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## MEDICAL ETHICS AND GONZALO HERRANZ

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It is known that Professor Gonzalo Herranz was a pioneer of medical ethics, and that he took it to the highest levels in medical practice. His extraordinary work in this field is destined to continue beyond his death on May 20, 2021. His teachings remain, and will continue to be, fully valid. Below are some comments that may justify these statements as examples.

His extensive professional career has two very defined and separate periods with very significant dates. But far from constituting two independent stages, they are complementary. It can be said that after a long initial period dedicated to the patient through Pathological Anatomy, together with the teaching of that area of medicine at the Faculty, his new professional project matured, which materialized around 1987 with the definitive incorporation into Medical Ethics, an area that, in those years, was totally new in Medicine, and required pioneering skills from him. This effort soon received national and international recognition.

The change in professional direction was far from being unconnected routes. Gonzalo Herranz initially stood out for showing a profile of responsible maturity in the practice of medicine, in his research and teaching work, leaving marked traces of lucidity in the studies he undertook with an open disposition to unravel the content of truth in those analyses, brilliantly facilitating their accessibility. This characteristic was already notably experienced in his first stage and became more extensive after he decided to dedicate himself to medical ethics.

He explained the reason for his change of direction as follows: "For decades..., I have closely followed what the great general medical

journals were publishing: the New England Journal of Medicine, the Lancet, the British Medical Journal, and the JAMA... At that time, there was a message that doing and teaching "hard science" was not enough. Just as important as that science is what medicine means as a human activity. It was clear that medical ethics is a fundamental part of medicine. This was, on the one hand, what introduced me to the field of ethics in medicine".

The clinical work that absorbed him in the first part of his professional work managed to deepen and forge a remarkable wealth of knowledge that was directly contributed by the patients. He did not conceive the disease from theoretical assumptions, but from everyday facts that required, at all times, professional treatment with the patient. All this was a root that abundantly nourished his vision of medical ethics. Medical ethics was always based on deep, objective and practical knowledge, not theoretical, which must provide a response of professional, scientific and human quality at the same time, to the diversity of situations in which the patient is involved<sup>2</sup>. That is, his novel vision of medical ethics: from the professional quality of the doctor, at the same time scientific and human, is where true medical ethics emerges, and not from external precepts or principles distanced from that professionalism and frequently influenced by currents of relativism and utilitarianism.

I have often wondered why his personality and his writings on medical ethics have this undeniable attractiveness that does not fade with time, and easily predisposes them to be disseminated. A series of facts may provide the key to this question.

To come into contact with Gonzalo Herranz is to enter into a relationship with a person captivated by the pursuit of truth, sought with whatever sacrifice was necessary. Once this truth in medical science showed its light, the desire to spread it grew without restraint, without caring about having to overcome, frequently, strong resistance or the unpleasant response of silence. These deeply rooted dispositions mean that his teaching on medical ethics is developed with a very refined criterion and acquires profiles of perenniality to respond to a variety of questionable ethical scenarios in medicine.

>In itself, medical ethics has very deep and stable roots. The doctor-patient relationship has been built since time immemorial on the basis of mutual respect and trust between doctor and patient. This core element of medical practice is maintained thanks to certain unalterable constants that were already present at the historic beginnings of Medicine. The genuine doctor-patient relationship continues to be based on the master strokes provided by the Hippocratic Code, five centuries before Christ.

Another added characteristic that gives reason for the relevance of Gonzalo Herranz's teachings is the lucidity of his approaches together with the profound solidity with which they are transmitted, which in turn, came from the certain conviction in the dignity of the human person that showed its special manifestation in the vulnerable state and that demands a rigorous response of medical professionalism. In this, Professor Herranz was an exemplary teacher in making clear the strong commitment that is incumbent on the doctor. Undoubtedly, these are lessons that reinforce the relevance of his teaching.

This updating of medical ethics is joined by his effort to scientifically denounce and dismantle the essence of the dissimulation and lack of veracity that frequently disguises the postulates of the scientific world, with the immediate risk of perverting correct medical action. In this sense, he did not spare any effort to provide rigor and clarity to the findings from medical-biological science. For him, expressions such as "it is agreed" or "that is the established consensus" referring to medical science are not at all acceptable without sufficient scientific criticism<sup>3</sup>. This consideration is a further reinforcement of the exemplary validity of his teachings.

