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THE ELIGIBILITY OF CANDIDATES TO THE MEDICAL PROFESSIONS IN THE LIGHT OF PROFESSIONAL ETHICS

ПРОФЕССИОНАЛЬНАЯ ПРИГОДНОСТЬ СТУДЕНТОВ МЕДИЦИНСКИХ ПРОФЕССИЙ В КОНТЕКСТЕ ПРОФЕССИОНАЛЬНОЙ ЭТИКИ

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Abstract. *The source of moral obligations in medicine therefore has an external character, since medicine is part of culture and performs services for the benefit of society. Justifying the need of existence of professional ethics in medicine is usually connected with traditions of a profession and with humanistic dimension of these ethics, pointing at the same time at their culture – forming character. With such attitude, professional ethics is treated as a part of all mankind output, and its teaching turns out to be an important element of preparation for taking part in culture. The author indicates that professional ethics does not limit freedom of the staff but it gives a special opportunity to use it. Records constituting its contents are mostly standardized by a professional group which sets criteria of recruitment on its own and general duties resting on their members.*

Key words: *ethics of medicine, moral values, ethical codes, education, Professional responsibility, eligibility of candidates to the medical professions.*

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Аннотация. *Моральный долг и моральная ответственность в сфере медицины имеют внешний характер, так как медицина является частью культуры и предоставляет услуги обществу и общественности. Исследование необходимости существования профессиональной этики в медицине связано с традициями профессии и гуманистическим аспектом этики, указывая в то же время на их культурообразующий характер. При таком подходе профессиональная этика рассматривается как часть вклада всего человечества, а преподавание этики становится важным элементом в подготовке личности к участию в культуре. Автор утверждает, что профессиональная этика не ограничивает свободу личности, а дает дополнительные возможности к ее использованию. Содержание профессиональной этики и ее концепция определяются стандартами, разработанными группой специалистов. Они устанавливают собственные критерии при приеме на работу медицинских работников, а также учитывают общие права и обязанности.*

Ключевые слова: *медицинская этика, духовные ценности, моральный кодекс, образование, профессиональная ответственность (профессиональный долг), профессиональная пригодность кандидатов медицинских профессий.*

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Introduction. The connection between medicine and philosophy seemed to be so obvious from the time of Hippocrates that universities awarded the titles doctorates of medicine and doctor of philosophy simultaneously even as late as the early nineteenth century. That is why, every Polish medical

school, even after World War II, also had extensive facilities engaged in research into the history and philosophy of medicine. This was in spite of international trends, where institutions training doctors, removed philosophy from the medical curriculum, under the guise of educational modernisation. Modern questioning of the science of philosophy forced the redefinition of its presence in medicine.

Medicine, regarded only as a science, however was becoming an instrumental field, whose success was measured according to statistical data. The obvious victim of this arrangement in medicine was the patient who became an object on whom routine therapeutic treatments were carried out. However, it turned out that with the degradation of the patient's role the doctor's profession also lost its social uniqueness, thereby decreasing the social prestige of the medical profession associated with knowledge which helped heal not only sick bodies but also wounded souls.

This state of affairs caused philosophy to eventually return to the medical curriculum. This was also because ethical principles that should apply in each of the medical professions are also defined within the philosophy of medicine. Therefore, from the very beginning, education in professional ethics within the philosophy of medicine became an integral part of the curriculum. This is a consequence of the fact that every person is a patient and thus no one is indifferent to the attitude medical professionals present. Professional ethics has in this way become a part of public control over the medical profession. Consequently, one of the most important tasks of this ethics is the influence on the selection of candidates to such professions.

The controlling nature of the ethics of the medical professions. In discussions with medical representatives the need for specialised professional ethics is usually acknowledged. The traditions of the profession are pointed out as well as the humanistic trait of such ethics and its culture-creative character. Importantly, in this light, ethics becomes part of general human achievements whilst its teaching proves to be an important element in the preparation for participation in culture.

Yet, it is remarkable that in these discussions one hardly comes across arguments about the suitability of such ethics in the decision-making process associated with carrying out professional duties. This is an important issue especially for those medical professionals whose job it is to protect that which is most important for every human being (and thus for each patient), his life and health.

However, Polish medical law takes into account public expectations and imposes, primarily on the doctors, an obligation to also hold specific moral qualifications in addition to their professional qualifications. Article 4 in the current Act on the Polish Medical Profession reads: "The doctor has a duty to exercise the profession, as indicated by current medical knowledge, methods and means of prevention available to him, diagnosis and treatment of diseases, according to the rules of professional ethics and with due diligence" [1, paragraph 4].

The profession's formal requirement is therefore to gain the relevant diploma of professional qualifications and to have a moral and health predisposition conditioned by social expectations. The doctor must therefore be fit enough to carry out activities related to his role, have the ability to act legally, and to present an "impeccable" ethical attitude.

