

MEDICAL ETHICS: COMMON OR UNCOMMON MORALITY

Rosamond Rhodes, PhD

Icahn School of Medicine at Mount Sinai

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Disclosures:



Faculty Disclosures:

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AGENDA:

- Explain what I take the **common morality** approach to medical ethics to be.
- **Negative Argument:** Show that common morality does not provide an account of medical ethics.
- **Positive Argument:** Explain why medical professions require a distinctive ethics, an **uncommon morality**.

IS MEDICAL ETHICS JUST THE ETHICS OF EVERYDAY LIFE APPLIED TO MEDICINE?



Yes:

- **4 principles**
- Beauchamp TL and Childress JF, *Principles of Biomedical Ethics*, 7th edition (New York: Oxford University Press, 2013) 4 principles
- **10 rules**
- Gert B, Clouser KD, and Culver CM, *Bioethics: A Return to Fundamentals* (New York: Oxford University Press, 1997).
- Gert B, Culver CM, and Clouser KD, *Bioethics: A Systematic Approach*, (New York: Oxford University Press, 2006).

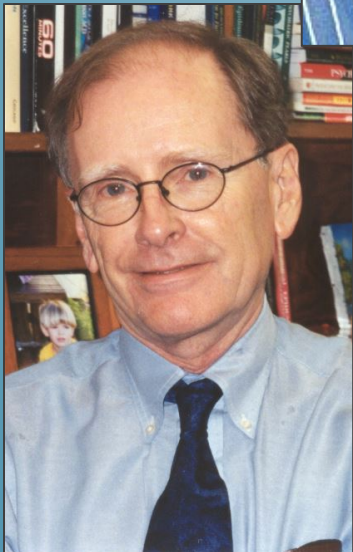
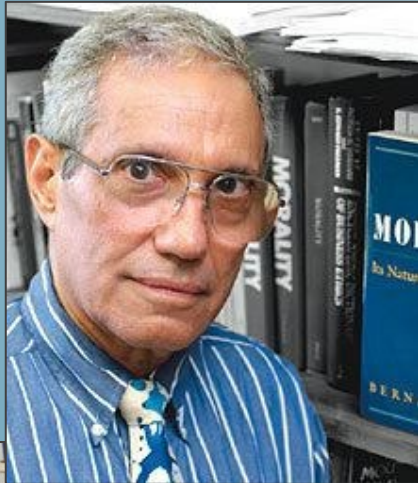
BEAUCHAMP TL AND CHILDRESS JF, PRINCIPLES OF BIOMEDICAL ETHICS



Draw upon common features of prominent moral theories, identifying the four principles of respect for autonomy, beneficence, non-maleficence, and justice as the “**considered judgments that are the most well-established moral beliefs**” to “**serve as an anchor of moral reflection.**”

particular moralities such as professions “*share the norms of common morality with all other justified particular moralities*”

**BERNARD
GERT,
CHARLES
CULVER, &
K. DANNER
CLOUSER**



- “bioethics is not a new set of principles or maneuvers, but the same old ethics being applied to a particular realm of concerns.”
- “Many of the duties of a profession are particular applications of the general moral rules (*which are valid for all persons in all times and places*) in the context of the special circumstances, practices, relationships, and purposes of the profession.”

IS MEDICAL ETHICS JUST THE ETHICS OF EVERYDAY LIFE APPLIED TO MEDICINE?

THE NEGATIVE ARGUMENT



The *common morality* view:

- All bioethics is traditional ethics applied to novel circumstances.
- It makes a universal claim.
 - Doctors have the same duties as everyone else
 - The character of doctor should be no different than anyone else's.

My view: *UNcommon morality*

- A single counter-example refutes a universal claim.
- Here are a half dozen counter-examples to the common morality view of medical ethics.

COUNTER- EXAMPLE #1



- If a grocer runs out of oranges and phones another to request a share of his supply, the telephoned grocer is free to deny the request.
- If a neighbor asks you to look after his pet while he goes off on vacation, you may be blameless in denying the request.
- If a neighbor asks for your grandmother's honey cake recipe, you may deny the request and keep it secret.

Yet, when one doctor receives a request from another to share medical resources, knowledge, or physical assistance in caring for a patient the doctor is obliged to render the aid because physicians have a positive duty to respond to patient needs and actively promote their health, whether the patient is someone they are treating or another physician's patient.

COUNTER- EXAMPLE #2



In everyday life people are free to make decisions anyway they like.

Doctors, however, are expected to rely upon scientific evidence when they recommend treatment for their patients. Gut feelings and the like are not acceptable justifications for medical decisions.

**COUNTER-
EXAMPLE #3**



In ordinary social interactions, we freely share what we know.

In medicine, confidentiality is presumed, although some exceptions can be justified.

COUNTER- EXAMPLE #4



It is commonly accepted that we may associate with whomever we choose.

In medicine, professionals are supposed to be non-judgmental and minister to every patient's medical needs without judgments as to their character or worth.

Most people today consider sexual activity among consenting adults ethically acceptable.

