Law and Ethics for Health Practitioners

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This book is dedicated to my father, Alberto Magri
What is health law? Thirty years ago, when I was an undergraduate in law school, there were no health law electives available to study. In that time, only pioneers such as Prof. Loane Skene (The University of Melbourne), the dearly departed John McPhee (The University of Newcastle) and Prof. Colin Thomson (University of Wollongong) were starting to teach health law as a distinct subject, rather than as a component of private laws such as torts. It was work like theirs that created a foundation for a new subdiscipline, and they built it from the basic blocks of contract, tort and crime. Those efforts were later joined with the applied philosophy of Prof. Tom Campbell (Australian National University), the expert advocacy experience of Prof. Ian Freckelton (now The University of Melbourne), the concern over the legal dimensions of the HIV/AIDS epidemic in the work of Prof. Roger Magnusson (The University of Sydney) and the joint disciplinary knowledge of law and medicine in the late, great Prof. Tom Faunce (Australian National University). The power of this combined scholarship was soon noticed by others in Australia and overseas – Australian health law had been born.

It is dangerous to generalise about those wonderful years of scholarship, but it was marked by great collegiality and support for younger colleagues. Very quickly a second generation of scholarship started to emerge. The author of this text, Assoc. Prof. Sonia Allan, is part of that generation, and her work on the laws of reproductive technologies are internationally renowned. While the first-generation scholars had been busy creating a new legal subdiscipline, the second-generation scholars were very much engaged with getting the health professions to understand the impact of law and regulation on their practices and to encourage the health professions to incorporate legal thinking into their everyday experience. Law is not just something that ‘happens’ to a health practitioner when they do something wrong – it is an embedded part of the normative framework of everyday professional life. It is essential for health practitioners to understand and incorporate the law into their day-to-day working lives and to see it as something that can facilitate best practice.

Sonia has had a career devoted to this message, and this book is a testament to her dedication. This book is aimed at helping health professionals (and lawyers new to health law) to understand how law (and the related ethical principles) work in every aspect of health practice. Sonia’s task has been to make clear the normative frameworks of Australian health law and, in the lucid chapters of this book, she has succeeded. It is hard to imagine how difficult this task is in our frenetic little federation. With six states, two territories and a federal jurisdiction, there is much law to discuss, but Sonia does this with such ease that it makes one underestimate the enormity of the undertaking.

I am very honoured to have been asked to write this foreword and I do so as Sonia’s colleague and fellow member of the second generation of Australian health lawyers. I congratulate her on this achievement, and I look forward to seeing how the book is received by the next generation – the third generation – of Australian health law. What will be their contribution? It is hard to say, but whatever their mission becomes, it will have been made much easier because of the hard work of Sonia contained in this text.

Let me return to the original question: what is health law? It began as the principles of contract, tort and crime that relate to health professionals. Over time, the
growth of regulation has meant that those common law principles, while still important, no longer dominate discussion, and equal time has been devoted to specific regulation of health care in different contexts. In the future, these growth patterns will continue and health law will grow further in size and independence. Those of you seeking to become part of the next generation will do well to start here.

Prof. Cameron Stewart
Sydney Law School
July 2019
**PREFACE**

*Law and Ethics for Health Practitioners* contains extensively researched information on the professional and practice obligations of healthcare practitioners when providing health services. Critical examination of the law and ethics is presented on a wide array of health law matters, relevant to individual as well as population health.

Detailed discussion of the law illustrates that much of health law regulation falls to the states and territories and differs across the country in a variety of ways. The Commonwealth’s integral role in relation to healthcare law and policy is also detailed. In addition, examination of the role of ethics, professional codes of practice, and guidelines, is integrated into the book to provide health practitioners with a robust understanding of the regulatory environment within which they work. Practical guidance is also provided to demonstrate a process for reasoned decision making when faced with challenging healthcare issues. Such a process exemplifies how health practitioners may move beyond intuitive responses to such issues to consider the ethical and legal dimensions of a problem, options for resolution, and the justification for the decision made.

