



OTAGO BIOETHICS REPORT

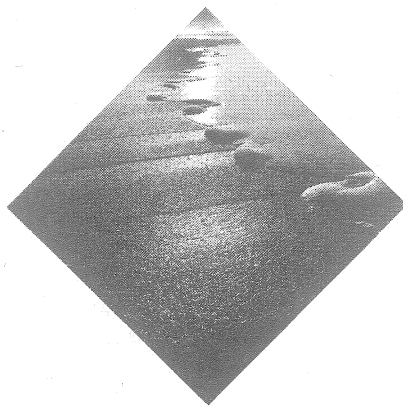
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Interview

Trust Me, I'm a Doctor: An interview with Professor Miles Little



This interview with Professor Little was originally published in *Medical Scripts: The Newsletter of the Faculty of Medicine, University of Sydney*. We thank Professor Little and *Medical Scripts* for allowing us to reproduce this interview in the Otago Bioethics Report.

Miles Little was the Foundation Professor at Surgery at Westmead Hospital. Whilst specialising in hepatobiliary and pancreatic surgery, he has maintained an interest in philosophy and poetry. He was awarded the Coupland Medal by the Royal Australian College of Surgeons in 1985.

Professor Little has written a book, *Humane Medicine*, which was published in 1995. In the preface he states "This book is concerned with the identification of problems that currently beset the relationship between doctors and their patients". So begins a philosophical discussion of the way in which science, with all the advances it has brought to medical practice, has subsumed the position of the patient as being the *raison d'être* of medicine.

Professor Little spent the second half of 1995 on study leave in Denmark and the UK. His most recent project is the establishment of The Centre for Values, Ethics and the Law in Medicine as an important research group within the Faculty of Medicine. David Duke (Medicine IV) interviewed Professor Little about his book and his work:

On the impetus to write *Humane Medicine*

"There is a very profound public dissatisfaction with medicine which is being expressed in a whole series of ways."

"The growth of complaints units is indicative, not just at the level of the Department of Health but every hospital now has a complaints unit and they are very busy. The second thing was the awareness from what doctors were writing

about their own illnesses and of the appallingly bad way we behave towards colleagues."

"The third was reading non-medical accounts of, particularly, fatal illnesses. The book by Anatol Broyard about his death from prostate cancer is what they call in the B grade movies "a searing indictment of the profession" and a real plea for a set of dead-simple, humane behaviours to be deployed by one person towards another."

"And that really got to me because for years in a kind of joking way I've said that if you take first year medical students who are very bright and have done very well at school and have a lot of common sense and you put them in a room with a person with advanced cancer or with AIDS and you say 'without talking to that person tell me something about them', they'd say on the basis of simple observation and common sense 'My God, he or she looks awful. They look so sick. I feel sorry for that person.'"

"By the time we get them into final year and put them in with the same person and you ask them what they see, they start looking for physical signs. "The fingernails look a bit pale and they are blue around the lips. Perhaps there is some shunting going on', without ever standing back and looking at someone who is clearly dying."

"And it is in that sense that we as a medical faculty (and I don't just mean the University of Sydney but everywhere I have taught in every part of the world) beat the common sense out of people. And we don't continually come back to saying 'Switch off as a trainee doctor. Look at that person and work out what it is they are

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experiencing'. Because we don't do that and we don't set any real value on it when it comes to the examination process or to the sort of people we point to as being paradigms for the medical profession to follow, we don't really set that on a pedestal. We pay it lip service but it's not something that we talk about seriously, it's not part of the discourse of the medical education experience."

"So really I suppose those were the underlying things. The awareness that the press, the politicians and the public don't like us a lot of the time and don't miss too many opportunities to get the knife in, that the lawyers are having an increasingly easy time in suing us, that our insurance premiums have gone from \$3,000 to over \$30,000 in the space of about ten years or less and all of these criticisms plus the things people are writing about what it is like to be ill made me aware that there is an enormous dissociation between what medicine is really all about, which is a concern for individuals, and what we're actually doing. And we're doing things in a very reductionist, Cartesian way. We are concentrating on science. We like to reduce problems. We like parsimonious explanations of illness and so on and so forth and we just forget about the person with the illness"

