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Dear Bill:

I don't want to argue with you, and least of all do I wish to quibble about medical ethics. I agree, in principle with your position, and I also believe that industry displays its wisdom and adaptability in practical as well as social terms when it recognizes and accepts the ethics of its physicians and its own social responsibilities. This, I believe you will recognize, has been the practice where I can exercise administrative control to the appropriate extent. However, we are not talking about the private and personal practice of medicine or the free personal and professional position of such a practitioner. We are dealing with a new professional relationship in a new and different society, and we have to be willing to work at our position and our rights in our new relationship, in which we are the members (by agreement or by contract) of an organization in whose councils we share but whose decisions we accept once they have been made, unless we are prepared to quit. Even then we are not free of responsibility for the privacy of judgments arrived at previously. Any other arrangement in our present society would lead to chaos and anarchy.

I agree that new knowledge, especially when people are in jeopardy, poses a problem, to be judged carefully, objectively and with moral sensitivity. However, which may seem to be an inescapable duty to one's colleagues and the expression of a right which cannot, in propriety, be taken away, is an entirely different matter, which involves legal considerations as well as personal, and questions of professional prestige which at times are opposed to the good of the community. As it happens, the publication of most articles, without identification of patients or their sources, is quite satisfactory for purposes of information and professional communication. This is done regularly. On the other hand, certain types of publications and certain types of data constitute a complete identification of their source, and this can be done only when the legal and professional relationships are clear. The fact is that there is no simple and firm rule for professional conduct in a number of these situations, and one has to examine his motives and his conscience, and then as objectively as possible, with due regard to the role of the physician (in one's own view) in human

society, take a course with full acceptance of its consequences. If we are to exercise a beneficent influence on the industrial society of our time, we must take our place within industry and earn a position of confidence and leadership. This will not be done by cleverness or pandering, but by facing issues, explaining our views, and persuading our associates. Neither will it be done by assuming a posture of virtue or self assurance, but rather by displaying a spirit of inquiry, a willingness to examine the facts behind the issue, and an acceptance of the rules of open discussion and civilized behavior among ones peers.

I think there is little doubt that we in medicine are achieving our ends in the professionalization of industrial medicine and in restoring the position which the industrial physician lost through his own irresponsibility, preoccupation and incompetence. We need not have a chip on our shoulder, or guilt on our conscience, therefore, in comparing our situation or our ethics with those of the traditional practitioner of medicine. While we work through the situation created by our sins of omission and ignorance, we shall often be at a disadvantage, but we are reaching a position of trust and respect among the socially minded industrial managers of our time. This position can be consolidated, and as the present confusion, based on the many unsolved problems of industrial hygiene, is dissipated, the problems of the type that gave rise to this discussion will disappear in large part. The vulnerability of the aluminum industry, just as an example of the situation, to claims for damage (and punitive damage) is so great at present, that their attorneys have every reason to be concerned lest they make a misstep. The decision arrived at in the Court of Appeals in the Martin case is one of the most glaring obstacles to medical and hygienic research and to the appropriate assumption by our industry of the responsibility for its own acts that I have ever encountered. This was utterly unpredictable, and was born of a superb ignorance and irresponsibility on the part of the court. I hope and believe it will be reversed, for if it establishes a precedent, attention to, and investigation of, a potential hazard constitutes prima facie evidence of the existence of a source of injury. Under these conditions, an investigation such as we conducted at Niagara, serves to convict the plaintiff. This was exactly what ALCOA's chief counsel had in mind in discussing this report with us, in suggesting certain alterations in verbiage, and finally in holding up its publication (which in terms of our mutual understanding, as the basis for our being engaged to do the work, he had the right to do). If this decision is reversed, we shall be able soon, I believe, to publish this report in appropriate form, but I think you will see why I am not prepared to push this issue at this particular time.

You will recognize, of course, that I have extended myself, somewhat, in my further discussion of this subject. I do this because I am not willing to have you believe that I am somewhat less than properly sensitive to ethical principles, or that I am ignorant of the ways of the world. I do not set myself up as being above reproach in either ethics or wisdom. I feel sure, however, that we must cultivate both wisdom and virtue in a spirit of humility, recognizing that neither of those qualities of mind and personality can be described in absolute terms, but must always be related to the times, the circumstances, and the human relationships concerned. This sounds like opportunism, but if so, it is the opportunism of the long range goal and not that of the present advantage.

Sincerely yours,

Robert A. Kehoe, M. D.

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