The book is structured in five sections:

- **Section 1** provides an *Introduction to Law and Ethics for Health Practitioners* examining the Australian legal system, the Australian healthcare system, and providing an introduction to ethics and ethical decision making.
- **Section 2** examines *Professional Regulation and Key Concepts Relevant to Healthcare Delivery*.
- **Section 3** focuses on *Matters of Life and Death*, including detailed consideration of the registration of births and deaths, and the Coroners Court. Regarding the beginning of life, Section 3 also examines ethically and legally challenging matters such as abortion, wrongful birth and wrongful life claims, pre-natal injury, assisted reproduction and surrogacy. Regarding the end of life, Section 3 considers advance care planning, and the withholding and withdrawal of treatment.
- **Section 4** moves to examine the law regarding blood, tissue and organ donation; the regulation of drugs and poisons; mental health legislation; and child and elder abuse. These matters all reflect individual as well as population health concerns.
- **Section 5** draws the discussion throughout the book together, providing further insights into *Law and Ethics in Action*. It contains practical information about working with legal representatives, as well as providing an extensive array of case studies illustrative of legal and ethical dilemmas that practitioners may face. The book benefits from the case studies having been drafted by a wide variety of healthcare practitioners drawn from
medicine, midwifery, nursing, paramedicine, pharmacy, physiotherapy, podiatry, and speech pathology. Their contributions and experience enable modelling of an applied approach to reasoned decision making and the translation of law and ethics into practice.

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ABOUT THE AUTHOR

Associate Professor Sonia Allan OAM CF trained as a psychologist prior to coming to the law. Her experience in working with adults and children in a variety of healthcare settings led to significant interest in the interplay between ethics, law, regulation and health. It also led to the desire to impact health regulation in positive ways for those who work in the health sector, those who access health services, and the wider community. She has for more than 25 years focused her study, research and work on health and law.
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INTRODUCTION TO ETHICS AND ETHICAL DECISION MAKING

LEARNING OBJECTIVES

Upon completing this chapter you should be able to:

■ define ‘ethics’
■ recognise the focus of bioethics
■ describe what a code of ethics is and what it entails
■ differentiate between law and ethics
■ describe consequentialism, deontology, virtue ethics and a principles-based approach to ethical decision making
■ outline decision-making steps that may be taken when faced with an ethical dilemma.

INTRODUCTION

Ethics and law share many similarities in that they both seek to affect or guide individual behaviour. Both also reflect, to varying degrees, the influences of religion, science and custom. Ethical principles are often evident in law makers’ language and reasoning, particularly in cases where the courts or proposers of legislation have grappled with morally complex decisions such as issues related to the beginning or end of life, challenges faced throughout the life course and end-of-life decision making. Nevertheless, ethics and law are discrete disciplines, each with its own characteristics, language and aims.

The law may shape, determine or set boundaries for behaviour, but it is not always or only shaped by moral considerations. Law comprises social, cultural, economic, political and governmental influences, with the intention of providing binding determinations, including at times, sanctions or compensation. Ethics, on the other hand, refers to various ways of understanding and considering moral life, it being otherwise known as ‘moral philosophy’.

In settings in which healthcare services are delivered, both ethics and law play an important role and influence decision making and practice. The previous chapters having introduced readers to the law, this chapter therefore introduces readers to key concepts of ethics. It identifies differences between ethics and the law, and explores what it means to be an ‘ethical’ practitioner. It also lays the foundation for ethical decision making – examining a number of underpinning ethical philosophies and approaches that may be used when resolving ethical dilemmas faced by health practitioners during their day-to-day practice.

WHAT IS ‘ETHICS’?

The word ethics derives from the Greek ethikos and the Latin moralitas, both meaning custom or habit. The words ‘ethics’ and ‘morality’ are commonly used interchangeably, but ethics appears to be more of a system of thinking about moral issues and can be distinguished from the personal morals an individual may have about particular matters. Simply put, ethics involves thinking not just about what we see as being right or wrong, identifying what we value and deciding upon how we should treat others or behave, it also involves systematising, defending and recommending concepts of ‘right’ and ‘wrong’ behaviour.

Ethics as a form of philosophical enquiry was influenced by ancient Greek philosophers and is seen
as something that requires a ‘rational’ and dispassionate view in relation to human behaviour. The study of ethics has hence developed such that it is not only concerned with questions of what should be done but also requires individuals to critically examine the reasons and justifications for why they consider a particular act to be right or wrong or the reason for holding particular values.²

Ethical enquiries are often divided into three general subject areas: ‘metaethics’, ‘normative ethics’ and ‘applied ethics’.

