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978-1-107-63964-5 - Foundations of Healthcare Ethics: Theory to Practice

Edited by Jānis T. Ozoliņš & Joanne Grainger

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# Foundations of Healthcare Ethics

## Theory to practice

In order to provide the highest level of care to their patients and clients, health professionals need a sound knowledge and understanding of healthcare ethics.

*Foundations of Healthcare Ethics: Theory to practice* focuses on the philosophical concepts that underpin contemporary ethical discourse for health professionals, and arms both students and professionals with the knowledge to tackle situations of moral uncertainty in clinical practice.

The text has been specially written to provide an in-depth study of the theoretical foundations of healthcare ethics. It covers a range of normative ethical theories, from virtue ethics to utilitarianism, while also investigating their application to contemporary issues in healthcare and society. The book provides opportunities for self-directed learning, and also presents questions and case studies to facilitate engagement and discussion.

*Foundations of Healthcare Ethics: Theory to practice* provides both students and professionals with an understanding of the philosophy governing healthcare ethics in order to help them provide a better level of care to all patients and clients.

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**Jānis (John) T. Ozoliņš** is Professor of Philosophy at the Australian Catholic University and permanent Honorary Fellow, University of Latvia.

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*In memory of Jacob Jānis Ozoliņš (1981–2013) and for my family.*

Jānis (John) Ozoliņš

*For my parents Jill and Len Grainger, whose love and extraordinary work ethic  
have both inspired and enabled me to choose the career path of fostering a culture  
of life in healthcare.*

Joanne Grainger

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# Foreword

'My Hippocratic oath tells me to cut a gangrenous appendix out of the human body. The Jews are the gangrenous appendix of mankind. That's why I cut them out.' So explained one of the doctors working in a Nazi death camp during World War II. He thought the procedures he carried out at Auschwitz were justifiable on *medical* grounds. Killing Jews, Gypsies, Catholics, the mentally and physically disabled, homosexuals and other vulnerable people by various methods – including starvation, lethal injection or poisoning with carbon monoxide – furthered Hitler's aim of cleansing the gene pool and ensuring the Aryan race's dominion over all other races (Cook, 2014, citing Lifton, 2000: 232).

Unfortunately, the Allied Powers do not escape culpability for the misuse of science and medicine. In recent years, reports have emerged of unethical medical experiments conducted by the Americans in Guatemala after World War II. Dr John Cutler, who eventually rose to be US Assistant Surgeon-General, led this project and was associated with a parallel one in Tuskegee, Alabama. To study the course of sexually transmitted diseases and the effect of penicillin, the US Public Health Service deliberately infected soldiers, prostitutes, prisoners and mental patients with syphilis without their knowledge or consent. The 1997 film *Miss Evers' Boys* brought the Alabama part of that story to public attention, and led to an apology by President Bill Clinton. But it was not until 2011 that a Commission of Inquiry reported the full horror of the Guatemalan phase of the study: instead of the few dozen victims previously acknowledged, there were in fact at least two thousand healthy men deliberately infected, many of whom in turn infected their wives and children. Instead of being treated with penicillin, they were all given placebos so the researchers could observe the course of the disease as it took its terrible toll on their bodies and minds, and eventually killed them (Presidential Commission for the Study of Bioethical Issues, 2011).

Such research is obviously monstrous. But what shocked many people was that it was still going on in 1970s America. The international legal instruments to guarantee human rights and the World Medical Association's declarations to ensure a high standard of medical ethics that came after the terrible Nazi experiments of the 1930s and 1940s were supposed to prevent such things from ever occurring again. No doctor would ever again intentionally torture or

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kill, and no government or profession would ever again sponsor such practices. For sensitive students, health professionals, lawyers and ethicists – such as those who may read this textbook – this must raise deep questions. Why would some people fail to abide by the most basic principles of morality, known not only to the world's great religions, but also to sound medicine and nursing, the common law and good secular philosophy?

Unfortunately, atrocities in the name of medicine or research cannot be confined to the garbage bin of history. Richard Dawkins, prominent scientist and evangelist for atheism, claimed recently that not only are parents free to abort children with Down syndrome: they actually have a moral obligation to do so. This comment followed in the wake of revelations that some surrogate mothers were refusing to abort children they were carrying on behalf of other couples, who had been found to have Down Syndrome and whose commissioning parents had directed be terminated (Flynn, 2014). Julian Savulescu, an Australian bioethicist at Oxford University, admitted that eugenics is practised all the time in contemporary healthcare, especially through 'search and destroy' pre-natal screening and genetic tests; however, because it is a matter of 'free choice', it is at least rhetorically different from the Nazi eugenics program (cited in Cook, 2014). That said, Dawkins, Savulescu and others believe there is not just a right but a duty to abort the handicapped and a duty to improve the genetic pool where we can. How soon this duty will be sufficiently politically palatable to be made law or medical policy is uncertain, but bioethics will on their view be no barrier to such social trends.