**COUNTER-
EXAMPLE #5**

In medicine, consent does not legitimize a physician's sexual involvement with a patient. We expect a patient's invitation for a tryst to be declined, and that none would be issued to a patient by a doctor.



**COUNTER-
EXAMPLE #6**

In social situations, asking probing personal questions is regarded as rude.

Yet, taking a complete and detailed patient history can include asking about a patient's diet, bowel habits, sexual practices, drug use, fears, and previous illnesses.



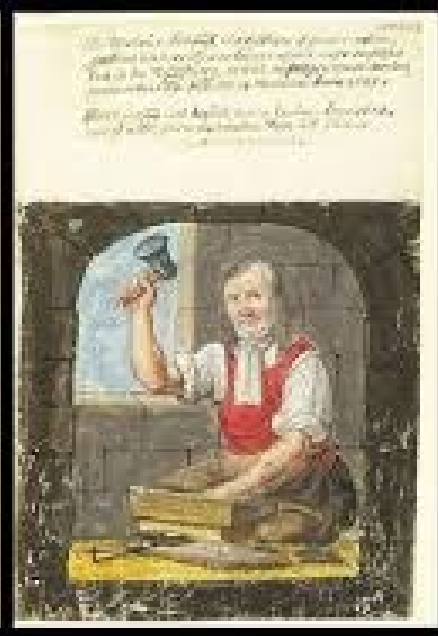
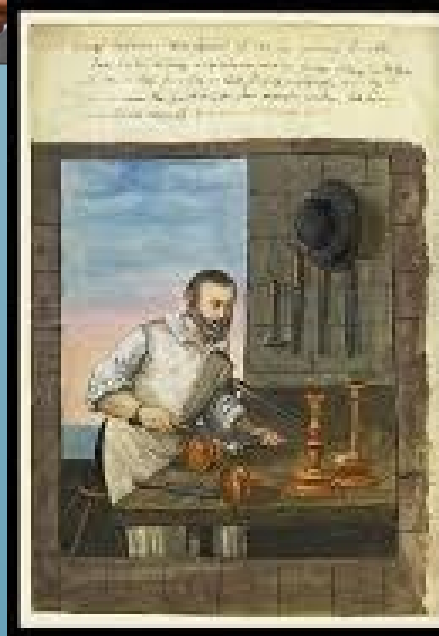
IS MEDICAL ETHICS JUST THE ETHICS OF EVERYDAY LIFE APPLIED TO MEDICINE? *THE NEGATIVE ARGUMENT*

Counter-examples	Duties of Medical Ethics	Common Morality versus Medical Ethics
1. Look after your own interests	Act for the good of patients and society	A moral ideal is transformed into a duty
2. Make choices your own way	Guide choices with scientific evidence	A moral ideal is transformed into a duty
3. Share information	Confidentiality	Permissible behavior is impermissible
4. Judge the worth of others	Non-judgmental regard	Permissible behavior is impermissible
5. Enjoy sexual interaction	Non-sexual regard	Permissible behavior is impermissible
6. Mind your own business	Probe [questions, tests, examinations]	Impermissible behavior is a duty

ROLE



PROFESSION



ROLE



PROFESSION



THE POSITIVE ARGUMENT

knowledge	anatomy, physiology, pathology, immunology, pharmacology, genetics, microbiology, genomics, biochemistry, & so on
powers	determine lack of decisional capacity impose treatment over objection restrain free movement allocate scarce resources collect patient samples & data
privileges	probe with questions examine nakedness & insides administer poisons impose risks & burdens inflict pain
immunities	from prosecution for: employing powers & privileges untoward outcomes

THE POSITIVE ARGUMENT: CONCLUSION

*Medical ethics is an autonomous field **because** the **duties** of medical professionals:*

- **are not** derived from the precepts of common morality or any other field.*
- **cannot be** deduced from the precepts of common morality.*
- **entail distinctive powers, privileges, and immunities** that are not addressed by common morality (i.e., no one outside of the profession is allowed to employ them).*



MEDICINE'S KNOWLEDGE, POWERS, PRIVILEGES, & IMMUNITIES



granted to the *profession and professionals* -- only on the condition that medicine can be **trusted** to wield them for the good of patients and society

**MEDICINE'S
KNOWLEDGE,
POWERS,
PRIVILEGES, &
IMMUNITIES**



- *distinctive rights*
- *warrant to perform actions that are impermissible for others to do*
- *monopoly over a field of employment*

***THE FIRST
AND
FUNDAMENTAL
DUTY OF
MEDICAL
ETHICS***

Seek **trust** and
be deserving of it

**MEDICINE'S
POWERS AND
PRIVILEGES
ARE
GRANTED
AND
REQUIRED
TO BE USED
ONLY
FOR THE
GOOD OF
PATIENTS
AND SOCIETY**



***THE
SECOND
DUTY OF
MEDICAL
ETHICS***

*Use medical
knowledge, skills,
powers, privileges
and immunities in
serving the interests
of patients and
society*

***THE TWO
FOUNDATIONAL
DUTIES OF
MEDICAL ETHICS
HAVE SIGNIFICANT
IMPLICATIONS***



1. Seek **trust** and be deserving of it.
2. Use medical knowledge, skills, powers, privileges and immunities in serving the interests of patients and society.