**Metaethics** investigates where ethical principles come from and what they mean. Consideration may be given to whether ethical principles are merely social inventions and whether they involve more than expressions of individual emotions. Metaethical answers to these questions focus on the issues of universal truths, the will of God, the role of reason in ethical judgments, and the meaning of ethical terms themselves.

**Normative ethics** takes on a more practical task, asking what people should do when trying to arrive at moral standards or principles that regulate right and wrong conduct, and developing theories to justify such norms. In normative ethics, questions posed, and claims made, concern how things ought to be, how to value them, which things are good, or what actions are right or wrong, acceptable or unacceptable. Normative claims are usually contrasted with ‘constative’ claims, which are factual statements that attempt to describe reality. Constative claims are capable of being factually correct or incorrect, while normative claims may be seen as a matter of opinion (even if ‘rationally’ or dispassionately formed) and may therefore be open to debate and different points of view. Sometimes this means knowing what to do when faced with an ethical dilemma is not always clear or agreed upon.

Finally, **applied ethics** involves examining specific controversial issues such as abortion, animal rights, assisted reproduction, euthanasia, infanticide, organ donation, medical treatment and social morality. Such issues are controversial in the sense that there are significant groups of people both for and against them. But, importantly, they also raise distinctly moral issues (the subject of applied ethics) as opposed to simply sensitive issues that are a matter of social policy. By using the conceptual underpinnings and tools of metaethics and normative ethics, applied ethics focuses on what should or should not be done in such contexts and why. Notably the ‘ethical’ answer to such questions is not based on individual morality but rather on various forms of reasoned decision making and is aimed at deriving universal norms and codes of conduct.

**Bioethics**

Ethics also has various branches or areas of focus. In the health sciences, one almost certainly will come across the term ‘bioethics’, which is the examination of ethics in relation to the life sciences and health care. ‘Medical ethics’, ‘nursing ethics’, ‘clinical ethics’ and ‘psychological ethics’ are all branches of bioethics.³

A broad view of bioethics sees it as a search for wisdom combining the fields of science and philosophy to question important issues that may affect the survival of the human species, nations and cultures.⁴ A narrower view focuses on applied ethics to resolve concrete moral problems. The narrower view has tended to dominate practice, discussion and academic literature regarding bioethics in recent decades. However, broader bioethical considerations may be seen in discussions of, for example, environmental ethics or health and human rights.

Be the focus broad or narrow, bioethics, like ethics generally, is not concerned with examining personal moral values (which may be based on a person’s upbringing, religion or experiences) but rather requires us to focus on formal decision-making processes regarding issues that require moral judgment. The point is to intentionally and critically evaluate the basis for such judgments in order to find reasons that support one decision over another, and that may be applied in future situations. In the professional healthcare context this is particularly important because health practitioners are accountable for their actions as professionals, not just personally. Patients, the general public and other professionals would not, and should not, be expected to know or to be subject to each and every health practitioner’s personal moral values (which may vary broadly) but rather have expectations regarding what they expect in terms of professional and ethical conduct from those who work in healthcare settings or deliver healthcare services.


CODES OF ETHICS

A ‘code of ethics’ may be seen as a developed set of moral rules, values or expectations devised for a particular purpose. They are often developed via a process of consultation, debate, discussion, evaluation and review over a period of time and may serve to guide behaviour, despite not having the force of the law. For example, *The ICN Code of Ethics for Nurses* was first adopted by the International Council of Nurses in 1953 and has been revised and reaffirmed at various times since, most recently in 2012. From 1 March 2018 it was adopted in Australia as the applicable code of ethics for nurses.

Codes of ethics, however, should not be treated as an end in themselves. While they may guide behaviour, they are not a substitute for *behaving ethically*. In this regard codes, whether prescriptive or aspirational, may be too broad or imprecise to guide deliberations, especially when faced with the particularly complex situations such as those faced by health practitioners in day-to-day practice. Decisions made in such situations often involve fine discretionary judgments that cannot be captured via a code. They will also be influenced by other factors such as the law, which, when relevant, reigns supreme. Nevertheless, codes:

- serve as a public statement regarding the morals and values patients may expect a particular group of health practitioners to uphold
- inform those entering the profession about what is expected of them
- may ‘act as catalysts for ethical conduct, both by heightening awareness of ethical priorities, and providing guidance from experienced professionals for the resolution of ethical conundr*a*’.

