

The Universal Ethic of Mutual Benefit

KARŞILIKLI YARAR TEMELİNE DAYANAN EVRENSEL ETİK

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SUMMARY

The Hippocratic Oath was not perfect, but it worked reasonably well because it took an absolutist position and provided guidelines. It safeguarded the patient from: 1) having abortions because of the pressures of the State to limit or change population, 2) the family from relatives who might poison their aged and infirm relatives, 3) the doctors themselves from taking advantage of the patient's dependency.

Now the Hippocratic Oath is being dispensed with and replaced by relativism, but this is creating measurable chaos. I have suggested that the U.E.M.B. is a replacement. Its value can be seen pragmatically, cooperative patients and diminishing health care costs.

Science and ethics must agree. Science has constants (eg. the speed of light, the force of gravity) and by these constants all other things are measured. Because of these constants, comparative values can be determined. Science and ethics must integrate and this means that ethics must use constants. To be an absolutist is like imposing a speed limit. This is not to say everybody will or even should adhere to it, but it becomes one that we can measure deviations by. It also provides guidelines for day to day decisions by those who have to make them. It will also help us recognize when we are using denial to promote a false sense of security and immortality. The U.E.M.B. can be widely accepted and will govern most social interactions in civilized society.

Key Words: Medical ethics, Universal ethic, Hippocratic Oath

ÖZET

Her ne kadar Hipokrat Andı mükemmel değilse de mutlakçı bir tavır aldığı ve yol gösterici kurallar sağladığı için oldukça iyi iş görmüştür. O, hastayı 1) devletin nüfusunu sınırlamak ya da değiştirmek için yaptığı baskıları sonucu düşük yapmaktan, 2) aileyi yaşlı ya da hastalıklı yakınlarını zehirleyebilecek akrabalarından, 3) hekimleri hastanın bağımlılığını kullanmaktan korumuştur.

Bugün Hipokrat And'ından vazgeçilmekte ve onun yerine görecelilik geçirilmektedir, ancak bu önemli bir kargaşaya neden olmaktadır. Kanımca Karşılıklı Yarar Temeline Dayanan Evrensel Etik (U.E.M.B.) bir yer değiştirmedir. Onun değeri işevuruk biçimiyle, hastaların işbirliği yapması ve sağlık hizmetinin maliyetinin azalması olarak görülebilir.

Bilim ve etik uzlaşmalıdır. Bilimin mutlak değerleri vardır (örneğin ışık hızı, yerçekimi kuvveti) ve bütün öteki şeyler bunlarla ölçülür. Bu mutlak değerler nedeniyle karşılaştırmalı değerler saptanabilir. Bilim ve etik bütünleşmelidir, bunun gerçekleşmesi için etik de mutlak değerler kullanmalıdır. Mutlakçı olmak bir hız sınırını dayatmaya benzer. Bu, herkesin ona uyacağı, hatta uyması gerektiği anlamına gelmez, ancak böyle bir sınır, sapmaları ölçmek için bir araç durumuna gelir. Aynı zamanda yol gösterici kuralları oluşturmak durumunda olanların gündelik tartışmalarında kullanacakları kuralları sağlar. Ayrıca sahte bir güvenlik ve ölümsüzlük duygusu geliştirmek için inkar ettiğimizde de bunun farkında olmamıza yardımcı olur. U. E. M.B. geniş bir biçimde kabul görebilir ve uygar bir toplumdaki sosyal etkileşimlerin çoğunu yönetebilir.

Anahtar Kelimeler: Tıbbi etik, Evrensel etik, Hekim Andı

Pythagorus groaned as he rolled over on his pallet in his villa with a view of the sea. "Where is that wily old physician? Why doesn't he come? Surely he

must know about my pain. I wonder what he has for me? I don't really trust him. I suspect that my wife, who now has a young lover and wants my estate, has paid him to give me hemlock. Physicians now a days believe they have a duty to either cure the patient or, if not, kill them as mercifully as possible. They believe that since the gods have cursed us and we are going

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to die, why shouldn't they do something mercifully quick. Unfortunately, many of my old friends have gone before they wished because somebody has wanted them out of the way".

"There you are you old codger. Moaning and feeling sorry for yourself won't make you better. Here, take this. It is the latest medicine imported from a reputable pharmacy in Alexandria".

Pythagorus was even more suspicious. "Don't call me an old codger, and don't expect me to believe that line. Don't try any of your persuasive arguments. I know the more cogent you sound the more unlikely your story. You'll just try and tell me something that is good for me because you think that your greatest help is in making me feel optimistic even when your real intent is to send me on my way.

Hippocrates had spent a long night with another dying patient and then in long discussions with his students in the morning. He was understandably impatient, but he tried not to let it show. "I'm sorry I insulted you. You are a wise old mathematician, well respected by your students, and will undoubtedly go down in history as one of the greats- But you can trust me. When have I ever let you down".

"Now I am absolutely sure my wife has given you a fat fee to do me in and get the estate. Just get out of here".

