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Throughout our social life, educational period of time or our professional life, the need for morality (doing good) remains unchanged.

Why?
Principles of academic ethics vs. principles of ethics corresponding to the high expectation of the patients and to the principles of bioethics: comparison

- Art 1 Academic liberty
- Art 2 Autonomy
- Art 3 Justice and equity
- Art 4 Merit
- Art 5 Professionalism
- Art 6 Onestity and intellectual correctness
- Art 7 Transparence
- Art 8 Responsibility
- Art 9 Respect and tolerance

Doctor’s values according to public expectations
1. Responsibility
2. Independence
3. Competence
4. Disponibility
5. Justice

Bioethics principles
1. Beneficence
2. Non-maleficence
3. Autonomy
4. Justice
• There is a comparison between the academic values, the medical practice values (ethical and bioethical ethics) and the public expectation (doctor’s expected values).

• One can easily observe that there are strong correspondences. This state the fact that the educational system of medicine enables the development of moral values according to the social expectations.

• On the other hand, social expectations does not include beneficence and non-maleficence, doing good and not doing harm.

• This may be considered a social vulnerability. Probably all citizens and generally speaking the entire society may consider that doing good is implicitly presumed in responsibility or justice, or are taught in the family, or in the universities, etc.

• Actually professional ethics is taught and is a personal commitment.
1. **MORAL VALUES** requires attitude: *sufferance, empathy, reparation, promise*

2. **Benevolence** as a virtue: **the intention** to do good (good will)
   
   Benevolence is always a virtue.

3. **Beneficence** is a virtue and a duty:
   - a virtue when in an early stage as intention
     
     (intention to do good -good will)
   - a duty when in the final stage as action
     
     (Duty to do good which requires action);

4. **Ethical decision:** making choices of good moral behavior (moral reasoning). Valuing moral worth to our actions

5. Setting up the moral obligation which become the DUTY

6. **Moral actions:**
   - according to the duty (deontology)
   - according to most favorable results (consequentialism) or the greatest happiness (utilitarianism)

**BENEFICENCE** (large concept, William Frankena, 1964); take as an example an open wound with an artery hemorrhage

1. **Do not harm** (non-maleficence); do not explore the injury without proper surgical skills and means

2. **Actions driving to solve bad/harm as it is**
   1. Stop bad/harm actions and/or activities: stop the cause, stop the bleeding, compression, etc.
   2. Eliminate actual bad/harm consequences: IV fluids, transfusion if needed, confidence, etc.
   3. Prevent further bad/harm actions and activities: shock treatment, support, etc.

3. **Do good** (beneficence): ligature the artery or fix it (! all other activities that solve and prevent bad/harm are also beneficent)

**To do good and beneficence**

- beneficence (beneficentia/beneficientiae = goodness;
- benefactum, bene = good; facere = to do;
- beneficus = benefit, lat.) = to do good (good action) in its meaning of goodness, charity.

**Beneficence is not the same thing with benefits** (advantage, good, own desire, payment, service)

**Narrow concept of James Childress, 1970 (modified)**
Doctor’s virtues

- Honorability
  (professional, individual)
- Loyalty
- Fidelity
- Confidentiality

Empathy, humanity

Patient/society values

DUTY

Own values

Loyalty

Professionalism

To himself

To the patient and society
Duty

- Duty is a moral obligation:
  - Assumed; non assumed
  - Imposed; non imposed
- Duty rise from protecting moral values, loyalty (fidelity as a virtue) and honor (integrity) as a state of character
- In any conflict state between duty to the patient and duty to himself or to another person (public good), the doctor has to (a duty) to search for the good of his patient “The health of my patient is my first consideration”, Genève's Declaration, 1948

[https://en.wikipedia.org/wiki/Parable_of_the_Good_Samaritan]
Hippocratic Oath.

Morals in 450 bC and today

I swear by Apollo Physician and Asclepius and Hygeia and Panacea and all the gods and goddesses, making them my witnesses, that I will fulfill according to my ability and judgment this oath and this covenant:

• To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art— if they desire to learn it — without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but to no one else.

