Medical Ethics For GP Trainees



Stand-alone Workbook

Hasna A. Begum

Contents

Introduction	2
Part 1: Doing the Right Thing	4
Part 2: Deontology and Utilitarianism	11
Part 3: The Four Principles	20
Part 4: Rights-based Ethics	25
Part 5: Virtue Ethics	32
Part 6: Putting it into Practice	37
Quiz	47
References	50
Evaluation	51

Introduction

Ethics is something that is often talked about in healthcare. You will have come across ethical issues many times. You may have very clear ideas about your ethical viewpoint, or you may be uncertain. Perhaps your views change depending upon the situation. This workbook is not designed to give you all the answers. What it will do, however, is teach you about some of the common frameworks and give you the chance to apply them to plausible situations.

The book is divided into six parts. This is what each part covers:

Part 1: Doing the Right Thing is concerned with the pervasiveness of ethics in practising medicine, consciously and subconsciously. It explores the diversity of situations that may be concerned with ethics on a day-to-day basis.

Part 2: Deontology & Utilitarianism is concerned with two ethical frameworks which can sometimes come into conflict. Deontology assigns all human beings with intrinsic worth. Utilitarianism is concerned with maximising benefit. This section explores how these frameworks may inform some of the conventional responses to ethical dilemmas and how they may give rise to conflict.

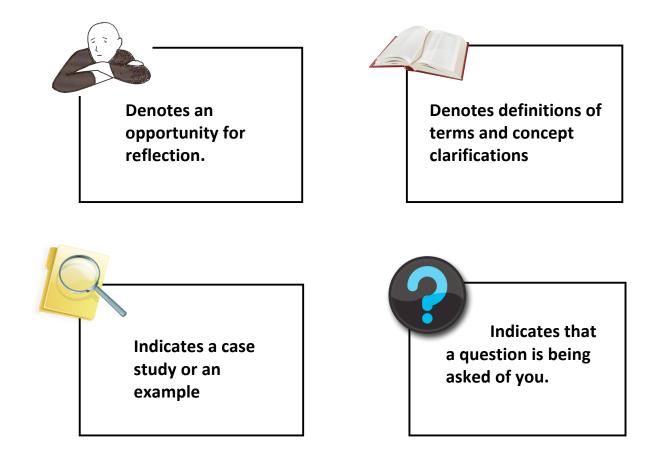
Part 3: The Four Principles is concerned with another ethical approach to medicine comprising of four overriding principles, justice, non-maleficence, beneficence, and respect for autonomy. This section explores how these principles can inform medical practice and aid in decision-making.

Part 4: Rights-based Ethics is concerned with an approach that has to do with the rights of the individual. This section explores how what a person is perceived to be entitled to can influence the outcome of ethical problems.

Part 5: Virtue Ethics has to do with the belief that good people make the right decisions. This section explores how this may influence the approach to medical ethical dilemmas.

Part 6: Putting it into Practice is designed to help you apply some of your learning. It is aimed at helping you analyse your thinking in ethical situations in the context of the frameworks you will have learned about.

Interspersed throughout the workbook, you will see the following icons:



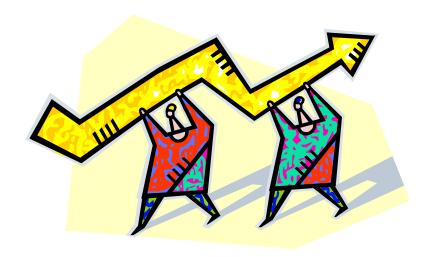
By the end of the workbook you will have:

- Become aware of the main theoretical frameworks in medical ethics
- Thought about your own ethical perspective, the way it informs your approach to ethical issues and how it relates to the theory
- Attempted to apply your new understanding of ethical frameworks to medical cases

At the end of the workbook, there is a quiz that you may use to self-assess your learning. There is also an evaluation form. It would be helpful if you could complete the evaluation form and return to the author, so that improvements can be made for future editions.



Doing the Right Thing



Why Bother With Ethics?

