

The Four Principles of Health Care Ethics

These are as follows:

- Autonomy
- Beneficence
- Non-maleficence
- Justice

In the area of medicine the four principles of health care have become very popular as one particular normative approach to solving ethical dilemmas. The four principles approach, as it has been called, is defended by various authors in this field.

This approach sets out four principles, namely respect for autonomy, beneficence, minimizing harm and ensuring justice, which can be applied to ethical dilemmas in an attempt to determine what the right course of action is.

Autonomy

The word is derived from the Greek *autos* (self) and *nomos* (rule, governance or law), meaning essentially 'rule of the self.' Autonomy is the doctrine that the individual human will is or ought to be governed by its own principles and laws, and it is closely related to concepts of self-determination and personal freedom. For someone to act autonomously they should be free from limitations that prevent meaningful choice, such as lack of information, and also free from the controlling influences of others. The most concrete way in which patient autonomy is respected in medical practice is by obtaining consent for medical procedures. This encapsulates the belief that it is the patient who should ultimately make the choice as to what procedures to undergo, without undue coercion or influence by the medical practitioner.

Most theories of autonomy incorporate two elements:

1. Liberty - freedom from external control or influence
2. Agency - the assumption of a capacity for independent action and the intention to act in a certain way

It is often not possible in the real world of medicine for people to act in a fully autonomous way. There will always be certain controlling influences on us (e.g. family and finance), and patients may not always have a full and complete understanding of their treatment. What we should be aiming for is substantial autonomy - that is, a degree of understanding and freedom from overt controlling influences, enabling patients to make meaningful decisions about their care. For example, a patient, due to lack of medical training, may not be able to understand every aspect and nuance of the treatment they are going to receive, but they can understand the overall risks, side effects and prognosis of the treatment and thus make a substantially autonomous decision as to whether to go ahead with it.

Beneficence

Beneficence is the act of doing good. It is a stronger word than benevolence (wishing good), since it assumes action. It includes preventing harm, removing harm and actively promoting good. The *principle of beneficence* refers to a moral obligation to act for the benefit of others. Thus it covers all possible aspects of medical activity, from disease prevention, through cancer surgery to advanced pharmacotherapeutics. Health care professionals have an actual duty to do good for their patients, which is often expressed as a duty of care and describes the special relationship that doctors have with their patients. In our personal lives we are under no obligation to act as good Samaritans to others, but simply to refrain from harming them, whereas to those with whom we are in some form of special relationship (e.g. parent and child) we have similar obligations of beneficence.

Non-maleficence

The duty to minimize harm, or non-maleficence, is historically rendered in the Latin phrase *primum non nocere*, or 'first do no harm.' The principle of non-maleficence is often seen as the other side of the beneficence coin and the two principles are closely related, as doing good often implies not harming. When considering non-maleficence it is important to have some notion of what we mean by harm, and this is a difficult concept to pin down. Many health care interventions involve pain and discomfort but, the traditional Hippocratic moral obligation of medicine is provide net medical benefit to patients with minimal harm - that is, beneficence with non-maleficence.

One doctrine that is associated with the principles of beneficence and non-maleficence is *paternalism*. It is often stated that traditionally medical practice was paternalistic in nature, operating under the adage that the doctor knew best. *The Oxford English Dictionary* defines paternalism as 'the principle and practice of paternal administration; government as by a father; the claim or attempt to supply the needs or to regulate the life of a community in the way a father does of his children.' Medical paternalism essentially involves the doctor adopting the role of father. With superior knowledge and training the doctor is in a better position to decide what is in the best interests of the patient. Paternalism is the intentional overriding of one person's known preferences or actions by another person, where the person who overrides justifies the action by the goal of benefiting or avoiding harm to the person whose will is overridden. Key elements of paternalism are that the person's decision and/or action is overridden, and that this is done on the grounds that it is for their own good. For example, a very nervous and unstable patient comes to see their doctor for the results of a biopsy. The results indicate a carcinoma, but the doctor decides - on the grounds of doing no harm to the patient - to act paternalistically and not tell the truth about the results. The patient is being protected from the truth as, in the doctor's view, this is in their best interests.

Justice

Justice is broadly fair, equitable and appropriate treatment. It implies freedom from discrimination or dishonesty and impartiality. It is often restated as 'distributive justice' or the determination of rights, and it stipulates that the benefits and burdens of society should be distributed fairly in accordance with a particular conception of what are considered to be similarly deserving cases. This is the formal principle of justice - that equals should be treated equally. The difficult question here is how equality should be defined. Should it mean equal wealth, equal intelligence, equal need or equal deservingness? In health care, equal intelligence does not seem to be a just way of distributing health care resources, but an argument can be made that it is a just way of distributing places at universities. Equal need appears to be a better definition of equality on which to base the just distribution of health care resources, but this approach is not without problems, as a person may greatly need health care but it would not prolong their life, or they might not 'deserve it' due to having contributed to their own ill health. In modern health care, principles of justice are particularly relevant. For example, when considering how limited resources should be deployed, should money be spent on coronary artery bypass grafting or on the management of incontinence?