Journal of Radiotherapy in Practice

Journal of Radiotherapy in Practice 1999
1, 39–42

Essays in Ethics

Part 1: An introduction to health care ethics

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Abstract

Health care ethics is a term that has come very much to the fore in the National Health Service during the past few years due to greater awareness of the subject and issues involved and challenging attitudes on the part of both health care professionals and patients. With advances in technology conflict of ethics has arisen, further increasing this subject's profile. This paper commences by defining some of the terms associated with health care ethics, followed by an explanation of two of the main underlying philosophical theories of medical ethics in modern health care practice.

Keywords

Medical ethics; conseqentialism; deontology; radiotherapy practice

INTRODUCTION

The purpose of this article, the first in a series of articles, is to introduce the reader to the world of moral philosophy. It is not only the basis of our dealings with patients in radiotherapy practice, but is also applicable to our relations with visitors to our departments and with our colleagues. Such a knowledge should help to broaden your understanding of health care and assist you in gaining a patient's perspective. Further, it should enhance your practice as a health caring professional because you think deeper about the issues involved in a situation. You learn to question decisions made and give options available for yourselves and your patients. This aspect of health care is often referred to as medical ethics, or health care ethics. The terms are often used inter-changeably and various branches of health care may attach their own term e.g. Nursing Ethics. For the purposes of this article no specific distinctions like this will be made, but what does the term "ethics" mean? Many of us think we know, but definitions vary. For instance, a dictionary definition gives ethics to mean "treating of or relating to morals".[1] This raises the question, what is meant by morals? Essentially this concerns behaviour. The problem is, what behaviour is acceptable and what is not acceptable and who should decide this i.e. set limits. If limits to behaviour are not set then we could do anything to our patients. Tschudin suggests that ethics can be considered as "caring",[2] particularly with respect to actions. Therefore, to act ethically is to care for ourselves and others. This is obviously attractive as a definition to members of the health care professions, but gives no useful direction about how we should act. For example, advocates of euthanasia often uphold their demand to the right to end life on the basis that they care and wish to relieve suffering, yet many question whether such behaviour is ethical or morally acceptable.

A more suitable definition might be to substitute caring with the word "right", so that behaviour that can be considered ethical or morally acceptable consists of behaviour based on right actions, which is underpinned by right beliefs and right attitudes. The "right" is determined by what is considered right or proper or correct by the

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society in which we live. Thus the notion of ethics for health care professionals would be described as being related to how people should behave based on what is good, right, just and fair for that community of people ie the professional body (specific community) and the people they serve (general community). The terms good, right, just and fair are interchangeable and can be translated to mean the following – impartial, equitable, honest, sound, valid, appropriate, true, commendable, conforming to etiquette, rules or duty, well behaved and as indicated previously proper and correct.[1] As a member of the community, be it a specific community or the general community, we can have little doubt, therefore, as to how we should be behaving. In the ideal world, what we should do and what we actually do should be the same, but in the real world, especially the real world of health care, what we actually do is influenced by many pressures eg: personal, cultural, religious and organisational. What is important though, is that as health care professionals, we are aware that such a difference between what we should and what we actually do can exist, and that we seek to minimise it as much as possible, thus trying to ensure that we behave in as ethically and morally acceptable a manner at all times with the people with whom we come into contact.

To help us achieve this there are codes of professional ethics or conduct, public policies and formal guidelines and a number of moral philosophical theories to which we can refer.[3] There are two theories in particular whose precepts are adopted in health care ethics and which form the foundation for our professional codes of conduct, namely the theories of consequentialism and deontology. Other theories may be referred to in particular situations. For example, egalitarian and libertarian theories are used as a basis for much of the debate concerning the allocation of health care resources. These theories will be discussed in a later paper in this series. The remainder of this paper will focus on consequential and deontological theories.

CONSEQUENTIALISM

The forerunner of this more global theory was utilitarianism, much debated by David Hume (1711–1776), Jeremy Bentham (1748–1832) and John Stuart Mill (1806–1873).[3] Bentham for instance, decided to measure the costs and benefits of a decision or action by the amount of happiness it gave to the parties involved in the situation. Happiness thus being the utility ie: the benefit. The idea at first seems commendable, after all, wouldn't most of us want to lead happier lives? In terms of health care, happiness is not totally acceptable. For example, happiness is not easily measured. We could try measuring how broad the smiles are on the faces of patients as they leave our departments following treatment, or ask them to clap on leaving to demonstrate how happy they are with the treatment they've received ie: the louder the clapping the happier they are. But how meaningful would this be? For instance, how long is the happiness to last? Could it be measured in this sense? How good is the happiness produced? What makes one person happy may not make another person happy, and so on. Thus, happiness as a means of determining action in health care is too uncertain and indistinct. Instead, we need to consider other more suitable outcomes or consequences for measuring the benefits of our actions.

