

Morality in Medicine (part 2)

DOES MEDICAL ETHICS CHANGE?

1. Until recently there was no obligation for Healthcare Practitioners to obtain the patient's informed consent.
2. In 2005, the World Medical Association (WMA) **Declaration on the Rights of the Patient** stated: "While a Physician should always act according to his/her conscience, and always in the best interests of the patient, equal effort must be made to guarantee patient autonomy and justice."
3. Many individuals now consider that they are their own primary health providers and that the role of Healthcare Practitioners is to act as their consultants or instructors.
4. This evolution in the patient-Physician relationship gives rise to different ethical obligations for Healthcare Practitioners than previously.
5. Nowadays, Healthcare Practitioners have additional accountabilities – to their patients, third parties such as hospitals and *managed healthcare* organizations, medical licensing and regulatory authorities, and often to courts of law. These different accountabilities can conflict with one another.
6. Participation in abortion was forbidden in medical codes of ethics until recently but now is tolerated under certain conditions by the medical profession in many countries.

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7. Whereas in traditional medical ethics the sole responsibility of Healthcare Practitioners was to their individual patients, nowadays it is generally agreed that Healthcare Practitioners should also consider the needs of society, for example, in allocating scarce healthcare resources.
8. Advances in medical science and technology raise new ethical issues that cannot be answered by traditional medical ethics. Assisted reproduction, genetics, health informatics and life-extending and enhancing technologies, all of which require the participation of Healthcare Practitioners, have great potential for benefiting patients but also potential for harm depending on how they are put into practice.
9. Despite these obvious changes in medical ethics, there is widespread agreement among Healthcare Practitioners that the fundamental values and ethical principles of medicine do not, or at least should not, change.
10. Since it is inevitable that human beings will always be subject to illness, they will continue to have need of compassionate, competent and autonomous Healthcare Practitioners to care for them.

DOES MEDICAL ETHICS DIFFER FROM ONE COUNTRY TO ANOTHER?

1. Medical ethics can and does vary from one country to another in response to developments in medical science and technology as well as in societal values.

2. Euthanasia, for example, invokes significant differences of opinion among national medical associations. Some associations condemn it and as of November 2017, human euthanasia is legal in the **Netherlands, Belgium, Colombia, Luxembourg and Canada**. Assisted suicide is legal in **Switzerland, Germany, Japan**, and in the **US** states of Washington, Oregon, Colorado, Vermont, Montana, Washington DC, and California.
3. Healthcare Practitioners in some countries are confident that they will not be forced by their government to do anything unethical while in other countries it may be difficult for them to meet their ethical obligations, for example, to maintain the confidentiality of patients in the face of police or army requirements to report 'suspicious' injuries such as shootings and stabbings.

HOW DO INDIVIDUALS DECIDE WHAT IS ETHICAL?

1. Many ethical issues arise in medical practice for which there is no guidance from medical associations.
2. Individuals are ultimately responsible for making their own ethical decisions and for implementing them.
3. One approach to ethical issues is morality. Morality can be defined as: choosing the right beliefs or beliefs or behavior in a difficult situation. It can be divided roughly into two categories: *non-rational* and *rational*.

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NON-RATIONAL APPROACHES

1. Obedience - Morality (can be defined as: choosing the right beliefs or beliefs or behavior in a difficult situation.

Morality consists in following the rules or instructions of those in authority, whether or not you agree with them. Common way of making ethical decisions, especially by children and those who work within authoritarian structures.

2. Imitation - Morality consists in following the example of a role model. This has been perhaps the most common way of learning medical ethics by aspiring Healthcare Practitioners, with the role models being the senior consultants and the mode of moral learning being observation and assimilation of the values portrayed.

3. Feeling or desire – The measure of morality is to be found within each individual and, of course, can vary greatly from one individual to another, and even within the same individual over time. It is a subjective approach to moral decision making and behaviour.

4. Intuition – A subjective immediate awareness of the right way to act in a situation. It comes closer to the rational methods of ethical decision-making

than do obedience, imitation, feeling and desire. It directs moral decisions through a simple flash of insight which can vary greatly from one individual to another, and even within the same individual over time.

5. **Habit** – An efficient method of moral decision-making where similar moral issues are dealt with in the same way. However, there are bad habits (e.g., lying) as well as good ones (e.g., truth-telling); Therefore, one cannot place all one's confidence in it.

RATIONAL APPROACHES:

- **Deontology** – a search for well-founded rules that can serve as the basis for making moral decisions. An example of such a rule is, 'Treat all people as equals.' Its foundation may be religious or non-religious. Once the rules are established, they have to be applied in specific situations, and here there is often room for disagreement about what the rules require (for example, whether the rule against killing another human being would prohibit abortion or the death penalty).
- **Consequentialism** – ethical decision-making based on an analysis of the likely consequences or outcomes of different choices and actions. The right action is the one that produces the best outcomes e.g. 'the greatest good for the greatest number'. Consequentialism accepts that 'the end justifies the means', for example, that individual human rights can be sacrificed to attain a social goal.
- **Principlism** – uses ethical principles as the basis for making moral decisions. It applies these principles to particular cases or situations in order to determine what is the right thing to do, taking into account both rules and consequences. Four principles in particular, *respect for autonomy*, *beneficence*, *non-maleficence* and *justice*, have been identified as the most important for ethical decision-making in medical practice.
- **Virtue ethics** focuses less on decision-making and more on the character of decision-makers as reflected in their behaviour. A virtue is a type of moral

excellence. One virtue that is especially important for Healthcare Practitioners is compassion. Others include honesty and dedication. Healthcare Practitioners who possess these virtues are more likely to make good decisions and to implement them in a good way. However, even virtuous individuals often are unsure how to act in particular situations and are not immune from making wrong decisions.

DUAL APPROACH

Such a process could comprise the following steps:

1. Determine whether the issue at hand is an ethical one.
2. Consult authoritative sources such as medical association codes of ethics and policies and respected colleagues to see how Healthcare Practitioners generally deal with such issues.
3. Consider alternative solutions in light of the principles and values they uphold and their likely consequences.
4. Discuss your proposed solution with those whom it will affect.
5. Make your decision and act on it, with sensitivity to others affected.
6. Evaluate your decision and be prepared to act differently in future.

THE Role OF the World Medical Association (WMA)

1. It is the only international organization that seeks to represent all Healthcare Practitioners, regardless of nationality or specialty.
2. Established general standards in medical ethics that are applicable worldwide.
3. Since 1947 it has worked to prevent any recurrence of the unethical conduct exhibited by Healthcare Practitioners in Nazi Germany and elsewhere.
4. Updated the Hippocratic Oath for 20th century use; the result was the **Declaration of Geneva** in 1948.
5. Developed an **International Code of Medical Ethics** in 1949.
6. In 2013 **Declaration of Helsinki** developed for ethical guidelines for research on human subjects.

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