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From Theory to Practice: 
Ethical Principles and Virtues 
in the Real World of Healthcare

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Objectives

1. Describe contrasts between ethical approaches based on principles, consequences, and virtues.

2. Relate the virtue of integrity to the problem of moral distress and the need for conscientious practice.

3. Apply principles and virtues to clinical settings (informed consent, end-of-life care, error disclosure).

Three Common Moral Frameworks  
(and differences between them)

• Principles  
• Consequences  
• Virtues

Components of a “moral event”, and ethical approaches

The need to integrate the multiple elements of ethics:  
agent, act, circumstance, consequence

<table>
<thead>
<tr>
<th>The Moral Event</th>
<th>Element</th>
<th>Agent</th>
<th>Act</th>
<th>Circumstance</th>
<th>Consequence</th>
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<tbody>
<tr>
<td>Theory</td>
<td>Virtue</td>
<td>Deontology (principles)</td>
<td>Particularizing theories</td>
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<td>Foci</td>
<td>Character</td>
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<td>Outcomes</td>
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<td>Choice</td>
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<td>Goods/pains</td>
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<td>Accountability</td>
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<td>Caring</td>
<td>Caring for this person or group in this place, Sins, etc.</td>
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<td>Narrative, culture, uniqueness of the person</td>
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Ethical principles

• Principle: a norm or rule that you have a moral duty to follow.  
  – a general ethical judgment that justifies a particular ethical decision

• What makes a choice right?  
  – It conforms to a moral norm or rule.  
  *rightness is not dependent on the final outcome of a decision.*

• A principle may be outweighed by another principle ...  
  – *prima facie* (“at first glance”) principles rather than absolute principles

• CHALLENGES:  
  – How do you define each principle?  
  – How do you get from the general idea to a specific application?  
  – How do you decide which principle is most important?  
  – How do you balance competing principles and resolve conflicts?
Principles of Biomedical Ethics

1. Beneficence
2. Nonmaleficence
3. Respect for patient autonomy
4. Justice

Benjamin L. Areache and David J. Rejeski

Belmont Report

- U.S. National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research

Three basic ethical principles relevant to human research

- Respect for persons (informed consent)
- Beneficence (assessment of risks and benefits)
- Justice (fair selection of subjects)

Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research (1979)

Beneficence & Nonmaleficence

- Beneficence
  - Doing good, and preventing harm
- Nonmaleficence
  - Not doing harm

Related ideas
- risk/benefit assessments
- best interests
- patient welfare
- utility (maximizing beneficence)

Justice

It can have different definitions

- **Distributive** (what communities/governments owe individuals)
  - Justice as fairness: similar treatment for similar cases
- **Commutative** (what individuals owe to each other)
  - Giving to each person what they are due as persons
- **In healthcare**
  - To each according to his/her medical need: the most compelling
    - Possibilities to which we should generally object:
      - To each according to his/her need
      - To each according to his/her social contribution
      - To each according to his/her ability to pay

Respect for patient autonomy

- Self-determination: basic to our freedom and dignity as persons
- Limitations and liabilities:
  - Some persons don’t have autonomy, but still need respect & protection
  - Autonomy may sometimes be treated as (merely) a matter of choosing
  - It may sometimes ignore the roles of others (family, friends, clinicians)...
- “relational autonomy”
  - Autonomy may need to be promoted by others who are trying to help the patient.

Challenges of application: a few examples

- Beneficence and Nonmaleficence
  - atrial fibrillation, peptic ulcer disease, and warfarin
- Respect for patient autonomy
  - hip fracture repair in setting of severe aortic stenosis
- Justice
  - a man from another country with aplastic anemia, no legal residency status, and no financial resources

TL, Manor, 1738

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**Consequences (consequentialism)**

- Focuses on a desired outcome.
  - "The end justifies the means."
- Tries to predict the consequences of an action for all persons affected.
  - In theory, guided by a single principle of some kind, like the utilitarian idea of "the greatest good for the greatest number."

**Challenges:**
- How do you define "the good" to be maximized?
- Are all "goods" of equal value? (e.g., years of life vs. quality of life)
- How do you predict all relevant consequences?
- How do you avoid sacrificing the few for the many?
  - Without a principle of justice, utilitarian reasoning is inhumane.

