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MAGATARTÁSTUDOMÁNYI INTÉZET

Faculty of Medicine
DEPARTMENT OF BEHAVIOUR SCIENCES

EXAMINATION IN BEHAVIOURAL SCIENCE
Medicine 4th year – AOK-KA591

TOPICS AND DEFINITIONS

ETHICS IN MEDICINE – AOK-KUA180

1. Morals and Morality

Morals mean the moral norms and moral principles of a community that is some unwritten patterns of conduct which are accepted by the majority of the community members.

Morality means the personal moral values and principles which regulate my behavior and our human ability to distinguish between good and bad.

2. Deontology

Deontological moral systems are characterized by a focus upon adherence to *independent moral rules or duties*. To make the correct moral choices, we have to understand what our moral duties are and what correct rules exist to regulate those duties. When we follow our duty, we are behaving morally. When we fail to follow our duty, we are behaving immorally. Typically in any deontological system, our duties, rules, and obligations are determined by God.

3. Consequentialism

„Whether an act is morally right depends only on *consequences* (as opposed to the circumstances or the intrinsic nature of the act or anything that happens before the act)."

(Sinnott-Armstrong, Walter, "Consequentialism", The Stanford Encyclopedia of Philosophy (Winter 2015 Edition))

4. Utilitarianism

ACT UTILITARIANISM:

"Utilitarianism is a normative ethical theory states that „an act is morally right if and only if that act maximizes the good, that is, if and only if the total amount of good for all minus the total amount of bad for all is greater than this net amount for any incompatible act available to the agent on that occasion."

(Sinnott-Armstrong, Walter, "Consequentialism", The Stanford Encyclopedia of Philosophy (Winter 2015 Edition))

RULE UTILITARIANISM:

In rule utilitarianism the principle of utility is not used in every single case. Instead, rules will be established by reference to this principle, and individual acts will then be judged right or wrong by

reference to the rules. Once having appealed to the principle of utility to establish the rules, we do not have to invoke the principle again to determine the rightness of the particular actions. Individual actions are justified simply by appeal to the already established rules.

5. Ethics

„Ethics is the study of morality – careful and systematic reflection and analysis of moral decisions and behaviour, whether past, present, or future."

(*WMA, Medical Ethics Manual 2nd Edition, 2009.)*

6. Bioethics

„Biomedical ethics focuses primarily on issues arising out of the practice of medicine. Bioethics is a very broad subject that is concerned with the moral issues raised by developments in the biological sciences more generally."

(*WMA, Medical Ethics Manual 2nd Edition, 2009.)*

7. Medical ethics

„Ethics can also be applied to various professions in order to define a level of responsibility or a standard code of performance for those in the field. The study of how the practice of medicine correlates with the acceptable conduct is specifically termed medical ethics."

(John. E. Snyder: Evidence Based Medical Ethics, 2008)

8. Principle of autonomy

"The ability to think, choose, decide and act for oneself constitutes self-determination or autonomy. There is a moral obligation to respect people's self-determination as long as that does not impinge on the rights or welfare of someone else. Respect for autonomy means that competent and informed individuals can accept or refuse treatment without having to explain why."

(BMA's handbook of ethics and law, 2012)

9. Principle of beneficence

"Medical practitioners should act in the best interest of the patient. More specifically, they should prevent harm, remove harm and promote good for the patient. When applying this principle, it must be determined whether a proposed medical treatment will prevent or remove harm, or promote good for the patient."

(John. E. Snyder: Evidence Based Medical Ethics, 2008)

10. Principle of non-maleficence

"Medical practitioners must not cause harm the patient. This principle is based on the ancient maxim "First, do no harm" (primum non nocere). …medical interventions normally involve both harms and goods, often described as risks and benefits. This means that the principle of beneficence and the principle of non-maleficence will often need to be applied together."

