The *BJGP* is open for ethics

GPs are sometimes a bit smug about medical ethics. We are the ones trained in ethics, communication skills, and patient-centred medicine — we just are the good guys. Also we don't go around turning off life support machines, deciding who gets the transplant, or fiddling with stem cells, so if biomedicine makes mistakes it won't be our fault.

Of course, it's not that easy. Ethical reflection is not just needed for the extraordinary, but also for the ordinary. Just think about a few of the issues that we have to consider in general practice every day:

- Is our overriding duty to the individual patient or to the population as a whole? If my patient's needs conflict with policies of the primary care trust (PCT) or Department of Health, what gives?
- Why does it sometimes feel as if patients are there mainly to feed the Quality and Outcomes Framework (QOF)?
- How do I judge between the needs of my patients and the needs of my family? How much should I organise the practice to generate profit and how much to maximise patient service?
- What does it mean to make the care of patients our first concern?¹ How far should I go?
- This patient is really distressed but I have other patients with real needs waiting too: how late should I run?
- The PCT tells me to refer less: shall I?
- In an ideal world I would visit Mrs Bloggs today but then I will miss half the partnership meeting — again. How perfect do I have to be? How safe is safe?
- Mr Angry is upsetting my staff again, but I know he is a very damaged person: how far shall I accommodate him or how far should I prioritise the wellbeing of my staff?
- Commissioning anyone?

Much of the ethical content of general practice is scarcely noticed, happening within a well developed GP culture that normally gets us by well enough. But is it just me or is the temperature gradually rising? Do we actually notice that the QOF raises ethical issues that are rarely discussed? And yes, what about commissioning?

ETHICAL APPROACHES

So if we are to brush up on our supposed expertise in ethics, what models should we use? Clearly 'principlism' is the predominant contemporary practical model in western medical ethics.^{2,3} We can all chant the mantra of 'beneficence, non-maleficence, autonomy, and justice', but do these form a coherent workable system or just a tick list-shaped fig leaf? But, within a pluralistic society, if not principlism then what? Might virtue ethics work?⁴ Principlism is a somewhat free-floating system whereas virtue ethics are more clearly grounded in a framework of what it is to develop excellence of character. Or can I find a way to derive ethics from a range of primary moral theories?⁵

And what use is theory anyway? Where is the evidence that ethical theory actually helps me to do better than my own common sense or moral intuition? And is my moral intuition about the same as yours?

CALL FOR PAPERS

There is a body of work that is starting to explore these issues.⁶ In 2011 the Royal College of General Practitioners joined forces with the Royal Society of Medicine to start to define and explore the *Ethics of the Ordinary*.⁷ The *BJGP* is taking this idea forward with a call for papers covering the issue of medical ethics for GPs. We wish to explore the ethical issues and dilemmas that arise within everyday general practice, and we need to also talk about the ethical frameworks that will be required as general practice moves forward into whatever brave new world is heralded by the Health and Social Care Bill. We are looking for high quality original contributions to this whole area. A number of possible formats would seem promising:

- empirical research, either qualitative or quantitative, into ethical issues in general practice;
- discussion papers relating ethical reflection and analysis and ethical theory to general practice;
- narrative approaches to general practice ethics, including case analysis; and
- discussion papers regarding likely future issues such as the implications of commissioning.

ADDRESS FOR CORRESPONDENCE

David Misselbrook

Faculty of the History and Philosophy of Medicine,
Society of Apothecaries, Black Friars Lane, London,
EC4V 6EJ, UK.

E-mail: david.misselbrook@rsm.ac.uk

General practice has often led the way in medical ethics teaching. It is time again for GPs to lead as we seek to sustain the Hippocratic tradition and explore what it means to put the interests of the patient in the centre of our practice.

David Misselbrook,

Senior Ethics Advisor, *BJGP*, London.

Provenance

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