In practice, obtaining the specific formal qualifications is the least of the problems since the number of candidates for this profession is far greater than the number of places available for medical studies. From society's point of view the smallest threat to patients is thus the level of professional qualifications of doctors, as the profession's qualification system eliminates those who are poorly prepared at an early stage. Paradoxically, possible risks are associated with inadequate health and moral qualifications, because in this case, an inability to bear legal responsibility should also be acknowledged as a failing.

To determine whether a person in the medical profession has the required moral standards and is able to bear legal responsibility Polish law imposes an obligation on the person in the medical profession to submit an appropriate declaration. This indicates that this profession is a profession of high social prestige, and although it may sometimes seem otherwise, patients place great trust in medical staff. Understandably, there should be public outrage when such trust is abused. The public therefore has a vested interest in the moral condition presented by doctors, which was also reflected in the abovementioned act.

The source of moral obligations in medicine therefore has an external character, since medicine is part of culture and performs services for the benefit of society. However, these obligations should not be established purely by medical representatives, although they should participate actively in order to

avoid encapsulating these professions. Such a solution is consistent with the fact that the ethics of any medical profession cannot contradict general moral principles approved by society.

History of medicine shows that even in the nineteenth century application to the medical profession was in a certain sense a continuation of medieval guild practices. The young apprentice trained under the guidance of a master, from whom he learnt various therapeutic treatments, as well as other effective treatments which were hidden from others. Thus the exchange of information between doctors was difficult and as so often happened, every medic treated the same disease in his own way. There were situations where dozens of doctors gathered around the bed of a sick dignitary, each one only applying his own medicines and his own unique therapy methods. Therefore, treatment was often carried out by trial and error, and among doctors there was a fairly widespread belief in the existence of a panacea, i.e. a universal medicine or a single but always an effective therapeutic cure.

Applying to the profession was not therefore automatically associated with obtaining the relevant diploma qualifications. Only a growing awareness that a disease is an acquired condition and that almost any ailment can be cured, caused a change in society's expectations of medical apprentices.

This only occurred when medicine classified illnesses and described their typical course of progress, which in turn led to the standardisation of therapeutic treatments, and medicines used. The seeds of the pharmaceutical industry were thus sown and the medical profession gained a mass appeal.

A placement prior to practicing professionally concerns professions which perform tasks with a specific social prestige. Undoubtedly the doctor is one of them, since every person places in the hands of this profession's representatives that which is most important – his health and life. For this reason applying to the medical professions was never automatic, nor easy. However, in the past, it resembled more of an initiation route well-known to the Masonic lodges rather than an actual examination of knowledge and skills.

Modern applicants to the profession therefore could not be confined to mastering theoretical knowledge, since practical skills such as rational diagnosis and selecting effective therapeutic treatments must also be covered. No wonder then that in the "Polish School of Philosophy of Medicine" (referred to as PSPhilMed in the rest of this article) so much attention was paid to the issues of diagnosis and mastering anthropology and physiology, because without knowing how an organism changes under the influence of disease and the way it behaves, selecting the appropriate medicines and therapeutic treatment is impossible.

This required not only changes to the medical education process, but also changes in outlook, especially a new look at the nature of disease and the possibility of effective treatment. For this reason, all the representatives from the PSPhilMed were interested in issues concerning combining the art of medicine with knowledge of the natural sciences, and deliberations from philosophy which should essentially demonstrate that disease is something natural and transitional, like everything in nature. The treatment's success was therefore dependent not on supernatural factors but on the knowledge and skills of the doctor. It is no wonder that medical problems also began to become a subject of interest to representatives from other sciences, especially sociology and psychology.

For this reason, in the drafts of Polish medical profession reforms, the issue of selecting applicants to the profession was willingly shifted to professional ethics. Paradoxically, this trend has manifested itself even more clearly today. This is reflected particularly in Article 4 of the Act on the medical profession cited in the introduction. As it happens, one can have the necessary qualifications, substantiated by a diploma upon completion of a medical school, but not have the rights to practice only due to a lack of moral virtue.

It is particularly interesting to trace the evolution of the Polish codes of professional ethics in medicine. In the PSPhilMed many codes of medical ethics were also created as well as moral indications handed over to young medical students. Individual representatives from the PSPhilMed differed on specific issues, such as: the admission of women to the profession, treatment of patients, professional secrecy, how to qualify for medical studies, and the use of auxiliary staff (medics, nurses). However, they were in agreement on the need for medical representatives to hold specific moral qualifications. In their codes of medical ethics one can see not only the evolution of the art of medicine, but also an attempt to understand the essence of health and illness, as well as the acceptable limits of medical care and consent to its abandonment.

Professional ethics is thus to help resolve unusual situations that inevitably occur during work which are impossible to predict. What is important, it concerns situations in which, once a decision is made has irreversible consequences. A misfortune can even eliminate the person from the profession, depriving that person of their right to practice, and thus indirectly affecting future rules of ethics within a given profession. Education in the ethics of one's profession is therefore necessary in order to reduce in future the number of committed errors.

