

Editorial

Medical ethics and dermatology

When I was invited to write the editorial on this subject, I accepted without hesitation. Having practised medicine for twenty five years since my graduation, I firmly believe that medical ethics is the most important asset in one's career development, not one's medical knowledge or skills or salesmanship as many juniors may think.

Ethics is defined in the dictionary as 'the study of standards of conduct and moral judgement, moral philosophy' or 'the system or code of morals of a particular person, religion, group, profession, etc.' Medical ethics therefore falls into the latter group. We should appreciate the fact that our profession is much privileged. Doctors are entrusted by our patients to probe into their privacy, both physical and mental; are supplied with confidential information, let alone being allowed by law to dispense dangerous drugs and apply high-powered medical devices on human beings. In return, a higher set of standard in ethics is expected from the society. The Medical Council has set and revised from time to time the "professional code and conduct" for the profession to follow, and has always emphasised that the list is by no means exhaustive.

What are our duties as doctors? The International Code of Medical Ethics has divided it into three components: duties in general, duties to the sick (patients) and to each other (colleagues). Before elaborating on the above, I would like to highlight our role as dermatologists in dealing with two

different groups of patients. One group is sick with dermatological diseases while the other group comes for aesthetic enhancement purposes without valid disease. It has to be emphasised that we should and we are expected to apply the same set of ethical standard to both groups. To handle our patients in ways similar to those employed by some unscrupulous beauty parlours brings shame to our colleagues and the whole profession.

Patients, being weak in either physical or mental condition, are vulnerable and easily susceptible to manoeuvre. We need to observe strict medical confidentiality, and must not suggest or carry out unnecessary medical intervention for the purpose of self-gain, be it monetary gain, experience, research or for publication purpose. A notorious example is performing repeated cryotherapy on 'phantom' genital warts. Another example is the deliberate false labelling of a clinically benign growth as something malignant so that surgery becomes a must. We need to know our own limitation and refrain from offering incompetent medical services for self-gain purpose.

Nowadays, competition is fierce among the profession. There is always a temptation to depreciate fellow colleagues for apparent self-elevation in the attempt to solicit potential patients. Many of us, except a respectable few, have forgotten that we should in fact refer patients to those who are better equipped in some special circumstances.

In general, doctors should be honest and trustworthy and always act in good faith and with good intention to our patients. Common sense always prevails as described in the Internal Code of Medical Ethics – 'to behave towards others as he would have them behave towards him'. Our old Chinese motto – 'Don't do to others what you don't want others to do to you' (己所不欲，勿施於人) echoes the same.

Practising good medical ethics in the best interest of our patients is a doctor's most valuable asset.

Through words of mouth, more and more patients will come and stay. On the contrary, those who opt for temporary self-gain at the expense of ethical practice will find his patients dwindling with time. The older I am, the more I am convinced of the concept 'Reap what one has sown' (因果報應). The law of the world surely has many loopholes, but the law of heaven will always rule, sooner or later.

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