THE ETHICS OF THE ORDINARY
When you are with a patient and you get a sinking feeling in the pit of your stomach, accompanied by a wish that you were somewhere else, you are probably facing an ethical problem. This link was pointed out to me by a friend and colleague Dame Lesley Southgate about 30 years ago, when we were teaching ethical medicine to medical students together. Since as far as I know she was the first person to point out this association, I have dubbed it ‘Southgate’s sign’.

CULTIVATING EMOTIONS
Balint taught GPs and others that a clinician’s feelings can be an important guide to what is going on.1 Patients may present problems in terms of physical symptoms, but the clinician may experience frustration, anxiety, sadness, or a sense of being trapped, which reflect emotions the patient is feeling but not aware of, or is unable or unwilling to express. The link may not be a simple mirroring; for example, many clinicians have observed that depressed patients make them feel angry, rather than depressed. Sometimes feelings may flag up distractions, as when we realise that we dislike a patient because she reminds us of an unpleasant older relative.

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Southgate’s sign is relevant to a discussion of the Ethics of the Ordinary, because one of the features of ordinary ethical issues is that they are not always perceived as such.

Medical certification is an area of the Ethics of the Ordinary I have explored in some depth. The opening gambit ‘I need a note, doctor’6 often elicits Southgate’s sign. Sometimes there is uncertainty about the facts; do I actually know enough about what this person’s work involves and how their illness affects their ability to do it to make a judgement as to their fitness? But more often there is a moral uncertainty reflected in ‘Southgate’s sign’. How does my responsibility to be truthful fit with my responsibilities to the patient? Am I being asked to make a judgement I am in fact qualified to make? What, if any, are my responsibilities to the third party requesting a medical certificate?

This is just one area of practice where attention to feelings will alert clinicians to the Ethics of the Ordinary. If readers pay attention to their own experiences of discomfort, if they identify ‘Southgate’s sign’, then no doubt they will find many other issues that it will be appropriate to discuss in this column.

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