DISTINGUISHING BETWEEN ETHICS AND LAW

Ethics and law may overlap but they are distinct from one another. This is most apparent when considering examples in which the law may (or may not) require a given action while ethics might demand something else (or vice versa). For example, in many jurisdictions there is no legal duty to rescue. As such, one may see a drowning person but have no *legal obligation* to rescue them. A moral duty may, however, be seen to exist. Ethical decision making then comes into play; for example, a person may decide their moral duty does not involve jumping into the water (particularly if the observer cannot swim) but may involve calling for help.

Note the distinction between law and ethics is also important because ethics allows judgments about the law itself. That is, while a law may be valid and enforceable because it has been enacted by a certain government, it may not be ethically acceptable. For example, laws supporting apartheid were once valid but were contrary to the values and ethics of many. To this end, ethics allows us to question and challenge the laws that we find morally questionable or wrong. Of course, when asking questions about what the law *should* be, or why it is what it is, ethics is one (but not the only) component that may influence the answer to that question.

Table 3.1 notes some distinguishing features of law and ethics.

DECISION MAKING WHEN FACED WITH AN ETHICAL DILEMMA

When making decisions about ethical issues, there are two kinds of questions to ask. The first is, ‘What is the right thing to do?’ This question requires us to consider what our conduct or actions should be and leads us to think about the kinds of moral norms that we follow in our personal and professional lives. The second question is, ‘Why is this the right thing to do?’ This question engages with the reasons we consider an act right or wrong (or good or bad).

Although seemingly simple questions, thousands of years of scholarship concerning moral dilemmas tell us there is still no single ‘right’ answer that philosophers all agree on in relation to moral questions posed. However, there is a rich literature offering insights into different ways of thinking about these questions and their possible answers, and there is considerable agreement about what must be considered in developing such answers.

Here, it is worth considering four widely accepted frameworks for ethical analysis and moral reasoning and decision making. These involve looking at: (1) the *consequences* of different courses of action; (2) the *duties* or obligations of those making the decisions; (3) the *character* and virtues of the decision-maker; and (4) a *principles*-based approach.
**Consequentialism**

Consequentialism is a theory that claims that an action is right or wrong depending on the outcomes (consequences) of the action. Consequentialism is very influential in medicine given the focus on patient outcomes – in general we think that we should do whatever achieves a good health outcome. This sounds fairly straightforward, but depending upon how we think about the consequences, we might get different answers to the same question. For example, a consequentialist argument in support of euthanasia might claim that it is better for a person to die when they choose rather than live a few days more in constant pain. The ‘good’ outcome here is the person having their preference satisfied. On the other hand, a consequentialist argument against euthanasia might claim that patients will lose trust in doctors if euthanasia is practised because patients will fear that their doctor could take the decision out of their hands and kill them. Thus the potential bad outcome here is a loss of patients’ trust in doctors.

The most well known consequentialist theory is utilitarianism, which links consequences with creating the most benefit, welfare or happiness. Many people are familiar with the utilitarian saying ‘the greatest good for the greatest number’. Utilitarians believe that the consequences of actions are morally important so far as they affect the welfare or happiness of the greatest number of people. However, while decisions based on a utilitarian approach may use such justifications, the approach may lead on a smaller scale to decisions that many may view as immoral. For example, not treating the severely ill or infirm in order to direct resources to those who are likely to recover well and contribute to society may serve the greatest number of people but would be morally questionable. What creates the greatest happiness for the greatest number of people isn’t necessarily ‘right’.

**Deontology**

Deontology contrasts with consequentialism in that it claims that we cannot judge the rightness or wrongness of an action solely by looking at the consequences of that action. Rather, deontologists claim that we must examine the duties and responsibilities of the person performing the action and the rights of those affected

