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[From the *New York Medical Journal*, October, 1882.]





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“Where liberty is gone, life grows insipid and has lost its relish.”—ADDISON.

IN the July number of the “Ephemeris of Materia Medica,” Dr. E. R. Squibb gives a composite article with the general heading of “The Newspapers and the New Code of Ethics.” It consists of a few introductory remarks by the doctor, an article also by him from the “Evening Post” of June 9, 1882, headed, the “Doctor and Patient,” a reply by the editors of the “Post,” and a rejoinder by Dr. Squibb. The intention of the doctor in the communications is to condemn the liberty guaranteed by the revised code of the State of New York, to show the fallacies of homœopathy, the evils of quackery, and to prove that the abrogation of the old code is wrong and therefore dangerous, that the government of the medical profession should be paternal, and that its members may not be safely left to govern themselves individually under the general laws which bind other people in business and social matters. The medical profession of the State is familiar with the fallacies of homœopathy and the evils of quackery. Simpson, Hooker, Holmes, and many others from time to time have portrayed them, and we accept the contribution to the subject from Dr. Squibb as being orthodox and conscientious, and in good keeping with his known honesty and fidelity, even though his animadversions have no special pertinency to the question involved. Conceding that the heretics are all that it is claimed they are, we can not understand why the profession of “orthodox medical” men needs a special code of ethics to prevent intercommunication with those who may be in error. However valuable, then, the argument of the doctor may be to illuminate the understanding of the readers of a secular journal like the “Post,” it has no force against the new code of the

State of New York, or any power to change the current of that reform which is sure to end in emancipating not only the profession of our State, but of the United States, from mere sumptuary, prescriptive, and trades-union laws and regulations. We agree with him cordially in much that he says about narrow and one-idea medical systems, and have no occasion now, after more than twenty-five years of public professional life as a teacher, to affirm that we are an old-school doctor and thoroughly conservative. We pass over, therefore, a good deal that the doctor has said, because it is foreign to the subject under discussion. We are not now dealing with vulgar superstition or "unchastened and overbearing individualism," but with questions in which the personal or individual conscience of medical men is concerned. Dr. Squibb in his letter to the "Post" defends the restrictions upon consultations, as laid down in the old and abrogated code, and attempts to show the fallacy and danger of freedom of consultations or of "heterogeneous" consultations as allowed by the new code. He bases his objection to the freedom allowed in the new code, partly upon an assumption that heterogeneous consultations would be of no value, and that consultations to be of value must be homogeneous. This assumption we deny. In another place in the "Ephemeris" he illustrates his position by ridiculing the idea of a well-educated engineer meeting in consultation a believer in the "Keely motor." Now, observe, we do not advocate the enforcing of such heterogeneous consultations as the doctor objects to, but we do advocate the right of private judgment in respect to them—the right of the individual, capable by common consent of choosing between right and wrong, of deciding with whom he will meet. For, if an individual is not able morally to decide such a question, how is the moral capacity acquired to make the decision wisely by the aggregation of a number of individuals, every one of whom is supposed to be individually incapable? If the engineers of the United States were to decree solemnly in a code of ethics of their guild that no member of their body should meet a "Keely motor man," there would be some force in the doctor's illustration. But the fact is that the members of that learned profession are not hampered by such antiquated and absurd restrictions, but are individually at liberty to meet whom they may please to, and do not become liable to excommunication for meeting a "Keely motor man" or any silly person. An engineer forms his character and gets his reputation on the basis of his personal worth, and with the least possible aid from a mere body of men. He associates with whom he pleases in business and out of it, and is judged by his known character and his business and social

affiliations. The advocates of the existing code of ethics in the State of New York intend to defend it against the efforts of its opponents, so that our profession may thus enjoy the same personal liberty and "sturdy individualism" as engineers, lawyers, clergymen, and members of other learned professions.