As doctors, we are constantly concerned with doing the right thing. But what is it that makes something right or wrong? And how do we decide which is which?

Sometimes it is obvious. The child sick with meningitis needs antibiotics. The would-be mother in obstructed labour needs an emergency Caesarean section.

Other times, however, it's not quite so clear. Four critically ill patients, who gets the last ITU bed? What do you do for the terminally ill cancer patient who just wants to die? Deciding what the 'right' thing is can be extraordinarily difficult. This is where ethics come in.

philosophy that aims to clarify the nature of right and wrong, good and bad. Besides clarifying the meaning and justification of ethical ideas, ethics tell us how we ought to behave. (Ingram & Parks, 2002)

You already have your own ethics. You may never have given much conscious thought to why you choose to act a certain way, but felt intuitively that it was right. Gaining a greater understanding of ethics can aid you in understanding your own viewpoint.

It can also help you to understand other people's viewpoint, particularly when it may conflict with yours.

And of course, it can help you make difficult medical decisions.



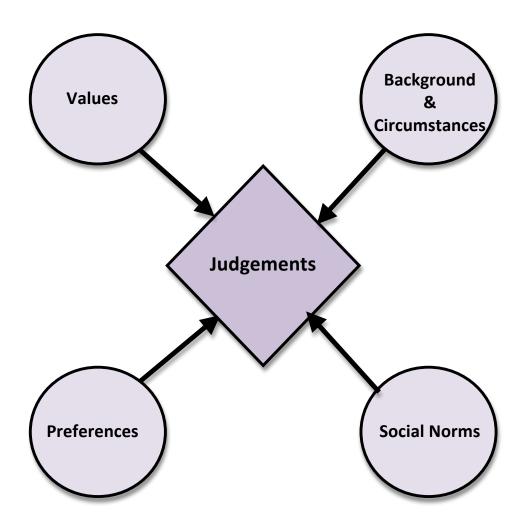
Think about the last occasion when you had difficulty deciding on the right course of action. What factors influenced your decision?		

Values & Preferences

Do some of the factors influencing your decision involve your personal principles in some way?

This is to be expected.

The decisions we make are affected hugely by our value judgements. These in turn can be influenced by our individual backgrounds, circumstances and preferences. They are also influenced by social norms. The diagram below is a pictorial representation of this.



?	What do you think is meant by th	
?	What do you think is meant by th	·
	Below, list 3 each of your person preferences.	nal values and your personal
	VALUES	PREFERENCES

A **value** is a standard – typically shared by others in a given community – for judging the goodness or badness of some thing or some action. It has moral implications.

A **preference** relates to a greater liking for one alternative above others. It is personal and does not have to be shared with anyone. It does not have any intrinsic moral implications.

Consider the following examples of values:

"Honesty is the best policy."

"Cheating is wrong."

"Prudence is better than debt."

And now consider the following examples of preferences:

"I think marmite is vile."

"I hold doors open for others."

"Pink should never be worn with red."

Sometimes it can be very difficult to differentiate between values and preferences. It is worth remembering that preferences are facts about personal taste and therefore cannot be disputed (eg "I like to wear red."). Values however relate to more than one person and can have ethical significance ("It is wrong to kill.").

When it comes to ethical dilemmas, the role of values is particularly highlighted.

Ethical Dilemmas

Ethical dilemmas are very common, especially in medicine. We come across them every day often without realising. Consider the following:

You are the only junior doctor on call for general surgery and you have been bleeped by a nurse to go and review a post-operative patient who is complaining of pain. You are on your way to the canteen to grab some dinner, and you know the canteen shuts in ten minutes. Do you go and get your dinner, leaving the patient in pain for an extra ten minutes? Or do you go to see the patient, knowing that means you will have nothing to eat until the following morning?

