

# ETHICS OF CARE

## Ethics Article by Prof James Ker (Snr)

### General Principles of Bioethics

Ethics is that part of philosophy that is concerned with morality<sup>2,6</sup>. Ethics investigates the meaning of common concepts such as good, bad, wrong, right. Why should we be good? How should we conduct our lives?<sup>2</sup> Biomedical ethics is a subdivision of ethics that concentrates on these issues in the confines of health care<sup>2</sup>. Ethics should not be confused with etiquette which is the behaviour of doctors towards society and towards other doctors<sup>2</sup>. Ethics should also not be confused with the many issues of morality such as law, issues of religion, ethnicity, cultural traditions, family values and traditions. It is also important not to confuse ethics with personal experiences<sup>2,6</sup>.

The medical profession does not only have specialised medical knowledge and skills but is expected to act morally<sup>2</sup>. The morality of medicine is broadly the obligation to protect and promote the best interest of the patient<sup>2</sup>. Bioethics must provide a clinically applicable account of that obligation<sup>2,3</sup>.

There are 4 principles that were derived from common morality that cuts across national, cultural, religious and political divisions<sup>2</sup>. These 4 principles form the ethical framework in which biomedical ethics can function<sup>2,3</sup>. These 4 principles are<sup>2,6</sup>:

1. **Beneficence:** This is the obligation that doctors must enhance the well-being of people by acting positively on their behalf and also to maximise the benefits of treatment<sup>1,2,6</sup>.
2. **Non-maleficence:** This is the obligation of doctors to minimise harm to people and also wherever possible to remove the source of harm. Recently attention was drawn to the harmful effect of physician burnout. (JAMA Intern Med 2018;178:1317)<sup>1,2,6</sup>
3. **Respect for autonomy:** This is the obligation of doctors to respect the self-determination of people but also to assist the process of choices that these autonomous people must make in their treatment choices. In this regard informed consent is important. It is also important to provide reliable and up-to-date medical information to assist the patient to make the best informed decision<sup>1,2,6</sup>.
4. **Distributive justice:** This is the obligation of doctors to treat everyone equally as equals and to distribute the benefit of treatment fairly and in a morally acceptable way.

How should we practice these principals?<sup>1,3,6</sup>

1. When dealing with a situation with a patient, consider all 4 principles in every situation<sup>6</sup>.
2. There is no principle that is absolutely dominant and there is no hierarchy of principles<sup>6</sup>.
3. Each principle should be considered and adhered to. To override a principle should only be considered with a very strong motivation<sup>6</sup>.
4. Always be aware of ethical issues raised in everyday practice. Doctors may have the knowledge but not be aware and that can create problems for the doctor<sup>6</sup>.



5. Also be aware what kind of issues is important to patients and their families<sup>6</sup>.
6. Be aware that different people from different cultural backgrounds are likely to think differently about issues and to avoid conflict when the doctor thinks differently than the patient<sup>6</sup>.

### **The Duty of Care**

In most countries there is a legal equivalent of 'the neighbour' principle which is that every person has a responsibility to avoid any acts or omissions that could likely harm a third party. This is also applied to a provider of a service or product which is presumably qualified to deliver the service that is required, and this service must have a certain standard: often described as "duty of care". In most cases this duty of care is a necessary requirement before there can be any consideration of negligence<sup>7</sup>.