The argument against heterogeneous consultations is not only based upon a groundless assumption, but leaves out of account, in great degree, the interests of the sick, the ignorant, and the credulous, and makes the trade-union protection idea paramount as the rule of medical conduct. If a patient in the hands of an ignorant pretender, under whatever trade-mark, calls in consultation a competent practitioner, it is a step in the right direction. Under the new code the practitioner may in the interests of humanity and in pursuit of his calling respond to his call. If a fair discussion of the case does not result in the sick person retaining the services of the competent practitioner, then it is evident that he has not suffered enough in the hands of the pretender or quack to be cured of his ignorance, and the competent practitioner, relieved of responsibility, goes on his way. If the ignorant pretender or quack should ask the regular practitioner to meet him, the nature of the emergency would determine whether he should do it or not.

It is well known that, under the old code, heterogeneous consultations of one kind or another were constantly occurring. They will always occur so long as ignorance prevails and the practice of medicine continues to be, as it always will be, an art, and only partially an accurate science. But consultations are, or should be, for the benefit of the sick, and, if they are heterogeneous, it is for the scientific and conscientious consultant to compose all differences of diagnosis and treatment in the interests of the sufferer, and as the fearless apostle of the truth. The advocate of the truth in medicine has no occasion for fear. He may, in meeting the advocate of error, be greatly discouraged and perplexed, but he need never be dismayed.

Under the freedom allowed by the new code the schemes of those who prey upon the credulous will be more frequently exposed and defeated, and every honest practitioner will be a loyal minister of the laws, and in possession of the opportunity to enforce those laws against illegal practitioners and to teach the ignorant how to select intelligently the custodians of their health. Under the new code the primary object is the good of the sick; under the old code the primary object came to be the "dignity of the profession" and an inquisitorial scrutiny of the behavior of one's professional rivals. The doctor asks, "What possible good could come from a consulta-

tion between a modern astronomer and one who believes the sun moves daily from east to west?" We reply by asking the doctor, "What possible good could come from the modern astronomers combining to make a code of ethics which would *forbid* one of their number from consulting with a person holding opinions in opposition to one or more of the dicta of astronomy?" Is it not true that modern astronomy has triumphed, even at the stake of persecution, over such proscription? Astronomy, like medicine, has had to fight its way in defense of truth, not only against the inherent difficulties of the science, but against those who assumed to be the sole judges in ethics, and in solemn councils determined what men should believe, instead of leaving the exercise and degree of faith to the individual conscience. Is the doctor afraid that the faith of the modern astronomer is so weak in its foundations as to be endangered by his meeting an ignorant contestant? He constantly assails ignorance with the weapons of the printing-press. Why may he not contend with it in the oral encounter if he chooses to? It was Priestley, we think, who died in the belief that water was an elementary body, and ridiculed the idea of its complex nature by saying that, no doubt, vendors of ice would be going about crying, "Here goes your decaloricated protoxide of hydrogen!" Some would say that such a heretic should be turned out of every learned society, and kept isolated till he had recanted. Under the refinements of modern ethics such a man should be tolerated, even though his opinions might be at variance with those of his fellows. His fellows are not called upon to approve his errors, even though they may associate with him in other matters and as far as harmony of action is attainable. The fact is, the medical profession needs no guild-government. Its members are good subjects in the States in which they live, and are, or ought to be, alive in making its laws and maintaining them. Of course they will form, as they always have, societies of limited size and scope, in which, for scientific and social purposes, they may fix such standards for admission to membership as taste may dictate, but they must not venture to call such small circles by the broad name of State or American. Professor L. H. Atwater, in the "Princeton Review" for July, in an article on "Proposed Reforms in Collegiate Education," says: "The more fully the ends of good government are reached, in such a way that the subjects of it are conscious only of governing themselves, the better." If the principle stated is true of youths in colleges, it certainly is true of the members of a *liberal* profession, who may safely be left to govern themselves individually in subordination to the general laws of the State and of society.