An ethical dilemma forces us to choose in a way that involves breaking some ethical norm or contradicting some ethical value. (Ingram & Parks, 2002) You are driving through a deserted country road where the speed limit is 40 mph. You are late for your morning A&E shift and you know that the night shift doctor is waiting for you to relieve her. Do you speed in order to relieve your colleague on time, or do stay within the

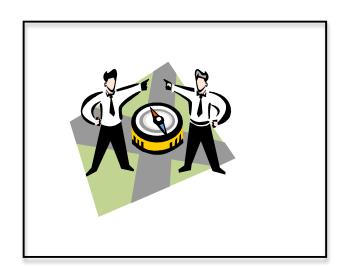
limit and keep your colleague waiting an extra quarter hour?

 You feel feverish and lethargic one morning and think you might be coming down with something. It is your long day on call. Do you call in sick, knowing that means your colleague who was on call yesterday will have to cover your ward duties and on call? Or do you go in to work and risk spreading whatever viral illness you may be starting with?

Does the right thing to do stand out for you?

This chapter has touched upon some generic principles. It is now time to move on to more established theory.

Deontology & Utilitarianism



Actions & Consequences

This chapter looks at two great moral theories, deontology and utilitarianism.

Deontology is the name given to a group of theories that say that the morality of an action is intrinsic to the action itself rather than its consequences. For example, killing is bad because the act of killing is wrong, regardless of the outcome.

Most human societies rely at least partly on these kinds of moral rules. They are usually instilled in us during childhood ("it's wrong to lie!"). Our subsequent moral reasoning is influenced by this programming to some greater or lesser degree.

Similarly, many of the great religions expect obedience to moral rules irrespective of the consequences (think Ten Commandments). So religious arguments for a particular course of action can seem similar to deontological ones at times because of the focus on actions rather than consequences. Ethics however is not about religion but about moral reasoning and the cogency of such reasoning. The ethical argument that is put forward should seem plausible to anyone, whether a 'believer' or not.

Deontology literally means the "science of duty". It refers to any moral theory that emphasises that some actions are obligatory irrespective of the pleasurable or painful consequences produced.

Within deontology, there are **absolutist** and **pluralist** theories.

Absolutist theories apply without exception. An example of an absolutist theory is Immanuel Kant's supreme law, which states that moral judgements should always be universally applicable, and should always treat others as ends in themselves (as opposed to merely a means to an end).

WMA Declaration of Geneva (revised 1983)

A doctor is required to

- Consecrate his life to the service of humanity
- Make the "health of my patient" his first consideration
- Respect his patient's secrets (even after the patient's death)
- Prevent "considerations of religion, nationality, race, party politics or social standing [intervening] between my duty and my patient"
- Maintain utmost respect for human life from its beginning
- Not to use his medical knowledge "contrary to the laws of humanity"

Pluralism takes the position that there is more than one ultimate ethical principle. An example is the World Medical Association (WMA) and its list of absolute principles which doctors are generally meant to abide by.

This leads on to the problem of conflict. Ethical principles that apply without exception may not be compatible.

For instance:

- 1. "I should never harm anyone."
- 2. "I should always respect other people's autonomy."

Now try to apply those principles to a terminally ill patient who wants you to administer a lethal injection.

The concept of **prima facie** duties can help when it comes to conflicting moral principles.

Prima facie duties are those obligations that we know should guide our actions PROVIDED there are no conflicting moral obligations. These might include duties such as fidelity, beneficence, reparation and gratitude. These duties may have a moral order of priority that can be adjusted to suit the occasion.

So in the above case, the duty to avoid harming may override the duty to respect autonomy. Or vice versa, depending on your point of view.

Another example of using prima facie rules may be in the case of a patient with breast cancer.

- 1. We should not mutilate patients.
- 2. We should try to save patients' lives.

Here in order to save the patient's life it is necessary to mutilate her (through performing a mastectomy). By doing so, we are acknowledging that the first duty is a prima facie one that has been overridden by the second duty.



In your own words, try to summarise what you have understood about the term 'deontology'.

-		

Maximising Benefit

Utilitarianism is an ethical theory which concludes that people should always act in a way that will bring about the best possible outcomes overall, where the goodness of any outcome depends on the amount of happiness realised. It is sometimes described by the slogan "the greatest happiness of the greatest number." It follows that if the outcome of the action is good, then the action is good; and if the outcome of the action is bad then the action is bad.

