

Preface: Ethical Considerations in Medicine

It is hardly a surprise to hear about a professional acting unprofessionally—a physician running for the Senate who posted x-rays of patients on his Facebook page with derogatory remarks, a police officer who used a prohibited choke hold and killed a man suspected of selling cigarettes illegally, a gynecologist who took videos of his patients with a small camera in the pocket of his surgical jacket, and on and on. The list is not endless, but it is depressing, and the number and variety of cases tells us that we need to do a great deal more in integrating ethics into the education and training of our professionals.

How we might do that depends upon the relation between a profession and the relevant ethical considerations. Engineering, for instance, prides itself on being a purely quantitative discipline for which ethical considerations ought to have no hold. Engineers introduce values, and, it is often thought, values are subjective. So if ethical considerations were introduced into engineering, the argument continues, they would sully its quantitative and thus objective purity.

From this view, ethics could only be added to an engineering course of study as an extra subject tacked onto the regular courses as something helpful, perhaps, but it would not be considered essential to becoming an engineer.

This view of the relation between ethics and professional disciplines is common, and it is mistaken. Engineering, for instance, necessarily involves ethical considerations. At its intellectual core is the solution to design problems, and because a design problem does not necessitate any one solution, engineers must choose among solutions. And in choosing, they ought to avoid, and generally do avoid, solutions that cause unnecessary harm. Those choices are morally and ethically the right choices. We would be appalled if an engineer were to choose among all the possible solutions the one that causes the most unnecessary harm.

Ethical considerations are internal to engineering, and ethical considerations thus need to be integrated into engineering courses. How we are to do that for engineering and other professions depends on the way in which ethics is internal, and Adam Potthast, in his taxonomy of positions, lays out three different ways in which ethics can be considered internal. The most radical position is what he calls radical internalism, that “developed ethical skill is essential to being a professional and that a professional must also have ethical ends (or goals) for his or her work.” He contrasts this view with what he calls weak internalism and strong internalism. The former claims that a professional needs to consider some ethical matters to be a good professional, and the latter claims that individuals cannot be professionals, good or bad, without taking ethics into consideration in their work.

We can make sense of this taxonomy by thinking of the rules regarding the skills individuals must learn to become professionals. Surgeons have to learn how to recognize organs and cut carefully, for example, and weak internalism holds that, to be good surgeons, individuals have to minimize the harms they cause, that is, to consider only

one ethical dimension of their practice. Strong internalism holds that surgeons, like all individuals, must minimize the harms they cause.

With such a taxonomy in mind, we can consider what various professionals do in various contexts, see how ethical considerations enter or ought to enter into their work, and make our assessments of how well they have integrated those considerations into their work. The papers in this special section have been purposefully chosen to illustrate the various contexts within which ethical considerations arise, just within medicine.

Englehardt and Englehardt's paper on the Belmont Commission Report examines the history that led to the Commission's creation and then considers the substance of the Report and its findings regarding ethical practice in research. Lawrence Torcello considers the ethical problems that the growing use of complementary and alternative medicine creates. Kim Skoog looks at the ethical issues that arise from genetic research on indigenous people, and the paper by Karen L. Rich and Janie B. Butts explores the ethical issues nurses face in our evolving healthcare system.

We shall see that in each of these contexts ethical issues are internal to the practices involved. We leave it to the reader to determine how they are internal and whether the taxonomy Potthast proposes is sufficient and helpful.

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