In health care, we can consider the amount of disease minimised, the amount of suffering decreased or the reduction in the size of a tumour. Also in health care education, the amount of knowledge gained by health care professionals, patients or the public. Hence, the theory of consequentialism takes into account more meaningful and measurable concepts than utilitarianism. Further, consequentialists hold that the rightness or wrongness of an act should be judged on the grounds of whether its consequences produce more benefits than disadvantages.[4] Bentham, as a utilitarianist was concerned mainly with producing the greatest happiness (or the greatest good) for the greatest number. To some extent this is still applicable today in health care, especially when questions are discussed of how we are to allocate our scarce health care resources. Cost-benefit analyses also need to be conducted to ensure that society as a whole benefits from a health care intervention not just a particular patient. This enables a more absolute outcome to be obtained. A consequentialist, however, will assess the situation, weigh up the points for and against a particular form of action, and consider the outcomes (consequences) in terms of the balance of good over evil to try to ensure as absolute an outcome as possible.

https://doi.org/10.1017/S1460396999000072 Published online by Cambridge University Press

Absoluteness is always going to be questionable, however, depending on the perspective taken and vested interest, for example individual patients, society, groups within society, other societies. Also taken into account will be the consideration of what would happen if everyone chose to act in the way that is being proposed every time a similar situation arose. This kind of consideration enables rules to be formulated, based on past experience, which if adhered to will generally produce the greatest balance of good over evil. The College of Radiographers *Professional Code of Conduct*[5] and the *International Code of Medical Ethics*[6] are such rules of conduct that have been thus formulated stating what these professions believe to be the correct and proper way for their practitioners to behave. Adherence to them should ensure morally acceptable behaviour in the eyes of the health professions and the public. Failure to adhere to them results in disciplinary action for health professionals, even dismissal, and thus helps to safeguard the public from unethical health care practice and practitioners.

DEONTOLOGY

This theory is usually put forward as an opposing view to consequentialism. The word "deontology" is derived from the Greek word 'deon', meaning duty[4] and therefore deontology is the study of duty.

Deontology is not based on, nor takes account of, the consequences of a person's actions. Deontologists simply claim their actions are based on an inborn sense of duty. In fact, according to deontologists, morality concerns abiding by duties, and what particularly matters is being consistent.

The main proponent of deontological theory was Immanuel Kant (1724–1804).[3] Kant believed that a person's action shouldn't be a calculation of outcomes but be based on human reason, and that some things simply ought to be done by human beings as part of their very nature of being human beings. For instance, telling the truth, respecting fellow human beings, and so on. He also believed that people have intrinsic moral worth.[7] Hence the necessity to respect fellow human beings. It is this intrinsic moral worth which Kant felt so strongly about that forms the main feature of his famous Categorical Imperative – a combination of three duties or forms, as described below. Each duty is a moral obligation upon reasoning human beings, and it is necessary to have all three duties working alongside each other for any act or decision to be morally acceptable. The duties are:

1. The formula of Autonomy: "I ought never to act in such a way that I could not also will that my maxims should be a universal law".
2. The formula of Respect for the Dignity of Persons: "Act so that you treat humanity, whether in your own person or in that of any other, always as an end and never as a means only".
3. The formula of Legislation for a moral community: "All maxims that proceed from our own making of law ought to harmonise with a possible kingdom of ends as a kingdom of nature".[8]

Simplified, the above duties mean firstly, that if you wish your behaviour to be acceptable to everyone, you should behave as if your behaviour is to become law for everyone. Secondly, that it is wrong to use people or to treat them as objects. Thirdly, we are not in isolation and that in everything we do, we ought to consider those around us and how our actions might affect them.

In health care practice, most health care professionals would surely agree with Kant when he considered that it was fundamentally immoral to exploit a person. It is for this reason especially, that the theory of deontology is adopted to underpin much of modern health care practice and its codes of professional conduct.

There would be difficulties, however, if a health care practitioner was to practice strict adherence to deontological theory, in as much as the theory is extremely rigid because no exceptions are acceptable. Further, it does not take into account the possible outcomes of action in a particular situation, because it doesn't take account of the individuals involved and their feelings or emotions which are also part of the nature of being human beings. So, for instance, if a health carer adopts the maxim to always be truthful, as a deontologist there will be times in their practice when they will be torn about what they should, or should, not say to a patient. To tell the patient the truth may cause a lot of harm to the patient, but at least the practitioner is being true to themselves. To not tell the patient the truth

may be less harmful to the patient, but harms the practitioner who would have gone against their principles. This illustrates that a more integrated notion of morality becomes much more cogent when the consequences of action are also considered. Thus, for health care professionals, it is not sufficient simply to just obey rules. It is necessary to reflect and deliberate on personal motives as well, to ensure your action is morally acceptable, i.e. you need to ask yourself that what you intend to do with a patient, is it to become universal law? Am I treating this person as an end in themselves? What are the possible likely outcomes? Who is affected by the situation? and so on.

Most health care professionals are a combination of consequentialist and deontological thinking and behaviour at varying times. What is important is to have an awareness that the different types of moral theory underlying behaviour exist, as this will aid an understanding of how you, other health care professionals and even patients, make decisions about health care.

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https://doi.org/10.1017/S1460396999000072 Published online by Cambridge University Press