Family Practice Ethics
Postmodern Ethics for a Postmodern Discipline?

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Abstract

This paper is aimed at describing an ethics of Family Practice. In order to achieve this, universal ethical theories and the four principles of ethics – autonomy, beneficence, non-maleficence and justice - are placed in perspective. The concepts of modernism and postmodernism are also introduced and explored.

The principles of Family Medicine are examined within the context of postmodernism and a parallel is drawn. In keeping with this concept, the revival of virtue ethics is highlighted.

In conclusion, a practically relevant approach to ethics is proposed as an ethical model for Family Practice, in which elements of pre-modern, modern and postmodern ethics are combined to complement one another and to form a relevant framework for the resolution of ethical dilemmas in family practice.

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Introduction

"Family Medicine requires an ethical model with the richness and complexity of the clinical model it has introduced to medicine".

Christie and Hoffmaster

As we enter the 21st century, the concept of an ethics for Family Practice is growing in importance. This article represents an introduction to Family Practice Ethics. As such, it should be viewed as a brief overview of the broad subject of medical ethics – which is both extensive and intensive. It is intended to place medical ethics and the various theories and principles in perspective. It is also intended to introduce the concept of postmodern ethics as a viable option for Family Practice.

As a point of departure, good clinical medicine should in itself be ethical[1], which would mean that an emphasis on medical ethics would be unnecessary. However, much has changed in medicine since the "good old days" when this might have been true.

The advent of technology, profit-driven medicine, managed care and the "information revolution" have influenced medicine significantly to create options and choices that previously did not exist – resulting in a need for special attention to the subject of ethics.

A Definition of Ethics

Ethics has been variously defined – one such definition is an attempt to arrive at an understanding:

- Of the nature of human values
- Of how we ought to live
- Of what constitutes right conduct[2]

Briefly, ethics is a generic term for various ways of understanding and examining the moral life. In practical terms - when we are faced with *two equally important but competing values*, how do we make the right choice?

Intuition

One is inclined to wonder why so much emphasis is being placed on ethics now? Surely, most doctors have behaved and practised medicine ethically in the past? Yes, we have all made ethical decisions – based on the Hippocratic oath, but more importantly, on intuition – a hunch that this or other course of action was the right thing to do. And, this is not an inconceivable way to approach the issue since we sometimes rely on intuition in our clinical decision-making in Family Practice. Generally, biomedical decision-making is striving to be evidence-based and there is a formidable theoretical basis that forms

the cornerstone of undergraduate medical education. Ethical decision-making has, however, been problematic. This is not due to the fact that a theoretical base has not been in existence where medical ethics is concerned, but rather because such education has been lacking in most undergraduate curricula in South African medical schools.

As a result, we have lacked a way in which to articulate our moral dilemmas, a method or framework to guide us along the decision-making pathway, and, ultimately, some of our actions have lacked justification – leaving us in lingering doubt about whether or not we have done the right thing.

In the evolution of ethical theory, much of the work done has been aimed at introducing a theoretical approach to aid clinical decision-making.

Universal Ethical Theories

Much of the theoretical development started with broad based universal ethical theories[3] grounded in Western Philosophy and included the following:-

(1) Utilitarianism is a consequence based theory. An action is described as right or wrong based on its outcome. This theory is based on the principle of utility – where a good outcome is the one which produces the greatest good or happiness for the greatest number of people.

(2) Kantianism is an obligation based theory where a good action is applauded for features other than its outcome – like good intention, duty or obligation to do the right thing. This approach is referred to as deontological. An action is regarded as right even if the outcome is unsuccessful, provided the intention at the outset was good.

(3) Liberal Individualism is a rights based theory, of Western origin, which is rapidly spreading throughout the world. We are all familiar with the human rights culture which dominates many aspects of life today. Both positive and negative rights are included. The link between rights and obligations is emphasized. The Patients' Charter, recently developed in South Africa, reflects both rights and obligations of patients.

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(4) Communitarianism is a community based theory which is on the other end of the spectrum compared with liberal individualism. This is a relevant theory in the context of African tradition and culture where the needs of the community as a whole are placed above the needs of the individual. The African concept of "Ubuntu" - I am because we are - bears testimony to this theory.

(5) The Ethics of Care has its origins in feminist theory where relationships between people are emphasized. An attitude of care and compassion within the context of the relationship is stressed. The relevance of this type of theory to the doctor-patient relationship in Family Practice is evident.

(6) Casuistry is case-based theory where real life case studies are examined and theories and principles are subsequently developed. This is an important theory even though it originates in the Middle Ages.

(7) Character Ethics is virtue based. The focus is on the type of person that one is in terms of character composition rather than only focusing on one's actions. The good doctor must act ethically (based on principles and rules) but, in addition must display certain key traits or virtues[4] - compassion, trustworthiness, integrity and discernment.[3] This is one of the oldest theories with its origins in Plato and Aristotle, the earliest Greek philosophers.

