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Compare & Contrast The Four Principles Of Healthcare Ethics

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Abstract:

Ethics provide the fundamental ground to exercise professional role and moral obligations in a truly manner. The principle of knowing treatment and prognosis is the first question the majority of patients ask from physicians and nurses rather than diagnosis. It depends on the healthcare professionals how they are revealing the truth considering four ethical principles. Healthcare ethics has four basic principles autonomy, beneficence, non-maleficence and justice that should be considered under certain circumstances on ethical grounds. Healthcare professionals are usually exposed to these ethical principles while dealing with their patients and this requires certain qualities in them such as wisdom, knowledge, honesty, courage, compassion and so forth. The aim of this paper is to compare and contrast the four principles of healthcare ethics in relation to patient has a right to know about their disease and its prognosis. This relates to the scenario where a patient is diagnosed with an inoperable tumor and is terminally ill. The medical staff and the family insist that she is not to be told about her prognosis. The dispute between these four principles of healthcare ethics remains challenging for the physicians and nurses to balance with two pillars of evidence based knowledge and bioethics.

1.Introduction

Ethics is concerned with norms and values, rights and wrongs, what needs to be done and what not needs to be done under certain circumstances. Physicians and nurses are deemed to work in the best interest of their patients under ethical considerations and this requires certain qualities in them such as wisdom, knowledge, honesty, courage, compassion and so forth. These qualities should be gained and encouraged in the education system with moral training in order to act in moral and ethical way. The issue with nondisclosure of the disease and its prognosis is being debated globally and the patient's right to know the truth is not accepted as a norm in some countries. Although this issue has been contested for decades however, the reframing of nurses, physicians and patient relationship is advancing in terms of paternalism and autonomy simultaneously. Respecting autonomy does not indicate to fit in one approach. It is not about the truth telling or truth dumping, it considers the trust relationship, patient's desire, willingness, decisions making ability and role of a family also desired by the patient. Patient's right to know has some significant current interest factors for example increase number of patients with chronic and terminal diseases, increase aging population, physicians' interest in taking responsibility of decisions making, and society demand for quality information related to health needs. In addition, it facilitates patients who know about their disease in the process of recovery and resilience as they feel more responsible for their treatments.

It is a very complex medical-ethical situation where emotions take over even though we are professionally trained. We are not left with any choice as responsible health care professional rather to overcome emotions which is a factor of influence in making decisions for the benefit of our patients. At one end we think it's a patient's autonomy to know about the condition and prognosis, and on the other hand, we follow the basic principle of not to harm the patients by telling them the truth. The dispute between autonomy versus beneficence remains challenging for the physicians and nurses to balance with two pillars of evidence based knowledge and bioethics.

The aim of this paper is to compare and contrast the four principles of health care ethics, autonomy, beneficence, non-maleficence and justice in relation to patient has a right to know about their disease and its prognosis. This relates to the scenario where a patient is diagnosed with an inoperable tumour and is terminally ill. The medical staff and the family insist that she is not to be told about her prognosis. However, she keeps on asking the nurses, "Am I dying?"

2.Autonomy Versus Beneficence: An Ethical Dilemma

The conflict between autonomy and beneficence always remain a challenge for health care practitioners to have intervention best in the interest of a patient's wellbeing and respect of their preferences. Autonomy means self-rule whereby an individual has the freedom of his/her own choices and responsible for their decisions. Beachamp, 1994 as cited by Edwards, 2011 suggested that when there is a pressure between autonomy and beneficence, autonomy must be given preference. According to the scenario in relation to patient's autonomy, it is a right of a patient to be told about her disease and prognosis. At one level an individual can take autonomous

decisions but at another level consequences of their actions cannot be ignored. However, autonomy is given a place of honor to respect individual's decision and freedom of own lives and values. Telling the truth and right information to the patients can give them sense of managing their lives best ahead whatever the time is left for them to live. Moreover, this can alleviate suffering, uncertainty, and prepare the patient psychologically. Several studies have revealed that telling the truth to the patient can alleviate anxiety and achieve more rapid recovery.

In contrast, what if after knowing prognosis of the disease will have a negative impact on the patient's condition? The patient might end up into psychological trauma, depression, can become violent and aggressive, do self-harm or commit suicide. However, on the other hand, if a patient is not informed about prognosis in order to prevent harm even though at a later time, the patient might question paternalistic interventions. Nurses and physicians feel helpless to deal this ethical dilemma whether patient to be told or not since the fundamental goal of health care ethics is to benefit the patient rather doing harm. In our health care context it has been observed that nurses are not given opportunity to disclose diagnosis to the patients; it is the physicians who have authority to reveal it. There can be certain things possible that's why nurses are not authorized for it? One may think of nurses' personal biases or nurses might not take responsibility for them due to its future consequences or they have a lack of power to exercise for patients' rights. Whereas, physicians might think that family will Sue them or they will lose their job if they disclose the real truth to the patients.

The philosophical assumption of autonomy (giving freedom) to an individual on the basis of beneficence cannot exist as a set principle. It contradicts itself when it is applied to the society. According to the scenario, the patient herself is an individual however; she has a family around whereby their collective decisions must be involved for whom the decision is made. We as healthcare professionals work in certain traditions but we are obliged to make decisions considering family, societal and cultural differences on the individual's condition. Hence, it is difficult to decide what should be considered either looking at the autonomy and its consequences, we should inform the patient about the prognosis or not to inform by taking care of the principles of beneficence and non-maleficence. However, preference is given to autonomy when patients are capable of making decisions for themselves.