(John. E. Snyder: Evidence Based Medical Ethics, 2008)

11. Principle of justice

"Health care resources should be distributed in a fair way among the members of society. The principle of distributive justice is applicable when resources are expensive or scarce and decisions must be made about who will receive these resources."

(John. E. Snyder: Evidence Based Medical Ethics, 2008)

12. Basic patient rights

(1) Right to health care
(2) The right to human dignity
(3) The right to have contact
(4) The right to leave the healthcare facility
(5) The right to information
(6) The right to self-determination
(7) The right to refuse healthcare
(8) The right to become acquainted with the medical record
(9) The right to professional secrecy

13. Paternalism in the doctor-patient relationship

"Paternalism is the intentional limitation of the autonomy of one person by another, where the person who limits autonomy justifies the action exclusively by the goal of helping the person whose autonomy is limited. …paternalism seizes decision-making authority by overriding a person's autonomous choice on grounds of providing the person with a benefit – in medicine, a medical benefit. Here an act of paternalism overrides the principle of respect for autonomy on grounds of the welfare of the person whose autonomy is overridden."

(Tom L. Beauchamp: Standing on principles, 2010)

14. Partner doctor-patient relationship

"From the 1950's …paternalism was seen as completely outmoded. All current ethical guidance sees patients themselves as the most suitable arbiters of their own best interests. This entails them being given all the relevant information about their condition. Throughout we emphasize the key importance of patient autonomy and the need for health professionals to help patients to make decisions that are best for them rather than assuming that they have similar goals or values as their doctors."

(BMA's handbook of ethics and law, 2012)

15. Clinical capacity

"Adult patients (over 18) are presumed to have the capacity to make treatment decisions unless there is evidence to the contrary. They can decide on whatever basis they wish, and decisions can still be valid even if they appear to others to be irrational or unjustified. Irrational decisions that are based on a misperception of reality, on the other hand, such as believing that blood is poisoned because it is red, or that are clearly contrary to previously expressed wishes, may indicate a lack of capacity and it will be necessary to consider further whether the patient has the capacity to make decision."
In order to give valid consent, the patient must have capacity; to have capacity to make decisions about medical treatment, patient should be able to:

- understand (with the use of communication aids, if appropriate) in simple language what the medical treatment is, its nature and purpose, and why it is being proposed for them
- understand its principle benefits, risks and alternatives
- understand in broad terms what will be the consequences of not receiving the proposed treatment

- retain the information for long enough to make an effective decision
- weight the information, balancing the risks and benefits, to arrive to choice
- communicate their decision.

(BMA's handbook of ethics and law, 2012)

16. Lack of clinical capacity

"A patient who has a mental disorder or impairment of mental functioning does not, necessarily, lack the capacity to consent treatment. Similarly, a lack of capacity should not be simply assumed based on factors such as disability, appearance, behavior or age. Older hospital patients and care home residents, for example, have the same rights as other patients and, where they have capacity, must not be subjected to medical procedures, treatment, protective measures or restraint, unless they consent."

(BMA's handbook of ethics and law, 2012)

17. Doctrine of the double effect

"Permits an act which is foreseen to have both good and bad effects, provided: the act itself is good or at least indifferent; the good effect is not caused by the bad effect; a proportionate reason exists for causing the bad effect, e.g. morphine for pain may shorten life."

(Lisa Schwartz: Medical ethics: A case based approach, 2002)

18. Living will

"The living will expresses a patient's wishes that medical technology not be used to prolong the dying process. The living will is a legally executed document authorizing physicians to withhold or withdraw life-sustaining medical treatment when patient lacks the capacity to make health care decisions. Based on a living will, practitioners can be reasonably confident that they are honoring their patient's wishes regarding life-sustaining interventions for certain medical conditions."

