

The Four Box Model
The Four Principles of Bioethics

Medical Indications	Preferences of Patients
<p style="text-align: center;"><i>Beneficence and Nonmaleficence</i></p> <ol style="list-style-type: none"> 1. What is the patient's medical problem? 2. Is the problem acute? Chronic? Critical? Reversible? Emergent? Terminal? 3. What are the goals of treatment? 4. In what circumstances are medical treatments not indicated? 5. What are the probabilities of success of various treatment options? 6. What are the risks of treatment? 7. In sum, how can this patient be benefited by medical, nursing or therapy care, and how can harm be avoided? 	<p style="text-align: center;"><i>Respect for Autonomy</i></p> <ol style="list-style-type: none"> 1. Is the patient unwilling or unable to cooperate with medical treatment? If so, why? 2. Has the patient been informed of benefits and risks of diagnostic and treatment recommendations, understood this information, and communicated consent? 3. Is the patient mentally capable (decision making capacity) and legally competent? 4. If mentally capable/competent, what are the patient's preferences? 5. If incapacitated, has the patient expressed prior preferences? 6. Who is the appropriate surrogate to make decisions for an incapacitated patient? 7. What standards should govern the surrogate's decisions?
Quality of Life	Contextual Features
<p style="text-align: center;"><i>Beneficence and Nonmaleficence and Respect for Autonomy</i></p> <ol style="list-style-type: none"> 1. What are the prospects, with or without treatment, for a return to an acceptable quality of life and what physical, mental, and social deficits might the patient experience even if treatment succeeds? 2. On what grounds or by what criteria should evaluate the quality of life of a patient who cannot make or express such a judgment? 3. Are there biases that might prejudice the provider's evaluation of the patient's quality of life? 4. What ethical issues arise concerning improving or enhancing a patient's quality of life? 5. Do quality of life assessment raise any questions that might contribute to a change of treatment plan, such as forgoing life-sustaining treatment? 6. Are there plans to provide pain relief and provide comfort after a decision has been made to forgo life-sustaining interventions? 7. Is medically assisted dying ethically or legally permissible? 	<p style="text-align: center;"><i>Justice</i></p> <ol style="list-style-type: none"> 1. Do decisions about treatment and diagnosis raise issues of fairness? 2. Are there professional, interprofessional, personal, interpersonal or business interests that might create conflicts of interest in the clinical treatment of patients? 3. Are there parties other than clinicians and patient, such as family members, who have a legitimate interest in clinical decisions? 4. What are the limits imposed on patient confidentiality by the legitimate interests of third parties? 5. Are there financial factors that create conflicts of interest in clinical decisions? 6. Are there problems of allocation of resources that affect clinical decisions? 7. Are there religious factors that might influence clinical decisions? 8. What are the legal issues that might affect clinical decisions? 9. Are there considerations of clinical research and medical education that affect clinical decisions? 10. Are there considerations of public health and safety that influence clinical decisions? Does institutional affiliation create conflicts of interest that might influence clinical decisions?

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