



Bioethics in Action

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What is Ethics?

- Philosophical study of moral behavior and moral decision making.
- Involves the analysis of moral language and the study of the process of moral deliberation and justification.
- It is the activity that studies how choices were made or should be made.



What is an “ethical dilemma” ?

- An *ethical dilemma* is a situation where there is a major difference between family members, patient and family members, physicians and nurses, patient and physician, etc., about what “should”, “ought”, or “ought not” be done in a situation.



Contemporary Bioethics



- **Response to Renal Disease**

- World War II: Effective “temporary” dialysis developed
- 1960: more permanent solution – non stick tubes (teflon) developed, 90% survival rate
- 1962: Seattle Artificial Kidney Center opened, with three treatment slots. Who would benefit?
 - “God Committee” - 7 member volunteer lay committee: lawyer, housewife, state govt. official, labor leader, banker, surgeon
- 1972: Universal funding
- 1984: National Organ Transplant Act

Contemporary Bioethics



1960's

- A rejection of paternalistic ethics
- Autonomy was initially considered supreme
- In addition to autonomy:
 - Beneficence: tied to compassion (Judeo-Christian-Muslim heritage)
 - Nonmaleficence: ancient maxim - “First, do no harm”
 - Justice: social and political connotation

Contemporary Bioethics



- Approaches Vary
 - Feminist ethics
 - Re-think Western ethics in terms of womens' roles and contributions; emphasis on community, special care for relationships
 - Narrative Ethics
 - First person narrative is a medium for qualitative data on a person's life; emphasis on personal story
 - Case Based reasoning (casuistry)
 - Begin with a paradigm case and use it to review the case at hand

Contemporary Bioethics



- Tom Beauchamp, James Childress
 - 1979: Principles of Biomedical Ethics (1st edition) 2001: Fifth Edition
 - “Principles based, common morality theory”
 - Begin with common morality of society
 - Construct principles and rules from considered judgments
 - Coherence
 - Specification
 - How best to prioritize principles

Role of Principles

- Applicable to moral analysis of ethical issues
- Action Guides in clinical medicine
- Not absolute
- Goal to weigh and balance them in the situation at hand



How Principles Apply



- Principles as self-evident values
 - Do no harm
 - Provide the most benefit to the patient
 - Patient must indicate a willingness to participate in the treatment plan
 - Medical benefits should be dispensed fairly
- Principles in conflict
 - Patient with acutely infected appendicitis
 - Balance do no harm with benefit of surgery

How Principles Apply



- **Balancing principles**
 - Which principle carries more weight in a situation?
 - Do no harm or provide benefit?

Moral Norms



- W. D. Ross (1877-1971), philosopher
 - *Prima Facie* duty (self-evident)
 - Must be fulfilled unless it conflicts with an equal or stronger obligation
 - Always binding unless a competing obligation overrides or outweighs it
 - Find the “greatest balance” of right over wrong
 - Actual duty
 - What should be done after weighing the competing prima facie obligations

Major Principles



- Commonly accepted principles of health care ethics
 1. Principle of Respect for Autonomy
 2. Principle of Nonmaleficence
 3. Principle of Beneficence
 4. Principle of Justice
 5. Principle of Care/Compassion

Respect for Autonomy



- Autonomy = self-rule
- Rational agents make informed and voluntary decisions
 - Patient's capacity to act intentionally, with understanding, and without controlling influences that would mitigate a free and voluntary act.
- Minimally, freedom from
 - Limitations, such as inadequate understanding that prevents meaningful choice
 - Controlling interference by others (manipulation, coercion)
- Patient Autonomy is the basis for Informed Consent

Autonomy



- **Illustrative Case**
 - **Respect for Autonomy:**
 - Recognize and promote the autonomous actions of the patient
 - **Jehovah's witness:** a belief that it is wrong to accept a blood transfusion
 - **Physician's obligation to inform patient of benefits and risks**
 - **Patient is free to choose and may give greater priority to religious belief**

