TRUSTING THE LAW
Recent press reports suggested that some UK victims of gang-related knife crime don’t seek medical help as they will be reported to the police and targeted as informers.1,2 UK doctors are legally required to report criminal knife injuries to the state,3 which conflicts with our duty of confidentiality but aims for the greater good. I have never questioned it, possibly because I have never treated a stab wound, but also because I have spent my career inside a legal and professional box within whose boundaries I feel ethically secure. If those boundaries have been openly debated I have not participated. This is my failing: as doctors we should constantly examine the ethical milieu we exist in, and review our comfort with absolutes placed upon us by law.

This may sound pointless or even seditious if you trust the box you are in. UK law has evolved through the best efforts of decent human beings, and the state functions through open debate by elected individuals. Surely we can trust both to be honest, and the state to serve justice even if we question it.4

JUSTICE IS A CULTURAL CONCEPT
Justice and autonomy push against one another in every society, but the concept of justice varies with where society perceives its significant challenges and threats.

In 2012, the Syrian government made the provision of medical care in areas held by the opposition illegal.5 In the Islamic State group, psychologists are added to the confrontation with prisoners.6 In China, the organs of executed prisoners are harvested for transplant.7

In the UAE, doctors report pregnancies resulting from unmarried couples to the police.8 In this journal, James Sherifi described another country’s ethical milieu around end-of-life care, moulded by law, and deeply at odds with his own professional values.9 Saudi Arabia’s legal system involves doctors in judicial corporal punishment.10

In 2015, Australia threatened doctors working in immigration detention with prosecution if they made ‘unauthorised disclosures’ about poor conditions and abuses faced by asylum detainees.11 It is difficult for different societies to influence each other’s ethical positions, and accusations of lack of understanding abound, but it may in any case be from inside the box that the most effective challenges come.

In Syria, heroic doctors ignore Assad’s law and work on. In Saudi Arabia, active ethical debate seeks to change things that make doctors (and other people) uncomfortable.12 Australian doctors made a stand against being forcibly silenced and their government amended the act, excluding health professionals from the gagging clause.12

WE SHOULD DEBATE AND QUESTION
We should debate and question too. I don’t mean to suggest our mandatory reporting requirements are wrong, just that we should reflect regularly on what state intervention in doctors’ ethical decision making means, and check that we are comfortable with it. This may seem unnecessary when things look perfectly reasonable from the inside, but is essential if we are to avoid the fate of the frog.

“... it may in any case be from inside the box that the most effective challenges come. In Syria, heroic doctors ignore Assad’s law and work on.”

REFERENCES