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From Theory to Practice: Ethical Principles and Virtues in the Real World of Healthcare

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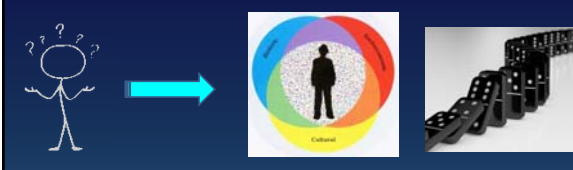
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Objectives

1. Describe contrasts between ethical approaches based on principles, consequences, and virtues.

2. Relate the virtue of integrity to the problem of moral distress and the need for conscientious practice.

3. Apply principles and virtues to clinical settings (informed consent, end-of-life care, error disclosure).

Three Common Moral Frameworks
(and differences between them)

- Principles
- Consequences
- Virtues

Components of a "moral event", and ethical approaches

Agent	Act	Circumstance	Outcome
↓	↓	↓	↓
Virtues	Principles	Narrative	Consequences

The need to integrate the multiple elements of ethics:
agent, act, circumstance, consequence

The Moral Event				
Element	Agent	Act	Circumstance	Consequence
Theory	Virtue	Deontology (principles)	Particularizing theories	Teleology
Foci	• Character • Intention • Desire • Choice • Will • Accountability • Caring	• Right • Good • Duty • Rule • Maxim	• Caring for *this* person or group in *this* place, time, etc. • Narrative, culture, uniqueness of the person • Experience • "Situation" ethics • Casuistry	• Outcomes • Harms/goods • Pain/pleasure • Utility calculus

Edmund D. Pellegrino. Toward a Virtue-Based Normative Ethics for the Health Professions. Kennedy Institute of Ethics Journal 1995;5:253-277 (p. 271 – Figure 1)

Ethical principles

- **Principle**: a norm or rule that you have a moral duty to follow.
  – a general ethical judgment that justifies a particular ethical decision

- What makes a choice right?
  – It conforms to a moral norm or rule.
    • rightness is <u>not</u> dependent on the final outcome of a decision.

- A principle may be outweighed by another principle …
  – *prima facie* ("at first glance") principles rather than *absolute* principles

- CHALLENGES:
  – How do you define each principle?
  – How do you get from the general idea to a specific application?
  – How do you decide which principle is most important?
  – How do you balance competing principles and resolve conflicts?

Principles of Biomedical Ethics

1. Beneficence
2. Nonmaleficence
3. Respect for patient autonomy
4. Justice

Principles of Biomedical Ethics

- Beauchamp TL, Childress JF. *Principles of Biomedical Ethics*, 7th ed. Oxford, 2013.
- Gillon R. Ethics needs principles – four can encompass the rest – and respect for autonomy should be "first among equals". J Med Ethics. 2003;29:307-12.

Belmont Manor, 1738

- Belmont Report
  – *U.S. National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research*

  – Three basic ethical principles relevant to human research
    - *Respect for persons* (→ informed consent)
    - *Beneficence* (→ assessment of risks and benefits)
    - *Justice* (→ fair selection of subjects)

The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research (1979).

Beneficence & Nonmaleficence

- Beneficence
  – Doing good, and preventing harm

- Nonmaleficence
  – Not doing harm

Related ideas
- risk/benefit assessments
- best interests
- patient welfare
- utility (*maximizing* beneficence)

*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.*

→ *FIRST DO NO HARM*
(primum non nocere)

Respect for patient autonomy

- Self-determination: basic to our freedom and dignity as persons

- Limitations and liabilities:

  – Some persons don't have autonomy, but still need respect & protection

  – Autonomy may sometimes be treated as (merely) a matter of choosing

  – It may sometimes ignore the roles of others (family, friends, clinicians)…

    - "relational autonomy"

      – Autonomy may need to be promoted by others who are trying to help the patient.
      (Mackenzie C. Relational autonomy, normative authority and perfectionism. J Social Philos 2008;39(4):512-533.)

Justice

It can have different definitions

- Distributive (what communities/governments owe individuals)
  - Justice as fairness: similar treatment for similar cases

- Commutative (what individuals owe each other)
  - Giving to each person what they are due as persons

- In healthcare
  - To each according to his/her medical need – the most compelling
    – Possibilities to which we should generally object:
      » To each according to his/her merit
      » To each according to his/her societal contribution
      » To each according to his/her ability to pay

- 1. Pieper, Josef. The Four Cardinal Virtues. Notre Dame, IN: University of Notre Dame Press, 1966.
- 2. Outka, Gene. Social justice and equal access to health care. J Rel Ethics. 1974;2:11–32.

