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### EDITORIAL

#### THE DOCTOR AS A CITIZEN

The concept of professional secrecy has been a source of ethical contention ever since Hippocrates propounded it. Is a doctor bound to remain silent about things of which he is aware as the result of his attendance on a patient, if silence will, for instance, imperil the lives of others or the proper functioning of the machinery of State? Frequently his duty as a doctor conflicts with his duty as a citizen.

The Hippocratic Oath runs: 'I will keep silence regarding that which, within or without my practice, I shall see or hear in the lives of men which should not be made public, holding such things unfit to be spoken.' This leaves the decision a matter of interpretation or of opinion. The World Medical Association's International Code of Ethics has it: 'A doctor owes to his patient absolute secrecy on all which has been confided to him or which he knows because of the confidence entrusted to him.' This is more explicit.

The British Medical Association's official view is much more rigid: 'A practitioner shall not disclose voluntarily, without the consent of the patient, preferably written, information which he has obtained in the course of his professional relationship with the patient. This includes information concerning criminal abortion, venereal disease, attempted suicide (a crime in Great Britain), and concealed birth. The State has no right to demand information except where notification is required by statute, such as in infectious disease.'

In order to form an idea of the average man's outlook on the point, a British doctor recently sent the following questions to about 100 doctors and 100 laymen, chosen at random but according to vocation, and analysed the replies he received:<sup>1</sup>

*Question 1.* A doctor diagnoses epilepsy in the driver of a main-line passenger train. The patient refuses all advice, and says that he will continue to drive trains. Is it the doctor's duty to ignore his patient and report the matter to the police?

*Question 2.* A doctor attending a woman for abortion finds that it was criminally induced, and is told the name and address of the criminal abortionist. The patient forbids the doctor to report the matter to the police. Is it his duty to ignore this and report it anyway?

*Question 3.* A doctor treats a worker for hernia. Later the man is injured at work, and fraudulently and success-

### VAN DIE REDAKSIE

#### DIE GENEESHEER AS BURGER

Vandat Hippokrates die konsep van professionele geheimhouding geformuleer het, het dit 'n etiese stryd-vraag gebly. Moet 'n geneesheer die swye bewaar oor dinge wat hy in die beoefening van sy beroep te wete kom as dit byvoorbeeld die lewes van andere, of die behoorlike werking van die staat, in gevaar stel? Dikwels bots sy pligte as geneesheer met sy pligte as burger.

Die Hippokratiese Eed lui: 'Ek sal die swye bewaar oor wat ek binne of buite my praktyk sien of hoor in die lewens van mense, wat nie geopenbaar behoort te word nie, en ek sal dit beskou as ongepas om oor sulke dinge te praat'. Dit laat derhalwe die beslissing aan eie vertolking of mening oor. Die Internasionale Etiese Reëls van die Wêreld-Mediese Vereniging lui as volg: 'n Geneesheer is aan sy pasiënt absolute geheimhouding verskuldig aangaande alles wat in vertroue aan hom meegedeel is of wat hy te wete kom as gevolg van die vertroue wat in hom gestel is'. Dit is duideliker.

Die amptelike mening van die *British Medical Association* is heelwat strenger: 'n Geneesheer moet nie sonder die toestemming van sy pasiënt, verkieslik skriftelik, vrywilliglik feite aan die lig bring nie waarvan hy kennis opgedoen het as gevolg van sy professionele verhouding tot sy pasiënt'. Dit behels inligting oor kriminele vrug-afdrywing, geslagsiekte, selfmoordpoging (wat 'n misdaad in Brittanje is) en verbergde geboorte. Die Staat het nie die reg om inligting te eis nie, tensy dit deur statuut vereis word, soos in die geval van aansteeklike siekte'.

Ten einde 'n idee te kry van die gewone man se opvatting het 'n Britse geneesheer onlangs die volgende vrae aan ongeveer 100 geneesheer en 100 leke gestel. Hulle is blindweg gekies en die antwoorde ontleed.<sup>1</sup>

*Vraag 1.* 'n Geneesheer diagnoseer dat die drywer van 'n hooflyn-passasierstrein aan vallende siekte ly. Die pasiënt verwerp alle advies en beweer dat hy nie die werk sal opgee nie. Is dit die geneesheer se plig om sy pasiënt te veronagsaam en die saak aan die polisie te rapporteer?

