

## Principlism in health-care ethics - Lecture guide

### Principlism's Historical Context

- W.D. Ross' theory of Prima Facie Duties (20thC)
- Ross attempts to take the best of Kantianism and the best of utilitarianism
- Beauchamp and Childress's Principles of bioethics approach builds on Ross's theory

### Principlism: Key Features

1. **Value Pluralism:** There are many fundamental ethical values and principles which are not reducible to one another (e.g. autonomy, beneficence, justice).
2. **"Prima Facie" Values and Duties:** Each value and the principle it generates is binding, but when two or more come into conflict we need to use our judgment to choose one over the other or to balance them in some other fashion.
3. **Context Matters:** We need to be sensitive to morally relevant features of actual situations on a case-by-case basis in order to properly exercise our moral judgment.

### Questions to ask with Principlism

1. What are the patient's values, beliefs and expressed wishes? (autonomy)
2. What can be done to help the patient and what are the harms and benefits? Are we seeking to act in the patient's best interests? (beneficence) Are we minimizing harm? (nonmaleficence)
3. Is the patient being treated fairly? (justice)

### Principle #1: Respect for Autonomy

- Autonomy: 'autos' & 'nomos' meaning literally self-rule, or self-governance
- To act freely with a self chosen plan
- Must we respect autonomy in every instance? Consider the difference between autonomy as a positive right, and negative right in health care.

### Autonomy and Consent

- Consent
  - Explicit (Express): Usually verbal, or in writing
  - Implicit (Implied): Typically inferred by your actions or present circumstances
- Required to follow the *Health Care Consent Act*

### Principle #2: Beneficence

- Moral obligation to act for the benefit of others
- Ways that we can help or *benefit* others
  - protect and defend the rights of others
  - prevent harm from occurring to others
  - remove conditions that will cause harm to others
  - rescue persons in danger

### Principle #3: Nonmaleficence

- Obligation to avoid inflicting harm intentionally

(Closely associated with the maxim *Primum non nocere* = “First do not harm”)

Obligation of beneficence and non-maleficence both expressed in Hippocratic oath:

*“I will use treatment to help the sick according to my ability and judgment, but I will never use it to injure or wrong them.”*

### Duty of Care

- To minimize the risks and maximize the benefits of any proposed intervention
- Clinicians are expected to offer only proportionate treatment
  - Where the likely good outweighs the risk of harm
  - We should look at patient’s pain, suffering, possibility of disability or death, patient’s quality of life *in the context of the patient’s values and preferences* (autonomy again)

### Duty to Rescue

*How far are we obligated to act in our patient’s best interests?*

- When the situation is an emergency?
- When patient is incapable of making their own decisions?
- When patient refuses treatment?
- When parents refuse for their children?
- When patient requests futile or inappropriate treatment?

### Principle #4: Justice

- Different types of justice to be considered in health care
- Distributive justice (Usually thought of as our primary focus)

- Weighing conflicting interests in deciding how to allocate rights and responsibilities, benefits and burdens.

### Distributive Justice

Questions of justice:

- Arise when there is concern about allocating benefits and burdens fairly
- Are questions about what people deserve or are entitled to
- May be asked in conditions of:
  - scarcity of resources (e.g. who should be provided personal protective equipment, or a life-saving treatment in times of scarcity).
  - competition

### Levels of Resource Allocation

- Macro
  - decisions regarding resources available for health care on national, provincial and municipal/regional levels
- Meso
  - decisions made at level of institutions (e.g., allocating resources to hospital programs)
- Micro
  - decisions regarding allocation to particular persons; “patient selection” by individual physicians or departments/units

### Formal Principle of Justice

- Those who are alike in a (relevant) way should be treated (relevantly) alike, while those who are different in a (relevant) way should be treated (relevantly) differently.

*What do you think constitutes morally relevant similarities and differences between persons?*

### Possible Material Principles of Justice

Possible considerations for distributing goods or services fairly may include:

- To each person an equal share
- To each person according to need
- To each person according to effort
- To each person according to contribution
- To each person according to merit

- To each person according to free-market exchanges

“More money should be given to ..... than to diabetes prevention”

1. Cardiac Surgery
2. Hip and knee replacements
3. Pediatric cancer treatment
4. Cataract surgery
5. Neonatal Intensive care
6. Any of the above
7. None of the above

How do we decide? How would you decide?

Possible Criteria for Allocation

Additional criteria for distributing a resource fairly may include:

- Medical need
- Medical benefit
- Clinical efficacy/effectiveness
- Cost-effectiveness
- Practice guidelines and health care policies

Other Principles/Rules

- There are several basic or fundamental principles. Which are ours?
- Generally agreed upon principles;
  - Fidelity – Faithfulness, promise keeping
  - Equality (equity?) and Justice
  - Veracity – Honesty, truth telling
- As absolute, conditional, or prima-facie duties?

The CNO's Position

- The College of Nurses of Ontario has identified the following values as being most important in providing nursing care in Ontario:
  - client well-being;

- client choice;
- privacy and confidentiality;
- respect for life;
- maintaining commitments;
- truthfulness; and
- fairness. (CNO, p.4, 2019)

References

Beauchamp T, and Childress J. (2019). *Principles of Biomedical Ethics*. Oxford University Press. Oxford, UK.

College of Nurses of Ontario (2019). *CNO Practice Standard: Ethics*. Toronto, Canada. Available from: [[https://www.cno.org/globalassets/docs/prac/41034\\_ethics.pdf](https://www.cno.org/globalassets/docs/prac/41034_ethics.pdf)]. Accessed: 23 Aug. 2021.