On the reception of Humane Medicine

"It's had the most obvious impact in North America. The reviews have been very good there but it has obviously touched a nerve and I've had quite a few unsolicited letters from people I've never met who are quite eminent figures within the intellectual side of medicine in the United States saying that this is extremely useful and so on. The English reviews have been good. It's been favourably reviewed several times in Australia. What concerns me most of all is that one young man who is writing a book on 'what to expect if you choose to do medicine' at the ANU has read it and used it a lot but criticises it for its philosophical content. The phrase he uses (he's delightful and I wish him no ill will) is that it was 'top heavy with philosophical jargon'. Now I don't mind that. It might be right but it doesn't come across that way to other cultures. It reflects badly on our cultural cringe."

"If you talk to a group of Danish medical students in their second year, they read the book and they have no problem at all. And I think it's sad that you can guarantee that won't be the reception in Australia. I think our educational orientation is on a very different level. It's very pragmatic, very reductionist,

very science-based, very realist and that's good in some ways but I think it's very bad in others."

On his recent sabbatical to Denmark

"I was in Denmark for a month with the Department of Philosophy at Aarhus."

"I found something which I never really expected to find: a group based in the Department of Philosophy which is financed by the Danish Department of Health. It consists of the Professor of Philosophy who is the chair, some other philosophers, sociologists, political scientists, developmental psychologists, anthropologists and health economists. Their brief is to deliver the theory on which the Danish Government will base its policy and it's been so successful they have funded it to the tune of \$5 million. The striking thing about the Danish one is that it appeared to me to be completely apolitical."

"They meet with the minister several times each year and every time it is the same plea 'give me more theory' because that's what we go back to in order to base policy and this is the way we keep our policies consistent. The minister says he wants theory, and he doesn't want policy. He says his policy makers are lousy theoreticians and he really doesn't want the theoreticians involved in the policy-making."

On The Centre for Values, Ethics and the Law in Medicine

"Supported by the Department of Surgery, its brief is twofold; really. The first is to take on difficult bioethical issues that are outside the ambit of the institutional ethics committees and to take on those issues that have an interface between ethics and the law. We've got two very good lawyers, one a brilliant legal theorist, involved in this."

"So we'll take on things like the *in vitro* fertilisation problems, the ethical ones that the institutional ethics committees feel they don't want to deal with because the legal entanglements are so problematic."

"The second thing is that we've deliberately built the word 'values' into it so that we could conduct our own research on the values that underpin the health endeavour and also take on reference research issues

that have some very fundamental value-laden content."

"In a more practical sense we have also been approached to help sort out the Department of Health's drive towards outcome measurement. A lot of money has been put aside at both the commonwealth and state level to finance outcome studies. Sounds terrific, very simple: 'What do you get for the health dollar?' 'If you take a group of colorectal cancer patients, what happens to them if you put them through this treatment or the other? We'll soon be able to find out what is best practice.'"

"Well, it's rubbish because nobody has sat down and considered the underpinning values that allow various stakeholders to define what they mean by a good outcome. You can say 'quality of life for patients is what we ought to be trying to achieve'. But that just isn't so because you go back to the patients and their families and you suddenly find that they tend to look at process as a major part of the outcome. If they're nicely handled by the oncology team and the nurses are sympathetic and the doctors are kind and explain everything, as far as they're concerned that's part of the outcome. You then have to go back and say to all the stakeholders, to the politicians, the economists, the doctors, the nurses, the patients, the patients' families, the patient support groups, the interest groups in the community, 'what is it that you value?'"

"A few people have been doing this. Gerry Wain has been doing this with gynaecological cancers for some time now and he has got a number of instruments for assessing patient satisfaction and the family's satisfaction and the treatment group's satisfaction. But you've got to start somewhere like that and define what it is that people value within your community as an outcome for this disease as opposed to that disease. Therefore, I think the real problem with outcome studies is that nobody is yet clear about looking at the value of different outcomes."

Professor Little will be visiting the Centre next year, when he will be taking part in the "Ethics for the Practising Surgeon Workshop" held in March of next year. Dr Katherine Hall will be reviewing a copy of Professor Little's book *Humane Medicine* in the next edition of the *Otago Bioethics Report*.