Challenges of application: a few examples

- Beneficence and Nonmaleficence
  – atrial fibrillation, peptic ulcer disease, and warfarin

- Respect for patient autonomy
  – hip fracture repair in setting of severe aortic stenosis

- Justice
  – a man from another country with aplastic anemia, no legal residency status, and no financial resources

Principle-based   vs.   *consequences*-based

'Upstream'

Principle-based
(duties, rules)

The rightness of an action
<u>is not dependent</u> on its
overall consequences

'Downstream'

Consequences-based [utilitarian]
(maximize overall outcomes)

The rightness of an action
<u>is dependent</u> on its
overall consequences

Consequences (consequentialism)

- Focuses on a desired outcome.
  - "The end justifies the means."
- Tries to predict the consequences of an action for all persons affected.

In theory, guided *by a single principle* of some kind, like the utilitarian idea of "the greatest good for the greatest number".

Challenges:
- How do you define "the good" to be maximized?
- Are all "goods" of equal value? (e.g., years of life vs. quality of life)
- How do you predict all relevant consequences?
- How do you avoid sacrificing the few for the many?
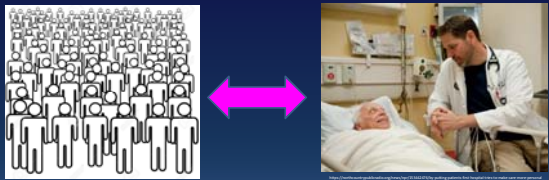 - *Without a principle of <u>justice</u>, utilitarian reasoning is inhumane.*

Consequentialism: an example

Principles for allocation and altered standards of care
- Levin et al. Altered standards of care during an influenza pandemic: Identifying ethical, legal, and practical principles to guide decision making . *Disaster Med Public Health Preparedness*. 2009;3:S132–S140.

  - Limited resources will be allocated so as to <u>maximize the number of lives saved</u>; age and/or disability may be considered along with other risk factors in allocating resources to <u>save as many lives as possible</u>

  - <u>Prioritize</u> the care and protection of <u>health care providers</u>

There is unresolvable ethical tension when resources are limited

Principle of utility
- duty to maximize outcomes
  (benefit as many lives as possible)

Principle of beneficence
- duty to care for each person
  (respect individual dignity)

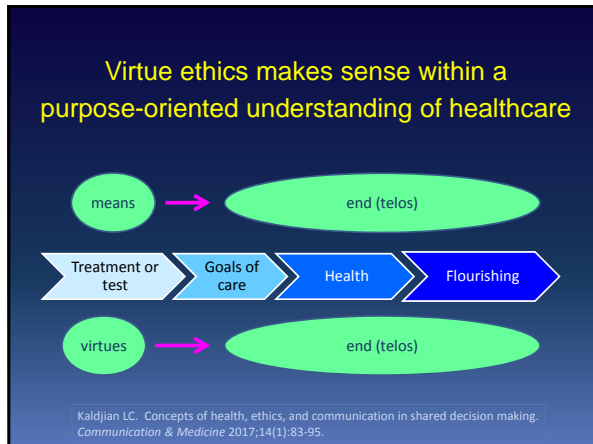---

The need for virtue ethics

We ourselves (the people acting) have to be kept in the moral picture, since the way we apply principles will depend on the kind of persons we are.

Edmund D. Pellegrino. Toward a Virtue-Based Normative Ethics for the Health Professions.
Kennedy Institute of Ethics Journal 1995;5:253-277 (pp. 255-256)

Defining virtue

- A virtue is a trait of character that enables and motivates us to habitually achieve the *telos* (end) specific to a given human activity.

- The *telos* of healthcare is <u>healing</u>.
  - The dispositions that give the capacity to heal well are <u>the virtues</u>.
  - These virtues define the 'good' health professional.

Edmund D. Pellegrino. Toward a Virtue-Based Normative Ethics for the Health Professions.
Kennedy Institute of Ethics Journal 1995;5:253-277 (p. 268)

Slide 1

Virtue ethics makes sense within a purpose-oriented understanding of healthcare

means → end (telos)

| Treatment or test | Goals of care | Health | Flourishing |

virtues → end (telos)

Kaldjian LC. Concepts of health, ethics, and communication in shared decision making. *Communication & Medicine* 2017;14(1):83-95.

Slide 2

Virtues that help us heal

- Fidelity to Trust
- Benevolence
- Effacement of Self-Interest (altruism)
- Compassion and Caring
- Honesty
- Justice
- Courage
- Temperance (self-control)
- Integrity
- Practical wisdom

Pellegrino & Thomasma. *The Virtues in Medical Practice*, 1993)

Pellegrino, Edmund D. Toward a Virtue-Based Normative Ethics for the Health Professions. *Kennedy Institute of Ethics Journal* 1995;5:253-277 (pp. 269-270)

Slide 3

We expect virtues from our students

Clerkship Evaluations

○ compassionate	○ efficient	○ inquisitive	○ professional	○ self-directed
○ confident	○ enthusiastic	○ mature	○ quick learner	○ sensitive
○ conscientious	○ hard working	○ motivated	○ reliable	○ team player
○ dependable	○ independent	○ observant	○ respectful	○ thorough

Slide 4

More on virtue ethics

- Virtues
  - Correlate with principles (*benevolence vs. beneficence*)
    - Principles and virtues are two sides of the same moral coin

  - Inform, guide, and *motivate*

  - Reflect who we *are*
    - not just what we *think* or *do*

  - Intimately related to integrity (conscience)
    - Integrity is a virtue that reflects the need for moral integration in our lives (wholeness and harmony).

