potential patient population. Even if the American Medical Association were to favor abolishing all medical licensure, and support only certification (i.e., there would be certification of credentials to make it difficult to lie about one's training), it is unlikely that certification would be allowed to replace licensure. Paternalistic grounds would be given to the contrary. It is for such reasons, however disingenuous, that organized medicine has favored licensure -- avowedly not in order to create a monopoly, but on the basis of paternalistic interests in allowing patients access only to competent physicians.

In short, physicians and other professionals have received rights and duties, privileges and obligations, from local governing bodies out of avowed paternalistic interests of the State, which have often been embraced and encouraged by the particular professional organizations for their own interests. Insofar as these special rights and duties are not formally negotiated between the government and the professional associations, these rights and duties are perhaps best seen as special duties of citizens with special knowledge, skills, and social roles, roles they possess independently of any membership in a particular professional organization. Thus, for example, one can be licensed and practice medicine in a state without being a member of organized medicine (though surely often only with certain difficulties -- e.g., not being able to acquire the privileges to treat one's patients in a hospital). This is particularly true with respect to organized medicine at the national level.[6] The rights and duties that structure one's practice are those imposed by the society upon those who would wish to exercise that skill within the sovereignty of a particular government.

One might envisage, in addition, societies negotiating with members of particular professions certain particular rights and responsibilities. A society may in return for investment in research and education in particular fields require all of those benefiting from such subventions to agree to providing special services to the society. Physicians may be required to serve for a number of years in rural or ghetto areas lacking sufficient physicians. Again, the model is not that of a negotiation between a government and a professional organization, but between a society and those citizens who would like to be assisted in the acquisition of the skills of a particular profession. *In sensu stricto*, an individual who left the country to gain his or her education elsewhere, or acquired it within that sovereignty, but through private means alone, should be exempted from such duties insofar as they are based on such a negotiation. The point is that in neither of these cases (i.e., either in the imposition of regulations or the negotiation of particular duties of service) has a full-blown sense of collective responsibility been presupposed.

However, where professionals fail to meet social expectations, they may be properly subject to certain societal constraints and manipulations such as restraints on public funding programs that benefit the profession. Such societal actions do not presuppose that the profession has failed as some sort of whole or social entity. In holding the profession responsible, one may at best have in play a sense of strict liability or responsibility in which a society, without believing that a profession as a unity has been derelict, may still impose particular constraints upon those practicing that profession within its sovereign territory. However, no notion of professional collective responsibility or culpability is presupposed in the sense of a non-distributive responsibility, or even a responsibility distributed because of participation in a social entity. One needs only the notion that one can identify a group of individuals through their skills and interests in order to account for the society's actions with regard to that profession. Concretely, one need not appeal to a guilt which could be distributed to the members of that profession in the sense of their being worthy of blame in order to justify granting less social perquisites to a profession. Rather, society may open and close certain avenues to professional happiness in order to structure the activities of its citizens, including identifiable groups of citizens, even if they are not social entities as clubs, associations, and nations are.[7]

It is only within a professional association that one would have a societal unit that can act and therefore fail to act, that can assume responsibility and therefore be negligent in discharging its responsibilities. It is here that one can speak by means of an extended notion of a corporate will, of a corporate mind and tradition. One may have in view here

something akin to Hegel's corporation: an organized, recognizable body of interests within a society, of which the state must take account. (13) Corporate actions can be seen as good or evil in that they reflect actual collective choices.[8] In such cases it would be appropriate not only to impose a form of strict liability upon professionals, but to hold such professional associations actually culpable when they are malfeasant. Responsibility would accrue to the group as well as to the members of such an association. A professional association is understandable as a social entity, which is exactly what such claim to be, and show themselves to be by organizing their members as a whole dedicated to certain goods, and to accepting certain responsibilities. Thus, in the case of professional associations which as a unit pursue particular goods, develop societally significant programs, and lobby for particular laws and regulations, one has a clear basis for speaking of collective responsibility in a strong sense. It is a responsibility that one may attribute not only to the association as such, but also to those members who have acquiesced in the actions of the associations. Here alone is there a corporate responsibility so that the *onus probandi* of innocence, or the accolades of well won praise, fall upon the members of the (ir)responsible professional associations unless one has engaged in actions to defeat that presumption. In that the moral problems attendant to a profession will often require the creation of such associations, this constitutes a serious moral point. Though professions in themselves need not exist with sufficient social organization to justify a sense of collective responsibility, the dialectic of the praxis of such professions will often bring one to the establishment of such associations, which themselves will create new responsibilities.

