Ethical issues have always been important in medicine. This, right back to the days when there was a distinction between a ‘physician’ and a barber-surgeon – the latter often having a better practical approach to dealing with illness and injury than the more highly paid ‘leech’. However, to me an approach to ethics comes back to the most important section of the Hippocratic oath, ‘above all, do no harm’. In the days of the barber-surgeon and the blood-letting physicians, this was more difficult to accomplish, simply because these practitioners lacked the level of knowledge we now have of both normal physiology and pathology. Without understanding anatomy, physiology and pathology it must have been very difficult not to unwittingly cause harm to desperate people who looked for help with their illness or injury. However, this is mostly no longer the case in day-to-day practice. We have enough knowledge to be able to, at the very least, do no harm.

I recently had the pleasure of being invited to chair an evening meeting at which various medical topics were presented for the lay person. Ethics was among the topics, and when I introduced the speaker, I took a rather academic approach and assumed that he would be covering human rights issues. However, the content of his talk was far more prosaic and almost certainly of far more interest to the audience. He dealt with a hypothetical case in which an experienced doctor made a number of mistakes that led to a poor outcome for a patient. He carefully explained how each mistake occurred at each stage of the patient’s series of consultations and how the problems were eventually rectified. He then discussed the ways in which the doctor, the patient and the patient’s family could prevent litigation, which could certainly have ensued from the mistakes that were made! It was an interesting presentation and one that went a long way to explaining how mistakes occur, but to me had less to do with ethics and more to do with medical malpractice.

But is there really such a distinction? If I look at current human rights issues around the world that concern medical practice or intervention, outside day-to-day clinical practice, there are many situations in which human rights issues and those of medical malpractice overlap. The first that comes to mind is the involvement of doctors in the administration of lethal injections in those states in the USA that still have the death penalty. The position of organisations such as Physicians for Human Rights and the American Medical Association is clear – it is unethical for doctors to take part in the administration of these lethal cocktails of drugs, although doctors often do certify the patient dead, as I understand it. But is this malpractice? It is difficult to say, but I am sure that there are certain circumstances under which it could be construed as such.

The next situation concerns the use of torture and the role of doctors in ‘looking after’ prisoners who have undergone torture. Care in these cases often amounts to saying whether or not the individual is physically fit enough to continue to be tortured. In this case the situation seems far more clear cut. Not only is the doctor’s action unethical, but also constitutes malpractice. Closer to home, this was publically tested first in the case of the doctors involved in Steve Biko’s torture and deaths and then in quite a few subsequent cases where detainees were tortured, leading to Dr Wendy Orr going out on a limb to highlight the ethical and practical dilemmas that doctors working for the state were placed in.

It certainly seems that the statement ‘... do no harm’ can apply in many medical situations and that most of these will also contain an ethical and a human rights component. Looked at this way it is clear that thinking about ethics is an integral part of clinical practice and not simply something that we need to update ourselves on every couple of years in order to comply with HPCS regulations on continuing medical education. My thanks to Professor Keymanthri Moodley and her team for putting together such an interesting and informative set of articles.

In the coming year there will be changes to the whole continuing medical education process – outlined in detail in this edition of CME – some of which mean that you can now obtain all your CEU points through one activity, such as filling in our CEU questionnaires. Hopefully this new streamlined system will make life easier for busy practitioners. Enjoy your reading.