

ORIGINAL

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ETHICAL IMPERATIVES AND THE NEW PHYSICIAN:

I. THE CHALLENGE OF MEDICAL PRACTICE

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BETHESDA, MARYLAND

MAY 12, 1988

(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

I WANT TO THANK THE MEMBERS OF THE CLASS OF 1988 FOR EXTENDING TO ME THE HONOR OF BEING THEIR SPEAKER AT THESE COMMENCEMENT EXERCISES.

FOR MORE THAN 40 YEARS, WHEN I WAS ON THE FACULTY OF THE UNIVERSITY OF PENNSYLVANIA, I HOPED THAT MY COLLEAGUES HAD A GOOD OPINION OF ME. BUT OVER TIME, MY GREATER CONCERN BY FAR WAS THAT THE STUDENT BODY HAD A GOOD OPINION OF ME.

YOUNG PEOPLE ARE TOUGH-MINDED. FORTUNATELY, YOU DON'T YET SEE THE WORLD AS WE OLDER MEMBERS FREQUENTLY SEE IT: AS ONE GREAT ZONE OF GRAY, LAVISHLY FURNISHED WITH IDEAS THAT ARE NOT ONLY "ON THE ONE HAND" BUT ARE ALSO "ON THE OTHER HAND," TOO.

THE VISION OF YOUTH TENDS TO BE MORE CANDID AND MORE CLEARCUT. YOUR WORLD SEEMS TO BE DIVIDED INTO CLEARLY MARKED AREAS OF LIGHT AND SHADOW THROUGH WHICH WE ALL MUST TRAVEL.

SO NATURALLY I WAS VERY PLEASED TO LEARN THAT, IN YOUR VALUED OPINION, I SOMEHOW MANAGED TO TURN UP IN THAT HALF OF THE WORLD THAT IS FULL OF LIGHT.

HOW LONG WILL I BE ALLOWED TO REMAIN THERE? WHO CAN TELL?  
THIS COULD BE A TEMPORARY HONOR, YET I VALUE IT ALL THE SAME.

IN ANY CASE, AND AT LEAST FOR NOW, I ENJOY YOUR GOOD  
OPINION. AND, AS A REWARD, YOU'VE GIVEN ME ACCESS -- THIS  
MORNING, ANYWAY -- TO YOUR EARS ... AND YOUR MINDS ... AND YOUR  
HEARTS.

AND TO YOU, THE FAMILIES AND FRIENDS OF THE GRADUATES, I  
INVITE YOU ALL TO LISTEN IN ON THE CONVERSATION I'M ABOUT TO HAVE  
WITH THE CLASS OF 1988.

I KNOW YOU'RE VERY PROUD OF TODAY'S GRADUATES -- AS WELL YOU SHOULD BE -- AND I'M SURE YOU'LL FEEL THIS WAY FOR MANY YEARS TO COME.

SO I ASK YOU TO EAVESDROP ON WHAT I HAVE TO SAY BECAUSE, IN A WAY, IT MAY HELP EXPLAIN TO YOU -- TODAY AND IN THE DAYS AHEAD -- JUST WHY YOUR YOUNG PHYSICIAN IS SO SPECIAL.

THIS IS AN EXTREMELY VALUABLE OPPORTUNITY FOR ME AND I DON'T WANT TO WASTE IT. THEREFORE, I AM USING THIS OCCASION TO GIVE THE FIRST OF A CYCLE OF SIX MEDICAL SCHOOL COMMENCEMENT ADDRESSES, ALL OF WHICH ARE CONCERNED IN SOME WAY WITH THE "ETHICAL IMPERATIVES" OF MEDICAL PRACTICE.

THIS CYCLE OF ADDRESSES WILL CONCLUDE IN ONE MONTH AT THE COMMENCEMENT EXERCISES OF THE UNIVERSITY OF HEALTH SCIENCES - CHICAGO MEDICAL SCHOOL.

LATER IN THE SUMMER I HOPE TO SEND EACH OF YOU AND MEMBERS OF THE FACULTY THE FINAL PUBLISHED COLLECTION OF ALL SIX ADDRESSES. EXCEPT FOR AN ADDED FOOTNOTE HERE AND THERE, THEY WILL BE EXACTLY AS DELIVERED.