Implications for Medical Education

Moral guidance from common morality is an inappropriate starting point for medical ethics education.



Implications for Medical Education



The specific requirements of *medical ethics* have to be:

- *Defined*
- *Explained*
 - *Rationale*
 - *Application*
- *Inculcated*



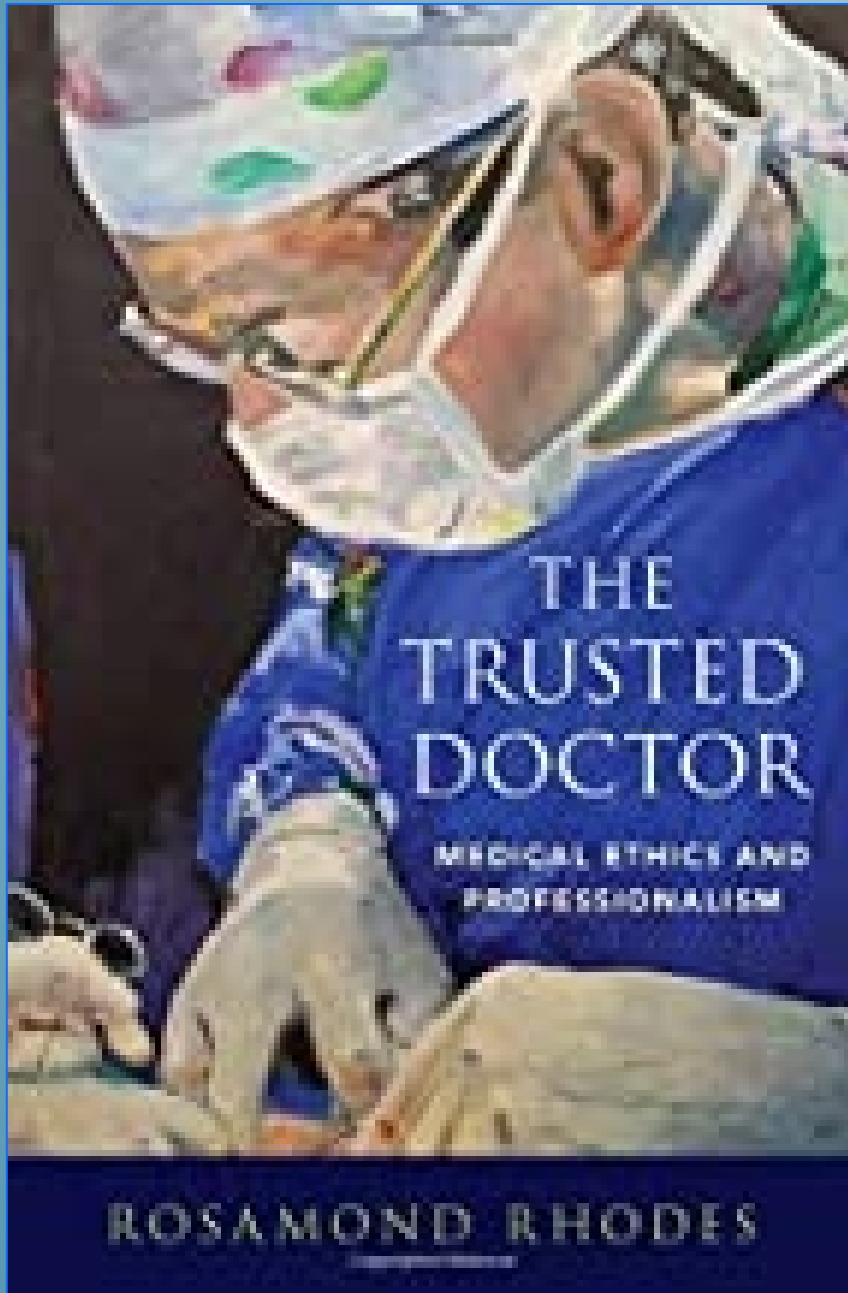
Implications for Medical Education: *Training for the profession*

- *Understanding*
- *Becoming*
- *Doing*



**16
DUTIES
OF
MEDICAL
ETHICS**

1. Seek **trust** and be deserving of it.
2. Use medical knowledge, skills, powers, privileges and immunities in serving the interests of patients and society.
3. Develop and maintain professional competence.
4. Provide care based on need.
5. Be mindful in responding to medical needs.
6. Base clinical decisions on scientific evidence.
7. Maintain non-judgmental regard toward patients.
8. Maintain non-sexual regard toward patients.
9. Maintain the confidentiality of patient information.
10. Respect the autonomy of patients.
11. Assess patients' decisional capacity.
12. Be truthful in your reports.
13. Be responsive to requests from peers.
14. Communicate effectively.
15. Police the profession.
16. Assure justice in the allocation of medical resources.



Thank you.

Email:

Rosamond.Rhodes@mssm.edu



**Icahn
School of
Medicine at
Mount
Sinai**