Bioethics

BIOETHICS: ITS ESSENCE

The human being, whether normal, physically or mentally incapacitated and who is the subject of HEALTHCARE, and CONTINUING MEDICAL EDUCATION, is a person with INHERENT DIGNITY.

QUESTIONS RAISED IN BIOETHICS

- Who is to be born?
- What should be done to aid or prevent reproduction?
- What should be done to prevent congenital defects or to improve physical and mental characteristics?
- When and how should life be prolonged?

- * submit persons to technology-assisted fertilization (e.g. artificial insemination, in vitro fertilization);
- * practice reconstructive and cosmetic surgery;
- * transplant organs;
- * manipulate genes, etc.?

- When should one be allowed to die?
- Is the medical doctor (or any member of the medical team) obliged to tell his/her patient that he/she is about to die?
- Is it morally right for medical professionals to:
 - * clone human beings;
 - * experiment on human beings;

BIOETHICS VIS-À-VIS THE HEALTH CARE PROFESSION

- Health care professionals are oftentimes members of medical teams.
- Hence, they are inevitably exposed to and confronted with bioethical problems, issues, and dilemmas.
- And, they must not be morally/ethically indifferent or amoral.
- They must make a clear and specific moral/ethical stand.

RELIGIOUS PRINCIPLES OF BIOETHICS

1. Inviolability of life

- all human life from the moment of conception and through all subsequent stages, is sacred.
- life is a gift of God and the fruit of love.
- all have the duty to affirm, respect, love, and defend it.

2. Principle of Stewardship

- man has dominion over God's creations:
 - * himself/herself (life and health)
 - * other creatures
 - * environment
- this dominion is not absolute but relative, shared with the true owner who is God.

- Hence, all human beings must take care and cultivate (improve) creatures within the creatures' innate nature and teleology, and within their (human beings) knowledge and understanding.
- There is an intrinsic value in human life. It is a gift from God.

PRINCIPLE OF STEWARDSHIP

*states that "our bodies, our life, our human nature and everything in this earth are gifts we have dominion over". This means that we are responsible for them. Ergo, we should not, as faithful stewards, harm but rather improve and care for them. We have to treat them with utmost respect...

3. PRINCIPLE OF TOTALITY

- This states that "totality refers to the whole. Every person must develop, use, care for and preserve all his parts and functions for themselves as well as for the good of the whole. If a part or lower function harms the whole, this part or lower functions may be sacrificed for the good or better of function of the whole".

4. PRINCIPLE OF DOUBLE EFFECT

* This states that a human act produces two effects: one good and one evil. To justify the use of this principle, the following essential requisites must be strictly complied with.

- Principle of Double Effect: Requisites
 - A act must be good in itself.
 - **G** good effect must precede the evil effect, or they must occur simultaneously.
 - **E** evil effect must not be intended in itself, or there must be an honest intention for doing the act.
 - P proportionate reason for doing the act.

5. PRINCIPLE OF LEGITIMATE COOPERATION

- * This refers to formal cooperation, i.e. when we identify ourselves formally with an immoral act.
- * To achieve a well-formed conscience, one should always judge it unethical to cooperate formally with an immoral act (i.e. directly to intend the evil act per se.)

" cooperation is the participation of one agent to produce a particular effect or joint effect. Cooperation becomes a problem when the action of the primary agent is morally wrong."

6. PRINCIPLE OF PROFESSIONAL COMMUNICATION

* This refers to privileged communication that exists between the doctor/care giver and the patient. To fulfill this obligation to the patients, medical/allied health professionals have the responsibility to do the following:

- a. To strive to establish and preserve trust at both the emotional and rational levels.
- b. To share such information which is legitimately needed, to others, in order for them to have informed conscience.
- c. To refrain from lying or giving misinformation.
- d. To keep secret information which is not legitimately needed by others, for this might harm the patient or others or destroy trust.

7. PRINCIPLE OF CONFIDENTIALITY

- In close connection with the principle of professional communication is the principle of confidentiality.
- This means that patient/s have the right to know the truth about their health because they have the responsibility for their health.

- They also have the right to privacy about those aspects of life that do not directly affect others.
- Human community is based on free communication, which is impossible if confidence cannot be shared. Hence, health care professionals have a serious obligation to maintain such confidence that protect the patient's right to confidentiality.

8. PRINCIPLE OF AUTONOMY

- This essentially refers to the personal choice/determination of the health care users with regard to management or treatment of their illness / disability.
- An essential component of autonomy is knowledge. Failure to obtain informed consent from patients or their guardians (when patients are incapable to choose) is to undermine the patient's autonomy.

A Brave New World...



"Dear Andy: How have you been?
Your mother and I are fine. We miss you.
Please sign off your computer and come
downstairs for something to eat. Love, Dad."

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9. PRINCIPLE OF SOLIDARITY

- Solidarity means to be one with others. In the provision of health care, it is most important for the provider to be in solidarity with the patient when seeking, always, the latter's best interest.

10. PRINCIPLE OF SUBSIDIARITY

- Every creature should be entrusted with the functions he is capable of performing. It relates to human dignity and recognizes persons as free and responsible agents able to care and make decisions for them. Healthcare should not be transferred to a higher body unless and until the person is unable to provide for himself. Even then, care should be cooperative and supportive and aim towards patient's self-confidence, independence, and self-reliance. There should always be free and informed consent.

