

Biomedical Ethics: An Introduction

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Abstract: *Biomedical Ethics is also known as bioethics. It is a sub-section of ethics and in fact a part of applied ethics that uses ethical principles and decision making to solve actual or anticipated dilemmas in philosophy, medicine and biology. Ethics seeks to find reasoned, consistent, and defensible solutions to moral problems while bioethical reasoning is primarily case based. Much like clinical practice that relies on both general rules and case-based experiences, bioethical reasoning relies on learned and accepted moral rules, prior bioethical decisions derived from thoughtful reflection, and recognition of unique factors in individual situations that differentiate one case from another. This method of case-based reasoning is termed casuistry, although physicians may better know it as clinical reasoning. When clinicians think of bioethics, they often think either of the legal bases for their actions both prescriptive and proscriptive or their religious background. Neither directly applies. Rather, clinicians are obligated to make patient-centered, value-driven ethical decisions.*

Keywords: Ethics, Applied Ethics, Biomedical Ethics, Clinical Practice, Doctors, Patient, Health Care, Values, Beliefs etc

1. Ethics in General

Ethics as we know is an important branch of philosophy. It is actually a philosophy of good and bad, right and wrong. Things are good and bad while human actions are either right or wrong. Now the question is that how we evaluate an action to be right or wrong and things to be good and bad. Philosophers, basing on their principles, have been trying to answer this question for a long time. There are mainly two different types of responses to this question, teleological and deontological. According to consequentialists, like Mill and Bentham, an action can be judged right when its consequences are good and wrong when its end is bad. Deontologists like Kant, on the other hand, asserts that it is not the end which decides the value of our action but it is the means, the good will, which is the decidable force of our action.

2. Biomedical Ethics

Biomedical Ethics is the study of typically controversial ethics brought about by advances in philosophy, biology and medicine. It is also moral discernment as it relates to medical policy, practice, and research. Bioethicists are concerned with the ethical questions that arise in the relationship among life sciences, biotechnology, medicine, politics, law, and philosophy. It also includes the study of the more commonplace questions of values (Thomas A. Shannon , Nicholas J. Kockler, 2009, p.10).

The term “*Bioethics*” is derived from two Greek words, “*bios*” means life and “*ethos*” means behavior was coined in 1926 by Fritz Jahr who anticipated many of the arguments and discussions now current in biological research involving animals in an article about the “bioethical imperative” as he called it, regarding the scientific use of animals and plants. In 1970, the American biochemist Van Rensselaer Potter also used the term with a broader meaning including solidarity towards the biosphere, thus generating a “global ethics,” a discipline representing a link between biology, ecology, medicine and human values in order to attain the survival of both human beings and other animal

species (Thomas A. Shannon , Nicholas J. Kockler, 2009, p.18).

The basic moral principles of biomedical ethics

These principles govern medical and scientific research includes four principles, which form framework for moral reasoning. These four principles are as under:

1) **Autonomy**

It discusses that one should respect the right of individuals to make their own decisions. The freedom of men to choose their own direction – respecting that the he has the ability to make choices free from the constraints of others. An autonomous action is one that cannot interfere with the autonomy of another. An individual is to be aware of the choice taken and the effect/consequences it has on others. Limitations to client autonomy apply to those clients who are currently unable to understand the repercussions of their action – for example children and mental health patients (Tom L. Beauchamp and James F. Childress, 2008, p. 35).

2) **Non-maleficence**

It teaches that one should avoid causing harm to others. This term means to do no harm. It is a concept derived from the medical profession. Autonomy relates to the individual client, non-maleficence refers to the abilities of the counselor. Counselors have a responsibility to avoid utilizing interventions that could or have the potential to harm clients. In practice counselors are expected to undertake thorough evaluation of the client’s concerns and apply appropriately determined and explained interventions (Tom L. Beauchamp and James F. Childress, 2008, p. 50).

3) **Beneficence**

It focuses that one should take positive steps to help others. Considered the responsibility to do good and to contribute to the welfare of the client. The counselor is expected to do the best for the client and if unable to assist, to offer alternatives as appropriate and also asserts that beneficence ‘requires that counselors engage in professional activities that provide general benefit to the public (Tom L. Beauchamp and James F. Childress, 2008, p. 55).

4) **Justice**

According to it, benefits and risks should be distributed fairly. Justice means to act in a fair or just manner. It is expected that counselors will act in a non-discriminatory manner to individuals or groups. Although justice instructs counselors to act fairly, it does not mean treating all individuals the same rather it relates to equity. It is the counselor's ability to acknowledge inequity and apply intervention to suit (Tom L. Beauchamp and James F. Childress, 2008, p.74).

Biomedical ethics and its relation to the law

Biomedical Ethics is also known as Bioethics. Now the question is that how bioethics differs from law. Both give rules of conduct to follow. Laws stem from legislative statutes, administrative agency rules, or court decisions, and they often vary in different locales and are enforceable only in those jurisdictions where they prevail. Ethics incorporates the broad values and beliefs of correct conduct. Although bioethical principles do not change because of geography (at least not within one culture), interpretation of the principles may evolve as societies change. This same evolution occurs within the law. Good ethics often makes good law, whereas good law does not necessarily make good ethics. Although societal values are incorporated into both the law and within ethical principles and decisions, ethical principles are basic to society. Most laws, although based loosely on societal principles, are actually derived from other laws.