Dr. Squibb says further: "But to those who see the overcrowded state of the medical profession, and the business-like way in which medical schools are chartered by States and then turn out their annual masses of graduates, in about four times the number needed, and who realize that the materials from which the profession is thus recruited are not above the average of human nature in general, the relaxation or abrogation of law seems dangerously unsafe and unwise." Now, we ask the doctor, in all candor, How many graduates in medicine the country should have doled out to it, and by whom? Are we to have the number of graduates to be allowed annually fixed by the census, and so many allotted to such a ratio of population? We know the doctor too well to wait for his answer. He is not a pessimist. He is, in his admirable character, a standing proof of the impertinence of a special code of medical ethics, and has no more need of one to restrain him in his conduct than his neighbors need the law against profane swearing to protect them against the assaults of his tongue. It may not seem to be a modest inquiry, but this seems to be the place to make it—Who really needs a code of medical ethics? The entire profession in the United States would agree that Dr. Squibb does not need it, and we can not assume that the readers of your journal, or the "members of our set," need it. Who, then, does need it? The doctor believes that the entire profession need it and are kept decent by it, that the public need it, but especially the newly fledged doctors who are turned out to practice in excess of the natural demands. Let us inquire for what the newly fledged and supernumerary doctors need it? To protect the public? It is too late, after a man is in the profession, to begin the work of his regeneration by the operation of laws which he has a right to enact or amend. We must strike deeper than the mere trades-union laws of professional ethics to improve the crop of doctors or sharpen the judgment of those who employ them to defend their health. But, if the evil is so great and appalling as the doctor alleges, how happens it that it sprung into existence, and attained such a magnitude, with the old code of medical ethics in existence, and the profession living under its beneficent and restraining sway? Its restrictions seem to have been powerless to protect either the public or the profession. If the evil is as portentous as he alleges, then some new remedy is obviously demanded, and there can be only two sources from which the remedy is to emanate. It must emanate from the profession itself, or be forced upon the profession from outside. The fact is, however, that the evil dreaded and described is not so great when investigated, but is largely imaginary, and, so far as it is real and remediable, is

being rapidly cured by the effective operation of those forces which true culture energizes all through the varied field of thought and professional activity. Physicians are rapidly improving in quality, coming in, as they must, for their share of Christian culture and technical improvement. The writer of this has been a teacher of medical students, before and after graduation, for more than twenty-five years. He has taught in colleges, in dispensaries, and hospitals. He has been a trustee in the largest university of the country, and a teacher in one of the best medical schools. He has, in the Sanitary Commission and as Surgeon-General of the State, in many societies and in a large practice, come in contact with a vast number of medical men of every grade, from every county in the United States, and would say, deliberately and without fear of contradiction, that by no class of students has a more rapid advance in technical and moral culture been made than by the men in our profession. In no part of the world is the standard of professional fitness advancing more rapidly than with us. In no part of the world, even now, would a wayfarer, turning in at the first sign of an M. D. for medical advice, be likely to obtain more honest professional attention or general fair dealing than in the State of New York. It is true that the medical profession is full, over full, as a mere business calling, but the public gets the benefit of the consequent competition in better service for less money, and, with this competition, the tone of the profession is improving, not deteriorating, and therefore we may infer that the forces for good are excelling in effect those for evil.

There are very few hamlets in our State, to say nothing of the larger towns and cities, where you may not find medical men honorably competing for practice who have not only had thorough hospital training in some large center of clinical teaching at home, but have also enjoyed the benefit of schools in foreign lands. Twenty-five years ago the percentage of academic alumni in our medical schools was small; it now rises to more than twenty per centum in some of them, and is increasing as rapidly as the intelligence of the public rises and demands doctors of a higher type. Our schools of medicine are not as they should be, nor as they will be when public-spirited men see what a beneficent field they afford for the application of their money. Men of wealth and public spirit are not yet awake to the fact that they have a deep interest in improving the quality of the doctors, as they must sooner or later cast themselves upon their skill, and that the medico-sanitary interests of society are related closely to its sources of wealth. There is no better field at this time for the wise expenditure of money than in devel-