I WANT TO DO THIS BECAUSE, FOR ONE THING, THE TERM "ETHICS" IS NOW THE BUZZ-WORD THROUGHOUT OUR SOCIETY. IT'S IN FASHION NOT ONLY AMONG PHYSICIANS BUT ALSO AMONG LAWYERS AND EDUCATORS AND BUSINESS PEOPLE AS WELL.

UNFORTUNATELY, BUZZ-WORDS GO OUT OF FASHION, TOO. THERE-  
FORE, I WANT TO TALK ABOUT IT DURING THIS COMMENCEMENT SEASON IN  
THE HOPE THAT I MIGHT CONVINCING YOU TO KEEP ETHICS "IN FASHION"  
THROUGHOUT YOUR MEDICAL CAREERS.

BUT WHY SHOULD ETHICS BE ON EVERYONE'S MIND THESE DAYS?

AS MANY REASONS HAVE BEEN ADVANCED AS THERE ARE THEORISTS.  
BUT I LEAN TOWARD A THEORY THAT HAS AN ADDITIONAL MESSAGE FOR THE  
PHYSICIAN.

THIS THEORY SAYS THAT ETHICS HAS SUDDENLY TAKEN ON GREAT IMPORTANCE BECAUSE WE -- AS A PEOPLE -- ARE WAKING UP TO THE FACT THAT OUR EXTRAORDINARY NEW TECHNOLOGIES HELP US GET THINGS DONE ... BUT TECHNOLOGY DOESN'T HELP US DECIDE WHETHER THOSE THINGS SHOULD BE DONE IN THE FIRST PLACE OR EVEN THE BEST WAY TO DO THEM.

IN OTHER WORDS, DESPITE ALL THE NEW ELECTRONICS AND ALL THE OPTICS ... THE COMPUTER PROGRAMS AND THE WONDER DRUGS ... THE BASIC DECISION TO ACT -- OR NOT TO ACT -- IS STILL OURS ... AND IT'S A DECISION GUIDED MORE BY ONE'S OWN PERSONAL SYSTEM OF ETHICS AND LESS BY TECHNICAL KNOWLEDGE AND EXPERTISE.

I KNOW OF NO MEDICAL FACULTY TODAY THAT DOES NOT HAVE AT LEAST A PART-TIME ETHICIST TO TEACH STUDENTS AND ADVISE COLLEAGUES. OF COURSE, IT WASN'T ALWAYS THIS WAY. IN MY OWN EXPERIENCE AS A MEDICAL STUDENT, A HALF CENTURY AGO, I HAD NO COURSE IN ETHICS. NONE WAS GIVEN.

BUT I HAD NO TROUBLE RECOGNIZING THE FACT THAT ALL MY TEACHERS HAD THEIR OWN PERSONAL SYSTEMS OF ETHICS THAT IMPELLED THEM TO DO WHAT THEY THOUGHT WAS "RIGHT."

GRANTED, IT WAS A VERY SUBJECTIVE AND INTUITIVE APPROACH TO ETHICS. AND, IN CERTAIN RESPECTS, RATHER INEFFICIENT, ALSO.

FOR EXAMPLE, I HAD COMPLETED MY INTERNSHIP, MY RESIDENCY IN GENERAL SURGERY, AND MY FELLOWSHIP IN PEDIATRIC SURGERY BEFORE I SERIOUSLY RAISED THE QUESTION FOR MYSELF, "JUST WHY DID I PICK A LIFE OF MEDICINE?"

AND MY ANSWER TO THAT QUESTION MORE OR LESS DEFINED MY PROFESSIONAL CAREER FROM THEN ON.

I CONCLUDED THAT I CHOSE MEDICINE BECAUSE I WANTED TO SAVE LIVES ... AND I ALSO WANTED TO ALLEVIATE SUFFERING.

BUT ALMOST FROM THE BEGINNING, I RECOGNIZED THAT THESE TWO OBJECTIVES WERE OFTEN IN TENSION ... THAT I COULD NOT ALWAYS ACHIEVE BOTH OBJECTIVES AT THE SAME TIME -- FOR THE SAME PATIENT.

AND I ALSO KNEW THAT, FROM TIME TO TIME, I MIGHT HAVE TO CHOOSE ONE OF THESE OBJECTIVES AS MORE APPROPRIATE FOR A GIVEN PATIENT WITH A GIVEN CONDITION.

I SHOULD WARN YOU THAT BEING AWARE OF MY OWN ETHICAL SYSTEM OF PROFESSIONAL BEHAVIOR DID NOT NECESSARILY MAKE LIFE ANY EASIER FOR ME.