Significant overlap exists between legal and ethical decision making. Both ethical analysis (in bioethics committee deliberations) and the law (in the courts) use case-based reasoning in an attempt to achieve consistency. Legal and ethical dicta have existed since ancient time, have evolved over time, incorporate basic societal values, and form the basis for policy development within health care as well as in other parts of society.

The law and bioethics differ markedly, however, in some areas. For instance, the law operates under formal adversarial process rules, such as those in the courtroom, which allow little room for deviation, whereas bioethics consultations are flexible enough to conform to the needs of each institution and circumstance, and, rather than being adversarial, are designed to assist all parties involved in the process. The law also has some unalterable directives, sometimes called black-letter law, that require specific actions. Bioethics, although based on principles, is designed to weigh every specific situation on its own merits. Perhaps the key difference between bioethics and the law is that bioethics relies heavily on the individual person's values-the patients' or their surrogates'. Also, even without the intervention of trained bioethicists, medical personnel can and often should be able to make ethically sound decisions. The law does not consider individual values and generally requires lawyers for interpretation (Thomas A. Shannon , Nicholas J. Kockler, 2009, p. 43).

Biomedical ethics and its relation to religion

In homogenous societies, religions have long been the arbiters of ethical norms. In multicultural societies, with no

single religion holding sway over the entire populace, a patient value-based approach to ethical issues is necessary. Religion still influences bioethics, however. Modern bioethics uses many decision-making methods, arguments, and ideals that originated from religion. In addition, clinicians' personal spirituality may allow them to relate better to patients and families in crisis. Although various religions may appear dissimilar, most have a form of the Golden Rule, or a basic tenet that holds, "do unto others as you would have them do unto you." Moral rules govern actions that are immoral to do without an adequate moral reason and can justifiably be enforced and their violation punished. Although none of these rules is absolute, they all require one to not cause evil. Somewhat paradoxically, however, they may neither require preventing evil nor doing well. The following are the core values of biomedical ethics and religion:

Do not kill, do not cause pain, do not disable, do not deprive of freedom, do not deprive of pleasure, do not deceive, keep your promise, do not cheat, obey the law and do your duty.

We therefore can point out that problems surface when trying to apply religion-based rules to specific bioethical situations. For example, although "do not kill" is generally accepted, the interpretation of the activities that constitute killing, active or passive euthanasia, or merely reasonable medical care vary with the world's religions, as they do among various philosophers (Thomas A. Shannon , Nicholas J. Kockler, 2009, p.67).

There are also some other important issues discussed in biomedical studies such as doctor patient relationship, the problem of euthanasia and Hippocratic Oath. These concepts need to be discussed seriously that I think will not be possible in this small paper. I have already started writing on these problems separately hoping that I will publish them in forthcoming issues of this or other journals. For now, let me introduce you with the idea of these concepts. For example,

Doctor-patient relationship forms one of the foundations of contemporary medical ethics. Doctors should maintain a professional bond with patients, uphold patients' dignity, and respect their privacy. It includes informed consent, shared decision making, benefiting or pleasing etc. (Richard H. Blum, 1960, p. 33).

"Euthanasia" refers to killing or permitting the death of a person or a domestic animal in a quick and painless way intended to relieve unbearable suffering. It is mainly of two types, voluntary euthanasia and involuntary euthanasia. The following are primary questions related to euthanasia: Does an individual who has no hope of recovery have the right to decide how and when to end his life? Why euthanasia should be forbidden? Why euthanasia should be allowed? (Robert M. Baird and Stuart E. Rosenbaum, 1989, p. 70.) Lastly, Hippocratic Oath is an oath historically taken by physicians. It is one of the most widely known of Greek medical texts. It requires a new physician to swear, upon a number of healing gods, to uphold specific ethical standards. It has two versions, classic version of the Hippocratic Oath and modern version of Hippocratic Oath (Steven H. Miles, 2005, p. 55).

To conclude this essay, I would like to state that medical ethics has a long and varied history while it is often thought it had its beginning in the days of Hippocrates, in ancient Greece, it is in fact much older. Even tribal societies, without a written language, already had more or less well articulated values that directed the provision of health care. It stipulates that if a doctor uses a bronze lancet to perform a major operation on a member of the nobility that results in death or leads to the loss of an eye, the doctor's hand will be cut off. Other early provisions of medical ethics were embedded in a religious tradition. Doctor was considered like a God for all, rich and poor.

The ancient ethical codes were often expressed in the form of oaths. The best known medical oath in the western tradition is the oath of Hippocrates, commonly assumed to be from the fifth century BC and often regarded as the very foundation of Western medical ethics (Helga Kuhse and Peter Singer, 2001, p. 4). We also observe that the role of doctors and doctor-patient relationship are still very relevant today. It is very important for a doctor that despite being a good doctor he should also be a good human being so that he can treat his patient like a man rather simply an object of treatment.

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