*Vraag 2.* 'n Geneesheer behandel 'n vrou vir vrug-afdrywing—'n kriminele geval—en die naam en adres van die afdrywer is aan hom verstrekk. Die pasiënt verbied die geneesheer om die saak aan die polisie te rapporteer. Is dit sy plig om dit desnieteenstaande te rapporteer?

*Vraag 3.* 'n Geneesheer behandel 'n arbeider vir 'n breuk. Die man is later in sy werk beseer en op bedrieg-

fully claims compensation in respect of the hernia, which the doctor knows was neither caused nor aggravated by the injury. Is it his duty to report this to the authorities?

**Question 4.** In the course of a visit a doctor notices by chance some jewellery corresponding to the newspaper description of property recently stolen in a house-breaking raid. Is it his duty to report the matter to the police?

The answers to these questions were as follows (the figures are approximate):

		Yes	No
Question 1 (epilepsy)	Doctors	84	12
	Laymen	82	15
Question 2 (abortion)	Doctors	51	47
	Laymen	55	39
Question 3 (hernia)	Doctors	34	64
	Laymen	47	48
Question 4 (jewellery)	Doctors	34	64
	Laymen	47	49

Analysis of the answers shows an interesting divergence of outlook, based upon moral interpretation rather than upon profession (the legal aspect is not considered here). Thus it is found that:

Over 80% of doctors thought that the engine-driver's epilepsy should be reported, even against his wishes, one-half were in favour of reporting the abortionist, and only one-third favoured positive action in connexion with the fraudulent workman or the jewellery thief.

These figures seem to suggest that the average medical man is only prepared to break his obligation of secrecy where there is a real danger to other persons' lives or health. When it is merely a question of fulfilling his obligations to the State as a citizen he is not prepared to speak. Some critics would probably interpret this to mean that the obligation of secrecy is like the McNaghten rules—to be applied only when thought necessary—and therefore a very comfortable loophole for the medical profession.

However, there is as much to be said in favour of the overriding duty of a doctor as a citizen of his State, as there is to be said for the British Medical Association's rigid view of the secrecy obligation. The two arguments are succinctly summarized by the following passages:

'It is a moral responsibility not to condone crime or fraud; the confidence of the doctor must presume good faith; the patient who acts immorally forfeits his doctor's confidence.'

'The sanctity of private trust overrides that of public trust. I would rather betray my country than my friends.'

1. Dawson, E. C. (1954): *Brit. Med. J.*, 2, 1474.

like wyse slaag hy in 'n eis om skadevergoeding ten opsigte van die breuk. Die geneesheer weet dat die breuk nie deur die besering veroorsaak of vererger is nie. Is dit sy plig om die feit aan die owerhede mee te deel?

**Vraag 4.** Tydens 'n besoek sien 'n geneesheer, bloot by toeval, juweliersware wat klop met die koerant-beskrywing van eiendom wat onlangs as gevolg van 'n huisinbraak gebuit is. Is dit sy plig om dit aan die polisie te rapporteer?

Die volgende antwoorde is verkry (die syfers word by benadering gegee):

		Ja	Nee
Vraag 1 (vallende siekte)	Geneeshere	84	12
	Leke	82	15
Vraag 2 (vrugafdrywing)	Geneeshere	51	47
	Leke	55	39
Vraag 3 (breuk)	Geneeshere	34	64
	Leke	47	48
Vraag 4 (juweliersware)	Geneeshere	34	64
	Leke	47	49

Ontleding van die antwoorde toon 'n interessante meningsverskil, die grondslag waarvan 'n morele vertolking en nie 'n beroep is nie. (Die regsaspek word nie hier oorweeg nie). Dus is die bevinding dat:

Meer as 80% van die geneeshere die mening toegedaan is dat die drywer se vallende siekte gerapporteer moet word, selfs teen sy wense; 50% was ten gunste daarvan om die afdrywer te rapporteer en slegs een-derde was van mening dat stappe teen die bedrieglike arbeider en die dief gemeem moet word.

Hierdie syfers skep die indruk dat geneeshere oor die algemeen slegs hul plig om die swye te bewaar sal veronagsaam as die lewes of gesondheid van ander op die spel is, maar as dit net 'n kwessie van burgerlike plig is, is hy nie bereid om te praat nie. Sommige kritici sal waarskynlik dit vertolk dat die plig van geheimhouding net soos die McNaghten reëls, net toegepas moet word as dit nodig is.

