

An historical take on the physician's charter

Nuala Kenny and her colleagues have expressed concern that the CMA Charter for Physicians will be seen as self-serving.¹ On the face of it, I share this feeling. But when I place the charter in an historical context I am reassured. For the Charter is not just a product of the "current political and economic climate," but one more expression of the centuries of efforts to define the relationship between physicians and the society they serve.

One concern expressed about the charter is that it is a further example of the entitlement that too often bedevils our profession.² But compare the modest claim in the preamble to section III — "like all Canadians, Canadian physicians deserve fair treatment"³ — to our 1868 Code of Ethics,⁴ where we pronounced that "the benefits accruing to the public, directly and indirectly, from the active and unwearied beneficence of the profession are so numerous and important that physicians are justly entitled to the utmost consideration and respect from the community." As justification of this sentiment the code pronounced that "There is no profession from the members of which greater purity of character and a higher standard of moral excellence are required than the medical."

Our Code of Ethics has been strongly influenced by Thomas Percival's *Medical Ethics* (1803). Pellegrino⁵ has described how Percival urged physicians to speak out when economics conflict with ethics. Percival's issues have a contemporary ring: he condemned overcrowded wards and warned that unwise economies in treatment might lead to the use of drugs of inferior quality. It is therefore quite appropriate for our present-day charter to assert that physicians must act as advocates for their patients.

Finally, the charter's assertion that physicians need to be paid for their work has an even longer record. In his 1955 Osler lecture at McGill, Edelstein⁶ cited

Aristotle's view that the function of medicine is to cause health, not wealth. But in *The Republic* Plato pointed out that there would be no benefit in a physician's work "unless pay is added to it," for the physician would consequently be unwilling to go to the trouble of taking care of the troubles of others.

There is a place for the charter. If society expects a great deal of its physicians then physicians must look for something in return. They are human and need their quid pro quo.

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References

1. Kenny N, Weijer C, Baylis F. Voting ourselves rights: a critique of the Canadian Medical Association Charter for Physicians. *CMAJ* 1999;161(4):399-400.
2. Dubovsky SL. Coping with entitlement in medical education. *N Engl J Med* 1986;315:1672-4.
3. Canadian Medical Association. Charter for Physicians [policy]. *CMAJ* 1999;161(4):430-1.
4. Section D. Code of medical ethics. Article II. Obligations of the public to physicians. Minutes of the First Annual Meeting of the Canadian Medical Association; 1868 Sept 2-4; Montreal. Ottawa: Canadian Medical Association. p. 73.
5. Pellegrino ED. Percival's medical ethics: the moral philosophy of an 18th century gentleman. *Arch Intern Med* 1986;146:2265-9.
6. Edelstein L. Ethics of the Greek physician. *Bull Hist Med* 1956;30:391-419.

[Two of the authors respond:]

Peter Warren makes the reasonable point that some issues raised in the CMA's Charter for Physicians¹ are not new. But this is quite beside the point. The existence of historical sources for contemporary issues does not argue for the Charter for Physicians as the solution.

Moreover, to take an historical view, Warren does not point out that a statement of rights on behalf of physicians, as opposed to the obligations typically

found in a code of ethics, is unprecedented. We find the Charter for Physicians problematic for 2 reasons.

First, the Charter purports to be something it is not. We acknowledge that it uses the rhetoric of needs, but this language is misleading; the document is actually a statement of physician rights. Second, legitimate charters of rights are either for all citizens or for oppressed groups. Physicians are a powerful and wealthy professional group with neither need of nor legitimate claim to special rights. The only course left to entrench the claims found in the Charter would be a democratic process involving all parties — physicians, government, hospitals and patients — on an equal basis. Since the Charter for Physicians is a unilateral declaration, it has no force in a democratic society.

Warren, along with other respondents to our article,²⁻⁵ fails to see that the Charter for Physicians does not serve well the goal of preserving the health care system. Sadly, it may further the public's perception that too many physicians in Canada are more committed to financial gain than to altruistic service.

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References

1. Canadian Medical Association. Charter for Physicians [policy]. *CMAJ* 1999;161(4):430-1.
2. Patil JJP. Cheers and jeers for the Charter for Physicians [letter]. *CMAJ* 1999;161(11):1392.
3. Temple T. Cheers and jeers for the Charter for Physicians [letter]. *CMAJ* 1999;161(11):1392.
4. Piver A. Cheers and jeers for the Charter for Physicians [letter]. *CMAJ* 1999;161(11):1396.
5. Smith DH. Cheers and jeers for the Charter for Physicians [letter]. *CMAJ* 1999;161(11):1396.