

# Ethical considerations about contemporary medicine: a punctual reflection

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## Abstract

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### Ethical considerations about contemporary medicine: a punctual reflection

The present work has as its objective to reflect about the relation between the classic ethical fundamentals of the medical profession, expressed by means of personal contact and essential care for the other, and the new evidence-based era of medicine, supported by high technology. It presents punctual considerations about the changes that occurred in the latest decades, evidencing the extent to which the human contact between professional and patient is little by little ceasing to be an essential aspect in this relationship. It concludes by appealing for changes in physician's professional and personal training, in the sense of rescuing the guiding parameters of the humanistic practices in medicine.

**Key words:** Ethical. Medicine. Technology



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Ethical problems in contemporary medicine, pervaded with technological progress, and the social, cultural changes have attracted the interests of philosophers, lawyers, theologians, and finally of physicians.

We live in a time of extremes, of bipolarities, which, despite the end of Cold War and presumed beginning of a hegemonic thought<sup>1</sup>, shows in society, and supposedly in medicine, an oscillation between apparently irreconcilable fields: individual versus social; cure versus prevention; passive patients – with due forgiveness for redundancy – versus active subjects; and individual work versus team work

In this world of contrast, although technology has increased physicians' power, these find themselves increasingly more subject to legal norms and regulations, as well as to institutions where they work. These

accelerated changes in physician-patient relationship lead to a restriction on professional's freedom and as well, even if paradoxally, to patient's freedom, who sees his power of choice reduced to coverage or not by his health plan.

There are new problems to discuss and old problems with new costumes. Among several possibilities, we shall keep ourselves in some that reveal to be more glowing: issues about euthanasia, disthanasia, and orthothanasia; those related to more effective diagnostic procedures, which may discover symptoms in search of diseases; and legal-financial dependence of fellow physicians concerning these exams, which were complementary previously. Additionally, it is necessary to consider the implications of growing use of psycho-drugs and experiments with human beings, and cruelty with laboratory animals. These set of disparate issues show the spectrum range of concerns that currently involve medicine, and that deserve bioethical reflection.

Such facts push us toward a critical review of goals and values that govern medical profession, since biomedical area still is the main locus of bioethics, notwithstanding its broadening to the social dimension. Intense reflection is vital in view of questionings arose concerning ethical principles previously funded, as the examples related to gestation (anencephaly, abortion, etc), and the dilemma of patients in persistent vegetative state. We live a generation that witnesses true

revolutions, intellectual and technological, in several disciplines, which modify both medical practice and theory. As it seems to us, medicine is theory and practice, something that converts it into exceptional profession, having some fundamental pillars, even in contemporaneity <sup>2</sup>.

The first one them, perhaps the most ancient, constitutes in pain and suffering relief that encompasses much more than pathological cure, implying in going beyond toward patient's psychic comfort. This would be physician's highest responsibility, to care in addition to cure and healing; the exercise of a responsibility that continues when one says *I am here*<sup>3</sup>, even after therapeutical impossibility. It is worth highlighting that even if it is consubstantiate in the classical Hippocratic oath, this responsibility does not restrict to codes, rules or laws: it is the ethical response to fellow man suffering cry, and it expresses recognition of idea of humanity itself.

The second pillar, almost consequence of the first one, would be the search for knowledge. To know to provide relief, cure, better care of patient, and greater safety for the professional. This search for knowledge has its origin, at least in Western world, in Ancient Greece, and currently reaches its pinnacle in medicine based in evidences, accepting only as validated medical knowledge those with scientific-technological basis. It is not fit herein a critic of science, as asserts Paulo Freire. It is not a matter of demoralizing it or worships it, but to adopt a questioning

posture before it <sup>4</sup>. Such perspective, notwithstanding, recognizes the importance of science and its intrinsic relation with medicine, always receptive of technological progress in diverse disciplines, which paradoxically, conforms it as the most humane, the most artistic of sciences, and the most scientific of humanities.