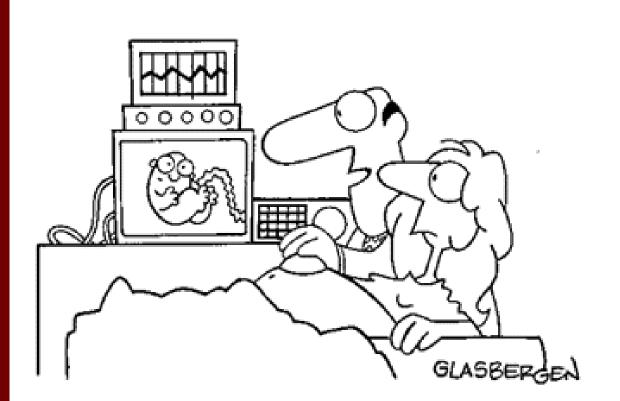
11. PRINCIPLE OF UTILITY

- This states that moral rightness of an action is determined by its utility, defined as its contribution to the greatest good of the greatest number.

12. PRINCIPLE OF PERSONALIZED SEXUALITY

- Sexuality must be used in keeping with its human teleology. The conjugal act has inseparable and integrated **UNITIVE** (signifies, expresses, and incarnates the mutual love between husband and wife) and **PROCREATIVE** (inherent orientation to the transmission of life) dimensions.

A Brave New World...



"Your baby is developing very nicely. Would you like to send him an e-mail?"

MAJOR BIOETHICAL PRINCIPLES

1. RESPECT FOR PERSON

- * Is the recognition of the equality possessed by all human beings as unique, worthy, rational, self-determining creatures, having the capacity and right to decide what is best for them.
- * Is the responsibility of all to treat persons as an end and never as a means.
- * This is manifested in autonomy or the right of non-interference.

- * Persons must be allowed to determine their own destiny, to deliberate about their plans, choose according to their own values, and to act accordingly.
 - * They should be allowed to be their own persons without constraints from the actions of others or from physical or psychological limitations.

- * In health issues, this relates to reproductive technology, care for the elderly, organ donation, exploitation of patients, students, or research subjects.
- * The principle of **free and informed consent** is an exercise of respect for person. Every patient has a right to and every healthcare provider has a duty to obtain free and informed consent before a procedure is performed on a person.

2. JUSTICE

- * Also termed as fairness; means to give to each one what he/she deserves or what is his/her due.
- * Connotes fair play, keeping promises, role commitments, reciprocity.
- * This is related to truthfulness, autonomy, stewardship, solidarity and non-maleficence.

3. PRINCIPLE OF FREE AND INFORMED CONSENT

- * Mere consent consent is really out of ignorance.
- * Informed consent individual is informed of the purpose of the study, the procedures to be employed, the risks and benefits of the procedures, and the medical / psychological services available if any injury occurs during experiment.

- * The individual is encouraged to ask questions and to have other people present to make decisions. If the subject is a child, both the child and the parent/guardian are fully informed in a language they can understand.
- * The subject and the guardian (if appropriate) then sign a consent form indicating their understanding of the experiment and their willingness to take part.

* Presumed Consent –

For a **competent** person, consent must be clear and explicit. It cannot be presumed.

For an **incompetent** person, in emergency situations and consent for therapeutic interventions, the attending physician is presumed to be working for the best interest of the patient. (Beneficence)

SUBSTITUTE DECISION-MAKER

* In non-emergency situations, when a person is incompetent to make decision (too immature or too sick), the decision is made by a substitute decision-maker (as in proxy consent). The substitute (guardian, family member, designated surrogate) decides primarily according to what the patient would have chosen, secondarily according to the patient's best interest.

Educated Consent

* The individual is given all of the information stated in the informed consent definition. In addition, there is a real attempt to educate the individual regarding the physiological, psychological, physical or biomedical underpinnings of the study and the risks and benefits without disclosing so much of the study that it biases the subject. The individual is then asked to make a decision from this educated base.

4. NONMALEFICENCE

- This means that one should not do and not risk harm (physical, mental, psychological, social, financial, spiritual, symbolic, etc.) on others.
- Hippocrates emphasized that the healthcare giver should do no harm (NON NOCERE).

Examples of Non-maleficence

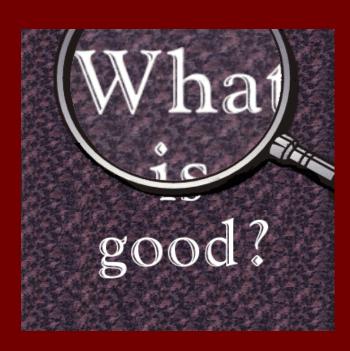
- Providing incompetent care
- Disrespecting dignity
- Breaching privacy
- Causing hopelessness
- Destroying reputation
- Misleading a younger colleague
- Stigmatizing a social group

5. BENEFICENCE

- This means one should prevent or remove harm or risk of harm, do good, or provide a benefit.
- In healthcare, this connotes BENEVOLENCE, COMPASSION, and CHARITY.
- This is often extraordinary act.

THE QUESTION OF VALUES

Too often, new technology develops with little attention to its impact upon human values



Conditions that require one to perform a beneficent act are:

- 1. the person aided is at significant risk.
- 2. the action is needed and likely to succeed.
- 3. there is no significant risk for the doer.
- 4. the benefit for the recipient outweighs the harm to the doer.

Beneficent acts are sometimes **PATERNALISTIC** and may conflict with autonomy and other interests.

DIFFERENT INTERPRETATIONS - WHAT IS THE TRUTH?



Thank you for your attention

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