He undertook large-scale scientific projects at an international level, motivated by his special interest in contemplating the naked scientific reality, stripped of pseudoscientific constraints and atavisms that are accepted without critical study. In this sense, it can be estimated that, after a long solitary research effort, he managed to unravel and bring to public light the fiction, widely spread at an international level: the fallacy of the "pre-embryo", which, in turn, covered, and still now covers, with pseudolegality the manipulation of the human embryo in the first stages of life. Here is a short reference in his words:

"The author (in self-reference) became convinced that much of the information used in embryonic bioethics was not the result of scientific work of observation and experimental verification, but rather the repetition of certain explanations, extremely intelligent and rational, but imagined, not based on rigorous observations. Once again, it has happened that, repeated over and over, a half-truth can become dogma and then an unquestionable 'fact'. And, in this way, when a half-truth is what everyone thinks they know, everyone's thinking, discussion and action are at the mercy of that half-truth"<sup>4</sup>.

His scientific production in medical ethics is enormous. He gladly accepted meetings with many leading medical and cultural entities in Europe and America that invited him to give courses, participate in round tables, congresses, etc., and to provide training to numerous audiences on very varied ethical issues: perinatal life, the final phase of life, genetic

studies, organ donation, research ethics, deontological codes, the doctorpatient relationship, the facets of clinical work, the need for continued training in medicine, and a long etcetera. His efforts did not admit respite due to his determined interest in illuminating correct medical action and denouncing the dangers of its degradation. The way in which his lessons are presented constitutes today a basic wealth for the practice of medicine. In this sense, these reflections serve to show the depth of his approach to key issues of medical science:

"...many significant episodes in the history of contraception remain in the shadows or have been described in a biased way. The time has come to bring them to light, in order to build a more balanced history of contraception..."<sup>5</sup>. He then asks: "Is there any interest, in 2020, in dealing with this issue? The answer that seems obligatory is affirmative. To begin with, because it is convenient to clarify the rather confusing history of how those words were born, which will allow us to confirm, once again, how contaminated by inaccurate data and gratuitous statements medical biography is." <sup>6</sup>.

A seemingly secondary element of the current nature of his teachings is the sustained background of respect, serenity and optimism that his teachings give off, even if they had to deal with issues of disturbing medical and social repercussions. There are numerous quotes that can prove this constant. The following words serve as an example of the calm intellectual height with which he denounces the gross ethical errors of the corrupt conception prevailing in the scientific world about the first stages of the human embryo:

"In 1955, Corner, who by then enjoyed immense scientific authority, re-presented his old theory, now more complete and detailed. He sincerely pointed out that it was a theory, a scheme drawn with pencil and paper to imaginatively explain how two embryos can be produced from one original embryo. Within a few years Corner's model was universally accepted. Repeated thousands of times, it has ended up becoming the solid factual foundation of monozygotic twinning. It still seems curious to me that no one has subjected the model to strong criticism. But when one does, one finds in it so many weak points, weaknesses that are unsustainable." <sup>7</sup>.

Gonzalo Herranz has established, with crucial and very demonstrative examples, that an essential thermometer of the health of medical ethics depends on the fact that all scientific contributions in the medical field must always be in accordance with the backing of serious and contrasted scientific criticism.

I believe that the enormous teaching developed by Gonzalo Herranz in medical ethics has a double addend of permanent validity. One addend may come from the level of scientific impact, still to be adequately assessed, of his research, such as those related to the human embryo, or his critical history of contraception. Another addend is the scientific correctness presented with elegant and attractive simplicity.

But, perhaps, the main validity of his studies is the attribution to Medicine itself of a potential and a wealth of content that, correctly channeled, guides, drives and projects scientific knowledge based on the respect due to the patient.

## REFERENCES

- 1. Pardo JM., Al servicio del enfermo. Conversaciones con el Dr. Gonzalo Herranz, Ed EUNSA, 2015, 23-24.
- 2. Herranz, G. Los enfermos, ¿son personas o cosas? Sobre la cosificación del enfermo. Conferencia en la Fundación para la Humanización de la Medicina. Ilustre Colegio de Médicos de Madrid, 1999.
- 3. Herranz, G. El embrión ficticio. Historia crítica de un mito biológico, Ed. Palabra, Madrid, 2013, 20-21.
- 4. Ibidem, 16.
- 5. Herranz, G., León-Sanz, L., Pardo, JM., Irala, I., Leyendo entre líneas. Una historia crítica de la contracepción, Amazon 2020, Introducción 8.
- 6. Ibidem, 10.
- 7. Herranz, G. El embrión ficticio, Conferencia, Pamplona (España) 15 de noviembre de 2014.

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