(John. E. Snyder: Evidence Based Medical Ethics, 2008)

19. The Power of Atterney for Health Care

„The Power of Attorney for Health Care is a legal document that a capable patient uses to appoint a health care agent (also termed "representative," "surrogate," or "proxy") to make medical decisions when he or she is no longer able to make or communicate such decisions. In most states the health care agent is authorized to request, receive, and review any medical information about the patient, including medical and hospital records; to employ and discharge health care providers; to consent to admission and discharge from health care institutions; and to give, withdraw, or withhold consent for diagnostic and treatment procedures."

(John. E. Snyder: Evidence Based Medical Ethics, 2008)

20. Macro allocation

„Macro-allocation of resources is outside the experience of most doctors. The federal government is first involved in deciding what proportion of gross domestic product will be spent on health, education, welfare, defence and so on. After this allocation, the health departments, however named, at both the federal and state levels receive their allocations. Government has traditionally directed how the health budget will be divided as, for example, between hospital and community care or between treatment and prevention."

(Stephen Cordner: Good medical practice, 2010)

21. Micro allocation

„Doctors in their daily clinical work participate at this level, namely the microallocation of resources, for example when they allocate the use of their own time and of other resources to patients, via the use of appointments, waiting lists, triage and decisions re diagnosis and treatment."

(Stephen Cordner: Good medical practice, 2010)

22. Soft rationing

Care is limited, but neither the decisions, nor the bases for those decisions are explicitly expressed for the patients. (rationing is implicit)

23. Hard rationing

Decisions that have been made about resource allocation and the basis upon which these decisions have been made are explicit. (rationing is explicit)

24. Moral status of the fetus

"If we were to grant rights to the fetus then we would need to consider if those rights could supersede the rights of the mother (or anyone else for the matter). The argument seems to be fuelled by two opposing sides. The so called pro-life supporters tend to claim that the fetus has rights, and because its helplessness and innocence, these rights have to be protected from any infringement whatsoever. The counterclaim, made by the so called pro-choice movement, is that absolute observance of fetal rights places the fetus in a superior position to anyone else, because no one has such complete protection of his or her rights. Some people doubt whether the fetus can have rights at all because they do not recognize the fetus as a person but rather as a human being or organism. They claim that all fetuses are only potential persons but, because they are not rational and have no memories of their own narrative existences, they cannot claim the same status as human beings who are persons. The criteria for personhood are not fixed. Some people draw the line at certain stages of physical development, particularly linked to the development of the central nervous system."

(Lisa Schwartz: Medical ethics: A case based approach, 2002)

-Arguments against abortion

"Some people consider that abortion is wrong in any circumstance because it fails to recognize the rights of the fetus or because it challenges the notion of the sanctity of all human life. Those who consider that an embryo is a human being with full moral status from the moment of conception see abortion as intentional killing in the same sense as the murder of any other person. Such views may be based on religious or moral convictions that each human life has unassailable intrinsic value, which is not diminished by any impairment or suffering that may be involved for the individual living that life."

(BMA's handbook of ethics and law, 2012)

-Arguments for abortion

„Those who support the wide availability of abortion consider the matter to be primarily one of a woman's right to choose and to exercise control over her own body. These arguments tend not to consider the fetus to be a person, deserving of any rights or owed any duties. Those who judge actions by their consequences alone could argue that abortion is equivalent to a deliberate failure to conceive a child and, because contraception is widely available, abortion should be too. Others take a slightly different approach, believing that, even if the fetus has rights and entitlements, these are very limited and do not

weigh significantly against the interests of people who have already been born, such as parents or existing children of the family."

(BMA's handbook of ethics and law, 2012)

25. Ethics of surplus embryos related to IVF

„The creation and use of human embryos outside the body promotes complex debate about fundamental questions such as when life and 'personhood' begin and at what stage people (or hypothetical people) begin to matter morally. Those who believe that embryos have, or should have, equal moral status to that of living people believe that research on them can never be ethically acceptable."

