International Journal of Surgery (2005) 3, 233–234

ELSEVIER

INTERNATIONAL JOURNAL OF SURGERY

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EDITORIAL

Distributive justice, starfish and natural disasters

What does the earthquake in Kashmir have to do with the mammographic screening for early breast cancer? The link is tortuous but never the less very relevant for the readers of this journal. Last night I was giving a lecture to the PhD students at the Ludwig Institute of Cancer Research in London. In it I described the great advances that we are making in the medical treatment of breast cancer and the decreasing importance of the role of the surgeon in this disease. I then went on to expound on my thesis concerning the timing of the appearance of metastases in relation to the act of surgery and its link to the biological responses of the healing process.[1] Indirectly this is also related to the controversy whipped up by the paper from Retsky and his colleagues published in the last issue of the Int. J. Surgery.[2] They suggested that the increase in the short-term mortality from screening women under the age of 50 was related to these mechanisms [see editorials and correspondence in this issue]. Even if you reject that as implausable, taking the most optimistic assessments from the screening advocates you still have to screen about 1600 women for 10 years to save one life![3]

At the end of my talk a bright young student asked me if as a result of these data whether I could see a time when surgery would no longer be a part of breast cancer management and if so how would I spend my time. After a moment's hesitation I replied that yes I look forward to that day but by then I would be fully retired from clinical practice! After another moment's hesitation I went on to say that there are many traditional areas in the surgical treatment of chronic disease when surgeons will enjoy less and less of a role yet at the same time we will always need surgeons for trauma on the roads, and for the results of natural disasters and global terrorism.

Justice

This then leads me into a consideration of the ethical imperative of justice in health care. What do we mean by justice?

The shorter Oxford English dictionary defines justice as:

''The quality of being (morally) just or righteous''

Lord Chief Justice Devlin provided a more useful definition —''We can use the word to mean social justice and then we say that the law is just if it conforms to some social principle, such that all men are equal; that is justice *in rem*.''[4]

Note the distinction between the law and justice.

However, as far as the practice of medicine is concerned Tom Beauchamp makes it clear that our primary concern is distributive justice.

''The principle of justice is really many principles about the distribution of benefits and burdens — to cite one example, an egalitarian theory of justice implies that if there is a departure from equality of distribution of health care benefit and burdens, such a departure must serve the common good and enhance the position of those who are least advantaged in society.''[5]

It can therefore be judged that the principle of justice will often be in conflict with the principle of autonomy. In fact most of the toughest ethical dilemmas we face result from the quite appropriate tension between the ethical principles of justice and autonomy.

The parable of the starfish

My late brother, Professor David Baum, was a paediatrician of great distinction who died in office as

1743-9191/$ - see front matter
doi:10.1016/j.ijsu.2005.10.010

President of the Royal College of Paediatrics and Child Health. He had a massive myocardial infarction whilst leading a charity bike ride to raise money for the children in the camps of Kosovo. He was committed to equality of global health care for children in the name of justice. He was fond of quoting the parable of the starfish:

An old man walking the beach at dawn noticed a boy picking up a starfish and throwing it into the sea. When asked why the boy explained that the stranded starfish would die if left to lie in the morning sun. ''But there are millions of starfish on the beach''. Said the old man. ''How can your efforts make a difference?'' The boy picked up another starfish. ''It makes a difference to this one,'' he said.

One can sympathize with the old man when faced with the enormity of the task and also with boy whose action saves one life.

As surgeons we have the dual responsibility to care for the individual and to oversee the just distribution of scarce resources in our clinics, our hospital, our health district, our nation and the under-privileged of the third world. I anticipate your cry:

''We are practical men Professor how on earth are we to achieve these goals?''

For a start whenever we are prioritizing our waiting lists we are exercising the principle of justice. We must resist the politician waiting list initiatives and insist clinical need comes before political expediency. In the inevitable wrangle over hospital resources, always remember your freedom to carry out as many varicose veins as you damn well like may mean another old lady waits another year for a hip replacement. However, taking a global perspective is even more daunting. The best way we can discharge this responsibility as surgeons is to encourage and reward our junior colleagues for taking leave of absence to work in the third world. This will increase the number of doctors in the host country and provide better experience than a 40-h week in a teaching hospital!

In addition as a consultant, why not take a sabbatical and save some starfish from the sun. I know many who have done so and the reward is in the smiles of those who have lived life without hope or expectation of reaching adulthood. I passionately believe that when we consider the ethics of distributive justice, as surgeons we must accept a global perspective. Over the last two weeks the number of deaths in the Kashmiri disaster has risen to 80,000. Many of these deaths were preventable had there been adequate surgical support on the ground. Yet here we are debating the value of mammographic screening for the under 50s, that ties up millions of dollars of resources and thousands of surgical man hours chasing up microscopic foci of borderline pathology with procedures that might even do harm in the short term. What kind of world do we live in when the poor of the third world die in their tens of thousands from natural disasters such as floods and earthquakes whilst the oh so precious womenfolk of the richest countries of the world consume huge medical resources in chasing up phantoms?

As I was watching the news bulletins about the earthquake and the Tsunami, I was moved to tears and feelings of guilt. On both occasions I stretched out my hand from the comfort of my arm chair and phoned up the number for donations that appeared on the screen at the end of the broadcasts, pledging £60.00 (90 euros, $100). I soon found out that I couldn't buy peace of mind or salve my conscience so cheap. If you feel the same as me, please write a letter and let us know how you think the surgeons in the developed world might organize themselves to help the overworked and under resourced surgeons of the developing world.

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