A Place for the 4 Principles:

The problem with these theories is that a wide gap developed between universal abstract theories and real life ethical dilemmas in medicine.

In an attempt to narrow this gap and to make ethical theories more applicable to clinical dilemmas, the concept of the 4 principles[5] - autonomy, beneficence, non-maleficence and justice - was developed approximately 20 years ago in the United States of America.

Very briefly, autonomy refers to the individual's capacity for self-determination. In the context of the doctor-patient relationship, it refers to the ability of the doctor to respect the patient's right to make his/her own decisions based on accurate and appropriate information. Respect for autonomy creates the following obligations – informed consent, confidentiality, truth-telling and effective communication.

Beneficence refers to doing good while non-maleficence literally means "do no harm". In medicine, it is essential to balance these principles so that the patient receives net benefit. The risk-benefit ratio of any intervention, whether for therapeutic or research purposes, is therefore crucial.

Finally, the principle of justice deals with the fair treatment of one's patients. Obligations of justice include respect for people's rights (rights justice), respect for morally acceptable laws (legal justice) and the fair distribution of limited resources (distributive justice).

This principle-based approach has played a valuable role in the evolution of biomedical ethics but has been variously criticized in terms of its abstractness, conflicting principles, interpretation and scope of application.[6] Some critics simply say that the principles just are not enough - in all situations of choice.

Ethics for Family Practice:

This has left us in Family Practice with a degree of uncertainty. We need to establish what the nature of ethical problems is which we face in Family Practice and decide whether these theories and principles in ethics are applicable and relevant to our discipline.

To begin with, we have to remember that Family Practice has developed as a reaction to the reductionistic Biomedical model. As such, the "nature of Family Practice imposes constraints on an ethics in Family Practice".[6]

According to Christie and Hoffmaster, an applied ethics of family practice must be grounded in the underlying philosophy of the discipline.

Postmodernism and Modernism

Using this as a point of departure, I must now introduce the concept of "Postmodernism" and attempt to show how Family Medicine is compatible with the definition postmodernism. Postmodernism refers to an attitudinal change, a change in thinking which started in Europe in the late 20th Century.[7] This "new thinking" or new way of looking at life has influenced art, music, literature, architecture and yes, even medicine. Leading international journals like the Lancet are now starting to talk about "Postmodern Medicine".[8]

Modernism took over from the so-called pre-modern period. Religion, tradition and mythical thinking dominated the pre-modern period, while "Science" dominated the modern period. Postmodernism evolved as a reaction to modernism, so before we can establish what postmodernism is, we need to look at the concept of modernism.

The modern period was also referred to as the age of Enlightenment, the Scientific era from about the 17th Century to the 20th Century - when Newton was the hero of the day - when medicine took a sharp and irrevocable turn in the scientific direction. There was an abundance of new therapeutic and technological development. All information was tested empirically. Scientific experimentation and clinical trials were of the utmost importance. Rationality and objectivity reigned supreme.

During the modern period, morality was not seen as a natural trait of human life but rather as something which needed to be designed and injected into human conduct.[9] A code of moral rules had to be developed and people had to be taught these rules and were forced to obey them. The void left by the Church during the scientific, modern era had to be filled by rational rules.

The outcome of this scientific era of technology and development was the reductionistic, biomedical model. Objectivity and pure rationality were valued above all else. The "disease concept" was primary, the patient was seen in isolation. People were obsessed with rules and institutionalism. Modern ethics was based on theories, principles, codes and laws. Modern ethics was universal and objectively founded and this has been described as a "practical impossibility".

The postmodern approach is clearly what modernism is not. The holistic biopsychosocial model based on systems theory is strongly favoured. Subjectivity and the importance of the emotions are entertained. The "person" concept replaces the "disease" concept and the person is seen, not in isolation, but in context.

There is a move from universal theories to particular concrete cases and people start taking responsibility for personal choices instead of referring to the rules of institutions. This postmodern approach parallels the principles of Family Medicine[10] - the holistic approach, the significance of subjectivity, the patient as person, the person in context and the doctor as a manager of resources, inter alia.

In keeping with this postmodern trend, the doctor-patient relationship has changed from one of monologue to one of dialogue, where the doctor no longer instructs the patient but rather, is involved in negotiated management with the patient.

The doctor-patient relationship of today has even been described as a "meeting between experts" [11] - the doctor as an expert on medical knowledge and skill, the patient as an expert on his/her own experience of illness.

If Family Practice is a postmodern discipline, and I think it is, is not postmodern ethics most suited to this discipline? Postmodern ethics for a postmodern discipline?

Postmodern Ethics

What then, is postmodern ethics? Basically, this represents a new approach to ethics - different from but not exclusive of the universal rules and theories typical of modern ethics.

