

## **ETHICS COMMITTEES**

The situation of present day health care is much more conflict laden than ever before. Traditional medical ethics used to work with the moral principle of beneficence and non-maleficence, understood in a paternalistic way. The only decision maker was the professional, and the only moral principle to be taken into account was beneficence and non-maleficence. Therefore, the possibility of moral conflict was very remote.

On the contrary, there are different moral principles and values to be respected in each specific situation. Often, these principles conflict with each other. There are potential conflicts between all of them.

The number of conflicts is not related to the morality of a society, or of a profession. In fact, conflicts arise when people are entitled to decide and take part in decision-making processes. When only one person has the power to decide and the unique moral duty of all others is obedience, conflicts are quite impossible. Conflicts are part of human life, and they are more frequent as respect for human freedom and moral diversity increases.

The problem is not the existence of conflicts; the problem is the will to respect and resolve them. This is the main goal of bioethics, to train people in the management of moral conflicts, in order to take wise decisions and, in this way, improve the quality of health care.

In order to reach this goal, bioethics uses deliberation as the way of approaching and thinking about moral conflicts. People can work individually with this procedure, especially when problems are not very complex. But when conflicts are difficult, or when they involve many people, deliberation should be done collectively.

There are some areas outside specific treatment decision making where special bioethics bodies have been created to build respect for values into health care provision. This is the origin of so-called 'bioethics committees'. They are platforms for deliberations in order to take wise decisions and to make policy

recommendations. There are different types of ethics committees, as described in the UNESCO Guides Establishing Bioethics Committees and Bioethics Committees at Work: Procedures and Policies:

- i Policy-Making and Advisory Committees (PMAs)
- ii Health-Professional Association (HPA) Bioethics Committees
- iii Health Care Ethics Committees (HECs) iv Research Ethics Committees (RECs)

Each of these committees has its own characteristics, as described in the UNESCO documents. For instance, Health Care Ethics Committees committees do important work in clinical bioethics. They consist of physicians, nurses, social workers, and lay members, both men and women. Different backgrounds, expertise and experiences allow a better understanding of cases, enriching all the individual perspectives and facilitating decision-making.

Health Care Ethics Committees committees are not judicial bodies with the responsibility of sanctioning wrong conduct and imposing disciplinary measures. This is one of the biggest differences between ethics committees and legal tribunals. The goal of ethics is not to compete with law, but to promote wise decisions among people and professional excellence. Bioethics does not look for what is legally right but for what is humanly best. The goal of bioethics is to promote the best possible action.

#### *Ethics committees*

- ✓ Previously, moral conflicts were scarce
- ✓ Nowadays, many principles need to be respected and they are often in conflict
- ✓ The occurrence of conflicts is not negative
- ✓ The main goal of bioethics is to manage moral conflicts
- ✓ To accomplish this goal, bioethics uses deliberation
- ✓ ‘Bioethics committees’ are platforms for deliberation
- ✓ Different types of committees
- ✓ Ethics committees are not legal tribunals

## **Medical professionalism**

Professionalism refers to the conduct, aims, or qualities that characterize or mark a profession or a professional person. The project 'Medical Professionalism in the New Millennium: A Physician Charter' defines professionalism as the basis of medicine's contract with society. 'It demands placing the interests of patients above those of the physician, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health. The principles and responsibilities of medical professionalism must be clearly understood by both the profession and society. Essential to this contract is public trust in physicians, which depends on the integrity of both individual physicians and the whole profession'. (Annals of Internal Medicine 2002; see <http://www.annals.org/cgi/content/full/136/3/243>) Professionalism is, therefore, directly related with ethics. Its ethical expression is called Professional Ethics. Some of its formulations are the Codes of Professional Ethics.

Throughout the history of medicine, many changes have occurred in medical ethics. The influence of paternalism has decreased, to the same extent as respect for autonomy has increased. There have also been important changes related to access to health care services and the distribution of scarce resources.

But there is one thing that has remained unchanged in professional ethics all over its history, which is the moral duty of professionals not only not to do harm but to do the best for their patients. This is a primary goal of professional codes of conduct which each professional is obliged to observe.

Professionals must strive for excellence. They have in their hands the most valued things people have: life and health, and their duty is to do the best for them.