

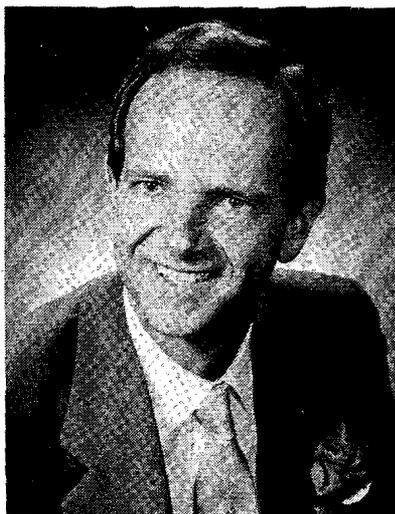
Dr. Arthur Parsons: After 10 years of hard decisions, an ethicist bows out

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-

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trapection are inappropriate for the individual". They were preparing protocols that would allow doctors to follow the guidelines when the Supreme Court rendered its decision concerning "Eve", ruling that such sterilization would not be allowed. The committee had to publish a prompt warning in *CMAJ* to warn physicians that its guidelines were withdrawn — to follow them would mean breaking the law.

Another issue that emerged during the latter years of Parsons' term concerned attempts to remove "sexist" pronouns and adjectives — he, his — from the CMA's Code of Ethics. The combined pressures created by feminism and the growing number of

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women entering medicine led to calls to have the code refer to women as well as men. The committee's first attempt to meet objections, by adding a foreword stating that "the personal pronoun does not denote gender", failed miserably during last year's annual meeting.

While Parsons would prefer to see two codes, one with feminine 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 examining 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 nothing about medical practice."

How did health care change during his term? "The individualism of patient care that was espoused by Hippocrates is being sacrificed by the collectivism of modern health care", he maintains. "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 individual will have on the whole population and other individuals. Although 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 physician 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 background 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 understanding of medicine has "little to fear from litigation or a personal 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 annual 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. ■

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