OPINION

GUEST ESSAY

In Medicine, the Morally Unthinkable Too Easily Comes to Seem Normal

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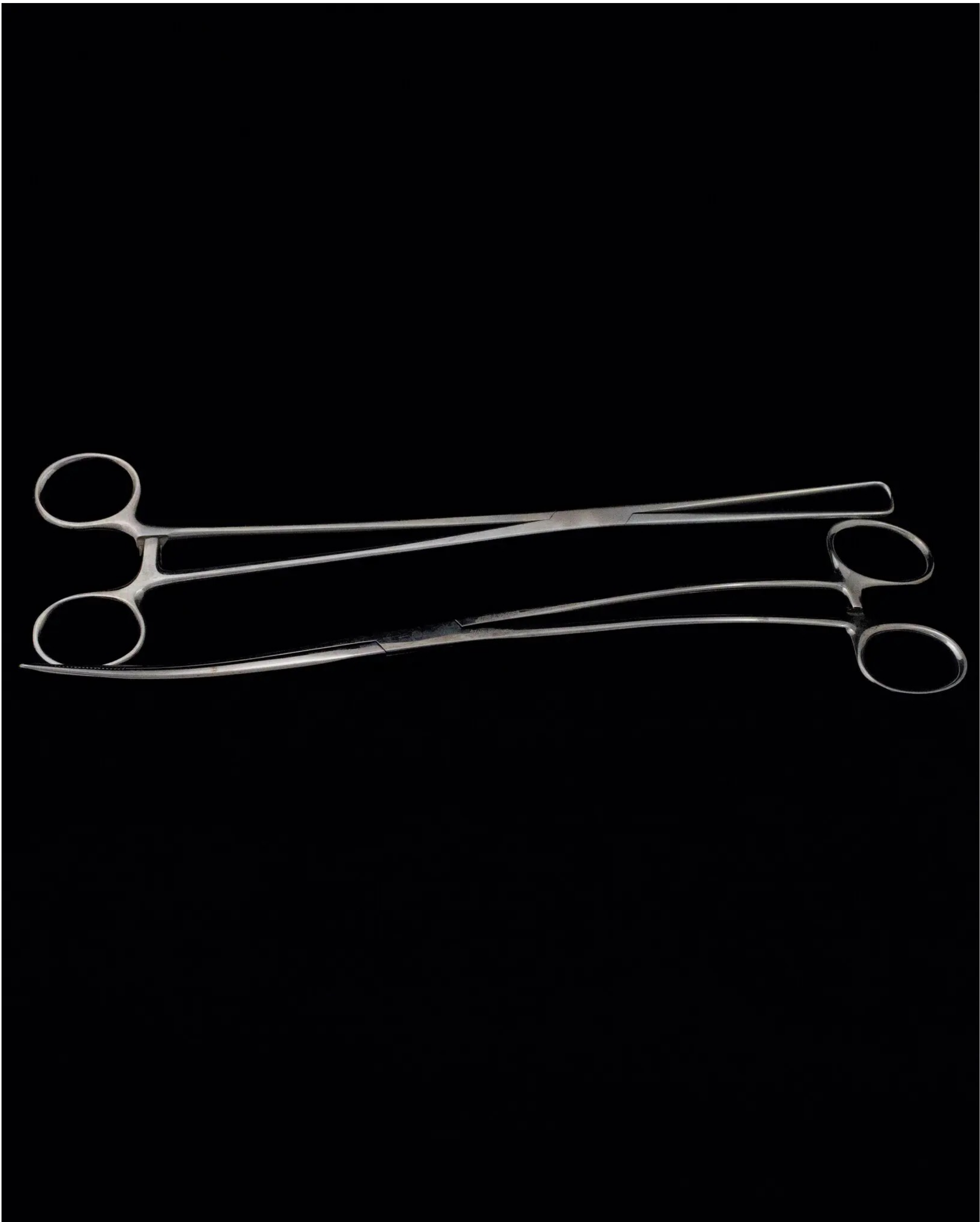

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By Carl Elliott
Dr. Elliott teaches medical ethics at the University of Minnesota. He is the author of the forthcoming book “The Occasional Human Sacrifice: Medical Experimentation and the Price of Saying No,” from which this essay is adapted.

Here is the way I remember it: The year is 1985, and a few medical students are gathered around an operating table where an

anesthetized woman has been prepared for surgery. The attending physician, a gynecologist, asks the group: “Has everyone felt a cervix? Here’s your chance.” One after another, we take turns inserting two gloved fingers into the unconscious woman’s vagina.

Had the woman consented to a pelvic exam? Did she understand that when the lights went dim she would be treated like a clinical practice dummy, her genitalia palpated by a succession of untrained hands? I don’t know. Like most medical students, I just did as I was told.

Last month the Department of Health and Human Services issued new guidance requiring written informed consent for pelvic exams and other intimate procedures performed under anesthesia. Much of the force behind the new requirement came from distressed medical students who saw these pelvic exams as wrong and summoned the courage to speak out.

Whether the guidance will actually change clinical practice I don’t know. Medical traditions are notoriously difficult to uproot, and academic medicine does not easily tolerate ethical dissent. I doubt the medical profession can be trusted to reform itself.