There are different kinds of duties (care):<sup>1</sup>

1. Natural duties as a general part of being human and part of a community. This care is not specific to medicine but in general as doctors is part of a community<sup>1</sup>.
2. As a professional we as doctors have moral obligations or duties by being qualified and able to practice as professionals<sup>1</sup>.
3. Institutional duties (care) imposed by an institution for which the doctor may be working<sup>1</sup>.
4. Legal duties (Care) imposed on doctors by common law and statute law (e.g. National Health Act no. 61 of 2003<sup>1</sup>.
5. Patient duties (Care): When a patient seeks a treatment from a doctor, the patient expects a reasonable standard of care that is reasonable and appropriate for the type of doctor consulted e.g. a general practitioner, or a specific specialist. The patient expects a duty of care that is in the best interest of the patient. The doctor should always try to do the best for the patient and to do no harm as well. Patients would not expect that a doctor would give them bad, out-of-date advice or act in a way that would not be in the patient's best interest. Sometimes, a doctor may have an imposed constraint to deliver a proper standard of care e.g. the doctor wants to prescribe a proper treatment or refer the patient to a specialist, but the patient simply refuses. Now the patient needs to understand that the alternate treatment may be outside the doctor's limit of competence. Under these circumstances, the doctor is still satisfying the duty of care.

Patients also have the right to see another doctor if they want it. Sometimes there could be a direct effect of the difference of the doctor's belief and the belief of the patient. The doctor should point this out to the patient and suggest that the patient see another doctor<sup>1</sup>.

### **Acts and Omissions**

Duty of care also has two sides: firstly, what you do and secondly what you fail to do<sup>1</sup>. A deficiency of one or both can result in a breach of the duty of care<sup>7</sup>. What the doctor does must always be as a practice that is reasonable and appropriate. To avoid this stated problem, it is necessary to keep knowledge up-to-date and to be aware of technological advancements. Guidelines, practice guidelines and protocols. The problem for doctors is that different bodies or societies will produce these guides which can all be different from one another leaving the doctor in a dilemma which to choose.<sup>1,7</sup>



If a doctor fails to do something significant during treatment it may be perceived as a neglect of care (Duty) or a breach of duty.

The important thing is to keep up with current thinking as far as medical information is concerned. Evidence-based medicine has a direct influence upon the duty of care, but the problem is that not all evidence in medicine is of a good quality. Also important for doctors is to stay within your scope of practice, what you were trained to do. Do not do things you are not qualified to do.

### **The Ethics of High-Value Care:**

High-value care is intuitively appealing, because it emphasises evaluating the benefits of health care interventions relative to their cost. There may be a number of barriers to such care e.g. system barriers, physician training, misaligned incentives which make integration into practice difficult. Also, not all high-value care may be ethical. For the physician who practices ethically on every individual patient, sometimes high-value care cause ethical confusion. Actual recommendations of specific conditions may have ethical inferior evidence and carry less weight ethically<sup>4</sup>.

There are at least 3 types of ethical evidence used in high-value care:

1. **Obligatory ethical recommendations:** The medical evidence is strong, and which must be used by a doctor and which may be delivered as care at a lower cost but equally effective e.g. unnecessary radiation of the patient or choosing an equivalent equally effective generic drug.
2. **Permissible ethical recommendations:** These high-care recommendations are ethically permissible, but some evidence is based on marginally beneficial therapies. Access to these expensive drugs e.g. with minimal benefit could be refused or given as the ethics are not that strong.
3. **Suspect recommendations:** Withholding a specific drug simply because it is expensive carries with its suspect ethics of inferior care. The dilemma for a doctor is that now the best interest of the patient may be in jeopardy.

In summary, the ethical case for high-quality care may be both stronger and weaker than ordinarily assumed<sup>4</sup>.

### **The Ethics of Patient Care:**

What would an ethics of patient care look like?

1. It starts with patient-doctor relationship with the foundation being that of benefit of the patient and prevention or relieve of suffering. This is usually done by many doctors with compassion, respect for the patient, humility, honesty and integrity.
2. Each act by the doctor should go beyond just doing a job. Careful perfectionism should be strived for by the actions of the doctor.
3. Take time to listen to the patient before examination and address the fears and concerns. These are really moral actions.
4. Discussing benefits and risks within the context of mutual decision-making. Beneficence underlay and permeates mutual decisions. Patients appreciate non-maleficence as their



doctor's special caring. Respect for patient autonomy enhances trust by the patient of the doctor's actions. Patients perceive their doctor's advocacy on their behalf as commitment to their welfare.

5. Seemingly small acts of kindness during the course of caring can comfort a patient<sup>5</sup>.

## References

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