

IMPORTANT ETHICAL GUIDELINES AND VALUES

In analyzing a case using the 7-step process of ethical decision-making, some of the following values (also known as principles or guidelines) are likely in conflict in the case. This list is provided for convenience for WVNEC members.

Altruism

* **Autonomy, respects for** - People are autonomous to the extent that they have decision-making capacity and are able to understand and make decisions for themselves that are intentional and voluntary. The principle of respect for autonomy places importance on allowing persons to make important decisions for them. The legal right of patient self-determination is based on this principle.

* **Beneficence** - The principle of beneficence obliges persons to benefit or help others. This principle requires positive action: to prevent what is bad or harmful; to remove what is bad or harmful; and to do or promote what is good or beneficial.

Caring
Community
Compassion
Competence
Confidentiality
Control
Cost
Courage
Decency
Devotion
Dignity
Discretion
Discernment
Encouragement

Equality
Fairness
Faithfulness
Fidelity
Freedom
Friendship
Generosity
Gentleness
Healing
Independence
Integrity (professional)-acting in a manner consistent with the highest values of the profession; virtuous behavior (see page 2**)

* **Justice** - This principle requires fairness, a fair distribution of benefits and burdens. Justice requires that persons receive that which they deserve or to which they are entitled. This principle is involved in decisions to allocate scarce health care resources. The specifics of how to implement this principle remain controversial in many situations.

Kindness
Knowledge

Love
Meaning

* **Nonmaleficence** - This principle obliges persons to refrain from harming others, including to refrain from killing them or treating them cruelly. It is one of non-intervention. It also requires persons to exercise due care so that they do not unintentionally harm others through actions such as reckless driving or careless surgical procedures.

Patience
Pain relief
Prolongation of life
Promise-keeping
Prudence
Quality of care
Respectfulness
Responsibility

Sacrifice
Sanctity of life (respect for)
Service
Stewardship
Sympathy
Truth telling
Trustworthiness

*These four principles constitute those presented in Beauchamp and Childress, Principles of Biomedical Ethics, 8th ed., New York: Oxford University Press, 2019

Illustrative Moral Principles, Rules, and Virtues

Principles

Respect for Autonomy
Nonmaleficence
Beneficence
Justice

Corresponding Virtues

Respectfulness
Nonmalevolence
Benevolence
Fairness

Rules

Veracity
Confidentiality
Privacy
Fidelity

Corresponding Virtues

Truthfulness
Confidentiality
Respect for privacy
Faithfulness

Beauchamp and Childress, Principles of Biomedical Ethics, 8th ed., New York: Oxford University Press, 2019.

****Integrity Further Explained**

Baruch A. Brody, PhD, a nationally recognized bioethicist, describes physician integrity in his book, Taking Issue: Pluralism and Casuistry in Bioethics: Washington, DC: Georgetown University Press, 2003.

“This is the virtue [of integrity] displayed by those who are faithful to their own personal values even when doing so is costly to them. My analysis connects the virtue of integrity with being faithful to values, but it differentiates two types of values to which one may be faithful: objective values and personal values. Integrity in both of these senses is not, of course, a virtue specific to physicians, but physicians also need to be mindful of that virtue in their behavior. They should not be ‘hired guns,’ ready to do anything within their technical capacities that is requested by a patient or those who speak on behalf of the patient.”

“The implications for action of this virtue are going to be very different in two types of cases. In the first case, the patient/surrogate is refusing to allow the physician to do something to the patient that the physician believes is justified either in light of the relevant objective moral values or in light of the physician’s personal values. In such cases, it is usually wrong for the physician to provide the intervention, because the patient’s rights to bodily integrity and to respect for autonomous choices are more significant. At most, as an expression of integrity, the physician may insist on withdrawing from the care of the patient. In the second case, the patient/surrogate is requesting the physician to do something to the patient that the physician believes is not justified in light of either the relevant objective moral values or the physician’s personal values. In such cases, the patient’s right to bodily integrity is not relevant, because the physician is not proposing to do something to the patient that the patient doesn’t want, and the patient’s right to respect for autonomous choices is not relevant, because that is a right to have refusals respected. Here, as an expression of integrity as well as of the right to not suffer imposed servitudes, the physician may refuse to provide the intervention in question and the patient/surrogate will then have a choice to respect that refusal or to seek care from someone else. Most crucially, if all physicians are in agreement, absent special circumstances, nobody has an obligation to provide the requested care.”