

A Critical Comment

EDITOR'S NOTE: *In view of the time which has elapsed since the editorial, "A New Ethic for Medicine and Society," appeared in CALIFORNIA MEDICINE (September, 1970) and because of Dr. Ford's deeply felt concern with this editorial as he has interpreted it, we take the unusual step of reprinting the editorial side by side with Dr. Ford's critical comment and will let the reader judge for himself.*
—M.S.M.W.

Malcolm S. M. Watts, M.D.
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Dear Dr. Watts:

In your letter of 10/20/70, you rejected for publication (because of its length of some 4000 odd words) my critical analysis of your September editorial, "A New Ethic for Medicine and Society"; and asked me to send a shorter version in the form of a "Letter to the Editor," which I am herewith attempting to do. You also implied in your letter that, in my original lengthy article, I had somehow misunderstood or misconstrued your "intent" which was merely to bring what you believe to be "the import of what is already occurring to the readers";—rather than to urge the endorsement and application of the "new ethic" which you were describing,—as I had implied. Therefore, I would like to again summarize my interpretation, by means of paraphrasing some of your own statements; so that the readers may compare my analysis, and then may judge the "intent" of your editorial for themselves. (This will afford you an opportunity, following my remarks, to point out where I have misinterpreted you):

First of all, it seems quite clear to me that your September editorial is advising all of us, your colleagues, to "prepare to apply (this new ethic)," which will "place relative rather than absolute values on such things as human lives," which will "of necessity" destroy the traditional reverence of Western medicine for each and every life. You further suggest that abortion, which you admit is "killing" and "the taking of human life," is a "prototype of what is to occur" under this "new ethic"; and that the physician's role in birth control and birth selection will be extended "inevitably to death selection and death control" (which, I assume, is a euphemistic term for euthanasia). Continuing in the same vein, you intimate that "the new ethic . . . will ultimately prevail"; that the medical profession, which you imply would act somewhat as a rather exclusive and elite committee, will be "deeply involved" and will be "essential in planning and decision-making at many levels" in applying this "new ethic"; and that in the "biologically oriented world society" of the future, the physician's responsibility for placing relative value (and in cases of death selection: apparently, no value!) on human life, might be on a "compulsory basis."

It is apparent, moreover, that you tacitly approve the use of the "very considerable semantic gymnastics" and the "subterfuge" (as you yourself referred to it), being used to rationalize abortion as something other than the

"taking of human life," as one means of increasing "this shift in public attitude" toward the acceptance of "this new ethic." Furthermore, you are quite obviously encouraging our entire profession to apply this new ethic now, without any apparent misgivings or qualification at all, even though you yourself admit that this "carries quite serious philosophical, social, economic and political implications for Western society and perhaps for world society;

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(The Editorial)

A New Ethic for Medicine and Society

THE TRADITIONAL Western ethic has always placed great emphasis on the intrinsic worth and equal value of every human life regardless of its stage or condition. This ethic has had the blessing of the Judeo-Christian heritage and has been the basis for most of our laws and much of our social policy. The reverence for each and every human life has also been a keystone of Western medicine and is the ethic which has caused physicians to try to preserve, protect, repair, prolong and enhance every human life which comes under their surveillance. This traditional ethic is still clearly dominant, but there is much to suggest that it is being eroded at its core and may eventually even be abandoned. This of course will produce profound changes in Western medicine and in Western society.

There are certain new facts and social realities which are becoming recognized, are widely discussed in Western society and seem certain to undermine and transform this traditional ethic. They have come into being and into focus as the social by-products of unprecedented technologic progress and achievement. Of particular importance are, first, the demographic data of human population expansion which tends to proceed uncontrolled and at a geometric rate of progression; second, an ever growing ecological disparity between the numbers of people and the resources available to support these numbers in the manner to which they are or would like to become accustomed; and third, and perhaps most important, a quite new social emphasis on something which is beginning to be called the quality of life, a something which becomes possible for the first time in human history because of scientific and technologic development. These are now being seen by a growing segment of the public as realities which are within the power of humans to control and there is quite evidently an increasing determination to do this.

What is not yet so clearly perceived is that in order to bring this about hard choices will have to

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(Dr. Ford's letter, continued)

. . . (that it) will of necessity violate and ultimately destroy the traditional Western ethic with all that this portends; . . . and that this of course will produce profound changes in Western medicine and Western society."

