

Chapter 13 Bioethics – Ethical Issues in Medicine

General Overview
This chapter engages a range of issues that revolve around the rights and obligations of those involved in health care either as patient, a member of the patient’s family, or health care professional and associates. The topics of truth, confidentiality, informed consent, research and experimentation are broad- but here explored specifically in the context of medicine - and apply to many areas of professional concern including education, law and other fields.

Class Suggestions
You might start by sketching out some of the broad lines of response to some of the issues in terms of the consequentialist and nonconsequentialist approaches or perhaps rights and consequences. Once these are on the board you can tackle some of the more specific issues. Some students might be encouraged to share some of their hospital experiences with you. Homework projects might include questioning someone in their family about the doctor-patient relationships that they have experienced or heard about. The cases here could be used to spark discussion or for group or pair presentations.
Chapter 13 – Bioethics – Ethical Issues in Medicine

Key Concepts: Bioethics, Rights, Obligations, Paternalism, Radical individualism, Truth Telling, Informed Consent, Right to Know, Confidentiality, Behavior Control, Experimentation, Stem Cell Research

Key Questions: 1. ‘Doctor knows best’. Evaluate this claim looking at its advantages and disadvantages in terms of patient care. 2. Critically explore the rights and obligations involved in doctor-patient confidentiality. Try to illustrate your answer with examples and/or cases. 3. Examine the ethics of behavior control. What are the problems and advantages of such an approach? 4. Are human experiments ever justified? 5. Should embryonic stem cells be used in research? Discuss in relation to the dangers and potential benefits.

Chapter Summary
Bio-ethics – life ethics or relations between sick and dying, health and medical professionals.

Health care professionals and patients and the families – rights and obligations
Paternalism
Relation between doctors and patients is like parent and child.

Engineering model
‘Value-free’ or purely technical approach to patients.

Priestly model
Opposite of engineering model – doctor-priest does what is considered best by avoiding harm.

Radical individualism
Patients have absolute rights over their bodies.

Reciprocal view
Patients, families and health workers make decisions together as part of a team approach. This can develop into two models:
1. Collegial model – patient and doctor as colleagues
2. Contractual model – covenant between doctor and patient

Truth letting and informed consent
Two issues:
1. To what extent should patients be told the truth?
2. Informed consent as formalized procedure for patient to accede to treatment.

Paternalistic view of truth telling
Patients have a right to know the truth about their condition even if it will affect them adversely.

Moderate position
In between- telling patients what they want to know when they want to know it. Requires careful judgments about patients and their capacity to deal with the truth.

Informed consent
Now necessary because of complexity of medical procedures. In order to fully and intelligently ‘consent’ to such procedures the patients must be thoroughly ‘informed’ about the details, effects, complications etc.?

Doctors’ reactions to truth telling and informed consent
1. Patient doesn’t need to be fully informed
2. Patients often don’t want to hear complicated explanations
3. Risks shouldn’t frighten patients
4. Risk may deter patients from agreeing to necessary procedures
5. Psychosomatic risks

Patients and families reactions to truth telling
Patients may deny existence of their conditions but may want to know the truth. Patients and families should be kept as fully informed as possible, especially when it is clear they do want to know.

Confidentiality
Confidentiality problematic in relation to STD’s.

Positive HIV tests and AIDS
Spouses and partners
Should spouses or partners of HIV positive patients be told if the patient is unwilling to tell them? HIV positive patients are protected by confidentiality procedures.

Health caregivers with HIV/AIDS
Should caregivers have the same protection/confidentiality, etc. as patients?

Guilt and innocence in treating patients
Do judgments regarding the extent to which patients are responsible for their condition affect the quality of care they receive? Should this be the case?

Ethical issues in medicine
Ethics and behavior control
Should behaviors considered ‘socially unacceptable’ be controlled by medical technologies?

Problems with behavior control
What is ‘normal’ behavior? Who decides and on what basis?

Human experimentation

In favor:
1. Justified if it advances human knowledge
2. Prisoners or mentally ill who are capable of consent

Against:
1. Human beings shouldn’t be treated as means to end (e.g., Nazi experiments)
2. Should not be performed on mentally incompetent or those not free to consent

Genetics and stem cell research

Arguments for experimentation
Scientific knowledge should proceed without hindrance.

Arguments against
Experimenting with God’s or nature’s plan, especially artificially creating life, should not be allowed.

Stem cell research
Stem cells are capable of developing into many different kinds of cells

The moral issue
Stem cells can be developed into tissues which could potentially cure diseases like Parkinson’s, Alzheimer’s diabetes, etc. Extracting stem cells from 5 to 7 day old embryos kills them.

Government limits
To receive federal funds, George Bush decided that stem cell lines that were derived
1. With the consent of the donor
2. From excess embryos (created for reproductive purposes)
3. Without any financial inducement to the donors

No federal funds for:
1. Stem cell lines derived from newly destroyed embryos
2. The creation of human embryos for research
3. The cloning of human embryos

Could the use of adult stem cells resolve this dilemma?