RESEARCH ARTICLE

Ethics or Bioethics for the Medical Profession?

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Summary

The events that have occurred as a result of the Covid-19 pandemic have brought to the fore the figure of the doctor, as a main actor, in this complex and uncertain scenario. Many of the medical actions carried out have required strength, reflection, wisdom and prudence, all of them essential virtues according to the classical philosophical tradition, and that the ETHOS of the medical profession and the doctor translate, with this it is necessary to emphasize that it is the traditional medical ethics, the basis of this undeniable commitment to humanity, and that Bioethics, born 60 years ago, has been invested with an unthinkable condition, by its creator VR Potter, who proposed that the main objective should be scientific development -Technical but with ecological responsibility, beyond its supposed guiding function of current medicine.

Which are the motivations for choosing the School of Medicine? What does it mean to be a good professional? How to respond to an increasingly demanding society? In light of the development of new technologies and communication systems, which today are universally accessible. It seems that the answer to these questions lies in a higher education based on ancestral ethical principles, which have been professed by generations of doctors, in traditional clinical practice and in practicing general medicine to achieve the specific medical training process, thus achieving efficiently meet the primary health demands of society. Therefore, Bioethics must be understood as an incipient discipline whose objective is to warn about the care of ecosystems, necessary for the survival of the human being, different from medical ethics.

Keywords: Medical Ethics, Medical Bioethics, Medical Profession, Professionalism, Fiduciary Duty, Medical Education.

Introduction

The Covid-19 pandemic has drastically modified the way of life of society worldwide, regardless of the economic framework, industrial development or the political and religious beliefs of each nation. There has apparently not been any other similar situation since World War II, indeed, we still do not know for sure when it will end, what the final consequences will be and what changes our current way of life will undergo.

Undoubtedly, a central protagonist in this situation has been the doctor in his / her role, as a communicator, as a healer, as a caregiver, as an organizer or as a counselor, which are usually developed in the various settings and circumstances in which he / she fulfills his / her role. For this reason, as never before, it is necessary to rethink some of the issues that have been discussed with great intensity in recent decades, we refer to medical ethics or professional ethics.

1. - The place of the doctor/scientist throughout history

Throughout history, humanity needed a healer, (1) a shaman, to act as an intermediary between the world of the sacred and the material world, an expert in interpreting the signs and appeasing the gods when the individual offense or community was sanctioned with a punishment that took the form of a destructive natural event or a "disease", which always turned into tragedy for those primitive communities.

In 5th century BC Greece there was a remarkable change in the art of healing, mediated by observation and the emergence of philosophy. At that time, one really began to understand the functioning of nature and its relationship with the human being. Events that until then were considered supernatural became part of this new natural world, discovered in the light of reason. Magical medicine is now understood through reflection, which makes it possible to reinterpret its findings as natural events that influence the body of human beings. At that time, as is known, the well-known doctrine was discovered and promoted according to which, from the balance of the humors, basic components of the body, a healthy body results, the disease will instead be the result of its imbalance. (2)

2. - The appearance of a medical ethics

The medical scientist, thanks to his new knowledge and his new power, became an outstanding protagonist of the development of humanity, which allowed him to acquire, at times, in many parts of the world, even a sacred place on the Social scale. The nascent societies, some transformed into great empires, glorified the social figure of the doctor, and he acquired a prestige equivalent to royalty or priests. (3)

Medicine began to develop in an increasing way, and through writing the knowledge achieved was documented and its transmission, discussion and evolution became possible. But, apart from their knowledge, a form of ethical-professional behavior was also required of the doctor in accordance with the investiture granted, behavior that was always framed in the

historical-moral context that the various cultures went through, up to the present time, and that has not varied too much. Indeed, the socio-political problems faced by the world's population are not too different from those suffered by the ancient Greek world, in relation, for example, to class differences and culturally deprived segments of the population. For this reason, what is expected of the doctor's performance today is not very different from what was expected of those who also committed themselves to the Hippocratic Oath 25 centuries ago. (4)

Medical ethics is what has governed daily professional actions, in all its facets, and professional decisions are undoubtedly based on an ethical conception from tradition. The emergence of bioethics responds, perhaps, to a demand from civil society to participate in the debates that are considered necessary to contribute to better care of the Biosphere, and that, given the magnificent evolution of technology, reach some situations of a biological-medical nature. However, it is worth wondering if the nascent bioethics, in its area called medical bioethics or clinical bioethics, is a new foundation for the actions of the current doctor, or if this claim is the fruit of a notable misunderstanding.