It is fit, however, deep reflection about the role of this consortium between technology/science, which seems to be changing into the humanity's sole depository of knowledge. To those who consider an exaggeration such statement, all it takes is to analyze data: 90% of known scientists are alive, and 75% of the most talented individuals work in the realms of science <sup>5</sup>. In view of this, one can imagine that, any conversation about general culture, among people with the most diverse professional training, age and sex, should, necessarily, deal with one or more aspects or discoveries related to science. Even if the topic in question is discussed in common sense perspective, originated from information more or less pertinent made available by media, it is unarguable that, today, science configures the substratum of almost all forms of information exchange, because it is identified as the locus of truth. One should stress that technical advances are not under discussion, but rather toward where one is going with them: what one seeks to achieve by stimulating so much fascination?

One of the major dangers of science is its apparent or pretense neutrality, presumption, nowadays, with connotation as fallacious by Philosophy, and by other branches of social sciences – Anthropology, for example.

The fallacy of neutrality is well identified and discussed, and one does not intend in this article to focus such reflection, considering that in order to reader certify himself in a more detailed way about this discussion it is enough to read Husserl <sup>6</sup>, who deepens on the topic. What one intends limits itself, simply, in stimulating a reflection about medicine, when it seeks to pass as science, pure and simple, making technology as the sole and fundamental element for the good professional practice.

From the attempt to identify medicine solely as fruit of science/technology derives one of its most frequent critiques, although, certainly, not the only one: when one privileges the technical-scientific side, and one is careless of human values and virtues inherent to this profession. That is: the *ethos* of care itself. Many professionals who have witnessed already the famous medical visit to devices (monitors, ventilators, catheters, etc) may confirm such criticism, a circumstance that leads physician *to forget* the patient. When this occurs, it is necessary a conscious examination of medicine, of its philosophy and strategy, particularly because patients charge on medical professionals responses to such practical and conceptual challenges.

Another criticism to technological medicine and dependent of devices and high technology exams, which should be complementary, it is the judicial and consequent bureaucratization. At this regard, it is worth to incite reading Kafka's works, who, masterly show the issue. In reality, if this phenomenon is not a

privilege of medicine, what is noticed currently is its frequency in the daily reality of hospital institutions. Through varied protocols and bills, physician defends himself, as well as the health plan and hospital, which generates unbearable amount of paper and obligations that overcrowd the already exhausted physician, making it difficult to undertake what really matters in his profession. One cannot forget, additionally, the high maintenance costs of bureaucracy that pervades and supports this technology use. It is not a deal to save when one attempts to assure life and quality of life for humans, but this question fits: are we spending well? Actually, are we targeting resources toward what matters to assure our patients' quality of life?

Technology remits us still to extreme specialization issue, the famous paradox where we know increasingly less, until we are aware that we know *all about nothing*. A few years ago, Ivan Illich caused a shakeout with his work *Nemesis medical*<sup>7</sup>, in which he states that hospital changed into a threat to health, and that physicians' fascination with technology leads to deplorable results for the sick. We dare to go further: humanity's fascination, orphan of God and submitted to science/technology, with its pretention to turn us into immortals<sup>3</sup>, brings in deplorable effects to physician-patient relationship when it changes death in health team's error.

There are similar questioning, and they should be answered by professionals. Horrobin<sup>8</sup> responds to Illich proposing that we place in

surgical procedures and miracle equipment, supplied by medical material industries, the same commitment that we require when testing new drugs. Additionally, we should use only surgical intervention that undoubtedly provide benefits to patients, and not frenetic attempts to improve diagnosis well defined already, to preserve life at any cost or, ultimately, to strengthen surgeon's ego. However, will these measures be capable to turn medicine into a more human and ethical profession? To respond to patients' yearnings? And, where shall new techniques and technologies be tested? In more vulnerable and susceptible patients, with little or no possibility to defend themselves, given precarious social, economic, educational, and health conditions that they are found? Or in barbarized laboratory animals, which replace humans in clinical trials, particularly with drugs? Should we continue with animal holocaust? Do we have the right to do it -lo?