The advantages of utilitarianism are:

- There is no reliance on people's intuitions, which can be erratic, to guide moral decisions.
- It is a simple concept.
- It is universally accepted that suffering is an evil and happiness is a good.

The criticisms of utilitarianism are:

- The meaning of the phrase "the greatest happiness of the greatest number" is open to interpretation, and difficult to measure.
- Just because happiness is a good thing does not mean it should be the basis of our moral decisions.
- It does not take into account individuals and intuitive principles such as respect for each others integrity, keeping promises and fairness.

In medicine, utilitarianism can be seen at strategic level health planning, for instance, access to health care. Its place in guiding moral decisions at a more individual level is not as clear.



n your own words, try to summarise what you have understood about the term 'utilitarianism'.		

Jim and the Tribespeople



Jim is an anthropologist, and one day, deep in the Amazon, he comes across a tribe. The chief is about to execute a group of ten people from his tribe who were chosen at random. The chief hails Jim and says, "You are a guest amongst us and in order to honour you, I will allow you to save nine of these ten people. All you have to do is pick one for execution and the other nine will go free. If you do not choose one, then all ten will die."

None of the ten are about to volunteer, and they are a mix of both genders and various ages. There are no children in the group.

If you were Jim, what would you do?

-				

What did you choose to do?

Someone with a deontological outlook might argue that killing is wrong, whether you kill one or ten. A deontologist would be inclined to refuse to choose, no matter what the consequences.

Someone with a utilitarian outlook might argue that it is better for one person to die than for ten people to die, even if that one person was innocent. A utilitarian might pick one of the tribespeople in some random way, like drawing straws, in order to save the other nine.

So do you lean towards deontology or utilitarianism?

The Four Principles



The Doctor's Aid

The four principles were first described as a cluster by Beauchamp and Childress in the 1970s as an aid for doctors who needed to make fast ethical decisions.

They are:

- Respect for autonomy
- Non-maleficence
- Beneficence
- Justice



What do you think is meant by each of these terms?

Respect for Autonomy	Non-maleficence
	_
	_
Beneficence	Justice
	_



Respect for autonomy means to respect the decision-making capacity of someone who is autonomous i.e. able to decide freely.



Nonmaleficence means avoiding the causation of harm.



Beneficence means providing benefits and balancing benefits against risks and costs.



Justice means distributing benefits, risks and costs fairly.

It's what I want



A 35-year old solicitor, Eva, comes to see you and requests a prescription for Zelda, an expensive new medication for hirsutism. You are aware that the PCT is still deciding whether to greenlight this medication or a new medication for Alzheimer's. The PCT cannot afford to fund both drugs. You are also aware that this patient feels very low because of her appearance and she has a history of self harm.

What do you do? Try to use the four principles to guide your decision.

_			
_			
_			
_			
_			
_			

Eva wants this medication which she feels will improve her appearance and therefore her mood.

If we respect her autonomy, then there is a strong argument to give her the medication.

If we consider non-maleficence, by giving her the medication we may prevent her from harming herself secondary to her depression (inferred from the low mood).

If we consider beneficence, we are helping her condition.

If we consider justice however, we must remember that this expensive medication may mean other patients lose out (eg the Alzheimer's patients).

So which principle takes precedence?

The answer is none. The four principles are prima facie duties, and there is no order of priority for all occasions. Each scenario must be considered on its individual merits and the importance of a given principle will vary accordingly.

The principles are intended to clarify your thinking and aid you in decision-making, no more.

Rights-based Ethics



Giving people their due

Rights-based theory works on the premise that people have rights, that is, justified claims on others and society. A distinction needs to be made between **legal and institutional rights**, as opposed to **moral rights**.

You will be aware of some of the legal and institutional rights that exist in the UK. People have the right to state-financed medical care, education and other welfare services. These are legal rights. Social institutions bestow rights on their members, such as access to facilities or member benefits. These are institutional rights. The thing about legal and institutional rights is that they can be created and abolished by decisions made by the appropriate people, such as parliaments, committees or dictators. So if a bill was passed to abolish the NHS, people would no longer have the right to free medical care.