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**TABLE 3.1**

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<th>Basis for Comparison</th>
<th>Law</th>
<th>Ethics</th>
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<tr>
<td><strong>Meaning</strong></td>
<td>The law refers to a systematic body of rules that governs a particular society or community, regulating the actions of its members</td>
<td>Moral principles and values that guide individual or group behaviour on issues of human conduct</td>
</tr>
<tr>
<td><strong>Aims and objectives</strong></td>
<td>Law is created with an intent to maintain social order and peace and to provide protection to all citizens</td>
<td>Ethics help people to decide what is right or wrong and how to act</td>
</tr>
<tr>
<td><strong>Made by</strong></td>
<td>Government (e.g. legislature, judiciary, authorised bodies)</td>
<td>Individuals, groups (e.g. professional bodies)</td>
</tr>
<tr>
<td><strong>Influences</strong></td>
<td>Culture, economics, ethics, human rights, jurisprudence, resources, social and political ideologies, values</td>
<td>Moral philosophy, metaethics, normative ethics, descriptive ethics, religion, morality</td>
</tr>
<tr>
<td><strong>Expression</strong></td>
<td>Expressed and published in writing in the form of statutes, regulations, ordinances and common law judgments</td>
<td>Often abstract, sometimes expressed in ‘codes of ethics’ or ‘guidelines’</td>
</tr>
<tr>
<td><strong>Violation/enforceability</strong></td>
<td>Breach of the law may result in punishment (e.g. imprisonment or a fine or both), liability to pay compensation or a court order to do or stop doing something</td>
<td>Generally there is no other consequence for violating ethics than personal guilt or shame, or social disapproval. If a professional does not adhere to a code of ethics, there may be a professional consequence</td>
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</tbody>
</table>
by that action. For example, in medicine doctors have a duty to avoid harm to their patients and patients have a right not to be harmed. This is an important moral consideration no matter what the circumstances. However, this may again lead to different outcomes when making ethical decisions. In relation to euthanasia, a deontologist might claim that doctors have a duty not to kill innocent people and that this duty should not be violated in any circumstances. On the other hand, many pro-euthanasia arguments claim that people have a ‘right to die’ at the time and place of their choosing.

Nevertheless, deontological theories take account of moral obligations, duties, motives and intentions, rather than simply the consequences of actions. In this regard we may define the broad duties of health practitioners as:

- a duty to tell the truth
- a duty to prevent harm (act with non-maleficence)
- a duty to promote good (act with beneficence)
- a duty to respect the autonomous choices of patients
- a duty to obtain informed consent
- a duty to protect patient confidentiality.

However, difficulty in applying deontological decision making to ethical issues arises when there are competing duties or rights. There is no clear process for deciding which duty or right to give preference to.

**Virtue Ethics**

The third approach considered here is virtue ethics. Virtue ethics focuses on the character and intentions of the person making the decision as the central tenet of decision making as well as what kind of person we are and should be. A question about the right thing to do is answered by considering what ‘a good person (health practitioner) would do’. There are a number of virtues that are considered important in medicine and health care including compassion, honesty and justice. However, one can illustrate that this approach – again, like consequentialism and deontology – does not lead to one ‘right’ answer. In relation to the example of euthanasia, a virtue ethicist could claim that compassion for the patient is a morally good reason for providing euthanasia, while an opponent of euthanasia could argue that the virtue of prudence prohibits euthanasia.

As a decision-making tool, virtue ethics directs our attention to particular qualities and character traits that are morally relevant. This way of thinking may be familiar to health practitioners in that it is common to call on role models or mentors when faced with challenging situations or to imagine what a mentor might say or do in a particular situation. However, again, this approach is not without problems. How much useful guidance about how to act does it in fact provide, rather than simply identifying people who are considered to have acted well?

**Principles-Based Approach**

The final approach to be mentioned here is one found within biomedical ethics first propounded by Beauchamp and Childress. They identified four core principles of biomedical ethics, which they proposed should form the basis of ethical decision making:

- **Respect for autonomy**: respecting the decision-making capacities of autonomous persons; enabling individuals to make reasoned, informed choices and emphasising self-determination
- **Beneficence**: promoting good; the health practitioner should act in a way that benefits the patient
- **Non-maleficence**: avoiding the causation of harm; the health practitioner should not harm the patient (or the harm should not be disproportionate to the benefits of treatment)
- **Justice**: patients in similar positions should be treated in a similar manner.