IV. Physicians and the Community of Physicians

It is much more difficult to speak of the collective responsibility of physicians than it is to speak of the collective responsibility of members of corporations, clubs, or associations. The responsibility of physicians is in general quite different from the responsibilities of such social unities. This is the case in that the role of medicine is a natural one, somewhat like the role of being a parent (in the social, not merely the biological sense). That is, it can occur across societies and nations and can exist independently of any formal social organization. It reflects one of the cardinal responses to illness, debility, and death. As a result, many of the important responsibilities of physicians are not defined by reference to a collective, but rather by reference to an aggregate of individuals who can be understood through their commitment to certain skills, knowledge, and tasks. Again, one might think here of the status responsibility of parents. Further, because of the possible abuses of the special roles of the physicians it is desirable to have societal regulations, if not in fact to develop associations of physicians dedicated to the discharge of the responsibilities of their professions. For comparison one might think here of the laws concerning child abuse and associations of parents interested in protecting children. What one must notice is that the profession of medicine is first an aggregate of physicians, before it ever becomes an association of physicians. Most of one's concerns about the profession are concerns one has with an aggregate, not a collective in the sense of a social entity capable of being held morally culpable for its actions.

As a result, most of the responsibilities of physicians would exist in the absence of the professional collectives to which they belong. They will exist in virtue of their pursuit of particular skills or because of the interests of the states of which the physicians in question are citizens. And most importantly, the relationship of physicians to the profession is not like that of a citizen to his or her country or a stockholder to his or her corporation. Such collective responsibilities develop only as professional associations develop and thus provide a social entity. It is interesting to note in conclusion that the participation by physicians in such national organizations has in fact decreased.[9] The practice of medicine is

ever more structured, not through the codes of professional organizations, but by the duties of citizens and by negotiations among citizens unmediated by professional organizations. These may substitute well for many of the functions of professional organizations, and be a far from unwholesome development.

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NOTES

[1]The commentary in the Jones edition of Hippocrates is informative on this point. He says concerning the Oath: "The writer, like other Hippocratics, uses to describe the profession a word, which, in Greek philosophy, and especially in Plato, has a rather derogatory meaning. Medicine is 'my art' in the *Oath*; elsewhere, with glorious arrogance, it is 'the art.' 'The art is long; life is short,' says the first *Aphorism*. Many years later, the writer of *Precepts* declared that 'where the live of man is, there is the love of the art.' That medicine is an art (the thesis of *The Art*), a difficult art, and one inseparable from the highest morality and the love of humanity, is the great lesson to us of the Hippocratic writings. The true physician is *vir bonus sanandi peritus." Hippocrates,* trans. W.H.S. Jones (Cambridge, Massachusetts: Harvard University Press, 1923), vol. 1, p. 296/(3)

[2]As an example consider the February 1978 *Ethics Guidelines for Sex Therapists, Sex Educators, and Sex Researchers*, Section II, 4. "In cases where a subpoena is served to obtain confidential information about a client, sex therapists should protect their material by claiming a privileged relationship in jurisdictions where this privilege is recognized. When such privilege is not clearly recognized, the sex therapist may obtain legal counsel and attempt to resist the subpoena. A sex therapist who believes that an unjustified violation of the confidentiality and trust of the therapist-client relationship would occur if, under legal edict in response to subpoena, such material were divulged, may properly refuse to comply and will not be viewed as acting in other than an ethical manner within the context of these guidelines." (7)

[3]In the course of this paper when I use such terms as 'social unity', 'social entity', etc., I will, unless otherwise noted, be referring to a socially organized group such as a club, nation, or association, which can be held responsible for its actions and omissions.

[4]I agree with Virginia Held's argument that there can be a moral responsibility to create a social structure. (10)

[5]For a discusson of the difference between perfect and imperfect duties, see Immanuel Kant (11) *Grundlegung zur Metaphysik der Sitten.* Akademie Edition, Bd IV, pp. 421-424; *Metaphysische Anfangsgründe der Tugendlehre.* Akademie Edition, Bd VI, pp. 391-393.

[6]Less than 50 percent of all physicians in the United States are members of the American Medical Association. Personal communication, American Medical Association, Center for Health Services, Research and Development.

[7]I leave untouched the question of the proper limits on a society's control of its citizens.

[8]One must distinguish a social collective (the point of concern here) from experienced collectives. Thus, one can hold that dogs are members of a species, though not of a social organization.

[9]One should note that only 203,228 out of 452,000 physicians in the United States in 1979 were members of the American Medical Association (AMA) while in 1976 205,000 out of a total of 409,000 were members (50 percent) and in 1968 216,000 out of 316,000 were members (68 percent). Personal communication, American Medical Association, Division of Survery and Data Resources, Division of Membership Development.

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3. *Hippocrates*, trans. W.H.S. Jones. Cambridge, Massachusetts: Harvard University Press, 1923, vol. 1, p. 296.

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10. Virginia Held. "Can a Random Collection of Individuals be Morally Responsible?" *The Journal of Philosophy* 67 (July 23, 1970;, pp. 471-481.

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12. Hippocrates. *The Physician.*

13. G. W. F. Hegel. *Philosophy of Right*, #189.