Hippocrates was beginning to lose his cool. "I'll leave you alright. But not before I remind you that you have never properly paid my fee, and not before I give you a piece of my mind, and not before you take this medicine. You unrepentant old sinner. By Zeus, by Jupiter, by Mercury and the whole Pantheon I swear, as do my colleagues, I will not poison you. We have also stated we will not abort women and we will not take advantage of patients by having sex with them. Now take this before I sit on you and force it down your throat".

Pythagorus had never seen his old friend quite so angry nor had he heard him swear so much. "O.K. I'll prevent you from the recriminations of guilt in having killed me trying to make me feel better". Glug, glug...

Some moments later. "You are right. I do feel better and maybe I can trust you. Do you really mean that part about not aborting or having sex with patients?"

"Yes. my colleagues and I have banded together in making an oath we will not break less the gods vaporize us with a bolt from heaven. We have sworn we won't poison anyone because we know relatives often lean on doctors to hasten their demise. We won't abort women because we know the State, in its perverted self interest has often wanted to limit population for the benefit of the haves who fear the intrusion of

the have-nots. We won't have sex with or take advantage of any patients because we fear that tendency within our profession. I can tell you, having made this oath, medicine has become a lot easier. Apart from a few curmudgeons like yourself, patients are much more cooperative. Who knows, eons from now patients may actually begin to trust doctors. Yet, in my bones. I suspect the tendency of doctors to destroy themselves and their profession. Someday they will probably throw this good oath away in favour of ethics by committee".

The Basic Problems

Humanity has often tried to achieve security and immortality by a whole series of devious arguments.

1. Denial. We want to pretend we are not ignorant, disabled, dying or mentally ill. The facts are all of us lack wisdom and knowledge. We all have some disability (mathematicians can't carry a tune and musicians cannot lift heavy loads). We are all dying (sooner than we wish, aging will overcome the processes of regeneration). Because of subconscious quirks we are continually undermining our best interests and re-creating tragedies for ourselves and others.

2. False Dichotomies. With the assistance of the on/off mentality of the digital computer, we have been able to divide and segregate people. Thus we can convince ourselves we are not one of that sick, deranged, dying, or handicapped group of people. We are not mentally ill because we are not in a mental hospital. We are not dying because we are not eighty years of age. We are not disabled for we do not have an observable mental defect or physical deformity that requires special assistance. We are not ignorant for behold, look at the size of our library. The unavoidable fact is that all aspects of life are on an continuum as is every other observable phenomena in the universe. We are all part of the bundle of life and differ only in degree on some measures. We have far more similarities than dissimilarities, even with the most obviously handicapped person.

3. Limited Resources. We prefer to believe that there are limited resources and thus feel justified in getting rid of many of the have-nots, lest they sink the boat of the haves. Yet, the universe appears to be limitless and expanding. We only lack the courage to pool our resources and sharpen our technologies so we can colonize the stars.

4. Wanted Children. It is argued the first right of every child is to be wanted. This apparently plausible philosophy stated with a short sentence, is the death sentence for millions of people, particularly those pre-bom. For if this is so then anybody who is unwanted has no right to be. It may seem surprising that being alive because you are wanted is in itself a sentence to a life of misery. Trying hard to stay wantable but sus-

pecting your siblings and your peers died because they were not, without any real difference being between you creates deep doubts and fears. Wanted, chosen children have; **1)** survivor guilt (an impending sense of doom or feeling you don't deserve to be alive), **2)** existential anxiety, **3)** ontological guilt (a feeling that you are not using your potential because you are never sure how long you will exist), **4)** distrust (difficulty in trusting those who state they love you when your parents have terminated others for your benefit), **5)** inhibition (a need to monitor your thoughts, questions and expressions lest you break the collusion of pseudo-secrets about what happened to your siblings), **6)** anxious attachment (difficulty attaching to your parents or making a key commitment to anyone), **7)** self doubt (a tendency to doubt your parents who doubt themselves and doubt you, and therefore you doubt yourself). Our research has found that where there is more abortions there is more child abuse and lessened partner support.

These arguments, attempting to maintain immortality and security, have resulted in; **1)** rampant euthanasia, eg. in Holland 44% of old people die directly or indirectly at the hands of their physicians, **2)** 60x10⁶ abortions because of inconvenience, wrong sex, disability and increasing sexual misconduct and **3)** physicians taking advantage of the patient's dependency and having sex with them, declaring it was for their benefit.

The net effects of ignoring Hippocrates are;

1. Patients distrust doctors. Consequently;
 - a. the cost of medical care increases because there are more malpractice law suits,
 - b. there is **an** increase in premiums for malpractice Insurance,
 - c. doctors **have** to practice defensive **medicine** and order many unnecessary **tests**,
 - d. more children **are** born by **Caesarian** section because doctor's fear law suits brought on by mothers who might see some imperfection in their child.

2. Doctors must spend more time convincing patients to cooperate. This means doctors see fewer patients and must charge more per patient.

