Why Bioethics

- Ethics helps you decide what you *ought* to do
- Your understanding of the law informs you about what you *must* or *must not* do
Why Bioethics 2

- explored through cases
- “normative” ethics representing standards of right or good action

Why Bioethics 3

- Tools for approaching “dilemmas”
  - Institutional, societal bioethics committees; IRBs, NIH (required training)
- a moving target: whose ethics?
  - In reviewing cases, consider
    - would your conclusions be different
      - at a different time
      - in a different social context

Terminology

- nonmaleficence
- beneficence
- autonomy
- justice
- virtue
- “root cause”
- “Georgetown mantra”
Terminology (1)

- **nonmaleficence** -- “First of all, do no harm”
  - <L> maleficus evil-doing
  - Hippocratic tradition
  - chemotherapy example
  - double effect
- **beneficence** -- duty to help others
  - <L> beneficium service, kindness
  - risk to self vs. benefit to another

---

**Hippocratic Oath -- Classical Version**

I swear by Apollo Physician and Asclepius and Hygieia and Panaceia 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 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 who 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 oath 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.

---

Terminology (2)

- **autonomy** --
  - self (auto) rule (nomos)
  - the autonomous person acts in accordance with a freely self-chosen and informed plan
  - agency
  - competence
  - respect for autonomy; confidentiality
  - informed consent

---

Terminology (3)

- **justice** -- fairness and equality, including access and rationing (budgets)
- **natural lottery**
  - fair opportunity
  - entitlement

Engelhardt HT Jr, Rie MA Intensive care units, scarce resources, and conflicting principles of justice. JAMA 1986 Mar 7;255(9):1159-64
terminology (4) [more justice]

- What is a "just" system for distributing society’s "goods"?
  - to each person ...
  - an equal share*
    - according to need
    - according to effort
    - according to contribution
    - according to merit
  - according to free-market exchanges (Rawls)
- Oregon’s health plan
- AMCP Guideline for Formulary Submissions


terminology (5)

- Virtue -- the way you do things
  - compassion
  - discernment
  - trustworthiness
  - integrity
  - means vs. ends argument

... an observation from Tom ....

- Many ethical dilemmas occur when you run out of options, given some set of societal norms
  - euthanasia
  - abortion

- Is there a "root cause" that could be "fixed" to eliminate the dilemma?

Dilemma Tools

- Whose ethics?
- What is (are) the issue(s)?
- Does an issue of law trump?

- Principle-based; "lexical" ordering?
- "Clinical" ethics
Terminology (5)

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Class Approach to Ethical Dilemmas

“7 things”

1. perspective (patient, caregiver, etc.)
2. beneficence
3. nonmaleficence
4. autonomy
5. justice
6. virtue
7. issues of law
8. root cause

4-Box Method after Jonsen, et al.: Clinical Ethics

Medical Indications

- Patient’s medical problem; hx, dx, prognosis
- Acute/chronic; critical/emergent/reversible
- Tx goals
- Probabilities of success
- Alternate plans in case of tx failure
- How can this patient be benefited/harm avoided through proposed care

- “utilitarian” ethics; futility
Patient Preferences

- What has the patient expressed about preferences for treatment?
- Has the patient been informed of benefits and risks, and understood and given consent?
- Patient's capacity, evidence of incapacity?
- Advanced directives?
- If the patient is incapacitated, who is the appropriate surrogate? Is the surrogate using appropriate standards?
- Is patient unable or unwilling to cooperate with treatment?
- Is patient's right to choose being respected to the extent possible in ethics and law?

- autonomy

Quality of Life

- What are the prospects with/without treatment for return to patient's "normal" life?
- Are there biases that might prejudice the provider's evaluation of the patient's quality of life?
- What deficits are the patient likely to experience with successful treatment?
- Is the patient's present or future condition such that continued life might be judged undesirable by them?
- Plan and rationale to forgo treatment.
- Plans for comfort/palliative care.

- beneficence / nonmaleficence

Contextual Features

- Are there family issues that might influence treatment decisions?
- Are there provider issues that might influence treatment decisions?
- Are there financial/economic factors?
- Are there religious/cultural factors?
- Is there any justification to breach confidentiality?
- Are there problems will allocation of resources?
- What are the legal implications of treatment decisions?
- Are there any provider/institutional conflicts of interest?

- justice, autonomy, root cause

Cases

- Emergency contraception
- Parts for sale
- “Punishing mothers”
BEWARE THE COUNTERPUNCH

WHAT HAPPENS WHEN A PRESCRIPTION OFFENDS A PHARMACIST’S BELIEFS?

Michelle Crider, 28, was speechless. The pharmacist had just said, "No."
The married mother of a two-year-old daughter, Crider was concerned that she might become pregnant after having intercourse with her husband. She called her doctor, who prescribed a so-called morning-after formula: four birth-control pills to prevent implantation of a fertilized egg. Then the doctor called Crider back: the pharmacy manager at Longs Drug Store in Temecula, California, had refused to fill the order, citing his moral beliefs.

Other “no’s”

• “dis-approval” of RU486
• acquisition of a local (county) hospital by a religious order (access to abortions)
• excluding BCPs as a pharmacy benefit
  • Now an issue of law in Washington
• excluding “lifestyle” drugs from a pharmacy benefit

COUNTERPUNCH Ethics

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Perspective? Issue(s) of law? Root cause?
Eggs for Sale
Wanted: Highly accomplished young women willing to undergo risky, painful medical procedure for very large sums

$50,000 athletic SAT’s > 1400 > 5’10”

Marketplace for Parts

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*perspective, issues of law, root cause?

“Punishing mothers” & Avoidable Risks to Children

- McCaughey
- How much should society be able to infringe on a mother’s bodily integrity to protect its interests?


“Punishing mothers”

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Perspective? Issues of law? Root cause?
Recent Stuff

- Counterfeit drugs (San Diego)
- Assisted suicide
- Cost of drug therapy
- Steroids & sports
- Oxy-contin hillbilly heroin
- Ephedra ➔ methamphetamine
- Conflict of interest
- Pharmacogenomics
- Contaminated [adulterated] betamethasone (Walnut Creek, Spartanburg)
- Diluted drugs (Kansas City)
- Third world clinical trials
- Homeopathic therapies
- Compounding sterile preparations and informed-consent
- Confidentiality of Rx files
- Withholding prescriptions (pain management)

Ethics Resources

- Pub-Med ➔ MeSH Database, "ethics, pharmacy"
- Hastings Center Report
- Cambridge Quarterly of Healthcare Ethics
- Lo: Resolving Ethical Dilemmas [Williams & Wilkins]
- Kushner: Ward Ethics [Cambridge]

Questions