Now, as I indicated in a previous letter to you; it seems hard to believe, after advising your fellow-physicians to apply a "new ethic" which would entail the taking of human life, possibly on a *compulsory basis*, and which would of necessity destroy the traditional Western ethic in the "biologically oriented world society" (Brave New World?) of tomorrow, that you could really ask me to take seriously your statement that "one of the principle reasons I decided to write (that) editorial was my concern with what I perceive to be the erosion of the (traditional?) ethic to which I believe *we both adhere*, . . ." as you expressed it to me in your personal letter (10-20-70). Is not the contradiction in attitudes expressed in your letter to me on the one hand, and in your September editorial on the other, sort of "schizophrenic";—as you yourself put it?

And a few other questions come to mind: Isn't it contradictory to ask physicians to "prepare to apply (this new ethic)"; in which the physician would be seen, at one moment eagerly easing suffering and prolonging life out of a passionate concern for humanity in the form of sick and suffering individuals, and at the next moment wantonly killing or deliberately neglecting human individuals because he cares passionately for humanity *collectively* and wants to save it from some ill-defined calamity called an ecological crisis? And doesn't such a situation present some sort of conflict of interest for the physician, to say the least?

One is compelled to ask further at this point: Which is it to be, more of us or less of us? (Paul Ehrlich has said that the "population explosion" is essentially a numbers game!) So, if it really must be *less of us*, then I think the only logical and sensible thing for us physicians to do is to go out of business in favor of the mortician or the hangman, or both;—in order to help decrease our numbers!

And isn't it true that you were, in essence, in your editorial, inviting physicians to play "God" with the human lives *entrusted* to their care? But if our government is bound constitutionally to recognize each individual's inalienable right to life, which it does not dare violate without "due process" of law; should the medical profession consider itself a special elite, above the government and above the law? Have we rejected the "divine right" of kings in former centuries only to adopt the "divine right" of physicians in our own?

And then, in an era when it has become quite fashionable to begin discovering some rather new, even though ill-grounded, peripheral rights, such as the political right to medical care; does it seem quite fitting or reasonable that we should begin questioning peoples' much more central and inalienable right to life?

And haven't we all held it a truism, as good humanitarians, that "no man is an island, entire of itself"? That being the case: if we have really reached a point in history when the right to life of each and every human is no longer going to remain inviolable, as a matter of public policy; then it follows that, ultimately, none of us is safe! And are we physicians really ready to publicly repudiate the sentiment, which has generally been held as an ideal in our contemporary culture: ". . . every man's death diminishes me . . . for I am involved in mankind"?

In another vein: Considering the fact that one of the themes of the upcoming CMA Convention (just co-inci-

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(The editorial, continued)

be made with respect to what is to be preserved and strengthened and what is not, and that this will of necessity violate and ultimately destroy the traditional Western ethic with all that this portends. It will become necessary and acceptable to place relative rather than absolute values on such things as human lives, the use of scarce resources and the various elements which are to make up the quality of life or of living which is to be sought. This is quite distinctly at variance with the Judeo-Christian ethic and carries serious philosophical, social, economic and political implications for Western society and perhaps for world society.

The process of eroding the old ethic and substituting the new has already begun. It may be seen most clearly in changing attitudes toward human abortion. In defiance of the long held Western ethic of intrinsic and equal value for every human life regardless of its stage, condition or status, abortion is becoming accepted by society as moral, right and even necessary. It is worth noting that this shift in public attitude has affected the churches, the laws and public policy rather than the reverse. Since the old ethic has not yet been fully displaced it has been necessary to separate the idea of abortion from the idea of killing, which continues to be socially abhorrent. The result has been a curious avoidance of the scientific fact, which everyone really knows, that human life begins at conception and is continuous whether intra- or extra-uterine until death. The very considerable semantic gymnastics which are required to rationalize abortion as anything but taking a human life would be ludicrous if they were not often put forth under socially impeccable auspices. It is suggested that this schizophrenic sort of subterfuge is necessary because while a new ethic is being accepted the old one has not yet been rejected.