3.-Vocation, aptitude and ethics in the medical profession

The once irrefutable importance of the medical profession has been undeniably declining. (5) This is due to a series of changes that have been taking place in recent times at a speed, otherwise, never seen before. These transformations basically consist of population growth, demographic changes, technological advances, the development of communications and the massive access to them, which in short has generated vertiginous social and political changes at a global level.

In this context, the image of the doctor has radically changed in the last 70 years, despite which today the enthusiasm and the manifest intention of entering the School of Medicine persist among young people in order to practice the profession. What are the motivations of the new generations to undertake this hazardous adventure?

The instinctive and motivating force that is present when choosing any profession, particularly medicine, could be explained by the emergence of what we know as a vocation. The term 'vocation' etymologically derives from the Greek χλήσις and the Latin vocatio, from vocatum, whose meaning is 'to call'. Perales et al., (6) define vocation as a feeling that is expressed as a desire to dedicate oneself to an occupation, trade or profession. It would then be an inner call of the person in the direction of a certain activity.

Vocation, then, is understood as that personal condition that moves an individual to choose a profession based on a series of characteristics and inclinations and, therefore, who chooses what he considers his own and not something else, what It will be advantageous inasmuch as

it supposes a better disposition and better results in the execution of their work.

Different from vocation is aptitude, defined in the Dictionary of the Royal Spanish Academy of the Language (RAE) (7) as derived from lat. *aptitūdo, which means: ability to competently operate in a certain activity or quality that makes an object fit, suitable or accommodated for a certain purpose.*

That vocation is not always accompanied by aptitude, in the long run generates a problem that complicates the choice or performance of a certain activity, profession or trade. This is a matter on which a lot of thought has been given in medicine, without achieving results shared by all, but it is undoubtedly also an ethical dimension that is not always clarified.

Other frequent questions are whether the vocation is learned, acquired or born with it, but here there is no consensus or a single answer either. Apparently, the vocation emerges from a process that involves the biography of each person. Herbert Ginsburg (8), based on experiences of psychoanalysis of medical students, postulates that each individual, in order to achieve vocational identity, goes through three phases that go from that of childhood fantasy, in which the motivation to dedicate themselves to some activity or work It is obtained from the admiration of those close to the child, passing through the school stage (school phase), in which the personal values that will define their personal fulfillment project are known and incorporated together with their work and professional intention Finally, the realistic phase, during adolescence, in which the real and tangible options for the future work are reviewed.

When the Medicine career is chosen as a real option, the reasons expressed by students for taking this option can be grouped into humanitarian reasons, which are expressed through the desire to care for and heal people and thus help their community; reasons related to science, research, biology and scientific growth, and, finally, reasons of an economic nature, social positioning, search for prestige and obtaining material and monetary goods. (9)

Mayta-Tristan (10) classifies the motivations for studying medicine as intrinsic, social / altruistic, grouping humanitarian and scientific reasons. The economic reasons would be in the group of extrinsic motivations. The intrinsic motivations would be those that generate pleasure and satisfaction to those who carry them out, therefore, the incentive is the activity itself, the learning and the knowledge obtained. On the other hand, extrinsic motivations are due to a series of reasons that are not included in the activity itself, but rather that the profession is the means to obtain "an end and not the end in itself" (11)

It is also known that those intrinsic motivations, which arise in the majority of medical students, are somehow modified throughout the training process, and that in the end some will opt for activities that guarantee the obtaining of prestige, position social and economic, and personal security. (12)

Finally, there is no doubt that this whole issue, usually overlooked, has an ethical

dimension that we have not wanted to fail to mention, although we have only highlighted its most salient points.

4. - The sense of profession assumes ethics

Having said that what has been discussed above, it is clear that the presence of a manifest vocation is not enough to guarantee that, once the academic obligations are fulfilled, a good professional is obtained as a result. There are obviously other factors that contribute to this condition, apart from those of an ethical nature.

What is the profession? And how do you do the professional? Profession, comes from the Latin word "*professio-onis*", which means action or effect of professing or exercising a knowledge or skill, in addition to believing or confessing (13). Whoever assumes a profession, apart from their professional knowledge, makes a public statement, which also has the force of a promise before society, in which the principles on which the way of being and acting of that individual are expressed as He belongs to a professional group, so that when that promise is violated, he may be held liable, or receive a sanction from both his peers and society as a whole. (14) In general, profession can be defined as an activity that is carried out on the basis of a wealth of monopolized and specific knowledge, which allows the person who performs it a great freedom of action and which also has inherent social relevance.