BUT IT DID CLARIFY A GREAT MANY THINGS AND AT LEAST MADE IT POSSIBLE FOR ME TO ACT ... AND TO DO SO WITH REASONABLE CONSISTENCY.

MY EXPERIENCE AND THE SIMILAR EXPERIENCES OF TEACHERS AND COLLEAGUES OF MY GENERATION WERE A FAR CRY FROM THE CONSENSUS-SEEKING APPROACH TO MEDICAL ETHICS THAT OUR PROFESSION SEEMS COMMITTED TO TODAY.

I SUPPOSE IN A VOCATION AS COMPLEX AS CONTEMPORARY MEDICINE, IN WHICH A VERY HIGH PREMIUM IS PAID TO ACCOUNTABILITY, IT IS ONLY NATURAL THAT THE MEDICAL PROFESSION ITSELF ARRIVE AT ITS OWN ETHICAL SYSTEM OUT OF A BROAD, CONSENSUS-BUILDING PROCESS.

I KNOW THAT'S THE CASE AND I RESPECT THE MEN AND WOMEN ENGAGED IN THAT PROCESS ON MY BEHALF. YET, I MUST CONFESS TO YOU THAT I HAVE A BIAS THAT FAVORS THE OLDER AND MORE PERSONAL SYSTEM.

HOWEVER FAULTY IT MAY SOMETIMES BE, AT LEAST IT IS AN ETHICAL SYSTEM THAT REFLECTS ONE'S OWN IDEAS ABOUT LIFE, THE HUMAN BODY AND MIND, HUMAN RELATIONSHIPS, SUFFERING, AND DEATH -- IDEAS THAT EMERGE OUT OF A MIX OF INFLUENCES FROM FAMILY, FROM TEACHERS AND OTHER ROLE MODELS, FROM SCHOOL, COMMUNITY, RELIGION OR LACK OF IT, AND FROM ONE'S OWN PERSONALITY.

SIMPLY STATED, I BELIEVE YOU PRACTICE MEDICINE THE SAME WAY YOU PRACTICE LIFE. IF YOU ARE INHERENTLY A SENSITIVE, COMPASSIONATE, AND COMMUNICATIVE PERSON, YOU WILL BE A SENSITIVE, COMPASSIONATE, AND COMMUNICATIVE DOCTOR. AND CERTAINLY THE CONVERSE IS ALSO TRUE.

IF THAT'S THE CASE -- IF ETHICS IS REALLY THAT INTUITIVE -- WHY DO WE NEED THE FORMALITY OF ETHICS STUDIES AND ETHICS DISCUSSIONS?

FOR ME, THE ANSWER IS THAT AN UNDERSTANDING OF ETHICS ALLOWS YOU TO STRENGTHEN YOUR OWN PRINCIPLES AND IMPULSES THROUGH ACTUAL DAILY PRACTICE ... PUTTING ETHICS TO WORK, AS IT WERE.

IT ALSO ENABLES YOU AND YOUR PATIENTS AND YOUR COLLEAGUES TO EVALUATE YOUR PERFORMANCE -- FUTURE AS WELL AS PAST -- ON SOME BASIS OTHER THAN WHIM OR PREJUDICE.

CONSENSUS ETHICS HAS MUCH TO RECOMMEND IT IN A DEMOCRATIC SOCIETY, OF COURSE. AND IT CERTAINLY HAS A PLACE IN A PROFESSION WITH NEARLY A HALF-MILLION PRACTICING MEMBERS.

BUT I MUST ALSO WONDER: CAN AN ACT EVER BE "ETHICAL," IF A MAJORITY OF PEOPLE OPPOSE IT? SIMILARLY, IS AN ACTION ALWAYS "ETHICAL," IF A MAJORITY OF THE PEOPLE SUPPORT IT?

HOWEVER RATIONAL AND COGENT AND COMPASSIONATE AND RELEVANT A CONSENSUS ON ETHICS MAY BE, AND HOWEVER LOYALLY AND FERVENTLY YOU SUBSCRIBE TO IT, REST ASSURED THAT THE MOST IMPORTANT MEDICAL DECISIONS YOU WILL MAKE DURING YOUR ENTIRE CAREER WILL BE DECISIONS THAT SPRING FROM YOUR OWN PERSONAL VISION OF THE ETHICS OF MODERN MEDICAL PRACTICE ... AGAIN, A VISION BASED ON THOSE INFLUENCES OF FAMILY, ROLE MODELS, SCHOOL, COMMUNITY, AND SO ON.

