

Medical responsibility*

Miguel Carneiro de Moura**

Abstract

The author highlights the changes introduced in Clinical Medicine by the advent of modern technology and a better informed and more demanding patient population. A new physician-patient relationship has emerged in which the physician is no longer the central player. Reflection is clearly needed on the new bioethical and humanistic values in this relationship. According to the Author, the physician should recover the role as an advisor. In the future

as it is easily predictable, besides the physician's responsibility towards the patient, he will also be more responsible for the cost-benefit ratio of medical care in society. It is therefore mandatory to nurture the physician-patient relationship the essence of art of medicine.

Key words: medical responsibility, advanced technology, health economics.

I would like to take this opportunity to underline how the medical practice has changed in the last 20 years. Such changes if reflected on the way of facing medical responsibility do not change its basic principles, in my view, but surely make much more complex our work as doctors representing a huge challenge for the new generation.

For many centuries doctors had a limited number of really effective treatments available to them. The main target of a physician's activity was to make a diagnosis. All the necessary information to get there was collected directly in the person of the patient - it relied upon a rigorous clinical history and a detailed and objective examination. The art of semiology was the brand of many doctors and internists at the beginning of the century. It was necessary to wait for the 70s and 80s so that laboratorial information and other details given by image methods would start to dominate the data of clinical examination. This very same period has coincided with extended distribution of medical information near the patients bringing about the delusion that in a certain way patients could control their doctor's decision. Both factors have modified the traditional relation between the physician and patient. The absolute trust that a patient

had in his doctor, has disappeared subsequent to the multiple visits to specialties.

The specific position, in some aspects special, doctors have in society derides greatly on the humane approach as they use their knowledge while assisting their patients. For centuries such kindness was the main source of efficacy in their intervention.

Funck Brentano analyses in a very interesting way all such process that he calls "medical disorder".¹

"Machinery has jammed between Men and Medicine and it is a kind of disorder what the acceleration of scientific progress brought to the inside of the medical world".

Trusting Medicine and doctors, patients have refused to accept the degree of uncertainty determining medical decisions even they are surrounded by the most advanced technology and often the most sophisticated equipment. They do not understand very well that the doctor has a certain difficulty or is even unable to predict how a disease will evolve. The confusion between a disease effect and those of drugs, nowadays very powerful, but also with very important side-effects contributes to confuse the patient and also to formulate all those problems emerging from negligence or medical error. Patients forget that under this new context, their personal responsibility on the treatment success or failure is of considerable importance. The general physicians have lost their brand of esteem because they have less and less time to talk to their patients. Hospital doctors are pushed to the problems of management and to pursue ever more the economic aspects of the medical procedures they carry out. Consultants risk to be transformed in a kind of high grade technicians. Nurses must take

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**Lecturer in the Medical School, Director of Santa Maria Hospital, Lisbon

more time to master technology stealing it from the care and attention due to patients and their relatives.

Administrative staff watches with a certain fear the medicalisation of management endpoints. The hospital atmosphere has changed, there is suspicion among different professional groups making difficult to outline a purpose strategy. Such deep changes in different health professional behavior and the growing interference on their respective roles are not yet truly recognized. Each one keeps loyal to the image they have about themselves and the role they were assigned to. Such classic attitude does not allow facing the complexity and uncertainty dominating contemporary medical practice.

Patients do not surrender any longer with a passive and trusting attitude in the hands of their doctors: they have doubts and wish to control the justification of their prescriptions to the point of demanding from doctors an unreasonable obligation regarding the success of the therapeutic results.

David Rotherman in the book with a chilling title, *Strangers at the Bedside*, writes 'the doctor became a stranger and the hospital a strange place. As the social distance between the physician and the doctor and between the hospital and the community has increased the sense of trust was destroyed'.²

Medicine is no longer a practice where the doctor was the main performer, the consultation office the main setting and the diagnosis and treatment the main script, to become an environment shared almost equally among doctors along with many other health professionals and patients with new powers. For doctors to adapt to this new way of being and practicing medicine, it is necessary to go back to a deeper reflection on Bioethics and Humane values.

