Rebuttal: Should family physicians treat themselves or not?

YES

Eugene Bereza MDCM CCFP

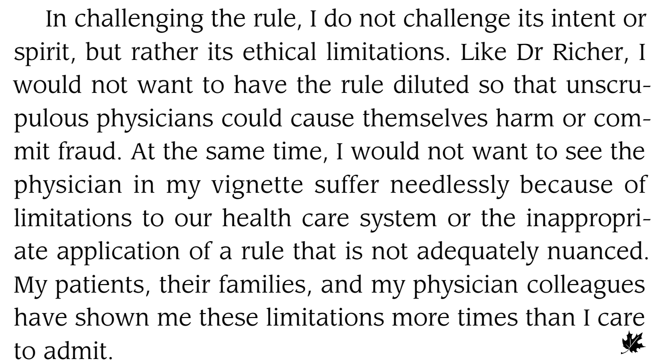
My colleague makes 3 arguments in defending the status quo position. The first is simply that it *is* the status quo: "To answer the question ... we need look no further than the *Code of Ethics of Physicians*."[1] The implied logic is that there must be a compelling reason for a rule, as articulated, to reach the point where it becomes "enshrined" in a code. Once it reaches this status, faith would require us to apply the rule universally and defend it with vigour. In his historical analysis of this premise, philosopher and medical ethicist Stephen Toulmin catalogs humanity's (and medicine's) tragedies in practising this "tyranny of absolutes."[2] "I was just following the rules" has rung hollow as an ethical defence on too many occasions.

As physicians, I believe we should look further than any moral recipe. We should look at all the particulars of a given case and judge whether the rule, as articulated, helps guide us to the most ethical outcome. Codes of ethics serve an important purpose, but they cannot anticipate all variants of the human condition. The challenge of medical ethics is not simply to apply rules, but to use sound clinical judgment in how we articulate and apply them. In my vignette, the dying physician clearly intends to violate the status quo[3]—under the circumstances, would this truly be unethical?

In fairness, my colleague acknowledges exceptions to the rule. This is her second argument. However, she limits the exceptions to the 2 listed in the status quo and claims that these are "rarely" necessary to invoke.[1] She then goes on to list convincing examples of the kinds of harms that would befall us if the rule were not enforced. These examples are eminently reasonable, but hardly exhaustive.

Finally, my colleague defends the rule by appealing to the benefits of neutral objectivity. Yet she concludes with a rather subjective assessment of her personal experiences, in which the rule has worked well. My experiences have been somewhat different. In the complex realities of clinical life, I have too often witnessed the unintended harms of our ethical codes. When patients, families, and health professionals try desperately to do the best they can but are constrained by "ethical" rules, I prefer to challenge the universal claim of an oversimplified rule than to judge these individuals as "unethical."

In challenging the rule, I do not challenge its intent or spirit, but rather its ethical limitations. Like Dr Richer, I would not want to have the rule diluted so that unscrupulous physicians could cause themselves harm or commit fraud. At the same time, I would not want to see the physician in my vignette suffer needlessly because of limitations to our health care system or the inappropriate application of a rule that is not adequately nuanced. My patients, their families, and my physician colleagues have shown me these limitations more times than I care to admit.



Dr Bereza is an Associate Professor and Director of the Medical Ethics Program in the Department of Family Medicine at the University of McGill in Montreal, Que.

Competing interests

None declared

Correspondence

Dr Eugene Bereza, 2095 Grey Ave, Montreal, QC H4A 3N3; e-mail **eugene.bereza@mcgill.ca**

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These rebuttals are responses from the authors of the debates in the August issue (*Can Fam Physician* 2009;55:780-2). See **www.cfp.ca.**