Moral rights are more intrinsic entitlements that aren't subject to the whims of those in power. They consist of things such as the right to life and liberty. The European Convention on Human Rights is an example of an international constitution of moral rights.

Rights are justified claims that individuals and groups can make upon other individuals or upon society. Rights are governed by rules which may be legal, moral, institutional or the rules of a game. This means that a moral right is a justified claim or entitlement, warranted by moral principles and rules. (Beauchamp & Childress, 2001)

Sometimes moral rights can be thought of under the following headings:

- **Universal rights**, which apply to all persons, for example, the right to be free.
- **Special moral rights** that are possessed by some and not by others. For example, if you lend money to your friend, you have a moral right to be paid that sum by your friend. Other people don't have the same moral right on your friend (unless he owed them money too).
- **Positive rights**, which are rights to receive particular goods or services from others, for instance, the right to receive respect for your autonomy.
- **Negative rights,** which are rights to be free from certain actions by others. An example would be the right to refuse immunisation.



Think about your patients and what their rights are. Now think about your rights. Which rights have common ground? And which might cause conflict?

With Rights Come Responsibilities

There is a correlation between rights and obligations.

For example, Peter goes to see Dr Jones. By agreeing to see Peter as a patient, Dr Jones incurs an obligation (a duty of care) towards Peter, and Peter gains the matching rights.

However, the correlation between rights and obligations is not always clear or even existent. It is often said that the wealthy have an obligation to give in charity. But there is no one who can really claim to have a correlative right to receive charity. Even the obligation to give charity can be argued as something we ought to do rather than something we are morally obliged to do.

Another thing about having rights is that people also have the right to waiver their rights, i.e. forgo them if they should choose. By doing so, if there is a correlative obligation on someone else then they are released from that obligation.

The rights-based approach focuses on individuals and the interests of individuals. If the idea behind having a moral framework is to protect the interests of the individual then the rights-based theory can work quite well. However, if there is a view that moral frameworks should protect the interests of the community as a whole, then the rights-based approach comes across some problems.

Food for Thought



Artie is a 42-year old school teacher with muscular dystrophy. He comes to the neurology clinic with his partner and explains to the consultant that recent media stories have alarmed him. He is in the process of preparing a living will. He says that when he loses his ability to swallow and speak, he would want to be fed with artificial nutrition and hydration, no matter what. He believes firmly that he has the right to be kept alive and to be fed. He wants assurance from his medical team that artificial nutrition and hydration will not be withdrawn when he is no longer able to express his wishes.

What issues does this raise? If you were Artie's doctor, how would you respond? Try to think in terms of ethics rather than law.

-		
. <u></u> .	 	

-	
-	
-	
-	

Virtue Ethics



The Great and the Good

Virtue ethics differs from the other ethical theories in that rather than focusing on the moral actions of a person, it focuses on the person carrying out the action. What counts in this approach is the good character, conscience and integrity of the individual involved, that is, the virtues of the individual. It is sometimes said that good people do good things and bad people do bad things.

A moral virtue is a morally valuable character trait.

A character trait is a deeply engrained feature of a person's personality.

Certain virtues are perceived to be tied to professional roles. This might incorporate both virtues and obligations. Often professional bodies are involved and this can give rise to traditions and conventions.

?	Make a list of what you think are the virtues of a doctor.

Below are some of the virtues that are associated with medicine:

- Compassion
- Discernment
- Trustworthiness
- Integrity
- Conscientiousness
- Respectfulness
- Non-malevolence
- Benevolence
- Justice
- Truthfulness
- Faithfulness

This is not an exhaustive list, and it includes social expectations in addition to the expected professional standards and ideals.

People who are perceived to be virtuous garner goodwill with respect to assessments of their praiseworthiness or blameworthiness. In medicine, we sometimes hear the phrase 'honest mistakes'. If two physicians, one who is conscientious and one who is not, both make the same technical error, the conscientious physician will be subjected to less moral blame. The conscientious physician will be considered to have made an honest mistake.

