

Principles of Biomedical Ethics

> Page numbers reference Garrett et. al., Health Care Ethics. Prentice Hall, 2nd Edition, 1993, unless otherwise indicated.

Additional References:

1. Beauchamp and Childress, Principles of Biomedical Ethics, Fourth Edition. Oxford. 1994.
2. Engelhardt, H. Tristram Oxford: The Foundations of Bioethics, second edition, Oxford. 1996
3. Hall and Ellman, Health Care Law and Ethics, West. 1990.
4. Junkerman and Schiedermaier, Practical Ethics for Students, Interns, and Residents. University Publishing Group, 1998
5. American Medical Association Code of Medical Ethics, 1996
6. American College of Physicians Ethics Manual, Third Edition, 1993.

[These texts are available at the Erlanger Hospital Medical Library].

A standard approach to biomedical ethics, developed by Beauchamp and Childress in Principles of Biomedical Ethics, resolves ethical issues in terms of four ethical principles:

Autonomy [pages 3-6]

Beneficence & non-maleficence [pages 6-10]

Justice [pages 10-12]

Each of which need to be weighed and balanced in determining an optimal course of action.

All of these principles require a *conversation* about the needs and desires of the patient or, in the case of justice, members of community. The principles are intended to guide. In the case of autonomy, we are required to determine the wishes of the patient in order to protect his or her autonomy. In the case of beneficence and non-maleficence, we are required to determine the patient's views of what does and does not count as goods to be pursued or harms to be avoided. In the case of justice, we are required to follow due process in order to determine just limits on health care that will be generally accepted.

The demand for conversation arises out of what Engelhardt sees as the result of the break down of any traditional consensus about moral and religious goods. In particular, he argues that in the post-modern period, we no longer accept the possibility of constructing a content-full account of the human good. We engage one another, consequently, as moral strangers, who need to negotiate moral arrangements. Those negotiations are governed by the principles of autonomy (he calls it permission) and beneficence, but even in the case of beneficence we cannot presume a general agreement about human goods and their ranking. Engelhardt argues that the traditional distinctions used to distinguish moral categories of treatment assume a vision of the good that is not available to us.

For better or for worse, health care practitioners find themselves in a situation where they need to become moral negotiators with moral strangers.

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subsection titled Medical Risk to the Physician has been added **Index to Legal Periodicals** Eldon Revare James,1990
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