Volgograd State Medical University
Department of Philosophy, Bioethics and Law

Lectures on Bioethics

Lecture 3.

Principles and rules of bioethics

The UNESCO Declaration

- The UNESCO Universal Declaration on Bioethics and Human Rights identifies fifteen bioethical principles: 1. Human dignity and human rights; 2. Benefit and harm; 3. Autonomy and individual responsibility; 4. Consent; 5. Persons without the capacity to consent; 6. Respect for human vulnerability and personal integrity; 7. Privacy and confidentiality; 8. Equality, justice and equity;

- 9. Non-discrimination and non-stigmatization;
- 10. Respect for cultural diversity and pluralism; 11. Solidarity and cooperation; 12. Social responsibility and health; 13. Sharing of benefits; 14. Protecting future generations; 15. Protection of the environment, the biosphere and biodiversity.

The place of principles in bioethics

- There are several ethical principles that seem to be applicable in many situations.
- These principles are not considered absolutes, but serve as powerful action guides in clinical medicine.
- Some of the principles of medical ethics have been in use for centuries. For example, in the 4th century BC, Hippocrates, a physician-philosopher, directed physicians “to help and do no harm”.

- In 1979 Tom Beauchamp and James Childress published the first edition of *Principles of Biomedical Ethics,* now in its seventh edition (2013), popularizing the use of principlism in efforts to resolve ethical issues in clinical medicine.
- In that same year, three principles of respect for persons, beneficence, and justice were identified as guidelines for responsible research using human subjects in the *Belmont Report.*

Beauchamp and Childress' Four Principles is one of the most widely used frameworks and offers a broad consideration of medical ethics issues generally.

1. **Non maleficence** or Do not harm;
2. **Beneficence** or Do good;
3. **Respect for autonomy;**
4. **Justice**

How do principles apply to a certain case?

- One might argue that doctors are required to take all of the above principles into account when they are applicable to the clinical case under consideration.
- Yet, when two or more principles apply, doctors may find that they are in conflict.
- However, in the *actual situation*, doctors must balance the demands of these principles by determining which carries more weight in the particular case.

The Principle of Nonmaleficence

- The principle of nonmaleficence requires of us that we not intentionally create a harm or injury to the patient, either through acts of commission or omission.
- Providing a proper standard of care that avoids or minimizes the risk of harm is supported not only by our commonly held moral convictions, but by the laws of society as well

- This principle implies to consider the concept “harm” in four aspects:

  a) harm as the result of the inactivity (non-rendering of medical aid);

  b) harm as the result of negligence or evil intention;

  c) harm as the result of unqualified or unconsidered actions;

  d) harm as the result of necessary actions in given situation.

The Principle of Beneficence

- The ordinary meaning of this principle is that health care providers have a duty to be of a benefit to the patient, as well as to take positive steps to prevent and to remove harm from the patient.
- These duties are viewed as rational and self-evident and are widely accepted as the proper goals of medicine.

- This principle is at the very heart of health care implying that a suffering supplicant (the patient) can enter into a relationship with one whom society has licensed as competent to provide medical care, trusting that the physician's chief objective is to help.
- The goal of providing benefit can be applied both to individual patients, and to the good of society as a whole.

Respect for Autonomy

- In health care decisions, respect for the autonomy of the patient would, in common parlance, imply that the patient has the capacity to act intentionally, with understanding, and without controlling influences that would mitigate against a free and voluntary act.
- This principle is the basis for the practice of "informed consent" in the physician/patient transaction regarding health care.

Informed Consent

- Informed consent is the process by which the treating health care provider discloses appropriate information to a competent patient so that the patient may make a voluntary choice to accept or refuse treatment.
- It originates from the legal and ethical right the patient has to direct what happens to her body and from the ethical duty of the physician to involve the patient in her health care.

What are the elements of full informed consent?

It is generally accepted that informed consent includes a discussion of the following elements:

- The nature of the decision/procedure;
- Reasonable alternatives to the proposed intervention;
- The relevant risks, benefits, and uncertainties related to each alternative;
- Assessment of patient understanding;
- The acceptance of the intervention by the patient.

How much information is considered "adequate"?

How do you know when you have provided enough information about a proposed intervention? Most of the literature and law in this area suggest one of three approaches:

- ***Reasonable physician standard:*** *what would a typical physician say about this intervention?*
- ***Reasonable patient standard:*** *what would the average patient need to know in order to be an informed participant in the decision?*
- ***Subjective standard:*** *what would this particular patient need to know and understand in order to make an informed decision?*

What sorts of interventions require informed consent?

- All health care interventions require some kind of consent by the patient, following a discussion of the procedure with a health care provider.
- Patients fill out a general consent form when they are admitted or receive treatment from a health care institution.
- For a wide range of decisions, explicit written consent is neither required nor needed, but some meaningful discussion is always needed.

Exceptions to full informed consent are:

- If the patient does not have decision-making capacity, such as a person with dementia;
- A lack of decision-making capacity with inadequate time to find an appropriate proxy without harming the patient, such as a life-threatening emergency where the patient is not conscious
- When the patient has waived consent.
- When a competent patient designates a trusted person to make treatment decisions for him or her.

Justice

- Justice in health care is usually defined as a form of fairness, or as Aristotle once said, "giving to each that which is his due."
- This implies the fair distribution of goods in society and requires that we look at the role of entitlement.
- The question of distributive justice also seems to hinge on the fact that some goods and services are in short supply, thus some fair means of allocating scarce resources must be determined.

In fact, our society uses a variety of factors as criteria for distributive justice, including the following:

- 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.