

# Chair, Committee for Ethical Issues in Medicine, Royal College of Physicians

John Saunders

**John Saunders**  
MA MD FRCP, Chair,  
Committee for  
Ethical Issues in  
Medicine; Honorary  
Professor, Centre  
for Philosophy,  
Humanities and  
Law in Healthcare,  
University of Wales  
Swansea;  
Consultant  
Physician, Nevill  
Hall Hospital,  
Abergavenny

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**ABSTRACT** – Key influences may be hard to identify. In this personal paper I reflect on the role of the Chair of the Committee for Ethical Issues in Medicine (CEIM) and on ethical issues that have involved the Royal College of Physicians (RCP). The committee has a diverse membership including several distinguished figures from outside medicine. In order to fulfil additional responsibilities the committee chair must bring to the CEIM practical ethics experience from outside bodies and, in turn, contribute externally through a variety of invitations and opportunities. It is impossible to know how far these spheres of influence extend, but I believe they are, on balance, significant, positive and necessary to the overall life of the RCP.

**KEY WORDS:** ethics committees, research ethics, royal colleges

Asked about the influences on our lives, few of us would fail to describe the intimate family or our early teachers. A variety of others would join that list, but beyond those names are others completely unknown to us. They have played their part in creating the ethos in which we live and work, had some part in establishing what is important for us, contributed to the public realm of ideas in which we participate in civic life, or made our tastes and beliefs what they are. Like the stone thrown into the pool, the ripples of the thoughts of others goes outwards, sometimes with little effect, but sometimes with effects never thought possible or even known.

Scientific progress is not predictable – there is no essential reason why the theory of natural selection should have been set out so late in scientific history – but it is probably true that if one person does not make a discovery, then someone else will, sooner or later. Social, political, musical, aesthetic, religious and literary ideas are not like that. Although they create our society's values, there seems nothing inevitable about many of them.

Heinrich Heine (1797–1856) wrote:

*Mark this, ye proud men of action. Ye are nothing but the instruments of men of thought who, often in humblest seclusion, have appointed you to your inevitable task. Maximilian Robespierre was merely the hand of Jean Jacques Rousseau.*<sup>1</sup>

This inevitability does not mandate the determinist's view of history. Rather it is Heine's contention that the outward masters of our destinies are often responding to ideas that originated, and circulated, from the pen of some unnamed scrivener in an obscure attic. Napoleon, Hitler or Mao, the proud men of action, were the products of those men of ideas: not simply Jean Jacques Rousseau or Friedrich Nietzsche or Karl Marx, but many others before them. That is not to discount the moral responsibility of those monsters, but to acknowledge the insight of Dostoyevsky's assertion that 'we are all responsible for everything.'<sup>2</sup> 'Practical men, who believe themselves to be quite exempt from any intellectual influences are usually the slaves of some defunct economist', observed John Maynard Keynes:

*Madmen in authority, who hear voices in the air, are distilling their frenzy from some academic scribbler of a few years back. I am sure that the power of vested interests is vastly exaggerated compared with the gradual encroachment of ideas...soon or late it is ideas, not vested interests, which are dangerous for good or evil.*<sup>3</sup>

## The Committee for Ethical Issues

Medicine is an applied science. Doctors apply their skills to the human body as engineers build bridges. Without generalisations about human beings, medicine, as we now know it, could not exist. But medicine also encompasses more than that: a set of conversational and relational skills rooted in, but not confined by, knowledge of the material organism.<sup>4</sup> It is in the contribution to the ideas, and, specifically, in the realm of values, that the Committee for Ethical Issues in Medicine (CEIM) at the Royal College of Physicians (RCP) makes its contribution. As chair of that committee, I have a key opportunity in influencing the issues we discuss and a wider responsibility to highlight the ethical dimension in other parts of RCP life.

These opportunities and responsibilities are, to follow Carol Black's earlier classification in her contribution in this series, firstly internal.<sup>5</sup> The chair of the CEIM also has external opportunities to contribute to and influence thinking outside the RCP.

The terms of reference of the committee are broad. They are currently agreed as:

- to identify and advise the RCP on matters of ethics of particular concern to physicians and the public they serve
- to respond to requests from individuals and public bodies for guidance on general ethical issues in medicine.

This gives considerable latitude in what is discussed. Given that ethical judgement is involved in all policy, there is the temptation to dabble in a huge number of areas, not just those that are traditionally labelled as 'ethical'. Yet ethical opinion is worthless unless grounded in a thorough understanding of the morally relevant facts. That is why the philosophically trained doctor or the reflective practitioner should have insights that go beyond those of the lay observer – including that popular Aunt Sally, the 'armchair ethicist'. My credibility begins from my role as a full-time physician working in one of the busiest acute units in Wales and my predecessors similarly have had a huge clinical experience. Equally the outsider, regardless of the armchair, can often give a perspective that is free from the assumptions and tribalism of the medical community. The CEIM enjoys the contributions from a varied and distinguished medically lay and professional membership. This has included representatives from the patient and carer network, the law, media, academic ethics, theology, Department of Health (DH), Medical Research Council (MRC) and the British Medical Association. The chair and secretary (in practice, a second in command), however, must respond to numerous inquiries between formal meetings of the CEIM, when detailed consultation may not be possible or, at any rate, email or written responses limited.

