



## *International Association of Therapists & Medical Doctors*

# **Ethics in medicine: a White Paper by the IAAT**

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### **Abstract**

Medicine has always reflected the behavior of its practitioners. It can look back on an impressive history with the Hippocratic Oath, which is approximately 2000 to 2500 years old. But despite this history, the question remains why there should be medical ethics or whether it is not sufficient to demand morally of a physician what is to be demanded of every citizen anyway.

### **The asymmetry of power**

The factual circumstances and specific conditions of any medical action argue for regulating the behavior of a physician with norms that would be unusual for persons outside the profession. General morality and a professional ethic are based on the same moral principles; however, they may well prescribe different behavior for those involved. This can

be explained by the widely accepted formula that medical ethics is not a special ethics, but the ethics for acting in special situations. For medical ethics, it is necessary to consider in advance some characteristics of a physician's actions, because they are subject to uncertainty in several respects. A physician cannot guarantee the success of his actions even under the most optimal conditions and when acting according to the rules of art. No physician cannot reliably exclude the occurrence of undesirable effects.<sup>7</sup> Moreover, a medical doctor cannot always attribute the healing of his patient in retrospect to his influence, because many diseases heal naturally even without intervention.<sup>1</sup> However, if the physician wants to draw conclusions from a cure about his approach to future patients, he must clarify what part the medical therapy played in it. However, this can only be answered by controlled clinical studies, hence the need for clinical research. Moreover, it is the patient, not the physician, who bears the benefit and harm of a medical intervention.<sup>2</sup>

Unlike a pilot who must also fear for themselves in the event of a mistake, only the patient suffers from the consequences of medical action.<sup>1</sup> What is more, medical procedures are often highly complex and must take into account numerous situational factors. Medical decisions cannot be made with mathematical precision.<sup>8</sup> For this reason alone, the computer has so far had only a limited influence on medical practice. It can support the work of the physician, but the digital realm can only insufficiently replace the actual medical activity, which is called "art" in many languages.<sup>4</sup>

These characteristics of medical activity have been known for a long time. Under the influence of modern science, they have changed at best gradually, but not in principle. Medical practice, like the first Hippocratic aphorism, is confronted with the unpredictable, despite its age of about 2500 years. Medical practice, and indeed the medical profession as such, are, by virtue of their very nature, as less comprehensively assessable in at least three respects as one would actually wish and as patients mistakenly imagine.

Three asymmetries between the power of the medical profession and control over the medical profession are well known:<sup>1,4</sup>

1. The importance of the individual expert to the patient is not matched by corresponding control of the patient. The latter has little chance to control the physicians and their complex and uncertain medical practice, which ultimately can only be seen through by other experts, if at all.
2. The organizations of this profession, e.g. the medical associations, can also only control the individual physicians to a limited extent. The physician's actions always retain a scope for decision-making that is extremely dependent on situational conditions and cannot be completely controlled by rules.
3. The importance of medicine for society is not matched by a corresponding control of society vis-à-vis the physicians. Medicine has developed into such a complex and difficult-to-control entity that it can no longer be effectively controlled by the state bureaucracy.

Despite this draconic imbalance of functional importance and control, the profession is granted extensive autonomy and self-governance, up to and including professional ethics. Can this work? The answer will shock some laymen: we are largely dependent on individual professional ethics.<sup>1</sup>

Only if patients can expect certain behaviors as a consequence of practicing medicine the acceptance of medicine in society and among patients will prosper. The profession itself must therefore not only codify, monitor and sanction behavior for its members, but also keep an eye on the actual behavior of physicians, for they too are "only" human. Physicians are human beings who have attended university, no different than architects, teachers, or political scientists. It is also by no means the doctors who allow their profession to make them arrogant, but rather the fear of the patients who revere the doctor as an all-knowing healer. But with all due respect, that is not what doctors are.<sup>8,9</sup>

It must therefore depend on the strength of character of each doctor that he adopts a certain ethos for himself as a medical practitioner and applies it in practice. When the layperson, i.e., any potential patient, encounters a member of this profession, he or she must be entitled to expect, without being able to control the physician, a certain moral orientation and professional quality on the part of the member simply on the basis of professional affiliation.

Given the structures of the activity to be regulated, then, which elements must a medical ethos contain? First, it must state the goal of medical action: an improvement in health.<sup>5</sup> In addition, the conditions for a health-related intervention must be regulated, especially the informed consent of the patient. Every medical intervention - with few exceptions - requires the patient's informed consent without any restrictions.<sup>10</sup> In addition, depending on the country and healthcare system, the fact that physicians and/or hospitals are usually also entrepreneurial/profit-oriented plays a role. This is a factor that leads to an expansion of the ethical dilemma in medicine that will hardly ever be eliminated, even not in socialist systems where commissions decide what may be done and what not.<sup>3,6</sup>

At the same time, the achievement of the goal of medical action, the restoration of health, can never be guaranteed with certainty - in any healthcare system. This uncertainty of medical action can at best be reduced by the fact that a physician acts according to the rules of the art, i.e., in a professionally correct manner. In this respect, medical professional ethics must demand that the physician has good medical knowledge and is prepared to maintain it, but above all never to lose track of the limits of his own medical expertise.<sup>1</sup> These rules of art may reduce the problem of uncertainty, but they still cannot eliminate it. Physicians make mistakes just as often as people in other professions.

Only by setting high ethical standards for himself can a physician respond to the inevitable uncertainty of his actions. It is that simple, yet that complicated. That is why associations like the IAAT (International Association of Therapists & Medical Doctors) are cornerstones in this system called medicine; they constantly remind physicians of their special responsibility.

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