THERE IS YET ANOTHER ASPECT THAT IS EVEN MORE DIFFICULT TO ASSESS: AND THAT IS, YOUR RELATIONSHIP AND RAPPORT WITH YOUR PATIENT, YOUR SUBCONSCIOUS ESTIMATE OF THAT PERSON, AND THE LEVEL OF TRUST YOU INVEST IN EACH OTHER.

FOR EXAMPLE, THE COMPUTER PROGRAM HAS NOT YET BEEN WRITTEN -- AND I BELIEVE WILL NEVER BE WRITTEN -- THAT CAN MAKE ... FOR YOU ... THE LIFE-OR-DEATH DECISION TO START A COURSE OF THERAPY THAT HAS ONLY AN OUTSIDE CHANCE OF SUCCESS ... OR TO STOP A COURSE OF THERAPY THAT APPEARS TO BE USELESS.

YOU MAY RECALL THAT WAS THE HEART OF THE PROBLEM FACING THE EMERGENCY ROOM PHYSICIAN WHO FIRST SAW KAREN ANN QUINLAN.

THAT PHYSICIAN COULD HAVE SAID, "I'VE SEEN ENOUGH OF THESE CASES INVOLVING DRUGS AND ALCOHOL. I KNOW WE'LL NEVER WIN THIS ONE. THEREFORE, TO SAVE EVERYONE A LOT OF UNNECESSARY GRIEF, I WILL NOT PUT THIS YOUNG WOMAN ON A VENTILATOR."

IF THE PHYSICIAN HAD SAID THAT, I DOUBT THAT THERE WOULD HAVE BEEN MUCH CRITICISM, WHETHER OR NOT KAREN QUINLAN CONTINUED TO LIVE. OF COURSE, THAT'S 20-20 HINDSIGHT AND I MAY BE MIS-READING THE SITUATION.

BUT MISS QUINLAN HAD ALREADY GONE INTO AN IRREVERSIBLE COMA AND SO I THINK THAT A DECISION TO TAKE NO FURTHER ACTION WOULD HAVE BEEN ACCEPTED BY ALL CONCERNED.

HOWEVER, THE DECISION TO GO AHEAD AND PUT MISS QUINLAN ON A VENTILATOR WAS ITSELF -- AT LEAST, IN THAT ERA -- AS IRREVERSIBLE AS HER CONDITION. IT TOOK AN EXTRAORDINARY AMOUNT OF DEBATE, COURT ACTION, AND PUBLIC APPEALS BY HER PARENTS TO LEGALLY DETACH THE VENTILATOR.

THE MOST EXPERT OPINIONS IN THE COUNTRY TESTIFIED THAT REMOVAL OF THE LIFE-SUPPORT SYSTEM WOULD ALMOST IMMEDIATELY LEAD TO HER DEATH.

BUT KAREN QUINLAN DID NOT CONVENIENTLY DIE. INSTEAD, SHE CONTINUED LIVING FOR SEVERAL MORE YEARS.

THE SAME TECHNOLOGY AWAITS THE NEXT UNFORTUNATE KAREN QUINLAN. AND A PHYSICIAN -- POSSIBLY ONE OF YOU -- TOGETHER WITH THE PARENTS OR SPOUSE OF THAT PATIENT WILL HAVE TO DECIDE WHAT TO DO NEXT.

AT THAT TIME I'M SURE THE QUINLAN CASE WILL WEIGH HEAVILY ON YOUR MINDS. BUT NO TWO CASES ARE EVER EXACTLY ALIKE, AS YOU'VE LEARNED BY NOW.

HENCE, I PREDICT THAT, AS TIME GOES ON, YOU WILL RELY LESS UPON PRECEDENT AND TECHNOLOGY AND MUCH MORE UPON THE BUILDING-BLOCKS THAT HAVE FORMED YOUR ESSENTIAL CHARACTER -- THE INFLUENCES OF FAMILY AND COMMUNITY.

OUT OF SUCH RICHNESS IN YOUR OWN BIOGRAPHY YOU WILL FIND THE COURSE OF ACTION THAT WILL BE ETHICALLY JUST AND MORALLY CORRECT.

