

Ethics

Arjuna Aluwihare

The re-establishment of the South East Asian Regional Association for Medical Education is welcome- more so is this journal. Upgrading the emphasis, scope, and relevance of ethics is a necessary part of improving medical education in the region. The comments that follow, which are not meant to repeat what is usually dealt with, are designed to provoke some discussion perhaps, about this subject in a different way.

We usually consider the doctor-patient relationship when we speak about ethics. Part of this has to be the even-handedness with which we deal with private and public sector patients. In particular if we work (legally preferably) in both sectors we need to make sure that no patient can gain any advantage in the public sector by virtue of a fee paid in the public sector. Our communication in the public sector must be good enough to ensue that no relatives creep for a fee into the private sector merely to find out about a patient or get something done. Obviously we must not solicit directly or indirectly, or accept any fees for any kind of service given in the public sector (for which we may be paid by government or university). It is best to keep the two sectors in separate compartments.

As regards non medical staff, nursing, technical, and all other grades, the need to consider and respect them as team members with different and necessary abilities is often articulated. The articulation and practice tend to differ in societies which are still very stratified financially and according to social class; this is unfortunate. Respect produces

efficiency and loyalty to the team and the task- and therefore the patient.

Medical colleagues are often left out of the discussion. We need to avoid denigrating colleagues in competition with us. This applies to both seniors and juniors. We need to be able to be seen to be willing to admit mistakes, and to learn from our students. We need also to be able to share scarce resources without hoarding wards, theatres, equipment, and staff as though they are some god given personal property. We need to be able to refer patients to, and discuss problems with even those with whom we have some disagreement of a private nature, if such discussion and referral is in patients' or communities' best interests. If these tenets are not observed patients may be sent out of a town merely because one doctor does not see 'eye to eye' with another for some private, or union, or 'medical politics' reason. Such cannot be in a patient's interests.

Governments have a duty to look after the public and we are instruments of such 'looking after'. If we wish to keep governments off our backs and avoid politicisation of our activity, we need to be able to monitor ourselves and ensue that we have kept the patients and community interest uppermost rather than some parochial need (such as a cost ineffective but wonderful piece of new equipment). This is also ethical behaviour.

These are a few comments which I feel are relevant to the dimension of ethics- to provoke debate and action please.