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Ethics is Fundamental in Medicine

“Unprofessional conduct” is the second most frequently cited basis for physician discipline by medical licensing boards. According to the Federation of State Medical Boards, this has been the case for the past decade. It is a fact that must cause consternation in both the house of medicine and in the regulatory agencies. With such a long menu of possible infractions and actionable behaviors, what accounts for the consistent occurrence of deficient professionalism?

The short answer is that every medical act – “good” or “bad” -- reflects on the professional ethic of the doctor. Indeed, a well-established tradition in medical ethics contends that medicine is intrinsically a *moral* profession. Every application of all the science, technology, and technique that we view as modern medicine is to be evaluated by how it serves the fundamental moral goals of medicine – to do good for the patient. Virtually any deviation from medical standards is therefore, in this sense, unprofessional conduct.

Still, it is often difficult to identify and analyze the substantive elements of the medical ethic. Should we focus on the *virtues* of the “good doctor”? Or had we better ask what are the *behaviors* of the professional that determine his conformance with medical ethics?

This distinction between “virtues” (how this doctor should be) and “behaviors” (what this doctor should do) is important because they represent two ways to look at ethics. Roughly speaking, the older tradition of medical professionalism has depended upon the doctor’s character, or virtues, to guide her ethics. This is derived from the qualities of the gods who had knowledge, wisdom, truth, justice, and beauty that were enshrined in the classical tradition of oaths, and in the modern publication of professional codes of ethics. The inheritors of this tradition is organized medicine, the professional societies, colleges, and certifying boards all of whom devote themselves to setting, teaching, and testing the standards of professional ethics.

A more recent tradition of ethics focuses on the *actions* of doctors as the measure of their professional ethic. Here, the physician’s character, training, and vows matter less than his conduct. The individual’s virtues -- upbringing, demeanor, moral precept, and indeed technical skill – matter less than the concrete consequences of specific behaviors. Actions, not the mere assertion of virtues, determine whether the moral mission of the profession is fulfilled. This tradition finds expression in the practice of accountability and the protection of the public health, such as is found in the work of licensing boards and the state Medical Practice Acts they administer and apply.

The facile historical truth is that the failure of the professions to self-regulate has generated the need for public regulation of the professions. A deeper conceptual truth is that both the house of medicine and the medical board community can agree on the primacy of maintaining professional ethics as the baseline of their respective activities. Physicians who reach the level of medical board discipline generally satisfy both of these conceptions of ethical violations –lack of virtue and overt harmful behavior – well described as “unprofessional conduct.”

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