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The Corruption of Medical Ethics—A Sober Warning

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Clear evidence of this is found in a prophetic warning issued by Eugene F. Diamond, a practicing pediatrician and Professor of Pediatrics at Loyola University Stritch School of Medicine. Writing in *Ethics and Medicine: An International Journal of Bioethics*, Diamond warns that dangerous conflicts of interest are being institutionalized and normalized in the field of medicine.

Diamond first sets the issue in moral perspective. “Medicine as a profession is a public declaration of a willingness to devote oneself to others and to serve a higher good,” he reminds. “The physician is a moral being who professes and affirms the moral nature of his activity.”

This declaration of the physician’s moral responsibility is not a recent development. The practice of medicine is inherently moral, dealing with matters of life and death and placing in the hands of physicians an enormous power to be an agent for life or death, good or evil.

In Dr. Diamond’s view, the state of the medical profession today represents a gross violation of the physician’s moral responsibility. “We have in recent years seen an attempt to convert our profession to a killing activity. Doctors as abortionists kill unborn children; doctors accept the responsibility to kill patients with or without their consent as in Holland or to engage in the subterfuge of physician-assisted suicide as in the state of Oregon in America. The doctor true to his calling will not violate the taboo against killing. He will not do it for love and he will not do it for money.”

Those are strong words. Diamond clearly believes that physicians are not to kill. This flies in the face of the complicity of many doctors in the Culture of Death and its business of killing by abortion, euthanasia, and the selective denial of human dignity.

In his important article, “Conflicts of Interest in Medical Ethics,” Diamond issues a frightening catalog of modern compromises in the field of medical ethics.

He begins with data published in medical journals. As he notes, this authoritative information is incredibly influential in determining the actual decisions made by doctors. In order to protect the objectivity and integrity of these medical journals, policies must be in place to prevent commercial influence or financial motivation. As Diamond notes, “This requires that the financial associations of authors are disclosed and that these associations do not influence published articles.” Furthermore, the absence of conflicts of interest must be extended throughout the entire process of publication, including peer review.

Yet Diamond notes the pattern of increased complicity and the growing relationships between biomedical companies and medical research. “Beyond the direct support of research or therapeutic trials, authors may receive consulting fees,

serve on advisory boards, own equity, receive patient royalties or receive honoraria for lectures or expert testimony,” he notes.

That principle should be clear enough, but Diamond reports that journals such as the *New England Journal of Medicine* and the *Journal of the American Medical Association* have altered their policies in order to prevent those involved in the writing and editorial process from being compromised by any “significant” financial interest in a related company or its competitors. By adding the word “significant” as a qualifier of this financial interest, these journals have effectively opened the door for a subjective judgment as to what represents a significant or insignificant opportunity for financial gain that would constitute an ethical problem. As Diamond also relates, the National Institutes of Health and the Association of American Medical Colleges “have likewise relaxed their requirements regarding financial association and resultant possible bias.”

Even as those behind these policy changes attempt to justify their revisions by claiming an insufficient number of authors or reviewers “because so many academicians and clinicians are involved in intertangling financial relationships with pharmaceutical companies,” Diamond concludes: “Inevitably the outcome of the policy will be an enhanced opportunity for the introduction of conflicts of interest and a reduced confidence in the reliability of published data.”

That is a high price to pay. Too high, in fact, when the multiple layers of potential bias are taken into consideration. Furthermore, specific examples of biased “research” serve as a frightening indication of what further conflict may bring.

Diamond offers an article published in the *New England Journal* as an example. This particular article “concluded that RU-486 (the so called ‘abortion pill’) was ‘effective and safe’.” What the article did not reveal is that all six authors of the article “were employees of Roussel-Uclaf which manufactured RU-486 and stood to make huge profit from the sales.” Diamond characterizes the article as “in fact an ill-disguised promotional piece” on behalf of the pro-abortion lobby, Roussel-Uclaf, and their enablers in the media.

Diamond also reports that a delegation from the Catholic Medical Association met with officials and editors of the *Journal of the American Medical Association* to express concern about a large number of pro-abortion articles published in the journal, without one anti-abortion paper accepted for publication. The editors denied that any bias was involved in this pattern. Diamond rejected this denial and pointed to an internal memorandum that had been leaked to the doctors by an AMA employee. This memorandum informed the JAMA that the journal’s staff was “not to publish anti-abortion studies or statistical studies unfavorable to abortion.”

