ABSTRACT. The social ethics of medicine is the study and ethical analysis of social structures which impact on the provision of health care by physicians. There are many such social structures. Not all these structures are responsive to the influence of physicians as health professionals. But some social structures which impact on health care are prompted by or supported by important preconceptions of medical practice. In this article, three such elements of the philosophy of medicine are examined in terms of the negative impact on health care of the social structures to which they contribute. The responsibilities of the medical profession and of individual physicians to work to change these social structures are then examined in the light of a theory of profession.

Key words: Profession, Philosophy of medicine, Ethics, Social ethics, Professional obligations, Professional ethics.

INTRODUCTION

The social ethics of medicine is the examination of the social structures which impact on and positively and negatively condition the provision of health care by physicians. There are many such structures; in this essay, however, I will examine only a sampling of them. My primary concern is to ask whether physicians should be considered, and should consider themselves, responsible for those social structures, which impact negatively on medicine. Is it proper to say that physicians have obligations to work for changes in social structures which affect health care negatively? There are two brief, simple answers to this question, and then a longer, more complicated answer which it is the task of this essay to attempt.

The quick, simple answers to this question are, predictably, yes and no. Yes, of course physicians are responsible for the social structures which affect medical practice. They are responsible for social structures in the same way that all adult citizens of a society like ours are responsible. They have the vote; they have numerous avenues available to them for public speech and action. If the society has certain structures, it is because the members of that society have created them or supported them by tolerating them or, at a minimum, by failing to work against them. Thus physicians are responsible and have the corresponding obligations.

And no, physicians are not responsible for the structures of our society which impact on health care. For, in a huge society like ours, few individuals have any direct impact on social change or its outcomes. Nor can the indirect connection
mentioned above be considered the basis of significant responsibility or obligation. For a citizen who refrains from challenging some actual structure often rightly perceives himself or herself as incapable of significant action alone; and the burdens of initiating significant collective action are often so great that they may be reasonably thought to outweigh whatever obligation the individual might have to work for change. So the physician is not responsible for changing the social structures which negatively impact on health care.

Both of these answers speak truly in some measure, but neither of them attempts to look in depth at how social structures are affected by professional groups. In order to do this, I shall begin by examining the nature of a profession.

In the second section I will look at three examples of underlying features of professional medical practice which have helped to create or which continue to support social structures which impact negatively on health care. The study of such underlying features, or preconceptions, of medical practice is the philosophy of medicine, and one aim of this essay is to show how the study of such preconceptions is an essential component of the social ethics of medicine. The third section will discuss strategies for changing social structures which negatively affect health care and individual physicians' obligations to participate in such strategies.

PROFESSION AND RESPONSIBILITY

Until recently, sociologists' descriptions have stressed four characteristics of a profession. First, a profession involves extensive formal education beyond the ordinary. The reason for this special training derives from the second characteristic, namely that each profession possesses knowledge and experience which constitute an expertise not accessible to the ordinary person. Third, the members of the profession adhere to a commitment to serve their clients' interests, and not merely their own, in the use of this expertise. Finally, the clients of a profession respond to this expertise and this commitment with trust, entrusting to the members of the profession important decisions affecting their wellbeing with confidence that the professionals will indeed serve the clients' interests and not merely their own.

The basis of professional obligation in this account of a profession is the professional's making a commitment to act in a certain way by becoming a member of the profession. The prospective professional has the option to join or not, that is, to adopt the established norms and standards which indicate how to act as a member of the profession, or not. Thus the basis of a professional's responsibilities and obligations is the choice to join, an act which is not directly dependent on any actions of the larger community. The profession in turn