By Dr Wong Chiang Yin, SMA President

Above All, DO NO HARM

The four pillars of medical ethics are timeless: non-maleficence, beneficence, distributive justice and autonomy (Beauchamp and Childress).

We have been always told from the earliest days of medical school, that as doctors we have to "above all, do no harm". This phrase stems from the principle of non-maleficence and is a catechism of medical ethics instruction.

Recently, I have noted a disturbing trend in the interpretation to the doctrine of "above all, do no harm". The recent controversy over aesthetic practices is a case in point.

There are many services that are being offered now that do no harm. Does that mean we should offer them? From my casual observations and conversations, it would appear that many doctors take comfort in the fact that these services do no harm, and hence it is right to offer them to the public. Basing our professional practice on this premise gives us a sense of comfort and assurance that we are not bad people, because we do no harm.

However, the logic of this premise is unsatisfying when we consider in greater depth, what makes the medical profession different from a trade. Traders and tradesmen sell products and skills that do no harm too. Computer shops selling computers do no harm. Real estate agents do no harm as long as the house meets construction safety standards. Barbers do no harm (unless they cut you accidentally). And most definitely, morticians do no harm.

So how are we different from computer shops, housing agents and barbers (even though many surgeons have a historical affection for barbers)?

The difference lies in that other pillar of medical ethics – beneficence. Even when we do no harm, we should do good. What is the purpose of a medical practice that does no harm when it also does no good (that is, no beneficence)?

While it is convenient to separate the two – non-maleficence and beneficence to facilitate the teaching and understanding of medical ethics, the truth is, it is very hard to separate the two in practice. Why doctors need to be grounded in ethics and careful in their work is because medicine is often harmful. Drugs have side effects, surgeries have complications and investigations can be dangerous. Let's face it; medicine is a dangerous and harmful business. The principle of non-maleficence is to remind us that medical practice involves risk and potential harm, and we should never expose our patients to such harm unnecessarily through carelessness or a cavalier attitude. But we know that 100% non-maleficence is not possible. There is some necessary maleficence in our work due to the limitations of investigative and therapeutic options before us. If we have lived long enough, we would have seen how our best and most sincere efforts to help our patients have also harmed several of them somewhat. Situations where none of our therapies and investigations have risks and side effects are few and far

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between. In fact, with scientific advancement and more potent investigative and therapeutic options come more potentially serious side and adverse effects.

However, we are able to live with that burden because we believe we have done our best to do good (beneficence) and minimised harm (maleficence). But some in their haste to achieve medical benefit may become careless or even reckless, and this is where the principle of non-maleficence kicks in.

In other words, beneficence is the starting point for the practice of medicine, and non-maleficence serves as a constant reminder, a warning of sorts to those who might pursue medical benefit with less than rational exuberance or the best attention to safety. Non-maleficence is therefore not the starting point of the practice of medicine. If that was the case, then the medical profession is no different from any commercial guild or trade.

An important point that often flummoxes us is, what constitutes benefit? Medical benefit is hard to circumscribe or evaluate when we throw in psychosocial elements to the definition. Harm is easy to spot. Benefit is a whole lot more nebulous.

An even trickier thing to do is to now impose the principle of autonomy onto the beneficence/non-maleficence continuum. Is it acceptable to offer something because the patient wants it and it does no harm even when it has little or no benefit? Especially when the probability of adverse effects occurring is small? Here it seems to get greyer. After all, the patient wants it and we have to respect his autonomy – his ability and right to make a choice. The scales seem to tip a little more against beneficence. But autonomy is not an absolute right. And this is clear when we talk about payment and subsidy. There are no subsidies for aesthetic practices while reconstructive surgeries can be subsidised. Even if a patient wants a double eye-lid job, no doctor could offer it as part of a subsidised service. So, would it appear that just because a patient pays, we can offer something because it does no harm and yet does little if any good, or offer any significant benefit? And so the scale tips further away from beneficence……

Or does it?

My own personal answer to this came recently when I had the privilege to be an interviewer in the admission interviews to the Yong Loo Lin School of Medicine. Over two days, I faced many eager 19-year-olds aspiring to be doctors. These over-achieving 19-year-olds possessed academic records which put me to shame. However, there are more applicants than places and some of them would sadly not obtain a place. I am reminded of my own experience going for these interviews, notwithstanding that interviews are milder nowadays as we are told not to ask politically incorrect or personal questions. (Unlike my time when I noticed that many girls came out crying after being interviewed by Team C. Thankfully I got Team B.)

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Anyway, I recalled that I did not want to be a doctor just to do no harm. Now that I have become an interviewer and not an interviewee, was I there to look for 19-year-olds to be admitted into our local medical school just because he or she wanted to "do no harm"? Or was I asked to look out for young men and women who wanted to do good?

Personally speaking, "above all, do no harm" does not mean we can and should engage in practices as long as the practices "do no harm". The spirit of "above all, do no harm" is more a reminder, if not a warning to us against attempting something we should not, rather than a justification to carry out something.

However, this column does not pontificate or prescribe what your correct course of action is in such grey situations. Sometimes the ethical questions we face are stark and the answers are in bold relief. These are the easy ones. But sometimes, the answers to the toughest ethical questions are between you and yourself. ■