Ominous new developments in the field of human cloning and embryo research pose additional opportunities for the distortion and corruption of medical ethics. Diamond relates that congressional debate on the question of cloning revealed that at least three human cloning patents were pending in the U.S. Patent Office. Senator Sam Brownback, sponsor of the Human Cloning Prohibition Act, had argued against the destruction of one human person in order to find a cure for another. Diamond warns that the threat is even more ominous than that. “Even more frightening is the prospect of people in corporate America owning, trading, buying, and selling (cloned) people as if they were property.” Nevertheless, Senator Brownback’s Human Unpatent Ability was defeated in Congress.

What does all this mean? As Diamond concludes, “The culture of death has for the last thirty years clearly controlled the press and the media and now shows a sinister proclivity toward controlling the scientific literature and thereby the political process. Through the powerful incentive of the profit motive derives the clear conflict of interest between objective scientific investigation and advocate science in pursuit of monetary gain.”

Could more be on the horizon? Diamond warned that the “ultimate perversion” of medical research would be the commercialization and sale of body parts for use and experimentation. “The reality of a brisk business in fetal body parts as an offshoot of the abortion industry has been exposed by numerous investigative pro-life agencies,” Diamond asserts. “These are not mere allegations—actual advertisements containing price lists for human tissues from aborted babies have been discovered in scientific journals.”

From this specter, Diamond moves to the issue of donor organs, noting the potential and actual conflict of interest related to the use of “Heart Beating Cadaver Donors” and “Non Heart Beating Cadaver Donors.” In the first case, the donors “are patients who have had an irreversible cessation of total brain function and are being maintained on ventilators in Intensive Care Unit.” The second donor class is comprised of those who have experienced uncontrolled

cardiopulmonary death or what is called “Controlled Timing and Place of Death.” In these cases, the donor patient is taken to the operating room, where life support is disconnected and the organs are removed “immediately or shortly after the pronouncement of death.”

As Diamond explains, this context opens the door to several potential ethical compromises and conflicts of interest. Beyond this, Diamond reports that a movement to liberalize rules in order to allow a free market for the purchase of organs “raises the specter of a bidding war in which less deserving, wealthy candidates for transplantation gain priority over poor candidates lacking the wherewithal to purchase organs.”

With the War on Terror in view, the doctor also raises the ethical issues involved in the publication of biological research that could be employed by terrorists. Scientists are reflexively opposed to the idea that their research should be censured for any reason, Diamond explains, and this provides the opportunity for bioterrorists to use published data in order to create weapons of mass destruction. He raises the specific example of studies conducted by the Armed Forces Institute of Pathology on the 1918 influenza pandemic and the virus that killed such a large percentage of the American population. What if bioterrorists used this data in order to create an even more virulent strain of the virus that would be resistant to antibiotics and vaccines? As Diamond notes, “There are serious questions as to whether such information should be made available in journals.”

Finally, Diamond turns to the politicization of so-called “scientific” research into a supposed genetic basis for homosexuality. Even as the media have largely accepted and trumpeted a genetic link to homosexuality, there is simply no basis in qualified and credible scientific research to back up this claim. “There are, however, ongoing attempts to convince the public that same-sex attraction is genetically based,” Diamond laments. “Such attempts are politically motivated by the supposition that the public would be more likely to respond to changes in laws and religious teaching were they to believe that same-sex attraction is genetically determined and unchangeable.”

There is more. Diamond points to the American Cancer Society’s refusal “to admit a relationship between abortion and breast cancer despite the overwhelming evidence.” Beyond this, he also challenges the National Institutes of Health’s dogmatic insistence that condoms are effective in preventing the spread of AIDS. “When the question was posed at a large international meeting of AIDS experts how many would be willing to have sexual intercourse with an HIV positive person while wearing a condom, no one in the audience raised their hand,” he reports.

Dr. Diamond’s conclusion is an ominous warning: “The evidence strongly suggests that the officialdom of numerous professional organizations such as AMA and American College of Obstetrics and Gynecology has a hidden agenda of apologizing for abortion and upholding the homosexual rights lobby despite any evidence to the contrary and despite the conflicting opinion of many in their grassroots membership.”

These real and undeniable conflicts of interest tell a story more frightening than any work of science fiction. Keep this in mind the next time you hear a debate over medical ethics, read of a purported new “finding” in medical research, or, more frightening still, admit yourself to the local hospital.

Physicians claim to be medical professionals who are alone qualified to determine the proper ethics for their profession. Yet, if the physicians are unable or unwilling to maintain the integrity of medical research and medical practice, others in society will have to step in—and in a hurry. Perhaps today’s physicians should be reminded of an old maxim: Physicians, heal thyselfes.