A recent example of this was the work of the joint Parliamentary Select Committee on the Human Fertilisation and Embryology Bill. There was an opportunity to express a view on several items under consideration. These included experimentation on hybrid embryos produced by cloning technology, testing embryos for sex selection on non-medical grounds and the establishment of a Regulatory Authority for Tissues and Embryos (RATE) proposed in a White Paper several months before. We were not, of course, the sole voice and I would not claim that our views were critical in the eventual recommendations of that Select Committee. But our views were expressed, both as a committee view and also through the President (PRCP) who accepted our advice; and in all three instances I am pleased to say that our view – shared by others – was accepted. Such influences may be cumulative in building up a compelling decision.

Responding to the regular arrival of documents for consultation is not an exciting or high profile activity, with the ultimate responsibility usually in the hands of the RCP Registrar. But I am always consulted where there is an obvious ethical dimension and this can lead to a closer involvement with the issues. For example, I found myself immersed in a six-hour meeting with civil servants from the Department of Constitutional Affairs over the Mental Capacity Bill (as it then was), represented the PRCP at the launch of the Human Tissue Authority, and joined neurologist Adam Zeman in a serious Radio 4

science documentary discussing the vegetative state. Other invitations include RCP working groups such as that on the vegetative state<sup>6</sup> or being one of the three judges on the quinquennial Swiney book prize in jurisprudence at the Royal Society of Arts. Membership of the editorial board of *Clinical Medicine* gives the opportunity to influence the content of the journal. I believe the journal has made a significant contribution to concerns around ethical practice, especially in its section on professional issues.

### Informing the public

Media interest has been high in a number of ethical issues and I am contacted both directly and through the RCP's press office. My belief is that the RCP should articulate a voice if possible. So, provided I believe I have a reasonably competent grasp of the issues, invitations are accepted. Embryo research, living wills, and organ donation have been some recent issues. My task, as with any spokesperson, is to represent the institution, which may not always be exactly my personal position. Royal colleges cannot complain if they are ignored unless they engage with public issues in this way.

In the last few years the most controversial of such public issues have undoubtedly been Lord Joffe's three successive bills to legalise the active and intended termination of human life (physician assisted suicide and voluntary euthanasia). Even the language was controversial: 'assisted dying' to its proponents, 'therapeutic killing' to its opponents. Faced with an even split in the CEIM on the desirability of the second bill, the RCP opted for a position of neutrality.<sup>7</sup> Correspondence indicated that this was not popular: these were not proposals about what others might do, but about what doctors might do. Both proponents and opponents of change suggested that a professional body should surely be able to express an overall opinion to influence public debate. The Royal College of General Practitioners (RCGP), who had originally shared our neutral position when we appeared jointly before the House of Lord Select Committee, undertook its consultation under similar pressures. We followed, but sought to maintain the joint position by using a question on the RCGP's motion as the basis of the consultation. The perception that this biased the outcome led me to recommend that we should undertake a validating survey using a question suggested by the bill's sponsor and knowing that being online for 48 hours was capable of generating reliable data. This was agreed by key senior officers and the result gave enormous power to the outcome. Not only was this the largest survey of medical opinion on the subject, but the combination of the level of participation, its free-text comment and the follow-up survey gave it strong validity. Small wonder that some of those who did not like the outcome resorted to distortion. The impact was significant with headlines in the national press, extensive quotation in the debates among parliamentarians and an interview on Radio 4's *Today* programme and the World Service. The RCP's online statement was carefully crafted to emphasise the 26% minority as well as the majority opinion.<sup>8</sup> My only regret is that the media is not interested in that sort of balance,

but it is the price of influence and surely better than retreating into irrelevance. In this case, I believe there are clear messages for proponents and opponents of change that go far beyond trying to deny or publicise the overall outcome.

Cooperation with other royal colleges is increasingly important. For many years the Royal College of Paediatrics and Child Health (RCPCH) has had a representative on the CEIM and for five years I had a reciprocal role on theirs. This enabled input into research ethics guidelines for children,<sup>9</sup> end-of-life issues,<sup>10</sup> clinical trials in children<sup>11</sup> and commercial sponsorship.<sup>12</sup> My predecessor as CEIM chair, Ray Tallis, set up an intercollegiate ethics forum and I have continued as chair of this group. We meet every six months to ensure that colleges know what each is doing. Problems can be shared and duplication avoided.