5. - The role of medical ethics in the medical profession

The professional character, as already mentioned, was achieved once the "promise" was made before peers or equals and before society as a whole, with which the professional committed to act based on their knowledge and skills for the benefit of people, with honesty, diligence and total adherence to the moral codes professed by the medical body since ancient Greece, which, as said, is very well summarized in the Hippocratic Oath, although without forgetting the rest of the medical traditions with their respective ethical proclamations, such as *Caraka Samhita's* "Oath of Initiation", 1st century India; or "The five commandments and the ten demands" by *Chen Shih-Kung*, from the beginning of the 17th century in China; or the "Advice of a doctor", of the X century d. of C., of the Arabs, or "The oath of *Asaph"*, of Century III-IV a. of C., in Israel. (15)

All these statements constitute the ethical tradition of the doctor acquired through history and in different cultures. In it, a series of values, principles, duties and obligations are expressed that in many aspects continue to be part of their actions, in addition to being demanded by society as a whole.

One of the main ethical duties, and fully in force, that can be found in this long tradition, is the fiduciary, that is, the obligation to maintain the interests of the patient above those of the doctor.

6. - The fiduciary duty currently

According to the Canadian Medical Association (16), the fiduciary duty of the physician is defined as the obligation of the physician to act in the best faith for the benefit of another person. The American Medical Association, (17) recognizes that "medical care must be carried out in the context of a fiduciary relationship, which means that the patient will have the trust and legal certainty that the doctor will ensure, above all, for their interests ", considering for this to have the informed and voluntary consent of the patient. Any violation of this principle is the basis for a legal claim.

The World Medical Association (WMA), (18) for its part, defines another series of obligations, which could be grouped into the following:

1.- Personal obligations such as professional competence and honesty, in which the doctor must maintain an updated knowledge of scientific knowledge through a continuous learning process. You must be honest in terms of recognizing capabilities and limitations and provide complete, truthful and sufficient information to the patient so that they can participate in their care and healing process freely according to their interests and values.

2.- Obligations with the medical act, the patient and his family, such as maintaining confidentiality and adequate relationships with the patients. The information provided by the patient must be kept secret, which requires the reservation and custody not only of the doctor, but of the entire health system that attends them, without exposing it in a way that may violate their rights. The doctor should not take advantage of the condition of vulnerability and dependence of the patient or his family, maintaining a relationship in accordance with his investiture and tradition.

3.- Obligations that recognize the health work team, to maintain the quality of care with a collaborative work that reduces the possibility of errors in health care, improving patient safety and contributing to the optimization of the use of care system resources. The doctor must also contribute to the development of new and efficient actions aimed at improving the quality of care, making it safer.

4.- Obligations with the health system such as guaranteeing access to health care, ensuring distributive justice and the constant improvement of access to health care in an equitable manner and avoiding racial, educational, social and cultural discrimination and managing resources efficiently in order to achieve maximum health actions.

5.- Obligations with society such as maintaining and generating scientific knowledge and properly handling conflicts of interest. The doctor must contribute to the search and development of scientific knowledge by providing quality and updated information, and use this knowledge for the benefit of the community. In his role as researcher, he has obligations to the quality of the research, he must be prudent in choosing the people recruited in any study, ensuring permanent respect for their rights and integrity. (19) It is also required to be

rigorous in the compilation of the results and truthfulness in their publication.

In the same way, the doctor must be able to visualize and manage possible conflicts of interest, (20) always having the patient as the main motive that mobilizes their actions, avoiding any interest that interferes with their professional judgment and that alienates them to fulfill its main obligation, which is the maximum benefit of the patient, thus always providing the best care that each patient deserves. The doctor owes complete loyalty to the patient, in terms of his knowledge and within the limits conferred by his professional freedom. Today more than ever because as a consequence of the evolution of health systems, the doctor also has obligations with the so-called third-party payers, that is, private institutions and health insurance. You must be cautious about your relationship with other market players such as the pharmaceutical industry, declaring and acknowledging the scope of the alleged association, and the conflicts of interest that arise from those relationships.

The WMA considers that medical professionalism, defined by the World Federation for Medical Education, as "The knowledge, skills, attitudes and behaviors expected by patients and the society of doctors during their professional practice", includes and requires obligations that they cover practically all facets of the personal, work and social work of the doctor. Therefore, they are not limited to the doctor-patient relationship as it seems, they also include communities, society as a whole, and exposes the union to face new challenges and respond to new dilemmas associated with the vertiginous emergence of new ones. diseases and the emergence of new technologies. The benefits will be obtained to the extent that knowledge is applied wisely and decisions are supported by an adequate process of reflection.