It seems safe to predict that the new demographic, ecological and social realities and aspirations are so powerful that the new ethic of relative rather than of absolute and equal values will ultimately prevail as man exercises ever more certain and effective control over his numbers, and uses his always comparatively scarce resources to provide the nutrition, housing, economic support, education and health care in such ways as to achieve his desired quality of life and living. The criteria upon which these relative values are to be based will depend considerably upon whatever concept of the quality of life or living is developed. This may be expected to reflect the extent that quality of life is considered to be a function of personal fulfillment; of individual responsibility for the common welfare, the preservation of the environment, the betterment of the species; and of whether or not, or to what extent, these responsibilities are to be exercised on a compulsory or voluntary basis.

The part which medicine will play as all this develops is not yet entirely clear. That it will be deeply involved is certain. Medicine's role with respect to changing attitudes toward abortion may well be a prototype of what is to occur. Another precedent may be found in the part physicians have played in evaluating who is and who is not to be given costly long-term renal dialysis. Certainly this has required placing relative values on human lives

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(Dr. Ford's letter, continued)

dently?) is "The Physician as Ecological Activist," might one not justifiably suspect that you could be unfairly using your official position to condition that Convention and its Delegates, by means of a rather one-sided presentation in our official journal, to your own personal ideology? And aren't you being presumptuous in attempting to speak for our entire, CMA membership of some 23,000 diverse physicians on this rather controversial (not to say, revolutionary) subject, with all its far-reaching implications?

And don't you really think that the rest of our society should be consulted for its *informed consent*,—*beforehand*? Shouldn't society, *as a whole*, (and then only after some rather prolonged, in-depth, *public* discussions) have a lot more to say about all this; rather than have its values and its future determined for it by the arbitrary directives of an elite committee of physicians? How do you suppose our citizenry-at-large is eventually going to view the motives and react to the behavior of physicians who, without deferring much to the wishes of the ultimate victims, proceed to push for changes in public policy of such far-reaching consequences as to produce "profound changes in Western society," or who attempt to appoint themselves as a special elite by expanding the social role and the personal power and privilege of the physician?

And isn't your "new ethic," like the "new morality," merely the old "unprincipled expediency" and the old "immorality" dressed up in a new name? And shouldn't you label your advocacy of "this new ethic" for what it really is: —a crass effort to sell unprincipled expediency or utilitarianism or pragmatism as an easy, but over-simplified, "solution" to this alleged overpopulation problem, through the use of such techniques as "rationalization, semantic gymnastics, and subterfuge" (to use your own terms again)? In this context, J. W. Fulbright (surprise to some, I'm sure!) is credited with having said that the idea that the end justifies the means is a totalitarian concept.

But your editorial is just one example, among many, of a danger being engendered by the exaggeration and hysteria of the alleged ecological crisis, which presents an apparently legitimate excuse to those who have just been aching to make what would ordinarily be considered unwarranted attacks on our traditional Western ethic. (And I include in that term all those corny, middle-class values such as marriage, motherhood, children, family, home, etc.)

Now, we all passionately want clean air and clean water, among other things. And nobody wants people to starve. And we would all like these ecological problems solved (or improved as much as possible) as soon as possible, by every possible *ethical*, *moral*, and *humane* means. But let's not start talking about killing people in order to solve their problems, either individually or collectively. Let's be constructive rather than destructive. Let's not throw the baby out with the bath water.

And it might be the beginning of wisdom on this particular subject if we were all to pay some attention to the very open-minded and truly scientific attitude expressed by Chauncey D. Leake (N.Y.J. Med, 1960): "Let us remember always that whatever truth we may get by scientific study about ourselves and our environment is always relative, tentative, subject to change and correction, and that there are no final answers."

Sincerely

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LACMA BULLETIN

(The editorial, continued)

and the impact of the physician to this decision process has been considerable. One may anticipate further development of these roles as the problems of birth control and birth selection are extended inevitably to death selection and death control whether by the individual or by society, and further public and professional determinations of when and when not to use scarce resources.

Since the problems which the new demographic, ecologic and social realities pose are fundamentally biological and ecological in nature and pertain to the survival and well-being of human beings, the participation of physicians and of the medical profession will be essential in planning and decision-making at many levels. No other discipline has the knowledge of human nature, human behavior, health and disease, and of what is involved in physical and mental well-being which will be needed. It is not too early for our profession to examine this new ethic, recognize it for what it is and will mean for human society, and prepare to apply it in a rational development for the fulfillment and betterment of mankind in what is almost certain to be a biologically oriented world society.