In my opinion, education in this respect should be a two-stage process. It should reflect the achieved level of suitability to fulfil professional roles. It should reveal mental and physical abilities to perform tasks that the representative from the profession will have to perform in the future and the degree of his integration into society.

In essence, the first stage of an ethical education in medicine is therefore to create motivation and the ability to decide independently in difficult situations. The point is that in certain situations much more is demanded from a person practicing in such a profession than from other members of society. The education system should aim to eliminate those who are unable to motivate themselves within a short period of time in order to cope with increased physical and mental effort during an emergency. Even if such a requirement seems almost immoral, a doctor who cannot cope with the burden in difficult situations is useless to society. Yet it is difficult to imagine a doctor who for example faints at the operating table.

To be able to decide on the health and life of others, in a way consistent with a socially accepted system of values, common sense and the current state of knowledge, it is not sufficient, therefore, to only be a doctor. One must also be a psychologist, biologist, theologian and philosopher. Only such knowledge allows one to gain the necessary certainty and confidence in oneself, which is necessary to ensure that the motivations underlying the foundations for decision-making are also transferred into professional practice. Therefore, candidates for the medical professions should ideally be recruited from environments in which decisions are made with a moral significance. This partly explains the fact that candidates for doctors cope better when performing their professional duties if their parents were also doctors.

It is only on the next level of ethical education that candidates for the medical profession should be trained how to discharge their professional duties, as it covers appropriate professional ethics. Without the general philosophysical first stage, deploying medical students into future careers appears inefficient since breaches of the principles of social coexistence may occur, and worse still, the avoidance of necessary decisions in extreme and non-typical situations.

Candidates for the medical profession must also be aware by what reasoning other representatives of medicine, law and philosophy are guided when deciding on matters of life and death of individual patients. It is necessary to suppose that medical professionals are not always adequately prepared for this task, as evidenced by publicised cases in the media of doctors avoiding making such decisions. Often, delaying a decision, results in a worsening of the patient's health rather than performing an unsuccessful therapeutic action.

It is no wonder that Adam Wrzosek, one of the most outstanding representatives of the PSPhilMed, believed that medical propaedeutics should even be taught in high school, when young people have not yet decided on the direction of their future careers. This would avoid many disappointments and waste of manpower and resources allocated for educating persons who are unsuitable for this profession. A doctor, if he is to be one of society's elite, must therefore be an example of excellent manners and knowledge possessed. Moreover, he must be a person with a kind heart, and therefore be willing to help people, from which he draws satisfaction.

Conclusions. In Poland the dispute regarding the requirements necessary for a doctor to practice ended in 1921 with the adoption of the "*Concerning a doctor's duties in the Polish State*" Act [2]. It contained a list of requirements and qualifications which the candidate had to satisfy before entering the profession. It also ended a dispute about what qualifications a doctor should have, as well as who, and how, it was to be confirmed. According to this Act the art of medicine became a profession like any other. Furthermore, it ended a dispute regarding the rules of medical ethics. On moral issues, the medical community itself began to emphasise its distinctness from other professions.

However, in these deliberations no evidence is offered for formalising in a code of ethical practice moral requirements expected from professionals fulfilling important social functions. Nonetheless, in the case of such "distinguished" professions, there is an= expectation in society of such codes. It results from historical evidence and a striving to eliminate moral shortcomings which are most severely felt by society in a given occupational group. *Nihil volitum nisi praecognitum* (one can only desire what one has already come to know) – the more I know, the more and more accurately I can choose [3, p. 22–23]. Thus, it is beyond dispute that certain ethical norms and principles, compulsory in a given profession, must be handed down to the next generation of trainees.

Not many professions are available to the masses. Every year, tens of thousands of graduates from different medical schools begin their careers. For them, setting moral requirements in regulations is not a cure to solve all moral problems and concerns. On the one hand we have ready-made solutions in the form of regulations handed down from generation to generation either verbally or in writing. On the other, we have a vision of a person who is free, unrestricted by any restrictions or instructions imposed from the top, who by his very nature, should strive towards good. Such a person would not need any codes of practice. Historical experiences brought about that society itself strives for such codes of practice in various medical professions.

Due to widespread acceptance of professional ethics being contained in a code of practice, the principles of professional ethics are assumed to be taught during training. So a trainee is already familiar with the basic moral requirements which will be placed before him during his career, from school or university. This situation means that medical professionals do not have an excuse, which allows them to avoid moral responsibility for the consequences of their actions. That is why the careful study of their codes of professional ethics, and by following ongoing discussions regarding moral dilemmas in medicine, is simply written into the rules of the medical professions. This responsibility cannot be renounced as it is an integral part of the social role played by public health officials.

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