Postmodern ethics:

- is a move away from timeless abstract theories,
- is sensitive to complexity,
- focuses on the particular rather than the universal,
- is concerned with reality rather than abstract theory,
- engages in positive deconstruction, for example, of the doctor-patient relationship,
- encourages scepticism,
- there is no single authority but rather authority is shared,
- there is enhanced autonomy of the moral agent / doctor.[9]

Postmodern ethics represents a practical approach to ethics:

- a move from macroethical issues to microethical issues [12] (which focus on doctor-patient communication and the limits to patient centredness);
- a move from abstract single principled theories like Utilitarianism or Kantianism to pluralistic theories like virtue ethics, relationship based ethics, communitarianism and casuistry;
- the 4 principles - based on general ethical theory - are still important but are not relevant in isolation, rather with attention to scope of application[13], or in combination with common morality theory[3] , relationship based theory and virtue ethics.

Using a postmodern approach does not imply discarding the contributions of the pre-modern and modern periods to ethics, but rather embraces those contributions in a meaningful and practically relevant way. This practical relevance may be reflected in taking care in organising one's practice, for example, using ethical sensitivity, such that the patient is cared for with respect and dignity by all members of the health care team in the practice or primary health care centre - respect for patient autonomy - in action. A postmodern approach to patient care is also reflected in negotiated management with one's patient where one is able to engage with the patient on an intersubjective level, rather than on a detached, objective level.

Postmodernism clearly represents a move from simply theorising about ethical problems that have already arisen, to practical application. Like Family Practice, it involves a paradigm shift in one's thinking and approach to patient care.

Ultimately, all this is aimed at achieving a practically, relevant approach to medical ethics which will result in:

- a heightened awareness of the ethical nature of our work;
- a more democratic approach to addressing practical moral dilemmas; and,
- ultimately, better clinical decision-making.[14]

In simple terms, postmodern ethics represents a practical but complex approach to solving ethical dilemmas. Hence, it is clear that postmodern ethics provides an ethical model with the richness and complexity of the clinical model proposed by Family Medicine.

Virtue Ethics – A Revival?

Throughout the discussion on postmodern ethics, one theory that has recurred is Virtue Ethics and especially in medicine – there appears to be a revival of this very old theory. The "virtuous doctor" is being sought and personal characteristics and traits are being emphasized. Much of this Virtue Theory was described almost 2500 years ago by Aristotle – who defined the intellectual virtues as follows:
He spoke of episteme = knowledge; techne = skill; phronesis = practical wisdom[15]. Our undergraduate training has emphasized knowledge and skills while neglecting practical wisdom.
However, as the emphasis on this virtue increases we must be careful not to neglect the first two, because at all times, the doctor's knowledge and skill is a primary ethical responsibility to the patient. "Competence is a moral imperative."[16] Competence is included under the principle of beneficence-delivering the service to our patients, that we profess to be competent in.[13]

Who is the Ethical Family Practitioner?

- It is certainly the competent doctor who has also developed a sense of practical wisdom – including the virtues necessary for the practice of medicine.
- In addition, it is the doctor who follows the relevant principles of the discipline of Family Practice.[10]
- Finally, it is the doctor who is able to use an approach to solving his/her ethical dilemmas that incorporates pre-modern, modern and postmodern ethics.

Essentially, Family Practice, by definition is an ethical discipline – hence Family Practice Ethics is a very practical possibility.

Family Practice in South Africa – A Utopia?

Is Family Practice really the Utopia I have made it out to be? In South Africa, we are exposed constantly to reports that indicate that all is not well in the "medical industry". There is growing dissatisfaction amongst patients, increasing litigation, we hear of colleagues who are overservicing patients or who find themselves in positions of conflicting interests after investing in pharmaceutical companies or private hospitals, we hear of colleagues defrauding medical aids and sexually harrassing patients and we see regular reports in the South African Medical Association Medigram[17] warning against "Apartheid practices" where sadly, patients are offered different levels of care based on race and socio-economic status.

Sadly, ethical and legal violations abound in Family Practice in South Africa. On a positive note, this indicates a need for deep introspection and reflection into the ethical dimension of Family Practice in South Africa and out of this will emerge a new insight, a better path along which to take our discipline into and beyond the 21st Century.

Conclusion

This paper has been aimed at placing in perspective traditional ethical theory and the role of the four principles . It has also introduced and briefly discussed the concepts of pre-modern, modern and postmodern ethics – a combination of which represents a viable model for family practice ethics. The important move back to virtue ethics in medicine is briefly revisited.

Solving ethical dilemmas is never easy. Doing the right thing is a matter of conscience and sometimes requires great moral courage. Ultimately, one is guided by fundamental principles common to all of humanity, the patient's preferences and context and one's personal value system which may be influenced by a host of variables.

As we enter the 21st Century, Family Practice as a postmodern discipline, from an ethical perspective, stands us all in good stead.

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