

# Approaches to “Doing” Clinical Medical Ethics

There are multiple approaches to analyzing values conflicts in clinical medical ethics. Those below are among those that are considered the most common. In patient care, typically no one approach is sufficient to consider all aspects of a case. The descriptions below indicate some of the strengths and weaknesses of the various approaches.

- 1. Principle-based:** This approach is best exemplified in the work of Beauchamp and Childress, Principles of Biomedical Ethics. They identify four core ethical principles: respect for autonomy, nonmaleficence, beneficence, and justice. Beauchamp and Childress situate their principles below ethical theories but above ethical rules. These principles can be very helpful in understanding ethical issues in patient care and drafting policies regarding ethical issues. Principlism (as it is called) provides commonly used vocabulary found in many clinical ethics curricula and is likely the best known of the approaches. The core ethical principles are not nearly so helpful in application, or in “doing ethics” because the Beauchamp-Childress approach is not nearly so useful in resolving ethical dilemmas when the ethical principles conflict. This approach has also been criticized for its strong reliance on rules, duties, and rights, and for dealing with patients as strangers. It has been characterized as abstract, impartial, formulaic, and detached.
- 2. Casuistry:** Casuistry is a case-based approach to ethical decision-making. It focuses on practical decision-making in particular cases and uses paradigm cases for comparison. Casuists use an intimate understanding of particular situations and historical cases to analyze and resolve ethical dilemmas. For example, casuists might use the case of Nancy Cruzan or the case of Karen Ann Quinlan for guidance in another case in which the ethical issue is withdrawing life-sustaining treatment. Although casuists depend on context and comparable cases, ultimately, they must resort to some ethical rule, guideline, or principle for justification of the course of action that they recommend. A weakness of casuistry is that it does not provide a clearly articulated set of ethical rules or principles.
- 3. Ethics of care:** Proponents of this approach to “doing ethics” emphasize the importance of focusing on the patient in the context of his or her relationships. An ethics of care considers emotional commitment and a willingness of individuals in relationships to act unselfishly for the benefit of others. More than a principle-based approach, an ethics of care approach values sympathy, compassion, fidelity, discernment, and love. An ethics of care does not use rights language the way a principle-based approach would. The origin of the ethics of care was predominantly in feminist writings. While an ethics of care provides a correction to the abstract approach of principle-based ethics, its weaknesses include the lack of a well-developed basis for providing justifications for courses of action.
- 4. Virtue-based ethics:** Virtue-based ethics emphasizes the agents who perform actions and make choices. This approach asks, “What would the good physician do in this case?” It looks at feelings, motivations, and duties, and not only at

actions, but at character. For example, good physicians should have attitudes of respectfulness, nonmalevolence, benevolence, and fairness. A virtuous physician's actions flow from his or her character and attitudes. Critics of a virtue-based approach note that virtue is not enough. People of good character who act virtuously can sometimes perform wrong actions.

5. **Narrative-based ethics:** A narrative-based approach puts an emphasis on learning the patient's story. The ethical issue at hand is to be decided in a manner consistent with the way the patient has lived his or her life up to the present and in a way that could be integrated into the patient's continuing life story. Key to a narrative approach is learning the patient's perspective of his or her illness and the meaning of the illness to the patient. In and of itself, a narrative approach does not provide justifications for courses of action.

It is obvious from these short descriptions of the different approaches that none of them are usually sufficient to analyze completely a particular case. Most cases in medicine are best analyzed and resolved using an eclectic method incorporating two or more of the above approaches.