What is it that leads a rare individual to say no to practices that are deceptive, exploitative or harmful when everyone else thinks they are fine? For a long time I assumed that saying no was mainly an issue of moral courage. The relevant question was: If you are a witness to wrongdoing, will you be brave enough to speak out?

But then I started talking to insiders who had blown the whistle on abusive medical research. Soon I realized that I had overlooked the importance of moral perception. Before you decide to speak out about wrongdoing, you have to recognize it for what it is.

This is not as simple as it seems. Part of what makes medical training so unsettling is how often you are thrust into situations in which you don’t really know how to behave. Nothing in your life up to that point has prepared you to dissect a cadaver, perform a rectal exam or deliver a baby. Never before have you seen a psychotic patient involuntarily sedated and strapped to a bed or a brain-dead body wheeled out of a hospital room to have its organs harvested for transplantation. Your initial reaction is often a combination of revulsion, anxiety and self-consciousness.

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To embark on a career in medicine is like moving to a foreign country where you do not understand the customs, rituals, manners or language. Your main concern on arrival is how to fit in and avoid causing offense. This is true even if the local customs

seem backward or cruel. What's more, this particular country has an authoritarian government and a rigid status hierarchy where dissent is not just discouraged but also punished. Living happily in this country requires convincing yourself that whatever discomfort you feel comes from your own ignorance and lack of experience. Over time, you learn how to assimilate. You may even come to laugh at how naïve you were when you first arrived.

A rare few people hang onto that discomfort and learn from it. When Michael Wilkins and William Bronston started working at the Willowbrook State School in Staten Island as young doctors in the early 1970s, they found thousands of mentally disabled children condemned to the most horrific conditions imaginable: naked children rocking and moaning on concrete floors in puddles of their own urine; an overpowering stench of illness and filth; a research unit where children were deliberately infected with hepatitis A and B.

"It was truly an American concentration camp," Dr. Bronston told me. Yet when he and Dr. Wilkins tried to enlist Willowbrook doctors and nurses to reform the institution, they were met with indifference or hostility. It seemed as if no one else on the medical staff could see what they saw. It was only when Dr. Wilkins went to a reporter and showed the world what was happening behind the Willowbrook walls that anything began to change.

When I asked Dr. Bronston how it was possible for doctors and nurses to work at Willowbrook without seeing it as a crime scene, he told me it began with the way the institution was structured and organized. "Medically secured, medically managed, doctor-validated," he said. Medical professionals just accommodated themselves to the status quo. "You get with the program because that's what you're being hired to do," he said.

One of the great mysteries of human behavior is how institutions create social worlds where unthinkable practices come to seem normal. This is as true of academic medical centers as it is of prisons and military units. When we are told about a horrific medical research scandal, we assume that we would see it just as the whistle-blower Peter Buxtun saw the Tuskegee syphilis study: an abuse so shocking that only a sociopath could fail to perceive it.

Yet it rarely happens this way. It took Mr. Buxtun seven years to convince others to see the abuses for what they were. It has taken other whistle-blowers even longer. Even when the outside world condemns a practice, medical institutions typically insist that the outsiders don't really understand.

According to Irving Janis, a Yale psychologist who popularized the notion of groupthink, the forces of social conformity are especially powerful in organizations that are driven by a deep sense of moral purpose. If the aims of the organization are righteous, its members feel, it is wrong to put barriers in the way.

This observation helps explain why academic medicine not only defends researchers accused of wrongdoing but also sometimes rewards them. Many of the researchers responsible for the most notorious abuses in recent medical history — the Tuskegee syphilis study, the Willowbrook hepatitis studies, the Cincinnati radiation studies, the Holmesburg prison studies — were celebrated with professional accolades even after the abuses were first called out.

The culture of medicine is notoriously resistant to change. During the 1970s, it was thought that the solution to medical misconduct was formal education in ethics. Major academic medical centers began establishing bioethics centers and programs throughout the 1980s and '90s, and today virtually every medical school in the country requires ethics training.

Yet it is debatable whether that training has had any effect. Many of the most egregious ethical abuses in recent decades have taken place in medical centers with prominent bioethics programs, such as the University of Pennsylvania, Duke University, Columbia University and Johns Hopkins University, as well as my own institution, the University of Minnesota.

One could be forgiven for concluding that the only way the culture of medicine will change is if changes are forced on it from the outside — by oversight bodies, legislators or litigators. For example, many states have responded to the controversy over pelvic exams by passing laws banning the practice unless the patient has explicitly given consent.

You may find it hard to understand how pelvic exams on unconscious women without their consent could seem like anything but a terrible invasion. Yet a central aim of medical training is to transform your sensibility. You are taught to steel yourself against your natural emotional reactions to death and disfigurement; to set aside your customary views about privacy and shame; to see the human body as a thing to be examined, tested and studied.

One danger of this transformation is that you will see your colleagues and superiors do horrible things and be afraid to speak up. But the more subtle danger is that you will no longer see what they

are doing as horrible. You will just think: This is the way it is done.

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