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.”

Bioethics 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.

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. 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 moral judgments based on principles that are derived from moral philosophy.
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.

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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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.