• I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.

• I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and my art.

• I will not use the knife, not even on sufferers from stone, but will withdraw in favor of such men as are engaged in this work.

• Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.

• What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself holding such things shameful to be spoken about.

• If I fulfill this path and do not violate it, may it be granted to me to enjoy life and art, being honored with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot."

The Hippocratic Oath: Text. Translation. and Interpretation. by Ludwig Edelstein, Supplements to the Bulletin of the History of Medicine. no. 1943
At the time of being admitted as a member of the medical profession:

- I solemnly pledge to consecrate my life to the service of humanity;
- I will give to my teachers the respect and gratitude that is their due;
- I will practice my profession with conscience and dignity;
- The health of my patient will be my first consideration; BENEFICENCE, NON-MALEF, RESPONSABILITY
- I will respect the secrets that are confided in me, even after the patient has died;
- I will maintain by all the means in my power, the honor and the noble traditions of the medical profession;
- My colleagues will be my sisters and brothers;
- I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;
- I will maintain the utmost respect for human life;
- I will not use my medical knowledge to violate human rights and civil liberties, even under threat;
- I make these promises solemnly, freely and upon my honour.

Compare the Oath with the Declaration.
Deontology. Normative ethics.

- Academic life teach students to be free (as students and as professionals), to manifest themselves as free persons but in the same time without breaking the liberty and rights of others, according to moral and legal norms.

- Any person will practice the same dualism for the rest of his life: 3 questions arises, pretty much similar: ”How can a person be free and remain free within the bounds of morality?” in as much as ”How can a person be free and remain free within the bounds of legality?” and even more “ How can a doctor practice within the bounds of professional morality which “bind us to our duty” however striving for independent practice?”

- Deontology is the normative ethics that judges the morality in profession. Give answers to questions like “What have I to do?” Namely the quality of will and the exercise of duty (Imm. Kant)

- Deontology is the knowledge of duty as much as *the duty to perform his duty* as the foundation of Kant’s principles of morality and therefore of deontology (normative ethics).

• Deontology ethics and the ethics of good is based on the good agent’s will and agent actions according to the duty and thus is prolonging the virtue ethics because it express a moral obligation at the individual level.

• Conversely the consequentialism (utilitarianism) is a teleological approach regarding the action, assigning moral worth to the results or consequences of the actions.

• Consequentialism is a duty theory also because sustain the duty to the good quality of the results (consequences) or the duty to deliver as much good as possible to as many subjects as possible therefore more favorable results (utility) for as many subjects as possible (utilitarianism).

• Consequentialism finds good beyond the good will (intention) and duty in action, and this means after the action in the results or consequences of the accomplished action. It assign a moral worth prior the action (anticipating) or after the action (evaluating).
• Results may be partly delivered from the good will and duty fulfillment (agent source) but partly may come from outside agent source (conditionality which are not agent connected).

• Consequentialism bind the result to the agent and his actions but actually both the agent and his actions are just only one causal component of the final: results or consequences may lay also outside the agent will and to his actions which in turn may generate unjust responsibilities to him.

• From a consequentialism view the agent may be made responsible for facts that were not under his control but become result of his actions and this is not moral and right (therefore might be legal in some cases).

• Additionally from an utilitarian view everything that finally does not has utility for the patient become a source of responsibility for the doctor. Or vice versa everything that is utile for the patient become a source of moral obligation for the doctor and this is again immoral and unfair because broke doctor’s autonomy, liberty and his professional independence which is lawful and lies within moral and legal responsibility.
• The responsibility in the medical action is to be found within the limits of the diligence as a **duty to the means** and not as a **duty to the results** because the doctor does not know what will happen before making any action and cannot be bound for what has not yet happened or for conditions that are not under his power of control.

• As an exception: the medical activity under a specific contract (contract to results)

• That is why respect for normative ethics maintain the doctor and his medical practice in respect for morality as much as for legality.

• The doctor and his practice is under a triple imperative:
  
  – Morally. Morally he is responsible according to the normative code of ethics and his conscience (being free)

  – Professional. Professional according to the best standard of care (professional guides, scientific knowledge accepted by his peers, etc.)