Daar is egter net soveel ten gunste van die stelling dat die plig as burger swaarder moet weeg dan die plig as geneesheer as vir die *British Medical Association* se strenge opvatting van die plig van geheimhouding. Die volgende aanhalings gee 'n bondige opsomming van die twee gesigspunte:

'It is a moral responsibility not to condone crime or fraud; the confidence of the doctor must presume good faith; the patient who acts immorally forfeits his doctor's confidence.'

'The sanctity of private trust overrides that of public trust. I would rather betray my country than my friends.'

1. Dawson, E. C. (1954): *Brit. Med. J.*, 2, 1474.

## 5-HYDROXYTRYPTAMINE

This substance, also referred to in the literature as serotonin and enteramine, is an indole derivative. It has long been known as a naturally-occurring substance. In recent years it has been isolated, identified and synthesized, and has recently been shown to be of clinical significance.

It is almost a hundred years since it was demonstrated

that the vasoconstrictor action of blood increases when it clots. However, it is only in recent years, in the investigations of the humoral factors involved in arterial hypertension, that the fraction called serotonin was isolated from blood serum.<sup>1</sup> Enteramine, shown to be identical with serotonin, was first discovered by relatively crude methods as an active substance in the mucosa of

the rabbit's stomach; it was regarded as an amine originating from 'enterochromaffin or argentophile cells' in the gastro-intestinal tract of mammals—hence the name enteramine.

The serum vasoconstrictor has long been regarded as originating from platelets, but this is apparently not correct. It is held that the substance aids in haemostasis, but this problem needs more study. Now that anti-serotonins and synthetic serotonins are available investigations are proceeding in many laboratories, and the role of the substance in myocardial infarction, vascular injury and embolism is being studied.

The finding of the similar substance (enteramine) in the intestine has suggested that it controls gastro-intestinal activity. It seems that 5-hydroxytryptamine is secreted by the argentaffin cells in the intestine and has a stimulating effect on intestinal movements.

The platelets, whose high content of 5-hydroxytryptamine led to isolation of the substance, do not elaborate the hormone but take it up as they do histamine and other substances; these are presumably released under certain conditions, such as at the site of an injury.<sup>2</sup>

The syndrome which includes argentaffinoma, pulmonary stenosis and transient macular cyanosis<sup>3-5</sup> would appear to be established as an entity. The vascular lesions seem to develop from hypersecretion of 5-hydroxytryptamine—a 'new' hormone secreted in excess by an endocrine tumour, the argentaffinoma.

The pharmacology of this newly-discovered hormone is being investigated in many centres. It has a constricting

action on smooth muscle generally and in some species it produces systemic hypertension. Not enough is known regarding its action on the pulmonary circulation, and difficulty is encountered in explaining the production of pulmonary valvular stenosis so definitely present in the syndrome. In man local congestion and venous spasm follow intradermal injection of the hormone.<sup>2</sup>

The hydroxytryptamine content of the serum of many animal species has been investigated and it seems justifiable to postulate its identity with a stable non-pituitary antidiuretic substance.<sup>6</sup> It apparently originates in serum during coagulation. Work is in progress to determine what changes occur in the content of 5-hydroxytryptamine under various experimental and pathological conditions.

The estimation of hydroxytryptamine can be carried out by biological assay, but more precise chromatographic methods are available. The development of a suitable procedure for estimating the breakdown products such as 5-hydroxy-indole-acetic acid, which is excreted in the urine, will provide another method of investigation. With such tests it may become easily possible to diagnose hyperactivity or tumours of the argentaffin cells biochemically before advanced clinical signs appear.<sup>7</sup>

1. Page, I. H. (1954): *Physiol. Rev.*, **34**, 563.
2. Reid, G. and Rand, M. (1952): *Nature*, **169**, 800.
3. Thorson, A. *et al.* (1954): *Amer. Heart J.*, **47**, 795.
4. Editorial (1954): *Lancet*, **2**, 372.
5. Pernow, B. and Waldenström, J. (1954): *Lancet*, **2**, 951.
6. Erspamer, V. and Sala, G. (1954): *Brit. J. Pharmacol.*, **9**, 31.
7. Editorial (1954): *Lancet*, **2**, 958.