## Research ethics

The practice of ethical review in research has created its own controversies. The RCP's involvement and influence upon the development of the ethical review of human research has been second to none. RECs in the UK were an initiative from the RCP and for many years the RCP's guidelines were the most influential guide to organisation and practice. My hope is that the rewritten fourth edition, produced under the aegis of the CEIM, will continue to maintain that influence and encourage the pursuit of ethical research.<sup>13</sup> In this instance, the CEIM acted as a sort of long-stop with a multidisciplinary working group meeting roughly bi-monthly to review and amend successive drafts. Similarly, the CEIM has overseen many previous projects including a report on clinical ethics, statements on research involving tissues and medical records, and others.<sup>14,15</sup>

My interest in medical ethics was fostered by the first masters degree programme of its kind, which was initiated in the University of Wales over 20 years ago. This offered not only the opportunity to study the basis and practice of ethics but also some understanding of the philosophy of science. I have found this invaluable in ordinary daily practice – rather more so, I have to admit, than my own doctoral research. But it led into an involvement in research ethics for over 20 years, in its practice and in its training. The first national training conference for REC members came from Wales and still continues after relocation to Cambridge; and UK influence has extended into mainland Europe through teaching and meetings. The National Research Ethics Service (formerly COREC) has developed standards in a number of ways. The regular quarterly meetings of chairs of multi-centre RECs enabled regular exchanges of views and problems; and there have been working groups, such as those on accreditation of RECs, student research, the implications of the Warner Report and, most recently, on appraisal of REC chairs. Such activities not only give the opportunity to meet those outside my own specialty in medicine, but involve a team of individuals coming together, of which I am but one member. These experiences and influences have fed back in turn to the RCP guidelines.

Many external bodies request a representative to articulate ethical concerns in their considerations. For me this has

included work at the Health Protection Agency's Creutzfeldt-Jakob disease incidents panel, at the DH on consent in emergency research and on pandemic influenza, at the MRC on the National Tonsil Archive and at Welsh Assembly Government on resource allocation. Additionally there are the opportunities to speak and write, to review proposals and papers, and to teach and assess, especially at the universities in Swansea and Cardiff. This paper was written from the privileged position of a sabbatical in the Bioethics Centre in the University of Otago, New Zealand. Such activities will have parallels in all other areas of medicine but what is unusual in ethics is the challenge of offering relevant comment across a spectrum of medicine. There is a big challenge in trying to understand new fields, a *sine qua non* for intelligent comment.

A special interest in medical ethics has therefore given me the possibility of influencing thinking and policy in a variety of areas through the CEIM and the opportunities to which it has given rise. In throwing my stones into the pond, it is for others to judge whether they have been thrown in the right direction, whether the ripples have been big enough or whether they have been noticed. But it is my hope that some positive influence has been exerted and will continue to assist the RCP to influence medicine for the better. It has certainly been enjoyable, hard work, intellectually rewarding and, in a hackneyed but true phrase, a great privilege.

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## References

- 1 Heine H. Religion and philosophy in Germany (English translation 1882). Quoted in: Briskman L, Doctors and witchdoctors: which doctors are which? *BMJ* 1987;295:1033–6.
- 2 Dostoyevsky F. *The possessed* (transl. C Garnett). London: Dent, 1931.
- 3 Keynes JM. *The general theory of employment and money*. London: Macmillan, 1936:303–4.
- 4 Williams R. On the edge of faith. *Clin Med* 2002;2:495.
- 5 Black C. Spheres of medical influence: President, Royal College of Physicians. *Clin Med* 2006;6:387–91.
- 6 Royal College of Physicians. *The vegetative state: guidance on diagnosis and management*. Report of a working party. London: RCP, 2003.
- 7 Clarification of the RCP position on the Assisted Dying Bill. [www.rcplondon.ac.uk/news/statements/statements\\_assisted\\_dying\\_01.htm](http://www.rcplondon.ac.uk/news/statements/statements_assisted_dying_01.htm)
- 8 RCP cannot support legal change on assisted dying- survey results. [www.rcplondon.ac.uk/news/news.asp?PR\\_id=310](http://www.rcplondon.ac.uk/news/news.asp?PR_id=310)
- 9 Royal College of Paediatrics and Child Health. Guidelines for the ethical conduct of medical research involving children. *Arch Dis Child* 2002;82:177–82.
- 10 Royal College of Paediatrics and Child Health. *Withholding or withdrawing life saving treatment in children: a framework for practice*. London: RCPCH, 1997.
- 11 Royal College of Paediatrics and Child Health. *Safer and better medicines for children. Developing the clinical and research base of paediatric pharmacology in the United Kingdom*. London: RCPCH, 2004.

- 12 Royal College of Paediatrics and Child Health. *Commercial sponsorship in the Royal College of Paediatrics and Child Health*. London: RCPCH, 1999.
- 13 Royal College of Physicians. *Guidelines on the practice of ethics committees in medical research with human participants*, 4th edn. London: RCP, 2007.
- 14 Royal College of Physicians. *Ethics in practice: background and recommendations for enhanced support*. Report of a working party. London: RCP, 2005.
- 15 Research based on archived information and samples. Recommendations from the Royal College of Physicians Committee on Ethical Issues. *J Roy Coll Phycn Lond* 1999;33:264–6.