  – Legally. According to the laws of the country where he practice
Codes of medical Ethics  
World Medical Association 1947

The World Medical Association (WMA) is an international organization representing physicians. It was founded on 17 September 1947, when physicians from 27 different countries met at the First General Assembly of the WMA in Paris. The organization was created to ensure the independence of physicians, and to work for the highest possible standards of ethical behavior and care by physicians, and this was historically important to physicians after the Second World War.

“Since it was founded in 1947, a central objective of the WMA has been to establish and promote the highest possible standards of ethical behavior and care by physicians. In pursuit of this goal, the WMA has adopted global policy statements on a range of ethical issues related to medical professionalism, patient care, research on human subjects and public health. WMA Council and its standing committees regularly review and update existing policies and continually develop new policy on emerging ethical issues.

The WMA serves as a clearinghouse of ethics information resources for its members and cooperates with academic institutions and global organizations concerned ethical matters, as well as individual experts in the field of medical ethics.

The WMA has adopted numerous policies that are recognized internationally as the global ethical standard for the topics they address. The following selection represents some of the most important ethics policies of the WMA”.  
[http://www.wma.net/en/20activities/10ethics/index.html], accessed 13\textsuperscript{th} March 2014
• International Code of Medical Ethics (WMA)
• National Codes of Medical Ethics
• Other codes

  – Genève Déclaration, 1948
  – Nuremberg Code, 1949
  – International Code of Medical Ethics, 1949
  – Helsinki Declaration, 1964 regarding research on human subjects
  – Madrid Declaration regarding Euthanasia, 1987
  – Declaration on rights of the patients Lisboan, 1981
  – etc.

International code of medical ethics (WMA)
Duties of physicians in general

• A PHYSICIAN SHALL always exercise his/her independent professional judgment and maintain the highest standards of professional conduct.
• A PHYSICIAN SHALL respect a competent patient's right to accept or refuse treatment.
• A PHYSICIAN SHALL not allow his/her judgment to be influenced by personal profit or unfair discrimination.
• A PHYSICIAN SHALL be dedicated to providing competent medical service in full professional and moral independence, with compassion and respect for human dignity.
• A PHYSICIAN SHALL deal honestly with patients and colleagues, and report to the appropriate authorities those physicians who practice unethically or incompetently or who engage in fraud or deception.
• A PHYSICIAN SHALL not receive any financial benefits or other incentives solely for referring patients or prescribing specific products.
• A PHYSICIAN SHALL respect the rights and preferences of patients, colleagues, and other health professionals.
• A PHYSICIAN SHALL recognize his/her important role in educating the public but should use due caution in divulging discoveries or new techniques or treatment through non-professional channels.
• A PHYSICIAN SHALL certify only that which he/she has personally verified.
• A PHYSICIAN SHALL strive to use health care resources in the best way to benefit patients and their community.
• A PHYSICIAN SHALL seek appropriate care and attention if he/she suffers from mental or physical illness.
• A PHYSICIAN SHALL respect the local and national codes of ethics.
DUTIES OF PHYSICIANS TO PATIENTS

• A PHYSICIAN SHALL always bear in mind the obligation to respect human life.

• A PHYSICIAN SHALL act in the patient's best interest when providing medical care.

• A PHYSICIAN SHALL owe his/her patients complete loyalty and all the scientific resources available to him/her. Whenever an examination or treatment is beyond the physician's capacity, he/she should consult with or refer to another physician who has the necessary ability.

• A PHYSICIAN SHALL respect a patient's right to confidentiality. It is ethical to disclose confidential information when the patient consents to it or when there is a real and imminent threat of harm to the patient or to others and this threat can be only removed by a breach of confidentiality.

• A PHYSICIAN SHALL give emergency care as a humanitarian duty unless he/she is assured that others are willing and able to give such care.

• A PHYSICIAN SHALL in situations when he/she is acting for a third party, ensure that the patient has full knowledge of that situation.