Slide 5

Clinician Integrity

An ancient issue
  - *In purity and holiness I will guard my life and my art.*

THE NEW ENGLAND JOURNAL OF MEDICINE
Aug. 23, 1979

MEDICAL ETHICS AND LIVING A LIFE
Harvard University
Cambridge, MA 02138   ROBERT COLES

Ethics involves integration of the 'professional' and the 'personal'

… "how seamless a web life is"

Slide 6

Moral distress arises when integrity is strained or undermined

- Refers to the experience of being morally constrained.

  - Internal: a personal failing (e.g. a fear or lack of resolve)
  - External: situational (e.g. hierarchical decision making).

- Occurs when people make moral judgements about the right course of action to take but are unable or unwilling to carry it out.

Joan McCarthy & Rick Deady. Moral Distress Reconsidered. Nursing Ethics 15, no. 2 (2008): 254-62.

Slide 1:

EXAMPLE:

Informed Consent and Shared Decision Making

Slide 2:

Informed Shared Decisions for Patients with Aortic Stenosis

Catherine M. Otto, M.D.

N Engl J Med 2019;380:1769-70 (May 2, 2019)

"Nearly everyone would choose a transcatheter procedure over open-heart surgery if they are thinking only about short-term pain, risk, and disability. But many patients, particularly younger ones, might accept greater up-front risk and pain to ensure a better outcome over their lifetimes."

Involving patients in the decision-making process:
- Evaluate the patient's symptoms, the severity of the aortic stenosis, associated conditions, overall health status.
- Consider whether a mechanical or bioprosthetic valve is most appropriate, in line with patient's preferences & values.
- If a bioprosthetic valve is chosen, then compare TAVR with surgery in the context of estimated remaining years of life and valve durability, highlighting uncertainties in the current data.

"This is challenging …."

Slide 3:

'Shared' means we're not *merely* talking about patient autonomy…

There are different "strengths" of communication when clinicians speak with patients.
- Providing information
    - Making a recommendation
        - Attempting to persuade

How clinicians communicate depends on beliefs about:
- what goals are worth pursuing
- what treatments are worth trying
- what risks are worth taking
- etc.

Slide 4:
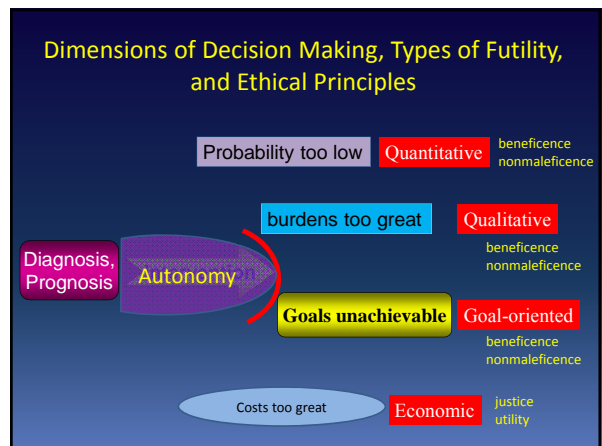
The need for respect and compassion in shared decision making

- What a clinician perceives as the patient's best interests (beneficence/nonmaleficence) may not always be the same as a patient's preferences (autonomy)

    – disagreements may lead to:
        - Questioning the decision-making capacity of a patient
        - Questioning the 'validity' of a surrogate decision maker

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Slide 5:

EXAMPLE:

End of life care (futility)

Slide 6:

Dimensions of Decision Making, Types of Futility, and Ethical Principles

Probability too low — Quantitative — beneficence nonmaleficence

burdens too great — Qualitative — beneficence nonmaleficence

Diagnosis, Prognosis — Autonomy — Goals unachievable — Goal-oriented — beneficence nonmaleficence

Costs too great — Economic — justice utility

EXAMPLE:

Disclosing medical errors

Communication about medical errors

1. Demonstrates respect, compassion, and commitment by informing, acknowledging harm, apologizing, and maintaining trust.

2. Professionals should:
- discuss facts straightforwardly
- take responsibility
- express regret and (if appropriate) apologize
- describe what will happen next
- explain what will be done to prevent repetition of the error in the future.

3. Professionals need to be honest, compassionate, courageous, accountable, reassuring, humble, and conscientious ...
  – and willing to deal with their own feelings of sadness, fear, and guilt.

In Summary

1. Describe advantages and limitations of using the four principles to talk about ethics.

2. Identify differences between ethical approaches (principles-based, virtue-based, consequence-based).

3. Recognize connections between principle-based and virtue-based ethics, and the indispensable place of virtue at the heart of professionalism (character and integrity).

Thank you

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