(BMA's handbook of ethics and law, 2012)

(1) Storage of embryos (maximum period of storage is 10 years)
(2) Embryo donation for other infertile people
(3) Destroying embryos
(4) Embryo donation to scientific research

26. Classification of euthanasia according to informed consent (voluntary, non-voluntary, involuntary)

"The term 'euthanasia' is sometimes qualified by the adjectives 'voluntary', 'non-voluntary' or 'involuntary'. Many advocates of euthanasia limit their support to the 'voluntary' category, where death is brought about at the patient's request. 'Non-voluntary euthanasia' describes the premature end of the life of a patient who does not have the mental capacity to request or consent to it. 'Involuntary' describes the euthanasia of a person who is capable of expressing a view but either refuses it or is not asked."

(BMA's handbook of ethics and law, 2012)

27. Active euthanasia

„Euthanasia, that is the act of deliberately ending the life of a patient. A positive intervention such as lethal injection, would be described as 'active euthanasia'."

(Stephen Cordner: Good medical practice, 2010)

28. Passive euthanasia

Passive euthanasia refers to withholding or withdrawing all care, including food and water, and allowing the patient to die.

29. Physician assisted suicide (PAS)

„Assisted suicide refers to the provision by a doctor of the means by which patients can take their own lives and covers such things as providing a patientcontrolled computer program for the intravenous infusion of a lethal dose of a drug."

(Stephen Cordner: Good medical practice, 2010)

30. Explicit consent law in relation to organ-transplantation

"People are invited to sign organ donor cards that will act as advanced directives, permitting the removal of their organs for transplantation in the event of their death. It is consistent with the respect for autonomy because it permits people to make their own choice about the issue and to make their decision known."

(Lisa Schwartz: Medical ethics: A case based approach, 2002)

31. Presumed consent law in relation to organ-transplantations

"This is often called the opting-out or contracting-out alternative. In this case, people would be asked to sign a card if they did not wish their organs produced for transplantation. Otherwise it would be presumed upon death that all individuals who have not contracted out agree to have their organs removed for the purpose of donation."

(*Lisa Schwartz: Medical ethics: A case based approach, 2002)*

32. Ethics of allocation of limited health care resources

"The BMA has identified a number of key ethical issues that both public health practitioners and other health professionals need to consider when thinking through resource allocation decisions:

(1) need
(2) welfare maximization
(3) clinical effectiveness
(4) relative cost-effectiveness
(5) equality"

(BMA's handbook of ethics and law, 2012)

33. Informed consent

"The patient has the right to self-determination, to make free decisions regarding himself/herself. The physician will inform the patient of the consequences of his/her decisions. A mentally competent adult patient has the right to give or withhold consent to any diagnostic procedure or therapy. The patient has the right to the information necessary to make his/her decisions. The patient should understand clearly what is the purpose of any test or treatment, what the results would imply, and what would be the implications of withholding consent."
(*WMA, Medical Ethics Manual 2nd Edition, 2009.)*

- *Required elements of informed consent*

(1) the evidence base for the diagnosis and prognosis, including the limits of what is known
(2) available treatment options
(3) the implications, drawbacks and likely side effects of each treatment
(4) the main alternatives, including non-treatment, and their implications
(5) if possible, sources of further information and relevant patient support groups

- *When is informed consent not required to be obtained?*

(1) When the patient is in a life-threatening condition (emergency)
(2) Therapeutic privilege (disclosing information could cause psychological threat)
(3) The patient is incompetent (minor, mentally ill, etc.)
(4) The patient refuses information (basic information about his condition and
treatment must be provided!)
(5) In case of public health emergency (patient is potentially dangerous to others, e.g. infection)

34. Confidentiality

"Physicians have a strong professional mandate to maintain the confidentiality of patients. Communications between patient and physician are highly privileged and this confidentiality can only be

violated when there is potential harm to a third party or if there is a court order demanding the information. Medical information cannot be passed to anyone without the direct consent of the patient. Confidentiality also includes keeping a patient's medical information private even from his friends and family unless the patient expressly says it is okay to release the information."