One should define, at this point of reflection, what one understands as ethics, both in personal and professional dimensions. In that sense, we invoke Levinas: *as ethics, I absolutely do not understand it as any good and evil cult, and order of values, but the relation toward the other*<sup>9</sup>. That is, ethics would be the face to face, the reduction impossibility of the other into what I think of him<sup>3</sup>. Concerning medical trade, it would be the answer for our patients' cry for help, and not the noise of devices and monitors beeps and alarms.

However, how do we awaken this ethical awareness in physician? I believe that we

should put the same effort and hours of dedication to the study of medicine, not only in medical training, but in physician's formation. Once, during a dinner in presence of professionals from several areas, at a certain point, I noticed physician isolated in a corner, talking about medicine and their on-duty hours, while life went on in another corner. Such circumstance reminded me Wittgenstein, who quotes that the limits of my language denote the limits of my world. Perhaps a certain familiarity with literature, art, Sociology, and mainly Philosophy could enrich, doubtlessly, the physician, and make him more humane, aware of his responsibility, well beyond technology and cure.

In order to medicine becomes a milestone between science and art once more, retaking its historical role of mediator of the best use of technology in actions based in humanitarian notions, it is indispensable to sensitize professionals in view of this existential responsibility without a way out. Again, quoting Levinas: it seems to me that such answer may be found (...) [in] the *impossibility to rescind the responsibility for the other, the most impossible impossibility than that of leaving own skin, to the*

*non lapsed duty that surpasses our strength of being. Duty that did not ask for consent, which came to me traumatically, (...) without beginning. Coming without proposing choice, coming as election. Duty that imposes itself beyond the limits of being, beyond death* <sup>10</sup>.

I consider that emerging problems in professional-patient relationship due to lack of critical use of science and technology conquests may be overcome with a consistent formation, which privileges humanistic features of the profession without, in any way, despising the best way to care. Bearing in mind – always – that the best treatment is the one that allies the best technique to a deep recognition of the other, of his choices, needs, pains and suffering. I believe that the dilemmas proposed to physicians by science/technology will be overcome only with unrestricted acceptance of his own humanity, which reveals itself in the duty of looking and seeing the other in professional life as well.

## Resumen

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### **Consideraciones éticas sobre la medicina contemporánea: una reflexión puntual**

El presente artículo objetiva introducir la reflexión sobre la relación entre los clásicos fundamentos éticos de la profesión médica, expresados en el contacto personal y en la atención precípua al otro, y la nueva era de la medicina basada en evidencias, sustentada por la alta tecnología. Presenta consideraciones puntuales a respecto de las transformaciones ocurridas en las últimas décadas, evidenciando cómo el contacto humano entre profesional y paciente viene paulatinamente dejando de ser un aspecto esencial de la relación. Concluye exhortando la mudanza en la formación profesional y personal del médico, en el sentido de rescatar los parámetros orientadores de las prácticas humanísticas en medicina.

**Palabras-clave:** Ética. Medicina. Tecnología.

## Resumo

### **Considerações éticas sobre a medicina contemporânea: uma reflexão pontual**

O presente artigo objetiva introduzir a reflexão sobre a relação entre os clássicos fundamentos éticos da profissão médica, expressos no contato pessoal e na atenção precípua ao outro, e a nova era da medicina baseada em evidências, sustentada pela alta tecnologia. Apresenta considerações pontuais a respeito das transformações ocorridas nas últimas décadas, evidenciando o quanto o contato humano entre profissional e paciente vem paulatinamente deixando de ser um aspecto essencial da relação. Conclui exortando a mudança na formação profissional e pessoal do médico, no sentido de resgatar os parâmetros orientadores das práticas humanísticas em medicina.

**Palavras-chaves:** Ética. Medicina. Tecnologia

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