

Meaning and role of medical deontology today

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Abstract. Today we need to redefine deontology and specifically medical deontology to better clarify its meaning and consequently its role. This is a pressing task as deontology risks seriously to become marginal, being squeezed between law and bioethics. There are elements that delineate the deontological profile in a unique and original way. Starting from these elements, we will also illustrate some practical aspects.

Key words: deontology, medical profession, bioethics, law, informed consent, advance directives

Introduction

Today deontology and specifically medical deontology needs to be reinvented to better define its meaning and consequently its role. This is a pressing task as deontology risks seriously to become marginal while being squeezed between law and bioethics.

To fully understand the specific role of deontology and to explain its peculiarities, we must start from the notion of ethos and therefore of professional ethos.

General profile

The role of culture in defining a person's identity

The culture in which we live and act builds our own identity.

Culture represents forms of good life and models that have settled over time which offer a person the sense, the meaning, the reason to spend his life.

Culture has forged its reference criteria and praises - or blames - human behaviors accordingly.

Culture constitutes the ethos within which a specific community recognizes itself. Consequently, ethos is ethically connoted (1).

Each individual will evaluate culture critically and might eventually reject it but nobody will ever be able to avoid a real confrontation with it.

The cultural story of a people or a community evolves over time.

It is never final and settled; instead, it represents the effort of a group of people to answer new social questions and dilemmas and to understand here and now the reasons to engage one's freedom.

Good life forms necessarily have a practical structure.

When and if necessary, a community comes to establish binding legal rules and standards effective for all its members; their purpose is to preserve those shared principles and grounds, while defending and clarifying them.

Cultural mediation becomes necessary to legislate, especially if there are issues at stake that touch fundamental values, such as life.

The notion of profession

The word *profession* derives from the verb *profit-eor* (2) which means *to say openly, to confess, to profess, to engage, to promise, to declare publicly* (3). All these meanings reveal the abundance and complexity of the term; therefore, we need to pay duly attention to each of them (4).

First, we can affirm that the practice of a profession involves a public commitment to certain values

(5) along with their accomplishment in precise ways (6), making the knowledge and technical skills an expression of those very same values.

Each profession presents these characteristics:

1. a systematic and unitary set of theories and knowledge;
2. an institutional body, independent from the state and economic powers, exclusively controls and verifies the exercise of these knowledge and skills, establishes the conditions and purposes of the professional activity, and at the same time has the right and duty to judge its members, both technically and ethically. This body, public guarantor of the entire professional category, defines the social, cultural, economic and political aspects of the profession itself;
3. a public procedure of admission and formation of its members;
4. an ethical code that defines an ideal model of services and performances rendered to third parties;
5. the personal autonomy of each individual member in the exercise of the profession, in compliance with the established professional standards and applicable laws (7, 8).

The profession is a stable structure, morally defined, necessary for the solidity of a society (9).

This perspective recalls the idea, typical of the medieval Christian civilization, that each entity, social or individual, grounded and found its justification within a pre-established order and culture, contributing within its competence, to the realization of the common good.

Society is similar to a body, in which a reality, corporation or individual subject, like a single organ, performs a well-defined function for the good of the entire body (10).

In the Christian vision, God established the scheme of things and the profession is a pertinent response to His call, as real vocation.

In that context, there was unity between public and private life because autonomy, specific competence and moral principles - determining both professional and ordinary existence - were essential elements of every profession, required for the realization of the superior good of society.

Many have criticized this interpretation. Does it still make sense to talk about a “professional ideal” and to devote reflection and attention from both a theoretical point of view and practical commitment? (10).

Historically the phenomenon of the industrialization criticized a lot the concept of profession (10): the notion of work focuses on the performance and functional character of acting towards a purpose in which a person is completely alien.

They talked about the “proletarianization” of the professions: the individual operator loses control over his own activity, while the bureaucratic-administrative and economic aspects guide and determine his actions. The professional loses his autonomy, hetero-directed by forces unrelated to his specific work context (11).

From a theoretical point of view, the liberalist and the Marxist perspectives formalized the decline of the idea of profession: for the former, the profession is a distorting and restraining element in the development of the free market and a serious impediment to its full affirmation. For the second, the appeal to professional deontology represents an undue privilege and an unacceptable exploitation by professionals towards society. The eighties, with the swirling development of technical-scientific progress, represent the crucial moment for the notion of profession. The scientific progress was expected to bring together civil progress and human promotion automatically.

The ethical and deontological questions had no longer space nor meaning within this perspective: the duty was to create externally the best conditions for the affirmation of the technique; the rest would have happened by itself. These favorable conditions could materialize either with the full accomplishment of the free market or with massive state planning. This confidence in scientific progress has shown all its limitations, due to the concerns expressed both on a social level and in personal experiences (10).

The professional relationship is structured “in the form of rigid regulations and a person does not have significant power to modify them. However, from a moral point of view these are all ‘neutral’ regulations... We must keep moral and religious beliefs out of the professional relationship. In this sense, the professional relationship realizes the characteristic of each commercial relationship” (12).

The medical profession

The story of medicine in recent decades is emblematic.

