The Cradle of Knowledge: African Journal of Educational and Social Science Research
AJESSR - ISSN 2304-2885-p, 2617-7315-e
Volume 7, Issue No.3, 2019
P.O. Box 555 (00202) Nairobi. Kenya
editor@serek.or.ke

SOCIETY OF EDUCATIONAL RESEARCH AND EVALUATION IN KENYA

When Doctors are Helpless: Emergent Ethical Issues

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Abstract
The paper attempts to bring to light some of the ethical issues that emerge when a terminal illness is diagnosed. In most of the cases there is no "correct" stance. The medical professionals are under oath to save the patient. Ethically they should not let the non-professionals take over. However, they do compromise to respect the wishes of the interested parties. Limited resources do not permit unlimited spending on cases where chances of recovery are nil. In cases of private funding, medical ethics prohibit the medic from experimenting with the patient's life. This is a philosophic treatment of the issue to analyze the situations.
Key words: *terminal illness, funding, Hippocratic oath, death, morality.*

Introduction

There are situations when the medical doctors cannot heal a patient. There can be different reasons. It could be due to some incurable disease. That means the medical science has not found a cure. The disease might not be diagnosed. That means cause of the symptoms is not clear. May be, the doctors know the condition well but the pace of deterioration cannot be checked and reversed. This is also possible that the progress is too slow and the patient and family lose confidence in the treatment. In such situations, some peculiar ethical issues emerge. These pertain to the medical professionals, the patient, the patient's relatives and the society. This paper is a philosophic attempt to analyze the situation where medical doctors are helpless. There can be no "correct" or ideal solution or course of action.

Medical Professionals

Medical science, like all other branches of science, is still advancing. Many diseases have been tamed. Still challenges exist. All that is to be known, is not yet been achieved. Medical professionals are trained up to certain stage. It is, therefore natural for them to confront situations, where they are helpless. The medical team attending to the patient is aware of the situation. They know the patient's condition and also the possible treatments, if any. Situations occur where the possible treatments have been exhausted or are non-existent, so far as the team is concerned. However, such situations are few, when the doctors can do absolutely nothing. They can 'try' to manage the situation.

There can be at least two 'funding' scenarios: public and private. Public hospitals, almost everywhere in the world, have 'limited' resources. They have to make choices. Terminal cases do not merit their time, effort and resources. Again, as all cases are different, the management confronts ethical issues. For example, if a new medical breakthrough is in the offing and the patient can be managed. Is it worth taking a chance if other patients with more promising recovery are competing for the same resources?

In the cases of private funding, the ethical issue is of reversed dimensions. Declaration of terminal illness means no more income from the patient. Again, all cases are not the same. Medical test reports need interpretation. There can be areas of uncertainty. Doctors' judgments and ethics come into play. The doctor, with all the honesty, can continue with a battery of tests and procedures till the patient's last breath. The patient and his relatives, in most cases, request the doctor to try whatever, according to his judgment; that carries a slightest chance of recovery.

Records of the treatments and their results are in the physician's possession. This data can make his scientific contribution to the field and can bring him honors through recognition. Such men, according to Gelfand (1968), may hope to become president of medical colleges or serve on the medical associations (p61). By *The Oath of Hippocrates* the doctor does her best according to her ability and judgment (Percival's Medical Ethics). According to The Geneva Declaration (B.M.A. handbook, 1965, p55), the medical professional pledges to maintain the utmost respect for human life from the time of conception, even under threat not to use medical knowledge contrary to the laws of humanity. The English text of the International Code of Medical Ethics demands the doctor to practice the profession uninfluenced by motive of profit, as quoted by M. Gelfand (1968) in *Philosophy and Ethics of Medicine.*

Patient and Relatives

The patient and her loved ones have a different perspective. In most cases they are not fully aware of the medical terminology. A physician might be using a cautious approach, which the patient's relatives construe as the helplessness of the physician. It is also possible that the doctor had exhausted all the options at his disposal, in the given situation. Many people, even those in higher hierarchy of society, resort to unorthodox medical procedures when faced with serious medical issues. Gelfand writes that when death threatens a family, its members are quick to learn where to contact such practitioners. They could be just quacks or spiritual healers practicing medicine, treating incurable growths and other fatal complaints.

Normally the medical professionals are not supposed to work with such practitioners. However, when the physician knows that he can do nothing for the patient, it is better to turn a blind eye. A medical doctor may even extend a helping hand to such a quack, at the request of the family. Sometimes they show success, unexpectedly. Medical doctors can explain saying that it was late effect of their medication or that the disease was not as bad as initially diagnosed. After all, psychology also plays a part.

Dr. Gelfand (1968) writes (ibid p5) that his maid had nephritic disorder that caused her body to swell and have high blood pressure. She did not recover and the symptoms persisted. Her husband took her to a witchdoctor and she recovered fully. The witchdoctor attributed her illness to 'bewitching' and had treated her with some roots.

The Ethical Issues

There is a moral dilemma. Healthcare resources are scarce and demand for them is increasing. The gap is widening every day. On one side, the ageing population is on the rise and number of new diseases rising. On the other hand, biotechnologies and healthcare are getting expensive albeit better. Although on a positive note, public awareness is more than ever before, giving rise to debates on fairness of distribution of resources. In a research article titled *Extending life for people with a terminal illness: a moral right and an expensive death? Exploring societal perspectives,* McHugh, N. (2015) the authors collect public take on this moral dilemma. Members of the public have strong views on both sides of debate.

It is disheartening to equate life with 'money', but 'money'; here, is also an opportunity for someone else to a right to life. Whose life would take preference? A terminally ill patient or one more promising! In the case of terminal illness, even after expending resources, we are just extending life. Can the value of life be measured in terms of days? Again, the medical technology may enhance life but not quality. Who is morally entitled to decide on what quality of life is worthwhile?

A similar or rather related issue is, should a curable illness, afflicting a terminally ill patient be treated? In his paper *Dyeing within dying: ethical dilemmas of treating terminally ill patients with acute life-threatening illness;* the author discusses options of treatment and dignified death. The core issue is of distribution of limited resources.

In the case of private funding, whether direct or through health insurances, the ethical dilemmas are partially different. The physician has the resources. He can have an interest in prolonging life. The patient's loved ones also expect the doctor to do the best and employ all the technology available. Withholding or discontinuing external help to life can be construed as 'assisted suicide' or mercy killing. Should the patient be kept alive, if possible, artificially, hoping for a cure to be developed in future?

Modern medicine is based on the knowledge gained of structure, function and symptoms. For example, after learning about bacteria, other, still smaller organisms, viruses were seen with electron microscope. Medical approach is to seek the truth by repetitive experiences. There is no systematic study on the practice of witchdoctors. Still, it is

understandable if the family wishes the modern physician to cooperate with 'quacks', when the former are helpless. This raises an ethical issue for the doctor.

Conclusion

Science, including that of the medical field, is progressing. The medical conditions which were incurable a few decades ago are curable or manageable. Still, situations arise, when the doctors find themselves helpless. Ethical decisions on who deserves the limited resources have to be taken. Even where resources are not a major constraint, ethical issues of quality of life versus dignified death have to be addressed. In the face of death, one's belief transcends rationality. Practitioners of rational method become morally obliged to give way to suspect methodology. Death is the ultimate reality. At some stage, one has to reconcile with this truth. Philosophy transcends science. In situations where no clear answer is available, clarity of the situation itself can help in the process of taking decisions.

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