

How doctors and public health officials deal with dilemmas

June 3 2011, by Lin Edwards

Scientists in the US have investigated the ways in which medical doctors and public health professionals deal with hypothetical dilemmas that require them to decide whether to sacrifice a few for the sake of saving many. Their research extends the kind of dilemma often seen in ethics and philosophy courses, such as the well-known footbridge dilemma, originally suggested by philosophers Philippa Foot and Judith Jarvis Thomson, in which a trolley is about to hurtle into and kill five workers on a railway track. You are on a footbridge spanning the track and can save the workers by pushing a large man next to you off the bridge and into the path of the trolley. The question is, is it morally permissible to kill the one to save the five?

Harvard psychologist Joshua Greene and undergraduate student Katie Ransohoff decided to use more realistic medical dilemmas that real doctors and public health professionals might have to face to test 153 volunteers: 69 of them public health professionals who plan or manage health campaigns and medical resources and 84 [medical doctors](#) who actually treat the patients.

The volunteers and 110 controls from unrelated professions were all given the standard dilemmas such as the railway trolley, plus realistic medical dilemmas. One example of the medical dilemmas posed was to decide whether to save a few lives now using expensive treatments or to use the money for thousands of cheap [diagnostic tests](#) that could save many patients in the future. Another was whether or not to disconnect life support from a critically ill patient to give several other patients the

brief access they needed to the life support machines.

In the trolley dilemma only 12 percent of doctors were willing to kill the one man to save the five workers, and in the life support systems dilemma less than one third of the doctors were willing to sacrifice the critically ill patient to save the others. The results of the medical doctors and volunteers from non-medical professions were not statistically different.

The results for the public health professionals were vastly different, however, with 21 percent willing to kill the man in the trolley dilemma and almost half willing to sacrifice the critically ill man.

Dr. Greene said the results probably reflect the oath doctors take to “do no harm,” and he pointed out that doctors do choose not to sacrifice their patients’ health for the greater good in their overprescribing of antibiotics, which leads to widespread resistance.

Bioethicist Daniel Wilker from the Harvard School of Public Health, who helped design the experiments, said the next stage in the study would be to test public health professionals before and after training. This would enable researchers to tell if the training made people more willing to sacrifice the few for the many, or if people who were so inclined were attracted to working as public health administrators.

The results were reported at the Association for Psychological Science’s annual meeting in Washington D.C.

More information: www.wjh.harvard.edu/~jgreene/

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