3. There is increasing pressure to hasten or allow the death of those who have a "lower quality of life". This is a superficial cover for selfishness. The haves demanding of the have-nots even more. As medical costs increase there is increased pressure for euthanasia and eugenics so that there will be enough resources for the middle aged to have MRI's. cardiac transplants, etc.

4. Patients will no longer cooperate as a result of trusting their doctor, but they might if they like their doctor. Doctors feel they need to be popular with their

patients and therefore tend to accept politically correct morality. This is often created by the press (eg. people want abortion on demand).

All of the above tends to create a vicious cycle. Doctors are continually attempting to adjust their ethics according to changes in the morality of their pluralistic society while the patients are trying desperately to find out what their doctors really believe in order to know whom they can trust.

Basic Tenets

1. We believe that Truth is unitary. There cannot be a division between science and ethics, otherwise there will be continuing conflict and no guidance provided for those who must make decisions daily about the existence of other people.

2. We must learn from history, because if we do not we will repeat it. We must recognize that as we treat the most limiting infected part of the body for the benefit of the body, so we must care for those who are designated as the lowest and the poorest because they are part of us.

3. We are all part of the bundle of life. What happens to others happens to us because we are intrinsically united.

4. The Universal Ethic of Mutual Benefit (U.E.M.B.) reminds us that we cannot benefit at the expense of our neighbour. If it is not good for him it is certainly not good for us. If it is not good for a woman it is not good for a man. If it is not good for the unborn baby it is not good for the mother. Science basically supports this proposition.

We are all a part of the continuum, the bundle of life. The vertical continuum shows that humans exist from conception to death. The horizontal continuum shows that we are all much more equal than dividing and categorizing allows us to believe.

Ethics must be supported by science and vice versa. If philosophy disagrees with science there will be continuing confusion for a practising physician.

Applications

1. Abortion. Unscientifically supported abortion creates a variety of hazards:

a. It increases the frequency and severity of child abuse. It interferes with bonding and disrupts the mother's normal nurturing response to the helpless of her infant.

b. It interferes with partner support. Without partner support women are more likely to have an abortion and men are less likely to support pregnant women and their own offspring. Men are more likely to feel a sense of injustice, impotence and a rage which, seeking revenge, results in increasing rape and domestic violence.

c. It results in growing numbers of the Post-Abortion Syndrome. The aborted mother will tend to reenact the tragedy of her abortion by having another abortion. It will also make her more depressed, interfering with her immune function. Increasing female cancers and infections increases the cost of medical care and puts pressure on women to have more abortions.

d. It increases the need for professional help to deal with unresolved pregnancy losses, the abortion losses being the most difficult to mourn.

The U.E.M.B. shows that there are at least nine options for mothers who are trying to decide what to do with their pregnancies. These include a variety of ways to adopt or foster children.

It is important that women who have pregnancy losses are helped to grieve that loss in order to enjoy their next pregnancy and bond to their next child. To facilitate that, we are providing training in intensive group therapy in a number of countries.

We must welcome every child. Then every one will have a sense of worth because they are welcomed and not vice versa. The worth that they feel they will also feel toward others and the world in which they live. Therefore they will be careful with the lives of others and the ecology of the environment.

2. Eugenics. The hazards of eugenics are:

a. Amniocentesis may result in detachment of the placenta, infections or other disorders. Yet, it is almost routinely done in 40 year old pregnant women where there is only a 1% chance of having Down's Syndrome.

b. The search and destroy mentality of eugenics is invading many departments of genetics and forcing good people to either resign or adapt.

c. It has placed life on a sliding scale, the value accorded because of a person's I.Q. or sex.

d. It is resulting in the increasing use of institutions to deal with problems that are really part of a family.

The U.E.M.B. encourages all to recognize we are brothers, and we cannot benefit by alienating some. We have so much to learn from those who are dying and from those who are handicapped.

3. Euthanasia. As a result of euthanasia there is:

a. a tendency to avoid dealing with our helplessness and the cry of those who are helpless.

b. an increasing tendency to deny we are aging, ill, disabled and ignorant.

c. subtle pressure on the aged to consent to a "living will", etc. It encourages people to put their aged into institutions where they gradually give up.

The U.E.M.B. insists that a doctor treat and defend every patient, even when the administration, as agents of the State, insists there are no more resources. The U.E.M.B. insists that there is an equal distribution of medical resources. Thus patients may consent to having what is spent on their terminal care used for the provision of nutrients and antibiotics in some developing country.

Ethics on Display

I believe it is unethical for physicians not to state and display their ethics. How can patients provide an informed consent when it is impossible to know where their doctor stands on the major issues of life and death, suffering and treatment. Each doctor should work out for themselves an ethic that clearly represents what they believe and hang it in their waiting room where the patients can peruse it and decide whether they can trust this physician with their physical and mental health. I have done this for a number of years. I am glad to report that, whether they agree or disagree, patients are generally happy to know what I believe. It certainly allays many fears and improves their cooperation in treatment.