



Medical Ethics



By Eleanor Rodgerson, MD

The changes in what are acceptable or desirable practices reflect the different attitudes in our culture.

FROM THE BEGINNING of professional medicine, there has been concern about medical ethics, moral principles in practice. Early physicians were untrained but made use of observation and whatever treatments seemed to cure. When training became formalized, useless routines were recognized and standards were suggested. There were never hard and fast rules, or laws, for the profession, only suggestions. And so it is today.

In 1871, "The Ethics of the Medical Profession" by Joseph F. Montgomery, MD, was printed and read before the Sacramento Society for Medical Improvement.¹ His concern began, for emphasis, with a sentence that meandered for a long paragraph. He feared that, in the midst of an active profession, morality and honor might be lost and, for examples, specified unpleasant rivalries between physicians and a display of diplomas and advertising. These practices were "questionable," "if not reprehensible."²

Furthermore, to arrange for percentages of prescriptions with apothecaries and businesses, or to consult with "irregulars," were actions to be eliminated. To acquire "pelf," like a shopkeeper, should be despised. He also specified that physicians should stand by one another and "oppose the brutal custom of dismissing one medical man while in charge of a case, and employing another."

The current AMA Principles of Ethics do not spell out abuses such as those Dr. Montgomery mentions. Instead, it notes the importance of the law, rights of patients and colleagues, and access to medical care for all people.

There is hope that the abuses of the earlier centuries have been modified, but some still exist, as anyone in the active practice of medicine knows. The struggles for recognition and good living conditions continue.

What constitutes a break in the standards of ethics - there are no laws - has changed through the years. Advertising is accepted. Rivalries are common. The gentlemanly (also applied to women) methods of consultation are forgotten. Offerings of help come with expectations of remuneration.

The AMA Principles suggest reporting physicians deficient in character or competence and those using fraud or deception. Dr. Montgomery advocates expulsion from the medical organizations for those who digress.

The present view of what constitutes the practice of ethics, however, has gone along with the current modification of all our thoughts and actions and philosophy. Deference for physicians has lapsed. Volunteerism has lessened. Dr. Montgomery belonged to a culture long gone.

A comparison of these two accounts of medical ethics - what is desirable, what is not -

illustrates the changes in modern thinking, the steps away from the ideal to the practical.

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1. This is still the formal name of the Sierra Sacramento Valley Medical Society.
2. The full text of Dr. Montgomery's article can be viewed at [here](#).

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