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Who is My Patient?

by

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The American Medical Association's (AMA) Institute for Ethics has published a *Declaration of Professional Responsibility: Medicine's Social Contract with Humanity*, which states that the physician's patient is "humanity".¹ The physician's primary responsibility is no longer exclusively to his/her patient but now includes three other elements: research, social activism and public education. Of the ten commitments that the Declaration suggests that physicians make, only three directly involve the patient-doctor relationship.

At a time when medicine is beset by many problems, not the least of which is third party interference with the patient-doctor relationship, the Declaration's further distraction of medicine's focus is questionable. Rather than suggesting that physicians become "omnia omnibus" (all things to all men) should we not concentrate ever more faithfully on the Hippocratic covenant with our patients? Not only do we not have either the time or expertise for these other efforts, but society as a whole will appreciate us only to the extent we are competent and caring physicians. We will discuss briefly: 1) the end or goal of medicine, 2) the downside of encouraging physicians to become basic researchers, social activists and public educators, and 3) the ethics of having "humanity" as our patient.

The End of Medicine

The end or purpose of medicine, since Hippocratic times, has been the patient-doctor relationship. Kass has given perhaps the definitive exposition of what a physician's commitment should be.² That is a covenantal relationship between a competent physician and a sick patient in an effort to restore health to the suffering human person. Pelegrino further defines the three elements of the patient-physician relationship:

The first element is the person who is ill and needs and seeks help. The second element is the act of profession, the promise the healer makes when he or she enters into the relationship with the person who is ill. The third is the act of medicine or the act of healing.³

Humans have always suffered illness and from prehistoric times men skilled in healing have been identified as healers or physicians. Hippocrates has been credited not only with initiating clinical medicine but with endowing the healing art with what is perhaps the most succinct of all professional codes, the Oath of Hippocrates. The Oath has had its detractors over time but it retains a universal appeal to physicians and lay people alike. We add to it, or subtract from it, at medicine's peril.

Increase the Responsibility of the Physician

The Declaration recommends that physicians not only "treat the sick and injured with competence and compassion and without prejudice" (Declaration III) but also adds three additional areas of responsibility: research, advocacy, and public education. Physicians should now conduct research to discover and develop advances that will contribute to human well-being (Declaration VI). Medical doctors should also advocate for social and political changes (Declaration VIII) and finally, we should educate the public about threats to health (Declaration VII).

There are several reasons why these additional purposes of medicine are problematic. The first is that the work of learning medicine in medical school and residency is time consuming enough, and medical practice even more so, to allow concurrent meaningful basic research. This goal is perhaps best left to the academic staffs of the medical schools.

Secondly, public advocacy for any cause, however worthy, e.g., breast cancer, AIDS research, or stem cell initiatives, has the limitations and counterarguments of any single issue cause. These are best left to private groups and not to organized medicine.

Public education has similar drawback to single issue advocacy. Hormone therapy for post-menopausal women is an example. One day it's a good idea and the next day it causes cancer or strokes. To promote breast cancer research is, albeit unintended, to ignore other causes, say prostate cancer. Obviously physicians should contribute to the education of future doctors whether it be students or residents. The latter is a Hippocratic mandate.

“Humanity” as a Patient

There is an ethical problem with the concept of “humanity” as a patient. Humanity is generic and a patient is a specific human person. A physician has a covenantal healing relationship with his/her patient. There is an ethical obligation that most physicians take very seriously. “Humanity” does not engender a similar moral obligation. It is impossible to simultaneously relate ethically to all other humans, to “humanity.” This shift from the “individual” to the “collective” patient is an erosion of the Hippocratic ethic.

The desirability of doing basic research, advocating socially responsible positions or promoting generic public health programs does not have the ethical imperative of competently treating the patients in your care. They had best not be equated.

The AMA and Humanity as a Patient

The physician’s ethical responsibility is to the patient he has assumed responsibility to treat. He/she does not and cannot treat “humanity.” The AMA, of all organizations, must realize this. It must speak for physicians and their individual patients and not primarily for “humanity.”

The other obligations mentioned: basic research, social advocacy, and public health are important and should be promoted by physicians with the time, talent, and motivation to do so. But to equate them, in any way, with direct patient care would be a mistake. The public knows what it expects from a physician: competent and compassionate medical care. The AMA would be well-served if it kept its focus primarily on the patient-doctor relationship and not direct its efforts to the however laudable, generic needs of “humanity.”

References

1. www.ama-assn.org/go/declaration
2. Léon Kass, *Toward a More Natural Science*, (Free Press/New York, 1985).
3. Edmond Pellegrino, “The Caring Ethic: The Relation of Physicians to Patient,” in Anne H. Bishop and John R. Sudder, Jr. (eds.), *Caring, Curing, Coping: Nurse, Physician, Patient Relationship* (U of AL Press/Tuscaloosa, AL 19854) pp. 8-30.