

# Bioethics: Its Origins, Methods, and Importance

## for Medicine Today

“Moral philosophy can impact on clinical practice by affecting the way in which ethical problems in medicine are described, and thereby improving the doctors’ understanding of issues.”



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**B**ioethics can be defined as the study of ethical issues arising from the biological and medical sciences. The subject is broader than medical ethics, which is basically physician-centered.

Bioethics includes health-care ethics, which concerns ethical issues that involve other healthcare professionals besides doctors, such as nurses (nursing ethics). Another variety of bioethics is clinical ethics that deals with clinical and hospital care decisions taken with the aid of committees that include laypersons and outside consultants. Finally, there are issues in bioethics that fall outside the above categories, such as issues in genetics, use of reproductive technologies, experimentation on humans and fetuses, definitions of death, and priorities in distributing life-saving resources.

The distinction between medical ethics and bioethics in general has added significance in Singapore with the recent formation of the Bio-ethics Advisory Committee (BAC) alongside the already existing National Medical Ethics Committee (NMEC).

In contrast to medical ethics that has existed since medicine became a profession, bioethics is a fairly recent phenomenon. It emerged in the 1960s in the U.S., and arose out of various public concerns. Historians may disagree about

which was the issue that triggered the birth of bioethics: the selection of patients for chronic haemodialysis in Seattle in 1962, or the initiation of heart transplants in 1969, or even the revelation of the Tuskegee and Willowbrook experiments in 1972. A good source and discussion of seminal events in the history of bioethics can be found in Gregory E. Pence, *Classic Cases in Medical Ethics* (New York: McGraw-Hill, 1990).

Why has bioethics grown in importance in such a short time? Three factors contributed to this. Firstly, the doctor-patient relationship has changed from the paternalistic model to one in which patient autonomy in decision making is recognised. Secondly, with the introduction of new medical technologies such as assisted reproduction, gene therapy and life support, doctors are faced with new choices and dilemmas. Finally, the commercialisation of medicine and the introduction of managed care and health insurance have raised questions about whether the patient's best interest continues to guide doctors in their practice.

Doctors have traditionally consulted lawyers to deal with charges of malpractice and negligence. But ethical dilemmas go beyond issues of legality, and doctors need the help of philosophers to make sound ethical decisions and to justify them to their patients and the public.

Moral philosophers who do applied ethics can provide conceptual and analytic tools and bring general moral principles to bear on ethical questions. They can justify or question moral practices using reason and arguments. The assumption behind bioethics as a discipline is the view that ethical problems in medicine and the biological sciences can be solved by applying principles that are derived from moral philosophy.

The two main theories of normative ethics that are usually brought to bear in medical ethics are the deontological and the consequentialist (including the utilitarian) moral theories. Deontological theories specify duties for moral agents that require them to perform or to avoid certain types of action. These duties take the form of rules that apply universally, and the observance of duties ensures that persons and their autonomy are respected at all times. Consequentialist theories judge the rightness of an action solely by its consequences, which are measured by a common standard that reflects the action's effect on the good of all. The good of each person is given equal weight, and the right action is one that has the maximum beneficial results.

One problem for applied ethics is the potential conflict between moral principles derived from different theories. But applied ethics is not subjective, i.e., it is not a matter of opinion. Ethicists make



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# Introduction to Medical Ethics

## WHAT IS MEDICAL ETHICS?

- Ethics is a system governing human behaviour.
- Medical Science is knowledge and skills. Medical ethics is wisdom enabling the optimal application of the science.
- Medical ethics gives us the values and principles to improve the quality of medical thinking and practice.
- Medical ethics defines the system of values common to the medical profession.
- Medical ethics is a systematic application of values concerning the practice

of medicine.

- Medical ethics defines the standards of behaviour by which the physician may evaluate his/her relationship with patients, colleagues and society.

## WHAT IS AN ETHICAL PRINCIPLE?

- An Ethical Principle is intended to indicate a particular guideline or a rule of thumb to follow in ethical reasoning.
- The Principles in Medical Ethics are:
  - (1) Non-maleficence - do no harm
  - (2) Beneficence - do good

(3) Autonomy - self-government

(4) Veracity - truth telling

(5) Confidentiality

(6) Justice and Social Responsibility

- The pillars of medical professional practice are expertise, ethics and service. ■

### Editor's Note:

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use of reasoning and require justification for any position taken on a moral problem. Ethical dilemmas are not easy to resolve, so it is important to learn why people disagree on their solutions. But whatever decision is taken, it cannot eliminate regret over unavoidable harms caused or autonomy violated.

One famous textbook by Childress and Beauchamp (cited below) has provided doctors with the four principles of beneficence, non-maleficence, autonomy and justice. Against the straightforward application of principles to ethical problem is the case-study approach advocated by the ethicist Albert Jonsen. Each method has its problems. It is said that real life decisions are too messy and detailed, and the choice of a particular ethical theory and its principles cannot be justified. On the other hand, the case-study approach involves far too many principles, and bias is introduced in the weight given to competing moral intuitions.

I think that the best approach involves the interplay between the use of theories

and of case studies. Theoretical issues cannot be avoided, and bioethics contributes to ethical theory as well as benefiting from it. For instance, euthanasia is an issue that brings up questions about the value of human life, while the allocation of healthcare resources raises questions of distributive justice.

Thus, moral philosophy can impact on clinical practice by affecting the way in which ethical problems in medicine are described, and thereby improving the doctors' understanding of issues. Philosophers who do bioethics can help doctors identify goals in medicine, to delineate the doctor's proper function, and to develop practical principles on a sound theoretical basis. If you need an analysis, send the urine to the biochemist and the ethics to the philosopher. It is even better if the doctor is himself trained in moral philosophy.

## SOME USEFUL REFERENCES (FOR STARTERS)

- Tom L. Beauchamp & James F. Childress, *Principles of Biomedical Ethics*, 4th edition (New York: Oxford University Press, 1994)

- Nancy S. Jecker, Albert R. Johnson & Robert A. Pearlman (editors), *Bioethics: An Introduction to the History, Methods, and Practice* (Boston: Jones & Bartlett, 1997)

- Robert M. Veatch (editor), *Medical Ethics*, 2nd edition (Boston: Jones & Bartlett, 1997)

## USEFUL JOURNALS OF BIOETHICS

- Bioethics
- Hastings Center Report
- Journal of Medical Ethics
- Journal of Medicine and Philosophy ■

### Editor's Note:

This paper is a write-up of a presentation by Dr Chan given at the first SMA Seminar in Bioethics and Health Law held at Tan Tock Seng Hospital on January 11, 2001. Dr David Chan, a former Colombo Plan Scholar, holds a B.A. (Hons) from the University of Melbourne, and a Ph.D. in Philosophy from Stanford University. He is currently an Assistant Professor in the Philosophy Department at the National University of Singapore. His other appointments include Member of the National Medical Ethics Committee, Member of the Bioethics Advisory Committee; Advisor to the SMA Centre for Medical Ethics and Professionalism. In his academic work, he specialises in moral psychology, medical ethics, ancient Greek philosophy and the philosophy of action.