Doctor knows best



You see a 70-year old lady called Mabel in A&E. She was brought in as a collapse-query-cause. She seems fine now. She is known to have hypertension and the only medication she takes is bendroflumethiazide 5mg and ramipril 5mg. Her BP is 120/65. There is no history of chest pains or tightness. On examination you hear an ejection systolic murmur. You also notice on the ECG that she is in first degree heart block. You wonder if there is a cardiac cause for her collapse. You discuss the case with the consultant on duty, Mr Johns, who you know is single-handedly responsible for turning your A&E department into one of the best in the region. He listens to the

patient's chest and examines the ECG. He then says,

"It's not her heart. Halve the anti-hypertensives and let her go home."

You are not fully reassured that Mabel's heart is not causing her symptoms.

What do you do?

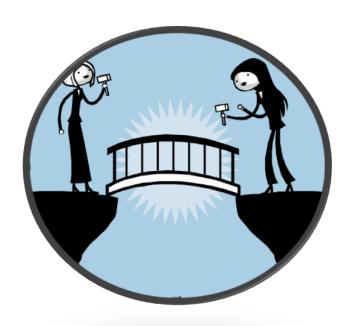
Virtue ethics would advocate following Mr Johns' recommendation on the basis of his virtues – he has a towering reputation and is very skilled – despite your own disquiet.

Does this ring true? Have you ever followed the advice of a trusted colleague or friend with no other basis for your trust other than your faith in that person's virtues?

There can be a role for such ethics especially in an educational environment. But when it comes to objectively challenging the ethics of an action, virtue ethics can fall short. One of the problems is that no-one is so virtuous that they are infallible. And in real life, you are often faced with situations where a virtuous other person is not available.



Putting It Into Practice



Applied Medical Ethics

In this chapter, you will have the opportunity to think your way through some medical scenarios that raise ethical issues.

Whatever your view point, try to justify it using the ethical frameworks you have learned about. Think of it as you presenting an argument to an ambivalent audience in order to persuade them to your way of thinking.

Good luck!

The Last Bed



You are in charge of allocating the last intensive care bed in the region. Below is a summary of the candidates. Who do you think should get the bed? Justify your choice.

Ali is a 42-year old trauma surgeon who suffered a head injury while skiing in the French Alps. He was airlifted home and has not woken since the accident three days ago. Last year he was presented with an OBE for his services to medicine.

Betty is a 70-year old former landlady who has pneumonia. This is her third bout this year. She has deteriorated despite intravenous antibiotics. She has no family except a son who lives in Australia. Her neighbour says Betty would not have wanted extraordinary measures.

Caleb is a 38-year old inmate at Doncaster who took an overdose of an illegal stimulant. He has stopped breathing spontaneously. A similar episode six months ago resulted in a full recovery after a four day stint in intensive care.

Donald is a 58-year old accountant who crashed his car while driving under the influence of alcohol. He suffered lung contusions and requires assisted ventilation.

Emma is a twenty-four year old school teacher who was knocked down by a speeding car. She suffered abdominal trauma and required an emergency laparotomy and splenectomy.

-		

Acts and Omissions



Jacob has terminal oesophageal cancer and he is in great pain. His analgesia has been maximised and cannot safely be increased any further. It is estimated that he only has a couple of weeks left at most. However, Jacob does not want to wait. He has said his goodbyes and he is ready to die now. He cannot bear another fortnight of this pain. His family support his decision.

Currently he is receiving nutrition and hydration through a PEG tube and some medication through a syringe driver. If these were stopped he would die within a few days. This option is offered to him but Jacob finds even those few days too much to bear.

He wants his life to be ended actively and immediately.

What do you think is the right thing to do? Justify your response – remember, this is in terms of ethics, not what you would actually do as you are, of course, bound by the laws of the land.

·		
-		

-	

The Twins



Jodie and Mary were born conjoined from umbilicus to sacrum. Mary is the smaller twin and she has non-functioning lungs and heart. She depends entirely on Jodie for oxygenated blood. Jodie seems neurologically normal but Mary has several brain malformations and her neurological responses are abnormal.