Clearly declarations of moral principle for healthcare practice are important: they offer a basis for professional unity, identity, regulation and education; they allow health professionals to tell themselves and those who entrust themselves to their care that 'this is what we stand for; this is what we will do and not do and why'. They are therefore crucial to the health professional–patient relationship. But such ethics statements are never enough: eternal vigilance is required to ensure they are truly observed, and we need medical practitioners of good character who will actually apply them wisely and consistently. In the struggle for the soul of our culture, the battlegrounds are increasingly hospitals and aged care facilities, parliaments and courts, bureaucracies and academies. If our highest values are to survive and be enacted, healthcare will require students and professionals of intelligence and courage. If healthcare is to be worthy of the reverence and rewards received in our community, if people are to continue to trust health professionals, the practitioners must be principled and virtuous.



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We must understand, for instance, what healthcare is for and how its internal goals might reasonably be pursued. The therapeutic and research imperatives to get results ‘no matter what’; the technological imperative to pursue the technically possible even if morally troubling; the demands of patients, administrators and financiers; the practitioners’ feelings of impotence and fantasies of omnipotence: all can militate against ethics in practice. Doctors and nurses are by no means alone in this. Ethics committees and legal and moral advisers to health institutions can feel pressured to be ‘part of the team’, getting results no matter what the cost to justice and ethics. Even philosophers and theologians – who should be the experts at raising questions as much as providing answers – can all too easily become window-dressers for the ideologies of the age or the convenience of those they are advising.

Yet ordinary people still look to their professionals to provide not just a high level of technical care but highly ethical care. Here’s one reason why. When the best pagan doctors sought to follow Hippocrates or the best Christian doctors the Good Samaritan, when Jews and Muslims brought the wisdom of Maimonides and Avicenna to the West and through the West to the world, when more recent practitioners re-consecrated themselves to the Geneva Declaration, all swore *an oath* – not an employment contract or protocol, but an oath: a prayer and promise to God, or the gods, or whatever people hold most precious. That is a humble act, acknowledging that both goodness and health ultimately come from a source greater than ourselves; that on joining and practising in my profession I am engaging in more than a job, in something more like a God-given ‘vocation’. Solemnly to consecrate my life to the service of humanity; to say I will put the life and health of my patients first and always respect their dignity and privacy; to resolve to save and heal and care, never kill or harm or abandon; to promise to honour my teachers and build up my profession: to commit to such things requires all that is best in the human spirit and God’s help also.

\* \* \*

Amy Gutmann, President of the University of Pennsylvania and Chair of the Guatemala Commission, said that the experiments the US government carried out ‘should shock the conscience not in spite of their medical context, but precisely because of it’. We rightly expect more of our professionals. We expect our health professionals to be protectors of life and health and dignity.

Although there have been many failures, and although contemporary bioethics is in many ways in disarray, all is not lost. In your hands is a textbook that

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aims to provide our future practitioners with the intellectual resources to be more than mere witchdoctors and hired guns. This work, authored by a number of respected ethicists, theologians and philosophers, provides professionals, students and the general reader with an accessible entrée to the ethics of healthcare, informed by a Catholic intellectual perspective and mostly in accord with that church's bioethical teaching. It is not straitened by a utilitarian ethic that precludes the possibility of absolutes or by deontological ethics that preclude the possibility of questions. It is, rather, open to questions about what healthcare is and what it is for, what a health professional is and what they are for, what a good professional practice is and what sorts of practices might be morally 'shady'. It accepts that central to medical practice are the goals of saving, healing and caring, and principles against killing, harming or abandoning. Though avoiding over-simplifications, it insists that sound practice requires respect for the dignity or inviolability of the human being from conception until natural death.

Rather than diving straight into the ethical conundrums that are the stuff of TV hospital shows or media headlines, this book valuably begins by grounding our reflection in the range of ethical approaches, from 'principlism' to Kantian ethics, empathy and care, virtue ethics and natural law. Exploration of the latter two theories in particular is helpful in providing students with ways of thinking about ethics that build on classical thought and modern declarations, that make sense of what health professionals actually do and aspire to, yet that receive far too little exposure in our culture today. In this regard, Aristotle, Aquinas and the great tradition on the human person, happiness and practical reason get a thorough workout in this volume, and the authors are unafraid to refer appropriately to God and spirituality. This is because healthcare has become not only a battleground for the soul of our culture, as suggested above, but also a place where sensitive and ethical practitioners today must ask for themselves the big questions about what it is to be a good person and live a good life. Put baldly, good nurses and doctors are not merely excellent technicians but also *good*. And so they need the sort of intellectual equipment and moral formation this book proposes.

Building on such philosophical and theological foundations, this book then readies the reader to confront a number of topical ethical issues, such as conceptualising human dignity, conscience and the health professional; the beginning of life; autonomy and consent; the interaction between law and autonomy at the end of life; organ donation and brain death; and issues of justice, health resource-allocation and palliative care for the dying. Thus

practitioners and students are provided with a way through the maze of real-life challenges that they are likely to confront.

*Foundations of Healthcare Ethics: Theory to practice* is an important addition to the library of any student or practitioner who wishes to approach healthcare in ways that are reasonable and compassionate, that accord with the long wisdom of the profession itself and the wider philosophical-theological tradition, and that allow both practitioners and those for whom they care to live ‘the good life’ to its natural end.

Most Rev. Anthony Fisher OP, Archbishop of Sydney

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