ETHICS MAN **Daniel K Sokol**

"Make the care of your patient your first concern"

The brevity of the GMC's first rule of medical practice obscures the complexity of the job

The first rule of *Good Medical Practice*, issued by the General Medical Council, is: "Make the care of your patient your first concern." With its strong Hippocratic flavour, the statement captures a fundamental truth about the practice of medicine, pointing to the sacred and timeless nature of the encounter between the healer and the sick person.

Yet, however noble in spirit, the rule should be no more than a rule of thumb. Although "patient" is in the singular, few doctors have only one patient. Doctors must therefore choose how to allocate their "concern" among their many patients. It is neither possible nor desirable to treat each patient as a first concern, as some patients, usually the sickest, merit more concern than others. The principle of justice requires the doctor to determine which patient deserves the greatest attention.

In a field hospital in a conflict zone, four polytrauma patients are admitted after an explosion. One has multiple traumatic limb amputations. The others have less severe injuries but require blood transfusions. Treatment of the first victim will activate the massive transfusion protocol. Should the hospital's entire stock of blood and plasma be used on that one patient? In such a situation triage priority shifts from "treat those in greatest medical need" to "save the most number of lives." The care of your multiple amputee is, regrettably, no longer your first concern. The rule is modified as follows: "Make the care of your patient your first concern, bearing in mind your other patients and their particular needs."

At times the interests of the public outweigh the obligation owed to an individual patient. A doctor is under an obligation to inform the authorities of a patient with yellow fever, however much the patient may protest. The first concern is not so much the patient but protecting the population from infection. So the revised rule is now: "Make the care of your patient your first concern, bearing in mind your other patients and their particular needs, as well as any protective obligations to the broader community."

I have recently argued in this column that doctors' duty of care is not an absolute obligation, to be discharged however perilous the situation (*BMJ* 2009;338:b165). In extreme circumstances—such as epidemics, where treating patients involves a high risk of infection and modest benefits to patients—doctors' obligations to their children, parents, siblings, and loved ones may take priority over the care of patients. The doctors who left their dying patients in the early outbreaks of Ebola haemorrhagic fever in Sudan and the Democratic Republic of Congo did not necessarily act unethically. The doctors and nurses who remained, many of whom lost their lives to the virus, acted beyond the call of duty. The rule now looks as follows: "Make the care of your patient your first concern, bearing in mind your other patients and their particular needs, as well as any protective obligations to the broader community and obligations you may have towards others for whom you are responsible."

Even in ordinary times, making the care of your patient your first concern seems too demanding. Your life, personal and professional, would be dominated by this over-riding concern; your working day would be interminably long, your holidays pitifully short. Your relations with friends, family, and others would suffer. You would not conduct research, publish articles, attend conferences, conduct activities that would further your career, or develop your skills to help future patients, for the rule ignores your personal ambitions and talks only of the present patient.

The "bare" rule, strictly interpreted, would also pose problems for trainees learning to perform procedures. If a junior doctor is anxious about inserting a central line or carrying out a cholecystectomy, the rule suggests that he or she must ask a senior colleague to do it, as this is probably best for that particular patient. A trainee is more likely than an experienced colleague to make a mistake or cause discomfort, even if supervised. Yet this logic is not conducive to learning and development. Although the present patient will benefit, future patients will suffer. Thus the updated rule is: "In your professional capacity as a doctor, make the care of your patient your first concern, bearing in mind your other patients, including at times future patients, and their particular needs as well as any protective obligations to the broader community, your own obligations to develop your skills and knowledge as a clinician, and obligations you may have towards others for whom you are responsible."

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Finally the rule can be misused. I have heard doctors invoke the rule to justify their exaggerations to radiologists to expedite their patient's scans. Doctors in the United States have been known to deceive insurance companies to obtain treatments for their patients (*JAMA* 2000;283:1858-65). If the care of your patient is your first concern, this may lead you to flout other rules, including legal ones. So the final version of the rule is: "In your professional capacity as a doctor, make the care of your patient your first concern, acting within morally and legally acceptable limits and bearing in mind your other patients, including at times future patients and their particular needs as well as any protective obligations to the broader community, your own obligations to develop your skills and knowledge as a clinician, and obligations you may have towards others for whom you are responsible."

The first rule of the GMC is a profoundly important statement, but its brevity necessarily obscures the complexity of modern medical practice. Ironically, too literal a reading of the rule could lead to unethical conduct. It should be seen as a starting point, not a commandment.

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