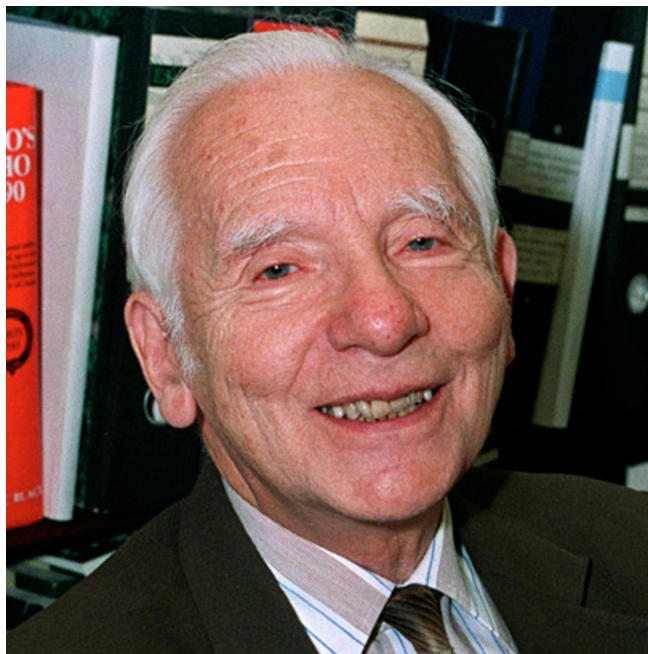


# **History of Medical Ethics, Health Administration, and the Legacy of Josef Rotblat.**

**I. History of Medical Ethics:** The need for high ethical standards of behaviour for doctors has been recognised since the beginning of Western medicine, as embodied in the original Hippocratic Oath 2300 years ago, and in all later versions of this document. In the context of modern research-based medical practice, the first effective statutes in medical ethics were probably those enacted in Prussia, in 1900, related to a scandal arising from research in Breslau, on sexually transmitted disease. However, the real origin to modern medical ethics as a distinct sub-specialty within the medical professions is the Nuremberg Trial of Doctors, in 1946-47, which brought a form of legal process to bear on medical atrocities committed by German medical people during the Third Reich. It was a Canadian psychiatrist – John W Thompson - who insisted that medical atrocities be included in the Nuremberg Trials. After this, the pace towards developing rigorous ethical standards, including concepts such as informed consent (for research and for many medical interventions) was initially slow. The Declaration of Helsinki in 1964 was a major step forwards; and from 1970 onwards, principles and operational procedures to ensure that ethical standards were upheld has become a topic for intense scrutiny in many countries. However, in developments since then, there has been a major anomaly. In the list of those charged at Nuremberg, ‘medical’ administrators were not differentiated from medical people who actually perpetrated the atrocities; yet, in the discipline of medical ethics, as it has evolved since then, the focus has been on medical practitioners, but has excluded medical administrators.

## **II. Biography of (Sir) Josef Rotblat.**



Here I move to a story which seems far away, but has an important link, and to which I have a personal connection. This is about the Polish/British physicist Josef Rotblat (1908-2005). He trained as a physicist in Warsaw, during the era when revolutionary insights into atomic structure were being uncovered. In the late 1930s he moved to Liverpool, in the United Kingdom, to continue his research. Then the second World War broke out, Poland was invaded, and much of Warsaw was destroyed in the *Blitzkrieg* ('*Lightning War*'). Rotblat never saw his family again. In 1944, after the USA had joined the war, Rotblat was encouraged to join the Manhattan Project, which developed the first nuclear weapon, exploded at Hiroshima in August 1945. While Rotblat was working on the project at Los Alamos, he overheard the 'top brass' there saying that the project was not really aimed at Germany as the enemy, but rather - at a time when it was clear that Germany would lose the war - to limit Russian/Soviet expansion in the post-war period. Rotblat was so shocked on hearing this, that he resolved to leave the Manhattan project. Of course he was a security risk; but somehow he got back to Britain.

