

COMMENTARY

Ethical Issues in Family Medicine

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In this issue, the *JABFP* inaugurates a series of case studies raising ethical questions of interest to family physicians. Cases with accompanying invited commentaries will appear on an occasional basis, depending on the availability of suitable cases. These will be edited by the staff of the Center for Ethics and Humanities in the Life Sciences at Michigan State University. This case series will be among the variety of articles the journal hopes to publish on clinical and research ethics, which will also include commentaries and research reports.

Our goal in the series is to provide a forum in which to discuss any of the myriad ethical issues, in both clinical and research settings, that are of special interest to family physicians. It is not easy to say just what those should be. Certainly, family physicians may more frequently encounter issues that arise commonly in ambulatory settings, such as inappropriate requests for work releases. But family medicine does not equal ambulatory care. Because they continue to treat their patients after admission to the hospital, family physicians must also grapple with the full range of ethical problems found there (as in the case discussed in the accompanying article¹). Sugarman's collection of essays² on ethics in primary care contains chapters on inappropriate requests for treatment and tests, managed care, conflicts of interest, truth-telling, confidentiality,

refusal of treatment, treatment at the end of life, competency, informed consent, and advance care planning—all topics familiar to any hospital ethics committee.

If some problems are relatively common to family medicine, then we will be happy to include them, but we will not stop there. No matter what the ethical topic, we will be looking for the family medicine perspective. Is there something about that perspective that puts a special twist on the problem? Has it become more difficult, does it require different skills to resolve, does it bring into play new ethical considerations? Certain features of family medicine may complicate ethical questions in ways like these. The family physician's obligations to multiple patients within a family, commitment to an ongoing, long-term relationship, and more intimate knowledge of patients' personal lives and social situations are just 3 of many possible sources of ethical complexity.

We invite readers of the *JABFP* to submit case studies raising ethical questions in family medicine for inclusion in this series. We would also like to develop a pool of readers with special interest or background in ethics who might be called on to write commentaries. If you would like to offer a case or put your name forward as a possible commentator on future cases, please contact us. With the help of your experience, energy, and wisdom, we're confident this new series will make a valuable addition to the journal.

References

1. A daughter's duty. *J Am Board Fam Pract* 2005;18: 57–62.
2. Sugarman J. 20 Common problems—ethics in primary care. New York: McGraw-Hill; 2000.

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