Dr. Arthur Parsons: After 10 years of hard decisions, an ethicist bows out

Patricia Houlihan

For the first time in 10 years, Dr. Arthur Parsons is going to be able to put his feet up in August and relax. And let somebody else handle the tough questions.

Parsons, chairman of the CMA's Committee on Ethics for 10 years, announced at last year's annual meeting that he had held the post long enough, and stepped down. The Halifax family physician took with him a decade of experience that no other Canadian doctor can match. For 10 years, Parsons was the doctor reporters phoned when they needed a quote about medical ethics. He was also the doctor on the hot seat when he presented his committee's report during 10 CMA annual meetings, and during a period when new ethical issues, such as the treatment of AIDS patients, appeared with great regularity but little warning.

It is noteworthy that Parsons began his tenure in the midst of controversy surrounding the CMA's stand on abortion, and ended it in the midst of controversy about the CMA's stand on AIDS. He recalls walking into the Winnipeg conference centre where the annual meeting was being held during his first year as chairman, and making his way through a line of pro-choice pickets. They were outraged by a CMA statement that any physician who objected to abortion on moral or religious grounds was not required to carry out the procedure, or to refer patients. It was, he says, an interesting beginning.

During his term, Parsons witnessed a basic change in the way decisions concerning ethics were reached. "Ten years ago," he says, "we were perhaps more dogmatic and simply practical in our approach. We had a set of rules and commandments, in this case the Code of Ethics, and we interpreted it very literally."

In contrast, he thinks today's physicians use a "situational-ethics" approach to medical ethics, not the "one-principle" approach that was the rule in the late 1970s. He says this is at least partly a result of new technology that created a host of new issues.

Parsons argues that changes taking place outside of medicine have also affected medical ethics. For instance, even though he does not think the Canadian Charter of Rights and Freedoms has had a direct effect on the way doctors practise, he does think it has made them more aware of the legal ramifications of their decisions. "I don't think the law guides physicians in making decisions. What it does is confine them, setting limits they must work within."

AIDS and abortion created the most controversy during Parsons' term, but other contentious issues caused him great concern. One involved the sterilization of mentally incompetent individuals, an issue on which the Committee on Ethics found its decision at odds with the later ruling handed down by the Supreme Court of Canada.

Parsons describes it as one of the most frustrating experiences of his term. In approaching the problem, his committee had prepared guidelines for the sterilization of mentally incompetent individuals "if there is clear benefit to the patient... and alternative, less permanent methods of con-
traception are inappropriate for the individual”. They were pre-
paring protocols that would allow doctors to follow the guide-
lines when the Supreme Court rendered its decision concern-
ing “Eve”, ruling that such steriliza-
tion would not be allowed. The
committee had to publish a
prompt warning in CMAJ to
warn physicians that its guide-
lines were withdrawn — to fol-
low them would mean breaking
the law.

Another issue that emerged
during the latter years of Parsons’
term concerned attempts to re-
move “sexist” pronouns and ad-
jectives — he, his — from the
CMA’s Code of Ethics. The com-
bined pressures created by femi-
nism and the growing number of
women entering medicine led to
calls to have the code refer to
to women as well as men. The com-
mittee’s first attempt to meet ob-
jections, by adding a foreword
stating that “the personal pro-
noun does not denote gender”,
failed miserably during last year’s
annual meeting.

While Parsons would prefer
to see two codes, one with femi-
nine pronouns and one with
masculine ones, the code has
now been rewritten so that most
masculine pronouns have been
removed. The few that do remain
are now joined by their feminine
equivalents.

Although he has left the
committee, Parsons has not
stopped pondering the future of
medical ethics in Canada. He be-
lieves that medical students must
receive lessons on ethics, but
feels the teaching should be done
by practising physicians, who
would guide students by examin-
ing hypothetical cases, not by
professional ethicists.

“True ethicists, although
there is a place for them in health
care delivery, are philosophers,
not physicians. They know noth-
ing about medical practice.”

How did health care change
during his term? “The individual-
ism of patient care that was es-
poused by Hippocrates is being
sacrificed by the collectivism of
modern health care”, he main-
tains. “As a result the medical
profession will be moving away
from a patient-centred ethic to a
more population-centred one. We
will give more consideration to
the effect the care of the individ-
ual will have on the whole popu-
lation and other individuals. Al-
though patient-centred care will
remain the anchor of medical
care, it will no longer be the only
point of view.”

Parsons has this message for
young doctors seeking practical
advice about medical ethics. “If
each medical student and physi-
cian in Canada would read the
CMA’s Code of Ethics, digest it
and think about it, then he or she
would have a very broad back-
ground to use. The right decision
would follow.”

He says the physician who
combines advice contained in the
code with personal feelings based
on the knowledge and under-
standing of medicine has “little
to fear from litigation or a per-
sonal feeling of guilt, regardless
of the outcome”.

Parsons says his experiences
with the Committee on Ethics
have deeply affected his views on
medicine and life. He put it this
way during last year’s CMA an-
ual meeting in Charlottetown
after being thanked for his years
of service. “If I have done half as
much for the Canadian Medical
Association during my tenure as
the experience has done for me, I
would feel that the CMA has
gotten a good deal.”

The CMA got a very good
deal.