oping our well-established medical schools. Most of our medical schools are still proprietary, that is to say, their teachers own shares in them. While we are far from saying that such proprietary schools of medicine are such as the highest interests of the public and the profession now make necessary, we must not forget that most of the good men we have in the profession came out of those schools; nor that the medical men who founded the schools, supported them out of their slender pecuniary resources, and taught in them, have usually been acknowledged by their brethren to be worthy leaders of professional learning and practice. Indeed, we can not understand how, in the absence of State patronage, the supply of medical men could have been furnished by any other method unless it was by importation from other countries. We have, as a people, reached a stage of development when the public must, through the agency of properly endowed medical schools, relieve the medical profession of the burden of furnishing the money capital or plant for the production of the needed supply of physicians.

But we must draw our communication to a close. Dr. Squibb is much alarmed because Mr. Cameron introduced into the Senate of the United States a joint resolution making it a misdemeanor, punishable by a fine of \$500 and dismissal from office, for any officer of the United States Government, civil, military, or naval, to make any discrimination in favor of or against any school of medical practice, or its legal diplomas, or its duly graduated members, in the examination and appointment of candidates for medical service in any department of the Government. Dr. Squibb, in commenting upon this, says: "This extension of the idea of civil and religious liberty to the poor and downtrodden irregulars of all 'schools' is certainly going farther than the framers of the new code intended; but it is really only what might have been expected as an outcome of their liberality and tolerance of error, for if there be no principle at stake, but only mere intolerance of school, then there should be no discrimination permitted." Now, it will be observed that Dr. Squibb leaves out of account, in his animadversion upon the action of the senator, the fact that the resolution of that dignitary does not provide for the recognition of "irregulars," so called by Dr. Squibb, but of men with "legal diplomas" who have been "duly graduated." We see nothing alarming in Senator Cameron's resolution. We know nothing of his motives or animus. We suppose, however, that he is entitled to the common courtesy that a gentleman or senator deserves. The resolution seems to me not to be "chaotic," as Dr. Squibb calls it, but entirely unnecessary, even as a declaratory announcement, because the practice of our

army and navy boards is, as we understand it, strictly in keeping with it in spirit if not in letter.

We have no national school of medicine, just as we have no national religion—all schools are alike entitled to be let alone by the Government that they may contend for the survival of the fittest. There are some who would like to see the Episcopal or some other church made the national church by Government fiat. There may be some who would like to see the "Old School of Medicine" established by law; we are not of that number. We want our school to triumph and fill all the medical appointments in the land, but only on the ground of absolute merit. Clairvoyants and eclectics, etc., do not get into the army and navy medical corps simply because they can not pass the established examinations, and those standards never will be lowered so long as there are decent doctors enough left in the country to hold up the arms of legislators. We find no fault with the principle in Mr. Cameron's resolution. We are not called upon at this moment to suspect his motives. According to the philosopher Hobbes, the disposition of man is so anarchical, and the importance of restraining it so transcendent, that absolute government alone is good. "The moralists of this school," says Lecky, in his "History of European Morals," vol. i, p. 2, "though repudiating this notion, have given a great and distinguished place to legislation in their schemes of ethics."

We fear that the school of medical moralists advocated by our admirable friend and colleague falls unintentionally into the error of Hobbes, and would carry us back to forms of government against which the battle of liberty has been fought and won, and fought and won again, since the earliest days.

Civilization, need we say, has advanced, and with it our noble profession. It needs no special laws for its guidance in ethics. The ten commandments and the Sermon on the Mount and the laws of the land we live in will suffice. If the latter are insufficient, legislators may be awakened and instructed, and a broad and beneficent code of medical and sanitary laws enacted and enforced—enforced because public opinion is behind them.



