Credo

Seeing one's editorials being quoted in papers published in other journals is not only satisfying, but keen and objective evidence that there are others sufficiently interested in the same areas to want to write about them. It is particularly satisfying to hear that others share my concern about ethical standards in the changing and increasingly competitive environment in which occupational medicine is practised today.

An essential part of any moral system is its rational foundations. It is, therefore, crucial in any ethical discussion to continually ask the question 'Why?' In common with our sister specialities in medicine, most people coming into occupational health have not answered these questions for themselves, but have simply adopted the views of their peers, teachers or seniors, and assumed that they were right. That assumption is more easily made when the course of action is in tune with one's personal beliefs. The situation is familiar to all of us — as a decision 'that we are comfortable with'. Even then, the same course of action may be through several different moral bases. It is the business of ethics to explore and define those bases.

The human conscience is an indicator and has a place in making that final decision for any course of action. Many would argue that the conscience can be taught to treat good as evil and evil as good. Still others would argue across various religious, ethical and philosophical traditions that there is an intrinsic sense of right and wrong or fairness and justice within each of us that would break through even the most repressive attempt to subdue it.

Unfortunately, an appeal to a kind of infallible internal intuition as an argument on the spur of the moment is unlikely to be rewarding in most day-to-day situations. As management gurus tell us time and time again, there really is no substitute for careful analysis, thinking and planning beforehand, whenever this is possible. However, the conscience both of the individual and the profession must be kept as alert and informed as possible.

A profession is responsible for the setting and maintaining of its own standards, and for disciplining those members who are in breach of such standards. It is, therefore, right and proper that we should seek to develop, as far as possible, a consistent body of opinion, so that our colleagues may be informed and educated in this respect. In the UK, the ethics committee, set up by the Faculty of Occupational Medicine, fulfils that role. However, our decisions affect other people. Coupled with the advance in medicine, societal changes that impact in its practice and often well-intentioned legislation conceived in isolation, it is important that responsible people from other fields are involved in drawing up that advice. That principle is embodied in local ethical committees in Britain and the institutional review committees in the United States, as well as our own Faculty, which is to be congratulated on its outward approach.

The counter view, however, is that we are servants of society, and it is up to society to work out what we should and should not do. To allow that strand to develop would be to abdicate our responsibility and could lead to the danger of control of our own ethical framework.

Etiquette, on the other hand, is concerned with good relationships between members, but it does not involve major moral issues. Ethics and etiquette are frequently confused. It is not simply a matter of being nice to colleagues in, for example, communicating with them. Poor communication can impact on the standard of care we exercise in our day-to-day occupational medicine practices. Jealousy and poor relationships between professional staff can damage the outcome of occupational health care to the detriment of the working populations which we serve.

Ethics is indeed alive and well. It is much more than a source of lively discussion or even editorials. We are, however, a preventative speciality, and we still have much more to do to nurture and care for this very special creature, who has done much for occupational medicine in its history and development. If it is alive and well, why does it not feature more in the pages of our journals and not just editorials? Why do not more authors see the subject of ethics as a worthwhile field of study? Why do not more ethical dilemmas feature in the pages of our correspondence columns? It was once argued by a fellow editor and consultant physician, Eoin O’Brien, for whom your editor nearly once worked, that a journal was the collective conscience of a speciality. If that is true, then ethics should feature more often within its pages.

We know that there is no magic formula that will take the thinking and emotional tension out of ethical decisions. Life is simply not like that. We can clarify the issues, outline the decision-making processes, explore the principles and supply the guidelines. It is never easy and as society becomes even more complex, it is likely to become more difficult in the future. Dilemmas are difficult to resolve and decisions involving people will always have emotional aspects. If we can help make the resolution of those problems easier for others, whether experienced practitioners or occupational physicians in training, then this Journal will have made an important contribution.

Dr Philipp and his co-authors are to be congratulated on their timely study. It remains for others to follow the standards they have set in ethical discussion for our speciality.

Dr Denis D’Auria
Honorary Editor

Occupational Medicine is an international peer-reviewed journal which aims to encourage the critical appraisal and enhancement of standards of medical practice for the benefit of the workforce. The Journal presents an up-to-date information service of use to anyone interested in the promotion of health and safety in the workplace. It invites articles with an international perspective, covering areas such as work-related injury and illness; accident and illness prevention; health promotion; occupational disease; health education; the establishment and implementation of health and safety standards; monitoring of the work environment; and the management of recognized hazards. Contributions are welcomed from practising occupational health physicians and research workers in related fields and should fall into one of the following categories: Original Paper; Review; Viewpoint; Balance of Opinion; Case Report; Letter to the Editor or Book Review. Guidance of how to present your paper for potential publication is given in the Notes for Authors, which are published in this issue or are available from either the Honorary Editor or the Publishers. Articles to be considered for publication should be sent to the Honorary Editor, Occupational Medicine, c/o The Society of Occupational Medicine, 6 St Andrew's Place, Regent's Park, London NW1 4LB, UK.

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