In due course he became one of the leading figures in a relatively new profession – Medical Physics (as Professor of Physics at St. Bartholomew's Hospital, London). Many of those in this emerging profession had similar stories – scientists who had refused to use their technical knowledge to develop weapons of war. Later, many of them became powerful voices against nuclear proliferation, their authenticity coming from the fact that they combined scientific expertise with deep ethical commitment. Rotblat himself, once he became established in the UK, and with alarm growing about the danger of nuclear war, used his position to set up a high-level, but discrete organisation, bringing together the best nuclear scientists from both sides of the Iron Curtain, along with other eminent persons, such as the philosopher Bertrand Russell, to work out ways to defuse the growing hazard of nuclear war. The first such meeting took place in 1957 at a small town in Nova Scotia, called Pugwash. In later years it is said that the Pugwash Conferences played a critical role in preventing actual nuclear conflict, at critical times of the Cold War. In October, 1995, Rotblat and the Pugwash Conferences were awarded the Nobel Peace Prize.

My personal connection? My own father was also a medical physicist from the same generation. He knew and greatly admired Rotblat and what he stood for. Rotblat had certainly sat around the family dinner table on several occasions at our home in Sheffield, although I had no idea at the time of the significance of this person. When my father heard about the Nobel award to Rotblat, he immediately wrote to congratulate him. His message was acknowledged in a letter received soon after. My father died within a few weeks; and this was one of the last letters he received.

**III: Rotblat's Nobel Acceptance Speech.** Why do I mention Rotblat in the context of medical ethics and health administration? In Rotblat's Nobel acceptance lecture, entitled '*Remember your Humanity*', given in December 1995, he suggested that research scientists should voluntarily give their public commitment to something similar to the Hippocratic Oath, as has long been the tradition for medical personnel, on graduating: '*The time has come*' he said '*to formulate guidelines for the ethical conduct of scientist, perhaps in the form of a voluntary Hippocratic Oath. This would be particularly valuable for young scientists when they embark on a scientific career.*'

**IV. Implications for Health Administration.** Decisions taken by medical administrators, for good or bad, and whether or not such persons are medically qualified,

without doubt have ethical implications, just as do those taken by clinicians or by research scientists. This was recognised at the Nuremberg trials, since administrators, who, by the stroke of a pen, enabled atrocities to happen, were as culpable as those who actively conducted those atrocities. *Following from points made earlier, my suggestion, then, is that there should be a similar form of public declaration of ethical commitment applying to health administrators, whether or not they are themselves medical graduates.* I have been considering this idea for some time, and am likely to raise it in international forums in coming months.

#### **V. Relevance to Health Administration in Today's New Zealand:**

Growing in the last generation, in New Zealand and other countries has been a certain style of management, part of the so-called 'managerial revolution'. Management has become a generic skill, to be applied with little change, anywhere from the oil industry, to manufacture of processed foods, or to health administration. Any specific aspects of what is being administered fade into the background. In healthcare systems, as in other complex state-funded agencies, this has led to increasing separation of administrative staff from front line health-care staff. This has been accompanied by a transition from a world in which health administrators were usually medical people who would have subscribed to some version of the Hippocratic Oath, to one where administrators often had no such background, nor the ethical commitment it implies; and for whom the word 'ethics' would as like as not imply 'business ethics', rather than 'medical ethics'. Of course, these two concepts are entirely different.

It is notable that our health care systems usually use the word 'health' not 'medical'. We have a Ministry of *Health*, a set of District *Health* Boards, and a *Health* Research Council (the latter deliberately replacing the *Medical* Research Council in the early 1990s). The word 'health', along with 'healing' 'whole', 'holy' and 'holistic', all have the same derivation, referring to something quite different from 'absence of disease', and defined in ways recognised in 1978 by the World *Health* Organization, in its Declaration of Alma Ata. Use of the phrase '*health* administration' rather than 'medical' administration therefore implies the following: that every effort should be made to coordinate services into a holistic pattern, taking social context for illnesses into account; and if disputes arise about standards of service delivery in individual cases, taking a broad look at the whole context of a series of events. Such a holistic approach should apply whatever the scale of the administrative decisions under consideration, from the very small and local, to the very large and cross-national. This perspective would be a complete contrast to the highly legalistic one, which often prevails, and which slices and dices all concepts as though every tiny part should be considered in isolation, rather than as parts of an organic whole 'which is greater than the sum of its parts'. *Such thoroughly holistic standards should be central to any future Hippocratic Oath which might be developed to define the ethical commitment of our health administrators. In short, health administrators should be held to the true meaning of the word 'health'.*

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