

Why The Doctors Hate Medical Ethics?

MYLES N. SHEEHAN

For the past 3 years, since acquiring formal training in healthcare ethics and philosophy, I have been one of those physicians who "does" ethics. I teach medical students and residents, write articles, speak at conferences, chair an ethics committee, and informally consult with colleagues on cases where they request advice related to ethical issues in the care of patients. These activities have been a rewarding and challenging part of my practice. There has also been a fair amount of frustration. Unfortunately, both in teaching and patient care, it has been a frequent

experience to finish a discussion with physicians only to be told that what I said was nice but had no bearing in the real world. In the words of a medical resident: "You know, this ethics stuff is really a lot of crap, isn't it?" Why does the doctor think ethics is a lot of crap? This response reflects several problems of clinical medical ethics: it is considered an intrusion into medical practice, it is not perceived as helpful, and it rarely grabs the sustained interest of physicians. In reflecting on my experience and that of my medical colleagues, I am aware that I too have become less than thrilled with some aspects of the clinical practice of medical ethics. Although there is a growing awareness among physicians of ethical problems and the formal elements required for reasonable solutions, it is questionable whether this knowledge is reflected in more caring and compassionate behavior on the part of those who work in hospitals. Leon Kass, a physician and professor at the University of Chicago, in an address celebrating the 20th anniversary of the Hastings Center, commented on his recent experiences with those engaged in the practice of medicine: Are hospital staffs more civil and engaged, are nurses and doctors listening and speaking better with patients? They may now be prepared to write 'Do Not Resuscitate' orders, but are they better at attending the dying *before* the occasion of cardiac arrest? And what of their general manners and sensibilities? . . . An intern greets the ambulance in which I am riding bringing my mother to the hospital by screaming at the paramedics because proper telephone notification had not been given; the attending physician on call for his group practice refuses to accept calls except in an emergency.¹ If my experience and the remarks of Dr. Kass are given any credence, then there appears to be a problem with the way medical ethics is being taught to physicians. Not only are doctors unenthusiastic about the benefits of medical ethics, an increased exposure to medical ethics are not helping to improve the character of physicians. This essay is about teaching ethics to physicians who are in training at teaching hospitals. My thesis is that ethics teaching should focus on moral development. The goal of moral development in teaching ethics can be approached by identifying the ethically responsible physician in the broader context of being a moral person.

Moral development ought to be the primary purpose of clinical ethics teaching, although this does not exclude other goals, such as the ability to solve clinical ethical problems, provide background information in ethics, and improve the care of patients who are at risk for paternalistic interventions on the part of their care givers. My thesis is founded in my experience that medical ethics teaching is frequently not appreciated by house staff. As I have suggested, they may even hate it. I will relate a story of one time I felt that teaching went very well, contrast it to a less than successful episode, and suggest what this reveals about medical ethics in the hospital setting.