Everybody expects the doctors to treat all diseases, to extend the youth period delaying the moment of death. Such imaginary is inscribed in the history of medicine since the time of Hypocrites. Nowadays, the excessive use of the whole powerful technology distorts medical practice. The slow commercialization of this activity is evolving practically uncontrolled. More seriously, without any warranty of the quality of the healthcare delivered.

The consequences of this new situation are as nasty to the patient as to the doctor. It is time to recognizing again the sensitivity, the part regarding the Medical practice, knowing that this will take new forms, better adapted to suit different behaviors than technological

explosion, the reigning economist approach in healthcare systems and the enormous wealth of medical information and the means of diffusion induced forcibly on physicians and patients.

The doctor will surely keep on being the main prescriber but he must persuade patients about the reasons for such prescriptions whilst informing them about the best ways of getting it. He will exert evermore near the patient the role of an advisor and friend requiring from his part a new attitude of his human and social role.

With the great explosion of medical knowledge, a growing technology modernization and the future of communication networks, the role of doctors as mere diagnose and prescription providers or even sophisticated procedures is coming to an end. Such activities will ever more be taken by technicians (and even *robots*?), with doctors again be sought after by patients for advice and support their wisdom can provide.

We are not denying the meaning and the immeasurable advances of modern Medicine and Biology (impact of vaccination programs, organ transplants, image techniques and molecular biology), but we are saying that doctors must understand that there is another aspect of Medicine, different from Medical Science which is essential to find a balance in a physician patient relationship of the modern world.

And what about the future? There is, at present a considerable concern regarding the need to preserve medical responsibility referring to patients, individually but some considerations are emerging about individual rights in a society like ours going through such a deep change. Such responsibilities (and will it be medical responsibility?) are no longer only a matter of benefit for patients, but also the benefit for society. Limited resources, specially financial ones so evident in most Western countries, the progressive development of health structures where the doctor is a piece of machinery, drive physicians attention to their responsibilities towards other forces (political, economical) not only to the individual patient.

Contemporary physicians are too busy with the hospital bureaucracy, answering managers, being bombarded with questions as cost/benefit (is he allowed treating a patient with Beta-interferon? Is he allowed to place an intracavitary defibrillator? etc.), that he has no longer the time to answer in detail to his patients questions and to spare an extra minute

in explanations, advice and trust that patients like. Today many doctors work with their minds full of conflicts and are not 100% dedicated to the problems the patient in front of him has. Patients realize the situation, construing it as lack of interest question themselves: “Is this doctor actually a friend and my ally?”

Fred Abrams writes, in an article published in the JAMA journal, called *Patient Advocate or Secret Agent?*³ “IF THE physician fails to maintain the primacy of patient advocacy, he has failed his profession and his patient. The “negative” incentives to save money for prospective payment systems, a health maintenance organization, or a governmental socialized medical system are as bad as the “positive” incentives of a fee-for-service system to overtest or overtreat for physician aggrandizement. Physicians must practice on behalf of their patients. They cannot divide their loyalty” I think this is an important basis to define the medical responsibility in the 21st-century.

It is difficult to foresee what our healthcare system will be on the year 2000 or the conditions of medical practice. What seems clear to me however is that physicians will have fewer opportunities of helping and changing the future if they not give the primacy to the patient preserving their public credibility.

...”The reputation of Medicine while a trustworthy profession is in jeopardy as well as the basic values of such profession. If physicians choose to act on behalf of their own interest or if they place themselves in situations deemed as personal interest, they risk affecting their most precious possession - the patient trust and respect and the esteem of the general public”.⁴

I must confess a certain degree of impatience and even grief when I listen to my colleagues showing such a great deal of pessimism declaring “things are not as they were and Medical practice has become impossible”. At present very few things in our lives *are what they used to be* being adaptation to change a necessary component of modern existence. However we must remember there is a constant in Medicine throughout the centuries: there will always be people in need of a competent and dedicated physician.

Although the forms of practicing medicine have changed a lot, under strong social and political pressures, the fundamental relationship between the doctor and the patient will keep on being the essential milestone in the art of treating and the foundation of for responsibility. ■

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