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The Ethics of an Unlicensed Medical Practitioner

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The Ethics of an Unlicensed Medical Practitioner

Introduction

For option A of this assignment, the prompt is that Harry, a manufacturer of medical equipment and an avid reader of medical textbooks, has developed a program that will allow its users to self-diagnose and self-treat their ailments, without a doctor’s help. Harry wants to sell his program to “ordinary folk” as a replacement for consulting licensed medical practitioners. An important point here is that Harry is not licensed to practice medicine and has only read books on the subject. The posed question is whether or not his program should be published (from an ethical standpoint—not necessarily a profit-driven one).

In this paper, I will propose a solution to this ethical question and offer a set of value-based reasons why that solution should be taken. After that, I will give a counterargument and explain why the counterargument would not be ethical compared to my first solution. From there, I will support my solution using three different ethical frameworks: an ethics of purpose, an ethics of principle, and an ethics of consequence.

Proposal

Here is my proposal: Harry’s software should not be published as a program that would replace the function of a licensed medical practitioner. This is because he is not licensed to
practice medicine. While the prompt offers the explanation that “[not having a license] does not mean he cannot write a book or a computer program discussing treatments for various diseases,” the effects of Harry’s program should be considered equivalent to the effects of someone practicing medicine without a license, and they should be held just as accountable from an ethical point of view. The difference between cyber issues and non-cyber issues is discussed in Herman Tavani’s *Ethics and Technology* book, which states that while there is often no difference between a cyber issue and its non-cyber counterpart (such as practicing medicine through a computer program and practicing medicine yourself), a large difference can come from the “scope and scale” of the issue. In this case, the “scope and scale” of the issue are changed, because the technological aspect of Harry’s program makes its effects reach more people, and so the consequences of the act are exacerbated past just a community of people being affected. As a result, the cyber aspect of this issue makes it even more unethical for Harry to publish his program.

The reason why practicing medicine without a license is unethical is primarily because the effects of such actions could cause harm, and even death, for the people receiving the medical help—with the assumption that causing harm or death is unethical. To compare Harry’s program to a real-life scenario, Mayo Clinic is a reputed non-profit organization that has an online tool to help users with diagnosis and treatment. Let us assume, for this thought process, that Mayo Clinic is an ethically sound organization (because of its wide use and good reputation). On Mayo Clinic’s “symptom checker” website, there is a note on the side of the webpage informing the user when symptoms are bad enough that they should seek out immediate medical advice and/or care, which indicates that the tool is not designed to *replace*
a licensed practitioner, but only to assist users in identifying what their ailment is when the situation is not serious. Additionally, Mayo Clinic is staffed by almost 5,000 medical practitioners and scientists, so even if its symptom checker were made to replace a medical practitioner, it would still be more ethical than Harry’s program, a self-diagnosis tool made by someone without a medical license.

**Counter-Argument**

A counter-argument for this prompt is that Harry’s program *should* be published, because it could give its users cheaper access to valuable information that would otherwise cost so much that many people cannot afford it. In modern United States (assuming this program is being used in a country that does not offer single-payer healthcare), medical services—even with insurance—cost such exorbitant amounts of money that organized and licensed healthcare should be considered stealing. The only reason that it is stealing is that the clients have no choice but to pay for it, as their health is on the line, and the cost of the service far outweighs its value. We can assume that stealing is unethical, so the act of publishing such a software designed to counteract the stealing that occurs in the U.S. healthcare system would be a utilitarian good, because it ends in an overall financial benefit to healthcare clients and a reduction of unethical practice.

Now I will explain why this counterargument does not work compared to my initial solution. A main point in the counterargument’s structure is that Harry’s program will save money for all its users, because they will not be going to a licensed practitioner when they need medical advice or care. However, in that scenario, they may be finding incorrect advice from
Harry’s program in diagnosis and/or suggested remedies, which could cause more harm than good.

For example, if someone is drinking a noticeably large amount of water compared to their normal intake, they could search that symptom in Harry’s diagnosis program. A quick google search for that symptom shows only sites for “dehydration,” “loss of water from sweating,” and “increased sodium intake” on the first page. Chances are, Harry’s program may show that as well. If the user decides to listen to the program, reduce their salt intake, and drink more water, they will most likely become very fatigued and eventually take permanent organ damage and die, from untreated type I diabetes. If they had gone to a licensed practitioner, they would have had their blood sugar tested and immediately been told what the real issue was. While they were saving money by using cheap diagnosis software, they were physically harmed/killed from unlicensed advice. Because people’s lives and wellbeing are more valuable than their money, this counterargument is not an ethical solution.

According to an Ethics of Purpose

At this point in the paper, I will defend my proposal following the three ethical frameworks. The first, an ethics of purpose, is the ethical framework created by classical Greek philosophers such as Socrates, Plato, and Aristotle. Their ideas put value on knowledge above all else: they believed that no one does evil intentionally, and that “to know good is to do good”—which means that knowledge will guide people towards doing the right thing (oregonstate.edu).

The solution in this essay applies an ethics of purpose to imply that Harry’s lack of knowledge regarding medical practices restricts his ability to do good unto others, as he has the
ability to “do evil” if he does not fully understand what he is doing. As an unlicensed and informally educated medical practitioner, he has not taken the Hippocratic Oath, and he could be leading people to bring harm to themselves in one way or another through the information that he is feeding them through his self-diagnosis program.

**According to an Ethics of Principle**

The second framework, an ethics of principle, aligns with the deontological views of philosophers like Immanuel Kant. Deontology follows the categorical imperative, which states that the morality of every action is independent of its circumstances, and it must follow rules that would still be ethical if they were made into universal laws. To quote Eugene Spafford, “Would we view that act as sensible and proper if everyone were to engage in it?”

Let us apply that framework to my proposed solution. Would it still be “sensible and proper” if everyone were to practice medicine without a license? It should be obvious that a world in which doctors did not need to go to medical school would result in far more deaths and harm than if all doctors needed licenses to practice medicine. That makes the act of allowing unlicensed medical practice unethical within the categorical imperative, which further supports my proposal.

**According to an Ethics of Consequence**

The last framework, an ethics of consequence, falls into the realm of utilitarianism, a philosophy that focuses on the outcome, or consequence, of an action in order to decide if it is ethical or not. In a utilitarian viewpoint, circumstances are important, and in a question of which path to take, the one with the best overall outcome is the right path. James Moor explains it by saying, “The ethical evaluation of a given policy requires the evaluation of the
consequences of that policy and often the consequences of that policy compared with the consequences of other possible policies.”

So, the question now is, “What are the potential consequences of publishing Harry’s program versus not publishing it?” To start, not publishing it would have no change on the current wellbeing of the community. Publishing the program, however, could have a couple effects. Many people would, as was mentioned in the counterargument, save money by not visiting a doctor’s office. On a wide scale, however, a certain percentage of the user base would end up dying from false diagnosis. Even if that figure is less than one percent (it would likely be higher if harm were included as well), death and harm outweigh the positive value of saved money, so this solution is ethical from a utilitarian standpoint as well.

**Conclusion**

In summary, the ethical solution to the dilemma regarding publishing Harry’s medical software is to not allow it to be published, on the grounds that Harry lacks medical licensing and that the program is designed to replace professional advice and care through self-diagnosis and treatment. This evaluation is supported by all three given ethical frameworks, and this would be a better solution than the given counterargument because lives have more value than money.
Works Cited


“Socrates III.” Great Philosophers, Oregon State University, oregonstate.edu/instruct/phl201/modules/Philosophers/Socrates/socrates03.html.
