

The influence of ethics and good judgment on the controversies of medicine

A influência da ética, da moral e do bom senso nas controvérsias da medicina

Ethics is the set of principles that guide human behavior in society. Medical ethics is a subject that evaluates intellectual worth and risks in the activities of medicine. Or better, it is a set of rules that defines limits in the relationship of doctors and their pairs, because medical practice involves much more than only technical aspects shown in other professions. Yet, medical ethics would be the rules that prevent the doctor from deliberately take advantage of his special condition just to put the vulnerable patient's health at risk. However, in practice, the core of Medical Ethics Code is surpassed, for its principles do not follow the socio-cultural changes of the last decades. Today in personal relations, the absolute antagonism of what is or is not ethical is not enough to guide adequate behaviors, because in most situations right and wrong can be relative and depend on different points-of-view. In that case, characterization of anti-ethical behavior would be reserved only for an extreme and unquestionable situation. As a result, in order to prevent doctors to once in a while put the patient's health at risk it would be necessary much more than only the rules of the Medical Ethics Code.

Morals is the set of norms acquired from each person's consciousness and which guides the acting way of people in societies. Moral principles are honesty, kindness, respect, virtue, etc. Morals guides human behavior in the face of guidelines established by society. It differs from ethics, which judges moral behavior of each person. While ethics is theoretical, moral is practical, as if Ethics were a set of pre-determined behavior rules and moral were the guide of personal decisions before specific situations.

Good judgment is associated to wisdom and prudence, and refers to the capability in adjusting rules and customs to specific realities in order to be able to make good judgments and choices. Good judgment is what everyone thinks he has in spare, but actually it is a not so frequent quality.

A fifty-year-old asymptomatic patient, who had his annual follow-up with a certain ophthalmologist, decided to test another doctor. At the end of the exam, that professional told him that everything was fine with his ocular health, but he had cataract with no surgery prescription. The patient, who was worried with the diagnosis and confused because his real doctor never told him so, seek for another opinion. That new doctor confirmed the diagnosis and suggested surgery for two reasons: 1- considering the development of cataract, the sooner the patient was operated the safer would be the surgery. 2- that would be a good moment for the procedure, because the patient was healthy. Discontented with the disparity of procedures, one does not understand how an objective condition like lens opacity could lead to such controversy, especially in a specialty where technological advances allow an accurate diagnostic precision.

In a strictly ethical judgment, I believe that any of the doctors was wrong or could be classified as dishonest, for all the opinions would have a certain confirmation. However, in a more comprehensive analysis, it would be possible to identify some behavior standards. The first ophthalmologist had probably the good judgment of opting for following the evolution of the initial cataract which did not seem to influence the individual's visual function in his daily activities and for only telling the individual when the vision began to get blurred. After all, if all the professionals during a follow-up exam performed very sensible tests he would probably found some anatomic alteration in most of the patients, without clinical relevance. With recent technological developments, probably one of the most important intellectual worth of ophthalmologists, besides early diagnosis of diseases, is the sensibility of defining what, how and when tell their findings to the patient.

As to the second ophthalmologist, in attempting to impress the patient, he might opt for telling all he found in the exam, that is to say, there are still doctors, who believe, just to value his work, that no patient should leave his office without a prescription of a drug or diagnosis of the disease, even initial. Today with the changes in accessing information on the internet, I believe that doctors should reflect much before telling the patient a diagnosis, because the patient could search for more information about his condition and may ask for more opinions. Accordingly, what makes a good professional is not necessarily what he could find in the exam, but the explanation of the reason of each step of the evaluation. In my opinion, to make a difference doctors who show security to salutary patient are those who explain what he found during the exam by guiding specific preventive measures.

The third doctor, probably before a former diagnosis of cataract, took the advantage and prescribed surgery. As the surgical prescription depends partly on subjective criteria, a doctor might value some criteria that justify the predominantly beneficial decision-taking for only one of the parts involved.

Summarizing, moral principles lead to professional procedures. These are the principles which avoid doctors to take a more profitable decision for themselves than for the patients. The commitment with these values might be the principal difference between the doctor and other professionals. Today, with easy access to information and other medical opinions, many patients are capable of noticing the dissociation between their symptoms and the prescribed procedure, maybe by revealing real interests on the part of some professionals.

A fourth ophthalmologist may, for example, solve the problem by explaining that cataract may be anatomically defined as any lens opacity, free from vision, and that many people over fifty years old can take a long time, maybe decades, to have their cataract

influence their vision, though they show an onset of lens opacity. That professional may also explain that when prescribing surgery one should mainly consider the fact that the visual impairment due to cataract might compromise life quality. I therefore reinforce my opinion that the adequate explanation about what was examined and found (in case it was already informed) and the impact of the disease in the individual life quality are the main doctor's tool to be different when seeing his patients, once good judgment and the commitment with moral principles are necessary to strengthen the basis of the relationship doctor/patient.

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