ARE YOU PREPARED TO DO THAT? AND IF SO ... WHAT WILL BE THE DIRECTION YOU WILL PURSUE AND HOW WOULD IT REFLECT THE WAY YOU RELATE TO YOUR PATIENTS IN GENERAL?

DO YOU, FOR EXAMPLE, SEE YOURSELF AS A KIND OF "PARENT FIGURE," KNOWING WHAT'S BEST FOR YOUR PATIENTS AND REQUIRING THEM TO FOLLOW YOUR DIRECTIONS? OR, AT A MINIMUM, DO YOU ASSUME THAT YOUR PATIENTS WILL SIMPLY DO WHAT YOU SAY WITHOUT ANY QUESTION OR ARGUMENT.

OR DO YOU SEE THEM MORE AS PARTNERS IN THE PROCESS OF DIAGNOSIS AND TREATMENT, PLAYING A ROLE THAT ALLOWS THEM TO MAKE CERTAIN DECISIONS ON THEIR OWN?

THESE QUESTIONS HAVE AN ACADEMIC RING TO THEM, I KNOW. THEY SOUND LIKE THE KIND OF THING YOU'LL BE LEAVING BEHIND, AS YOU WALK OUT OF THE KENNEDY CENTER THIS MORNING.

BUT QUESTIONS LIKE THESE WILL REMAIN WITH YOU THROUGHOUT YOUR PROFESSIONAL LIFE. AND -- WHETHER YOU DO SO CONSCIOUSLY OR NOT -- YOU WILL PROVIDE ANSWERS MERELY BY GOING ABOUT YOUR DAILY TASKS.

FOR THE OVERALL ETHICAL CONDUCT OF MEDICINE TODAY -- AS YOU AND I AND THE REST OF THE WORLD PERCEIVE IT -- IS AN AMALGAM OF THE DAY-TO-DAY CONDUCT OF A HALF-MILLION LICENSED AND PRACTICING AMERICAN PHYSICIANS.

IT IS, YOU MIGHT SAY, A "PERCEIVED CONSENSUS" RATHER THAN A "PREPARED CONSENSUS."

MANY OF YOU MAY NOT WISH TO HAVE THAT KIND OF INFLUENCE ON THE CONDUCT OF YOUR PROFESSION ... BUT IT'S NOT FOR YOU TO CHOOSE.

HENCE, I URGE YOU TO TAKE THIS ISSUE VERY SERIOUSLY, BECAUSE -- LIKE IT OR NOT -- THE WAY YOU DELIVER MEDICAL AND HEALTH CARE OVER YOUR LIFETIME WILL INFLUENCE THE ENTIRE PROFESSION'S APPROACH TO ETHICAL CONDUCT AND WILL SURELY AFFECT THE GENERAL PUBLIC'S PERCEPTION OF HOW WELL MEDICINE IS BEING PRACTICED.

YES, YOU MIGHT PREFER THAT THE ISSUE WOULD SIMPLY GO AWAY  
... THAT IT RETURN SAFELY WITHIN THE HALLS OF U.S.U.H.S. AND TO  
MEDICAL SCHOOLS GENERALLY. BUT I'M AFRAID MEDICAL ETHICS IS NOT  
PURELY AN ACADEMIC MATTER.

IN FACT, I BELIEVE THAT MEDICAL ETHICS IS ... AND WILL  
CONTINUE TO BE ... A CENTRAL CONCERN FOR ALL PHYSICIANS, WHETHER  
IN PRIVATE OR GROUP PRACTICE ... IN CIVILIAN OR MILITARY SERVICE  
... IN STOREFRONT CLINICS OR IN REGIONAL MEDICAL CENTERS.

THE ISSUE IS HERE .. AND, MY FRIENDS, IT IS OURS.

AND NOW, LET ME CONGRATULATE YOU ALL FOR COMPLETING YOUR STUDIES HERE AT THE HEBERT SCHOOL OF MEDICINE AND FOR CHOOSING TO WORK FOR LIFE ... AS YOUR LIFE'S WORK.

HONESTLY, I ENVY YOU TODAY. I ENVY YOUR ENTHUSIASM ... YOUR OPTIMISM ... YOUR VIGOR ... AND YOUR OPPORTUNITY. MAY GOD GRANT THAT YOU USE THEM ALL TO MAKE A WELCOME DIFFERENCE.

THANK YOU.

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