• A PHYSICIAN SHALL not enter into a sexual relationship with his/her current patient or into any other abusive or exploitative relationship.
DUTIES OF PHYSICIANS TO COLLEAGUES

- A PHYSICIAN SHALL behave towards colleagues as he/she would have them behave towards him/her.

- A PHYSICIAN SHALL NOT undermine the patient-physician relationship of colleagues in order to attract patients.

- A PHYSICIAN SHALL when medically necessary, communicate with colleagues who are involved in the care of the same patient. This communication should respect patient confidentiality and be confined to necessary information.
Case

• A patient comes with abdominal pain, fever and diarrhea. The surgical examination conduct the diagnosis to acute appendicitis.
• He must be submitted to surgery. “Is an emergency, says the surgeon. You must be aware that is very serious. But do not despair because you are in good hands: we know what to do, we have means but we have to do it now: let us to do what do we know to be the best for you and this is the surgical operation.”
• Then the patient is informed about the nature, scope, benefits, risks, evolution of his disease and the treatment.
• The patient listens and then looking into the surgeon eyes he refuses saying that he decline the recommendation and wants to get out of the hospital.
• The doctor insists but the patient seems decided. The doctor ask for some period of thinking and wants to go to ask the senior surgeon. He leave the patient in his bed and promise to come shortly.
• What to decide?
  1. To let the patient go and ask him to sign in the patient’s document file for discharge
  2. To not let the patient go because it is an emergency and the patient may die anytime and even more the doctor will be accused of not providing needed medical care
  3. To keep the patient in the hospital under medical care till the case is solved ethically and legally
  4. Some other option
• While the doctor thinks what to do, the patient enter into a CR Arrest, is submitted to CPR which is successful initially.
• However he remains in a profound coma for 3 hours.
• Then a second CRA and a second CPR this time without success.
• 5 hours from the hospital admission he is declared dead.

In this case autonomy and beneficence comes into conflict.

*Give short answers, Yes/No*
• This outcome is what society expected?
• This outcome is what the doctor expected?
• This outcome is what the university teaches?
• This outcome is what the professional body expects?
• This outcome is what the patient expected when coming to the hospital in the need of care?
If your answers are NO, why then autonomy is for? Because of hesitation of the doctor facing patient’s autonomy he delivers delayed surgery in an emergency case, time lapsing could diminished patient’s choices. Anyhow the patient did not accepted the surgery, asking for discharging. Autonomy brought death.

However:

The patient did not provided any explanation to his decision but what if the patient was asking for discharging because the decided in this particular case to die because this was his desire (his best interests)?

The patient did not provided any explanation to his decision but what if the patient was asking for discharging because he was thinking to a second opinion or to go to search for medical care in a different hospital or country, or provided by a different doctor because he lacks confidence, trust in his doctor?
• How important is for autonomy to provide explanations or to share the decision made with full capacity of decision? Important (capacity of decision).
• How important is that patient decision is in his best interests? Important (capacity of decision)
• Actually what are here the best interests of the patient while the patients finally dies without surgery, without needed medical care? No one could oblige an autonomous person to medical care (therapeutic privilege is some kind of exception: discussion: there is no obligation and the relatives are appointed); there is a strong legal bound not to limit liberty of an autonomous person. However any doctor must insist to fulfill his moral obligations and his competence with professionalism in order to provide the needed standard of care to his autonomous patient: if needed, with his patient accord, he may declare himself out of duty and recommend another doctor in order to fulfill his duty of care obligation. In a major emergency the informed consent is not needed or may provided orally: the doctor may act according to his duty of care (morally and legally)
• The doctor is frustrated because he could not prove his competence and he could not provide help and could not multiply good for his patient (lack of beneficence). He consider himself morally responsible because he did not declare the patient without autonomy and provide the emergency surgery needed.
• What is the respect for human dignity? Autonomy or human life value? Both. Discussions.
Ref.

- Kant, Immanuel. 1785. "First Section: Transition from the Common Rational Knowledge of Morals to the Philosophical", *Groundwork of the Metaphysic of Morals*.