Autonomy



- Illustrative Case

- Physician has a *prima facie* duty to respect the autonomous patient choice
- Physician also has *prima facie* duties to avoid harm, and provide benefit to the patient
- By respecting the patient's wishes, the physician gives greater priority to respect for patient autonomy

Autonomy



- **Illustrative Case**

- If the patient were a ten year old and the parents were refusing a blood transfusion, there is legal precedence of going to court to override the parent's wishes, based on the right of the state to protect the lives of its citizens, especially minors, until they can reach the age of majority and make choices independently
- In this case, the duties of providing medical benefit and avoiding harm would be given precedent over the principle of patient autonomy

Nonmaleficence

- The provider ought not intentionally create needless harm or injury to the patient
 - Acts of commission or omission
- Negligence = the imposition of a careless or needless risk of harm on another
- Moral duty as well as legal duty



Nonmaleficence



- Legal duty
 - Professional must have a duty to the affected party
 - Professional must breach that duty
 - Affected party must experience a harm
 - Harm must be caused by a breach of duty

Nonmaleficence



- Illustrative Cases
- Harm may be the lesser of two evils
 - Dying patient: decision to forgo CPR or life sustaining technology
 - Patient alone can interpret which is the greater or lesser harm
 - Dying patient in pain: decision to offer appropriate pain medication
 - May hasten death, but the intention is to palliate the pain and discomfort

Beneficence



- The duty to be of benefit to a patient, as well as a duty to prevent or remove harm from the patient
 - Applied to the patient and to society as well
 - Nonmaleficence: a constant duty
 - Beneficence: a limited duty

Beneficence



- A moral obligation to act for the benefit of others
 - Includes limiting harm to the patients
 - Not all acts of beneficence are obligatory
 - May be seen as a limited duty
 - Physician may choose to limit her/his practice
 - Does not have a strict duty to patients not in her/his care
 - May need to decide which to treat if both require treatments at the same moment

Beneficence



- Illustrative Cases
 - Emergency Medicine
 - E.G., Patient is incapacitated and presumption is made that the reasonable person would want to be treated aggressively.
 - *Prima facie* duty to benefit the patient is given priority over the principle of respect for patient autonomy

Beneficence



- Paternalism
 - Physician choosing to act in the physician's opinion of the patient's interest without consulting the patient or overriding the patient's wishes
 - Suicidal patient: a justified paternalism on behalf of saving the patient's life, when they are in danger of harming themselves
 - putting patient in a protective environment

Justice

- Fairness, giving each one his/her due
- Grounds for allocating resources must be determined
- Persons who are equals should qualify for equal treatment
 - E.G., Medicare



Justice

- Distributive justice in society
 - To each person an equal share
 - To each person according to need
 - To each person according to effort
 - To each person according to contribution
 - To each person according to merit
 - To each person according to free-market exchanges



Limitations to Principles



- Challenge when two or more principles conflict: What is the actual duty?
- The principles do not provide a deductive system to identify a solution to a complex ethical dilemma
- Modern ethics seems to worship the principle of autonomy – even at the expense of other goods, E.G., the family or community BUT....this may be changing with population health.
- Justice is difficult to understand and apply

Care and Compassion



- Allows genuine concern for the pt/fm for to assist in guiding actions (for those who will live with the decisions)
- What would you do/want done
- Allows unique solutions at times
- Assists in supporting other principles in decisions

Overcoming Limitations

- Learning how to balance principles and determine which has a greater weight?
- Understand that the principles are abstract norms.
- *Seek assistance from your Ethics Committee /ethics consult teams.*



Resources



Resources

<http://www.ascensionhealth.org/ethics/public/main.asp>

<http://depts.washington.edu/bioethx/topics/index.html>

Beauchamp TL, Childress, JF. *Principles of Biomedical Ethics*. 5th ed. New York: Oxford University Press; 2001

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United States Conference of Catholic Bishops. *Ethical and Religious Directives for Catholic Health Care Services*. 4th ed. Washington, D.C.; 2001

Thank you!



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