The increased knowledge and technical skills led people to mistrust medicine more and more. Medicine offers new chances every day and one of the effects is to reduce the confidence towards the doctor. At the same time, the notions of authority and monopoly are harshly criticized (5).

This growing distance between doctor and patient seriously threatens the foundations of the medical art and cannot be adequately relieved by the market (with the risk of an economic reduction of the medical activity) nor by the public administration (exposed to the risk of excessive bureaucracy). The notion of profession represents not only the decisive element to overcome the current crisis of medicine, but also the essential tool to realize its authentic meaning (13). "The technical-scientific component is certainly essential to modern medicine and is integrated to orientate and give dignity to medicine: not only in objective terms - as an activity in the service of the common good - but also at a personal level... Considered in its original sense, the profession asks to be experienced as a cause worthy of personal dedication, capable of shaping and unifying the spiritual identity of those who practice it, being a concrete determination of what gives meaning to human life" (10).

Professional ethos and notion of deontology

If we assert "the decisive role of personal responsibility and the importance of subjective attitudes that build the character, the mentality, the personality and the conscience of the individual" (10) we can define deontology as the ethos of medical profession, i.e. the discipline which formalizes good ethical practices inside and outside the medical profession.

Through these practices, the doctor will recognize examples of "good doctors" whose former actions will positively motivate and lead his practical choices (14).

At the same time, those good ethical practices will ground practical mediations for (new) laws on health and life that will bind all citizens and not only doctors.

In this perspective, we realize that deontology bridges the gap between ethics and law (15). Deon-

ology stands up for the doctor's conscience and the formation of the law, but ethics and law will not overwhelm deontology.

We cannot recognize the role of deontology if we claim its independence from law and ethics; on the contrary, we can gather the role of deontology only when we affirm the mutual dependence among deontology, law and ethics.

Only in this way, deontology will overcome the poor notion that defines deontology as a label or a list of good manners or - worse - flattening it on the technical-scientific profile of medical action.

The investigative and morally connoted character of deontology contributes to define the conscience of the doctor (16) avoiding any form of arbitrariness, while creating the conditions to make laws, in which it will be possible to recognize oneself even starting from different moral assumptions.

Therefore, we will avoid the frequent accusation that deontological knowledge is directed from the outside and just takes note of what is sanctioned by law (17).

The professional ethos, in analogy to what happens for the culture of a society, is not something solid and immutable (18), but evolves over time, taking into account both social changes and pluralism itself present in the medical class (19). This brings up the matter of the purposes of medicine. Medicine is an integral part of a society and therefore must take charge of the ends and values that individuals and society propose. At the same time, the doctor's action remains centered on the treatment activity exercised in some concrete forms that translate the interpersonal character of the medical action, without being overwhelmed by the institutional dimensions (20). In other words, "the impersonal and institutional dynamics of the contract must be combined with the personal logic of the trust-based care pact, so that the exercise of medicine does not become a mere professional work performance, but contributes to the well-being of the person within the right institutions (21).

Characterizing elements of medical deontology

If we analyze the practical forms, the ethos, within which the medical profession takes shape and manifests itself, we realize that there are elements that

define the deontological profile in a unique and original way.

We propose two elements, which we believe are particularly significant and consistent with what we have supported so far.

The first characterizing element is the relationship profile.

The doctor-patient relationship is the necessary and favorable form that makes the healing action practicable.

At the beginning of their relationship, the doctor and the patient do not know which treatment will be suitable: first, they must get involved personally and go beyond technical aspects so that together they can trace a way towards a shared choice. In this relationship, both parts have something to say: if not, they cannot make a shared choice. We all agree that at the end of the day, the last word belongs to the patient. However, this does not mean that penultimate words are useless (22). In a relationship, all subject's identities are involved: this applies also to doctor and patient who are involved as individuals besides their respective competence. The doctor cannot reduce his role to a qualified technician, and the patient cannot delegate a decision in which his future is at stake (23).

The second characterizing element is the mutual trust (24). This relationship requires mutual trust. Taking care is possible only if one trusts the other and vice versa. The doctor has confidence that his patient will do what they agreed and the patient trusts that the doctor will always stand by his side. This is why medicine is never just a contract. If you switch from faith to test, trust will be lost and the relationship will finish.

Practical implications

Now let us try to apply this specific notion of deontology to two related topics. The first is the matter of informed consent (25). Starting from the assumption that a decision is possible thanks to a relationship, deontology becomes the custodian and guarantor of this relationship. The final decision depends on the autonomy of the subjects and on their free moral responsibility: it is their relationship - deontologically granted - which makes this decision possible. This same relationship creates the conditions for a legal formulation, as demonstrated by the law (26) recently approved in

Italy about the consent and advance directives (27).

The other issue concerns advance directives. The law requires a written formulation; however, people often express their preferences orally to beloved or friends; in these cases, deontology must ensure the respectful translation of the patients' wills.

Conclusion

We have tried to identify the peculiar characteristics of deontology in the current context, defining its specific and necessary role. The next task is to verify if and how we can apply this model to the different matters which compose the medical deontological code.

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