As a social and political entity, the doctor must participate in the debates and decisions that arise within democracies, and must contribute, from reason and science, to building a civic morality free of prejudices and dogmas to contribute in this way, to give access to fair and equal care to all health services required by each and every one of the members of these new models of multicultural societies. (21).

7. - The birth of bioethics and its original sense as a global ethics

The term "bioethics" was not born with Potter, it had already been used since the first decades of the 20th century in publications by the German philosopher and educator Fritz Jahr, (22) where he emphasizes the relationship of science with animals and plants. In 1927, in the first place, Jahr raised the “bio-ethical imperative”, similar to the Kantian imperative, where he considered animals as beings with ends in themselves. (23) In 1934, in a second publication (Three Studies on the Fifth Commandment), although oriented in the same direction (24), he postulates that the treatment of animals when they are used as research subjects should not be underestimated.

In 1962, Van Rensselaer Potter (25), an oncologist, was invited, as a former graduate, to give a conference at the South

Dakota State University on the occasion of the centenary of its founding. The topic developed was not regarding his specialty, but rather he chose to reflect on how the scientific-technological achievements achieved by the human being did not consider the costs and consequences on the environment and the rest of the living beings on the planet, suggesting the need to establish a bridge between science and Ethics. Later, in 1970, he used the term Bioethics in an article entitled "Bioethics the Science of Survival", where he proposed that bioethics must be a discipline that accounts for what he defined as the "crisis of today", a crisis of character global commitment to humanity and the environment. Its main objective was "to guarantee the survival of man and the environment on which he depends."

Potter's proposal was always aimed at reviewing the behavior of the human being as an actor of scientific-technological development, with the premise that it was necessary to review whether these achievements of knowledge were consistent with caring for the environment and guaranteed the survival of the population humanity. (26)

8. - ¿Is the extension of global bioethics to the field of medicine justify? Medical or clinical bioethics.

A second approach to “bioethics” arises from the hand of Hellegers (26) at Georgetown University, in Washington DC, but limited to the resolution of ethical situations in the field of medicine, by virtue of which it was “included to professionals of the ethics in problems of the biology”.

It is evident that this second approach has acquired an unexpected and surprising relevance, considering that, as has been proposed in the previous paragraphs, medical ethics can solve, if not all, most of the dilemmas that we as medical professionals face. We see each other in daily practice. It is even possible to ask the question whether the transposition of global bioethics, whose scope was well defined by Van Rensselaer Potter and others, into the field of medicine, does not actually constitute, as some authors postulate, a factor of confusion and impoverishment of traditional medical ethics (27). Recently, abounding in the problems generated by bioethics, the Clinical Ethics Committee of the Barros Luco Hospital (a metropolitan hospital in Santiago de Chile), in the course of 2020, issued a statement raising the severe Ethical problems caused by the application of bioethical reasoning in the delicate decision of what we call "adequacy of therapeutic effort" (limitation of therapeutic effort). (28)

Consequently, for the eventual return to the teaching of medical ethics, a return to the traditional teaching of medicine is required, to personalized theoretical-practical tutoring and in the sickbed, that is, genuinely clinical, far away. Hence, from the rumination of inconclusive and misplaced philosophical texts that bioethics supposes.

9. - Final Comments

In order to practice the medical profession, scientific knowledge and the development of the skills required according to the specific specialization are necessary, but the values of the profession that guide the actions of the doctor in their relationship with patients must also be recognized and incorporated patients with society and with public and political institutions in general. (29) But, how should those values of the profession that guide the doctor's performance be incorporated? Education, today, has been devoid of the living and living figure of the "teacher" of medicine, who are not geniuses or excellent scholars, but live in their time and place and try to solve the problems that it poses to them. their real existence, and whose living responses really guide their students to face their own real existence, that is, they are real "teachers", they do not live locked in theoretical worlds, arguing with infinite philosophical texts, which perhaps contain a knowledge valid for any conceivable situation, but which are unspecific for the problems encountered by the living physician in the course of his / her real existence.

The teaching of medicine has become more technical, which is why it is in the process of losing that figure of the "teacher", and with him / her the transfer of professional wisdom through experiences and anecdotes of the "experience", which cannot be technified or substituted with technification. In this same sense, immediate specialization, which is the aspiration of many, has put aside the necessary incorporation of what has been learned in the Schools of Medicine, and with it of the practice of general medicine, truncating the process "of being doctor ", to become only a specialist. (30)

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