The principles have appeal because they are simple and reflect a certain morality that respects self-determination, seeks to do good and avoid harm, and values justice. However, while helpful to understanding issues that may arise in professional practice, and useful when drafting ethical policies, they again pose issues – particularly when applied to clinical problems in that the principles may conflict. They are very much like the deontological approach in this regard. It has also been found that while people state they value the four medical ethical principles, they do not actually seem to use them directly in the decision-making process. The reasons for this may be explained by the principles being fairly abstract, which leads to an absence of true application when resolving ethical dilemmas.
DERIVING A PROCESS FOR ETHICAL DECISION MAKING

There are many other approaches to ethical reasoning and decision making. The four described above are the most widely used and, between them, are generally able to capture most of the matters that we commonly think to be morally important. In this sense it is important also to remember that each of the abovementioned approaches can make room for the other(s). Indeed, it is the more modern view that any plausible ethical decision-making process may have something to say about all of them (and others, depending on the circumstances). In recent years a number of philosophers have come to doubt that there can be only one correct theory and have said it a mistake to view the various theories as mutually exclusive claims to moral truth.9

Health practitioners don’t routinely face ethical dilemmas in every decision they make, requiring them to stop and engage in a detailed ethical analysis. Health practitioners take for granted that they should help patients in need and that good health is valuable. The ethical ground of health care is often therefore invisible to practitioners because they are so accustomed to doing the right thing in terms of assisting patients. However, sometimes it is necessary to have to stop and ask about the right thing to do. This may occur because the treatment is unlikely to be successful or because the patient does not want to receive a potentially beneficial treatment; sometimes there are competing pressures so that helping one patient comes at a cost to others. As health practitioners become more experienced, the ethical issues often seem to loom larger. This may be because those who are experienced no longer worry about how to do things and are able to consider whether or not they should do them. Understanding what ethics is, and having an ethical framework within which to think about what one should do, and why, when faced with moral dilemmas may assist in answering such questions.

When faced with an ethical dilemma in healthcare contexts it is also useful to approach the problem by following a number of steps that will help to make clear, consistent and reasoned decisions. To this end, various models for ethical decision making are found in the literature.10 The following sets out some basic components:

1. **Identify what the ethical issue is (or issues are).** Here, one may frame the dilemma as a normative question (i.e. What should I do in this situation?). It will also be relevant to identify and consider any expected standards, codes and the law because there may be rules that dictate what one must do and such rules must be followed. However, equally there may be rules that are not clear in terms of the ethical decision to be made within their bounds, and decisions about how to act ethically are still pertinent.

2. **Identify personal reaction to the case.** This may involve recognising a ‘gut reaction’ or ‘instinct’ that reflects emotive reactions to the situation at hand. By identifying such reactions you may in turn reflect on the personal values, assumptions and biases that underlie them. It will also enable you to compare them with those of other professionals, who may or may not share the same views. Thinking about similarities and differences can help the critical process and lead to a choice that may be better justified than one made based on ‘gut instinct’. It also enables such ‘gut reactions’ to be consciously set aside in order to critically analyse the situation.

3. **Gather any relevant facts regarding the situation.** It is necessary to identify all facts (and factors) that should be taken into consideration when making the decision.

4. **Identify the values at stake in the scenario.** It will here be necessary to identify values from various perspectives of any and all people (stakeholders) who may or will be affected by the decision – for example, the patient, family members, other health practitioners, management and society at large.

5. **Identify the options in the case.** Identify all possible actions and alternatives.

6. **Consider what you should do and relevant justifications for doing so (i.e. why).** Here consideration of which option should be preferred should be based on a reasoned evaluation of what is at stake. Possible actions may be considered in light of the above ethical decision-making approaches discussed, with consideration being given to the consequences of particular actions, respective duties and rights, and professional virtues. (Note: It may also involve consideration of other
approaches such as a human rights approach, a principles-based approach or an ethics-of-care approach.)

7. Consider if the ethical problem could have been prevented. It is important to consider whether the ethical problem could have been prevented and how. For example, consider if systemic changes can be made to prevent the problem from happening again, or whether clearer rules, guidelines, laws or otherwise are necessary to clarify what should be done in similar situations in future (and what you can do in relation to them).

We will return to such steps in Chapter 18 when we consider cases and scenarios relevant to a variety of health professions that raise ethical or legal issues.

FURTHER READING


ENDNOTES


REVIEW QUESTIONS AND ACTIVITIES

1. What does the study of ethics address?

2. Why is it important to make a distinction between law and ethics?

3. What is bioethics?

4. Describe what a code of ethics is and what it entails.

5. Describe consequentialism, deontology and virtue ethics.

6. Research the concepts of ‘respect for autonomy’, ‘beneficence’, ‘non-maleficence’ and ‘justice’, and reflect on how they may be applied in healthcare settings to guide the treatment of people seeking healthcare services.

7. Draw a matrix that outlines the decision-making steps that may be taken when faced with an ethical dilemma.