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**Consequentialism: an example**

**Principles for allocation and altered standards of care**
  - Limited resources will be allocated so as to maximize the number of lives saved; age and/or disability may be considered along with other risk factors in allocating resources to care as many lives as possible.
  - Prioritize the care and protection of health care providers.

**There is unresolvable ethical tension when resources are limited**

**Principle of utility**
- Duty to maximize outcomes (benefit as many lives as possible)

**Principle of beneficence**
- Duty to care for each person (respect individual dignity)

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**The need for virtue ethics**

We ourselves (the people acting) have to be kept in the moral picture, since the way we apply principles will depend on the kind of persons we are.

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**Defining virtue**

- A virtue is a trait of character that enables and motivates us to habitually achieve the telos (end) specific to a given human activity.
  - The telos of healthcare is healing
    - The dispositions that give the capacity to heal well are the virtues.
    - These virtues define the 'good' health professional.
Virtue ethics makes sense within a purpose-oriented understanding of healthcare:

- Treatment or test
- Goals of care
- Health
- Flourishing


Virtues that help us heal:

- Fidelity to Trust
- Benevolence
- Effacement of Self-Interest (altruism)
- Compassion and Caring
- Honesty
- Justice
- Courage
- Temperance (self-control)
- Integrity
- Practical wisdom

Pellegrino & Thomasma. The Virtues in Medical Practice, 1993.

More on virtue ethics:

- Virtues — Correlate with principles (benevolence vs. beneficence)
- Principles and virtues are two sides of the same moral coin
  - Inform, guide, and motivate
  - Reflect who we are
    - not just what we think or do
  - Intimately related to integrity (conscience)
    - Integrity is a virtue that reflects the need for moral integration in our lives (wholeness and harmony).

We expect virtues from our students:

Clerkship Evaluations:

- Compassionate
- Efficient
- Inquisitive
- Professional
- Self-directed
- Confident
- Enthusiastic
- Mature
- Quick learner
- Sensitive
- Conscientious
- Hard-working
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Clinic Integrity:

An ancient issue — In purity and holiness I will guard my life and my art.

Ethics involves integration of the ‘professional’ and the ‘personal’

— “how seamless a web life is”

Moral distress arises when integrity is strained or undermined:

- Refers to the experience of being morally constrained.
  - Internal: a personal failing (e.g. a fear or lack of resolve)
  - External: situational (e.g. hierarchical decision making).
- Occurs when people make moral judgements about the right course of action to take but are unable or unwilling to carry it out.

EXAMPLE:
Informed Consent and Shared Decision Making

‘Shared’ means we’re not merely talking about patient autonomy…

There are different “strengths” of communication when clinicians speak with patients.
- Providing information
- Making a recommendation
- Attempting to persuade

How clinicians communicate depends on beliefs about:
- what goals are worth pursuing
- what treatments are worth trying
- what risks are worth taking
- etc.

The need for respect and compassion in shared decision making

- What a clinician perceives as the patient’s best interests (beneficence/nonmaleficence) may not always be the same as a patient’s preferences (autonomy)

– disagreements may lead to:
- Questioning the decision-making capacity of a patient
- Questioning the ‘validity’ of a surrogate decision maker

EXAMPLE:
End of life care (futility)

Dimensions of Decision Making, Types of Futility, and Ethical Principles

[Diagram with categories such as Probability too low, Quantitative, Diagnosis, Autonomy, etc.]

“Nearly everyone would choose a transcatheter procedure over open-heart surgery if they are thinking only about short-term pain, risk, and disability. But many patients, particularly younger ones, might accept greater up-front risk and pain to ensure a better outcome over their lifetimes.”

“In this challenging …”
EXAMPLE:

Disclosing medical errors

Communication about medical errors
1. Demonstrates respect, compassion, and commitment by informing, acknowledging harm, apologizing, and maintaining trust.

2. Professionals should:
   - discuss facts straightforwardly
   - take responsibility
   - express regret and (if appropriate) apologize
   - describe what will happen next
   - explain what will be done to prevent repetition of the error in the future.

3. Professionals need to be honest, compassionate, courageous, accountable, reassuring, humble, and conscientious— and willing to deal with their own feelings of sadness, fear, and guilt.

In Summary
1. Describe advantages and limitations of using the four principles to talk about ethics.
2. Identify differences between ethical approaches (principles-based, virtue-based, consequence-based).
3. Recognize connections between principle-based and virtue-based ethics, and the indispensable place of virtue at the heart of professionalism (character and integrity).

Thank you
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