The extra work of supporting Mary's body is putting untenable strain on Jodie's heart. It is predicted that she will eventually go into heart failure and then both the twins will die within an estimated six to twenty-four months. If a separation operation is performed then it will mean the immediate death of Mary, although Jodie has a 94% chance of survival.

Their parents have refused permission for a separation operation to go ahead. They are practising Catholics and believe that an action that results in the immediate death of one of their daughters is wrong.

The Court orders that a separation operation should go ahead anyway.

Is this the right thing to do? Justify your views.

-		

A father's love



George is a healthy 68-year old man. Four years ago he donated one of his kidneys to his son Peter who has done very well. Two years ago, his other son, Andy, developed renal failure. Andy now has haemodialysis four times a week. George has watched his son deteriorate from a healthy independent young man to a dependent renal patient. He finds it painful. After talking it over with his wife, Betty, George had decided that he wants to donate his remaining kidney to Andy.

At first Andy was reluctant, but after persuasion from his parents he has agreed. George accepts that donating his remaining kidney will significantly affect his quality of life and indeed his life expectancy. He will need dialysis to remain alive. George accepts this but still wishes to proceed. He says that he had his time and enjoyed his life, now it is Andy's turn.

When George goes to see the kidney specialist, he puts forward his wishes.

What do you think should happen? Justify your reply.

-	_

Quiz

1. What is ethics?	
2. What is the difference between a value and a preference?	
3. What kind of theory is Kant's supreme law?	
4. Describe prima facie duties.	
5. Which ethical theory provides the greatest happiness of the greatest number?	
6. Name the four principles.	

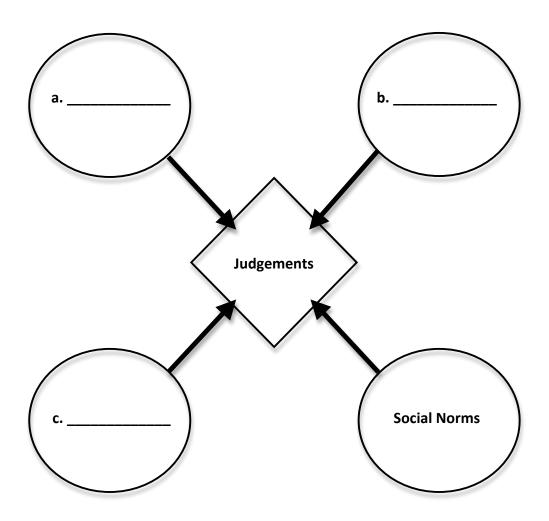
7. What are negative rights?



8. What is the fundamental difference between virtue ethics and other theories?



9. Complete the following diagram.



Answers

- 1. A subfield of philosophy that aims to clarify the nature of right and wrong, good and bad.
- 2. A value is a standard typically shared by others for judging the goodness or badness of some thing or action. A preference is a greater personal liking for one alternative above others.
- 3. It is a deontological theory.
- 4. Obligations that should guide actions provided there are no conflicting moral obligations.
- 5. Utilitarianism.
- 6. Respect for autonomy, non-maleficence, beneficence, justice.
- 7. Rights which entitle you to be free from certain actions by others.
- 8. Focuses on the person carrying out the action rather than the action itself.
- 9. a) Values b) Background & circumstances c) Preferences

References

Beauchamp, T.L. and Childress, J. F. (2001). *Priniciples of Biomedical Ethics* (5th Edition). Oxford: Oxford University Press.

Gillon, R. (1986). *Philosophical Medical Ethics*. Chichester: John Wiley and Sons.

Harris, J. (2001). Bioethics. Oxford: Oxford University Press.

Ingram, D.B. and Parks, J.A. (2002). *The Complete Idiot's Guide to Understanding Ethics*. Indianapolis: Alpha Books.

Evaluation

Please complete this form and return to the author.

Did this workbook meet your expectations? If not, please elaborate as to why not.			
Which aspects of the book worked for you?			
Which aspects of the book did not work for you?			
What do you know now that you did not know before completing this workbook?			