(Fisher and Oneto: USMLE Medical Ethics: The 100 Cases you are most likely to see on the exam, 2nd Edition)

35. Ethical Principles of the Hippocratic Oath

- Non-maleficence (primum non nocere)
- Beneficence
- Confidentiality
- Prevent personal and social injustice

36. Conservative- moderate – liberal abortion conceptions

"In order to understand the very contentious background to the abortion debate, it may be helpful to mention briefly the main strands of the argument. People generally give one of three common types of response to abortion: prochoice, anti-abortion and the middle ground that abortion is acceptable in some circumstances. The main arguments in support of each of these positions is set out below.

- *Arguments in support of abortion being made widely available*

Those who support the wide availability of abortion consider the matter to be primarily one of a woman's right to choose and to exercise control over her own body. These arguments tend not to consider the fetus to be a person, deserving of any rights or owed any duties. Those who judge actions by their consequences alone could argue that abortion is equivalent to a deliberate failure to conceive a child and, because contraception is widely available, abortion should be too. Others take a slightly different approach, believing that, even if the fetus has rights and entitlements, these are very limited and do not weigh significantly against the interests of people who have already been born, such as parents or existing children of the family. Most people believe it is right for couples to be able to plan their families and for women to have control over when they become pregnant. Although contraception is understood to be the appropriate means to avoid unwanted pregnancy, all methods have a failure rate. When contraception fails, or when couples fail to use it effectively, many people accept that abortion is preferable to forcing a woman to continue with an unwanted pregnancy.

- *Arguments against abortion*

Some people consider that abortion is wrong in any circumstance because it fails to recognise the rights of the fetus or because it challenges the notion of the sanctity of all human life. They argue that permitting abortion diminishes the respect society feels for other vulnerable humans, possibly leading to their involuntary euthanasia. Those who consider that an embryo is a human being with full moral status from the moment of conception see abortion as intentional killing in the same sense as the murder of any other person. Those who take this view cannot accept that women should be allowed to obtain abortions, however difficult the lives of those women or their existing families are made as a result. Such views may be based on religious or moral convictions that each human life has unassailable intrinsic value, which is not diminished by any impairment or suffering that may be involved for the individual living that life. Many worry that the availability of abortion on grounds of fetal abnormality encourages prejudice towards any person with a handicap and insidiously creates the impression that the only valuable people are those who conform to some ill-defined stereotype of 'normality'. More recently, some have shifted the arguments on to the pregnant woman and have argued that abortion is wrong because of the psychological and health consequences for a woman, although evidence in support of this is elusive and controversial. Some of those who oppose abortion in general nevertheless concede that it may be justifiable in very exceptional cases when termination is seen as the lesser moral offence. This could include cases such as where the pregnancy is the result of rape, or the consequence of the exploitation of a young girl or a woman lacking capacity. Risk to the mother's life may be another justifiable exception,

but only when abortion is the only option. It would thus not be seen as justifiable to abort a fetus if the life of both fetus and mother could be saved by implementing any other solution.

- *Arguments used to support abortion in some circumstances*

Many people argue that abortion may be justified in a greater number of circumstances than those conceded by opponents of abortion, but that it would be undesirable to allow 'abortion on demand'. To do so could incur undesirable effects, such as encouraging irresponsible attitudes to contraception. It could also lead to a devaluation of the lives of viable fetuses and trivialise the potential psychological effects of abortion on women and on health professionals. These types of argument are based on the premise that the embryo starts off without rights, although having a special status from conception in view of its potential for development, and that it acquires rights and status throughout its development. The notion of evolving fetal rights and practical factors, such as the increasing medical risks and possible distress to the pregnant woman, nurses, doctors or other children in the family, gives rise to the view that early abortion is more acceptable than late abortion. Some people support this position on pragmatic grounds, believing that abortions will always be sought by women who are desperate and that it is better for society to provide abortion services that are safe and can be monitored and regulated, rather than to allow 'back street' practices."

(BMA's handbook of ethics and law, 2012)