3. Beneficence Versus Non-Maleficence

Beneficence (do good) and non-maleficence (do no harm) are other challenging ethical dilemmas in healthcare ethics. According to the scenario, the family insisted medical staff no to disclose prognosis to the patient. Based on these two principles, it is in the benefit of the patient to prevent her from harm which can cause worse consequences after disclosing the real truth. But here comes the ethical dilemma where honesty is questionable which has been set as an obligation of healthcare professionals in theoretical ethics whereas practical implication is still unanswered. One cannot predict the intension of family why they don't want to disclose the information to the patient and even the consequences of disclosure whether would it be in favour of the patient or not. Therefore, understanding of the truth before revealing needs to be considered. The fundamental intention of the non-maleficence principle in providing care is to keep the patient safe but there are some potentials to giving harm to patients. However, it is the limitation of the healthcare whereby the risk benefit ratio has to be measured. According to Benjamin and Curtis, 1986 as cited by Edwards, 2011 the harm condition in a natural fact termed as significant harm and less harm. However, less harm is not a sufficient condition for the justification of paternalism. Although autonomy carries moral weight but significant harm should be taken in consideration.

Similarly, in beneficence positive action must have a positive impact on the patient. In relation to the scenario, as a nurse we need to be clear on what benefits more for patient in telling the truth and how much harm it can constitute. In this scenario, the probability of providing benefit to promote pain free end of life care is more rather a very low probability of harm keeping the patient in an ambiguous decision and causing psychological distress. In my judgment I feel that beneficence in this case empowers patients to have control of her health and care which then ultimately help the patient in setting advance directives to guide her future ahead.

4. Principle Of Justice Versus Autonomy

In principle of justice, equality and equity are two different terms having two different meanings in health care. Justice is about equity having ethical judgment to be made in relation to right-based justice. According to the code of ethics, patient has a right to know about her condition, treatment, and prognosis and in relation to case scenario; it is the moral obligation of health care personnel to be fair and honest with the client with few exceptions. If the patient wants to know about her prognosis than how a nurse or physician can justify with not to lie but not to tell the truth to prevent patient from harm? Then the ethical principles may clash with each other. According to Edwin, 2008 that providing information to the competent patients is a powerful tool for both harm and good; intentionally withholding information from patients might disempowers them and requires greater justification. Hence disrespecting autonomy and justice is actually violating the other ethical principles (beneficence and non-maleficence) also and ultimately it does not benefit the patient in the long run and can cause harm.

Similarly, trust and being fair are the fundamental virtues of healthcare professionals and patient relationship. According to Beachamp and Childress, 2001 moral arguments can be justified only on the basis of autonomy, obligations of fidelity and trust. Disclosure of information does not mean that it will harm the patient; it depends on how the disclosure is made. If uncertainty happens in revealing the truth, even though it cannot justify the uncertainty because it is essential for the healthcare professionals to ensure that the patients are given needed information so that they can participate in their care and decision making. Although it is difficult to apply the right principle at the right time as these principles are not universally made but they provide a core ground for the entire healthcare systems and professionals to sustain their moral and ethical obligations in their profession.

5. Ethical Principles Versus Religion And Cultural Diversity

In recent times physicians and nurses do believe in autonomy. But every individual is different and belongs to different cultural traditions. Therefore, the idea of autonomous decision making does not fit in every culture. In our cultural context, usually family gets involved in the decision making process and physicians inform family first regarding patient's condition. However, it is also evident that physicians do make sure to take consent from the patient first by ensuring the application of ethical principles. Knowing about the cultural norms and differences, we cannot ignore both individualism and communitarian ethics in providing holistic care to the patient and this remains a challenge for physicians and nurses always about nondisclosure. In relation to different religious beliefs also, to weigh ethical principles are trouble making decisions at times. Like in one of the religions, patient and family don't allow blood transfusion. In this sensitive situation, how can the healthcare professionals weigh principle of autonomy, beneficence, non-maleficence and justice with this religious belief? On the other hand, in Islam for a Muslim patient who lives in social coherence is usually influenced by their relatives, than the absolute autonomy is debatable (Westra, Willems & Smit, 2009). Culture sensitive care and religion always remain the limitation for physicians and nurses in terms of considering ethical principles in some exceptional cases and care is questionable.

6. Practical Applications And Approaches

The ethics provides the fundamental ground to exercise a professional role and moral obligations in a true manner. Respecting patient's autonomy, family's perspectives, correct and needed information address anxiety and worries efficiently. This benefit physicians and nurses to built trust relationship with patients and family going forward. There are certain obstacle in terms of cultural differences and religious beliefs but healthcare professionals must remember that their primary obligation is to the patient. Then, understanding the patient condition and preferences of the patient and family request is more important to make decisions. Involve patient and family gradually in care, making them independent and responsible for the decision making in order to foster resilience capacity building. In the emotional times, physicians and nurses should respect individual traditions and have to be more culturally sensitive to gain more trust when the time it is most needed. However, there are some exceptions where these ethical principles do not provide any option to make decisions in the benefits of the patients.

7. Conclusion

The principle of knowing treatment and prognosis is the first question the majority of patients ask from physicians and nurses rather than diagnosis. It depends on the healthcare professionals how they are revealing the truth considering four ethical principles. If a patient has cancer and a doctor tells the patient that he is going to die it does not mean that the patient is going to die the next moment. The patient may survive and plan advanced directives whatever the time is left for him/her. Moreover, it also enhances the trust relationship and comforts the patient having a desire of possibilities and hope for a cure. As far as the request for nondisclosure is concerned, healthcare professionals who are autonomy focused; feel a challenge while considering cultural and social norms. With the goal of health care profession, only patients are own to exercise their autonomy and rights first to his/her illness. Therefore, none of the four principles can stand alone on the ethical ground. It has to be weighed and balanced according to the situation which is challenging and sometimes we as healthcare professionals are not left with any alternatives.

8. References

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