



**Rawalpindi Medical
University**

Bioethical Principles

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Learning Objectives

- At the end of this session, you will be able to
 - Describe the historical events that led to the emergence of bioethics as a distinct field of study.
 - Identify and explain the principle of respect for autonomy in healthcare ethics.
 - Define the principle of non-maleficence in healthcare ethics.
 - Define the principle of beneficence in healthcare ethics.
 - Define the principle of justice in healthcare ethics.

Historical Development of Bioethics

Nuremberg Trials 1939-1945

- Followed the end of World War II, exposed the atrocities committed by Nazi doctors and researchers during the war. The trials resulted in the establishment of ethical guidelines for human experimentation, known as the Nuremberg Code.



Nuremberg Trials 1939-1945

- Experiments on hypothermia
- Experiments on infectious diseases
- Experiments on poison
- Experiments on sterilization
- Experiments on twins

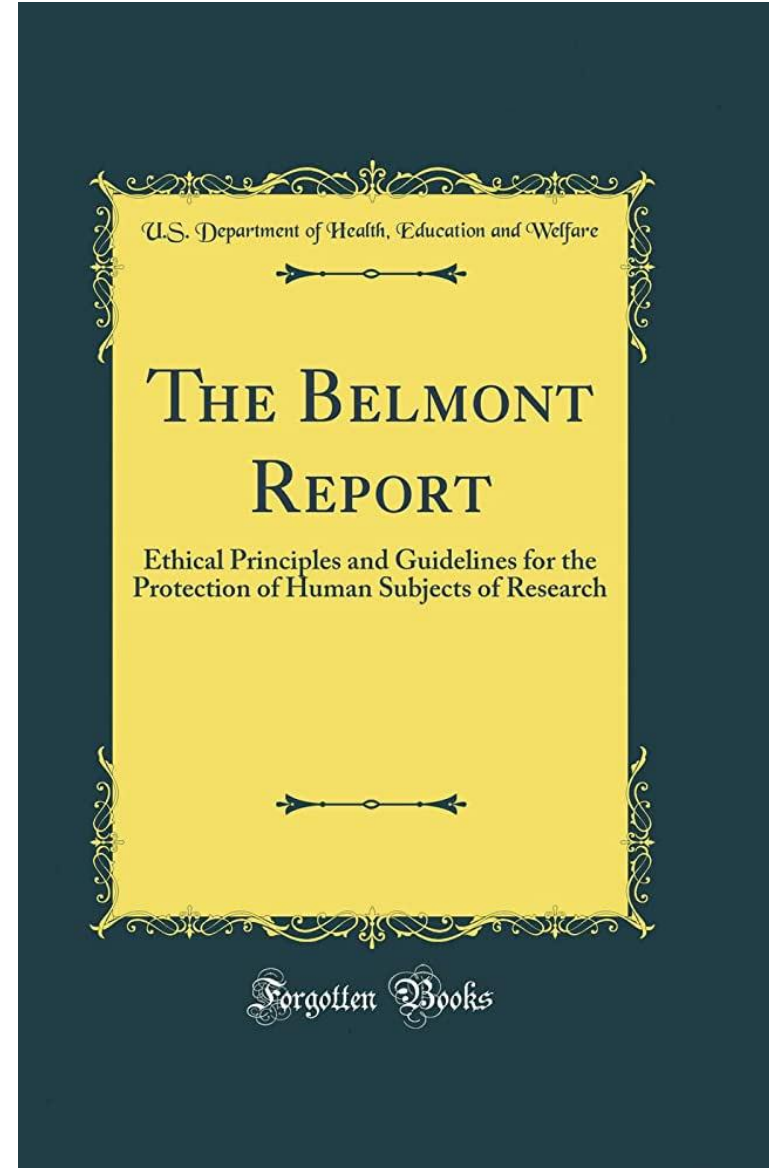
Tuskegee Syphilis Study 1932-1972

- The Tuskegee Syphilis Study, which took place in the United States between 1932 and 1972, involved the unethical treatment of African American men who were infected with syphilis. The study led to public outrage and increased scrutiny of medical research practices.



The Belmont Report 1979

- U.S. government established the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research.
- The commission produced the Belmont Report in 1979, which established ethical principles for research involving human subjects, including the principles of respect for persons, beneficence, and justice.





Organ transplantation 1950-1960

- raised ethical questions about the allocation of scarce medical resources and the definition of death.

Organ transplantation 1950-1960

- Organ procurement
- Informed consent
- Donor coercion
- Transplant tourism
- Allocation and distribution



New reproductive technologies 21st Century

- such as in vitro fertilization and genetic engineering, in the latter half of the twentieth century raised new ethical questions about the limits of medical intervention in human reproduction.

Reproductive Technologies 21st Century

- Informed consent
- Allocation and distribution
- Genetic manipulation- "designer babies".
- Surrogacy
- Embryo disposition

Problems of Medical Ethics in Pakistan

- Lack of regulation
- Resource constraints
- Corruption
- Gender inequality
- Cultural practices



4 PILLARS OF MEDICAL ETHICS

THE PILLAR OF
BENEFICENCE



THE PILLAR OF
NON-MALEFICENCE



THE PILLAR OF
AUTONOMY



THE PILLAR OF
JUSTICE



Beneficence

- This principle emphasizes the importance of promoting well-being and doing good for patients.
- Healthcare providers have a duty to act in ways that benefit their patients and to promote their health and well-being.

THE PILLAR OF
BENEFICENCE



Non-maleficence

- This principle emphasizes the importance of avoiding harm and preventing unnecessary suffering.
- Healthcare providers have a duty to not cause harm and to act in the best interests of their patients.



Respect for Autonomy

- This principle recognizes an individual's right to make their own decisions about their health and medical treatment.
- It emphasizes the importance of informed consent and ensuring that patients have access to all relevant information about their care.



Justice

- This principle emphasizes the importance of fairness and equity in healthcare.
- It requires healthcare providers to treat patients fairly and to distribute healthcare resources in a way that is just and equitable



Bioethical Principles in Practice

Scenario 1

A 75-year-old patient with a terminal illness has decided to refuse further medical treatment and wants to receive only palliative care. However, the patient's family members are insisting that everything possible be done to prolong the patient's life

Scenario 1- Solution

The healthcare provider should respect the patient's autonomy and decision-making capacity. The provider should explain the situation to the family members and make sure they understand the patient's wishes. The provider should also ensure that the patient's pain is managed effectively through palliative care.

Principle- Respect for Autonomy

Scenario 2

A physician prescribes a medication to a patient without fully understanding the patient's medical history. As a result, the patient has an adverse reaction and is hospitalized.

Scenario 2- Solution

The healthcare provider should prioritize the patient's well-being and take steps to prevent further harm. The provider should investigate the cause of the adverse reaction and ensure that the patient receives appropriate medical treatment. The provider should also take steps to prevent similar incidents from happening in the future, such as improving the process for obtaining medical histories.

Principle- Non-maleficence

Scenario 3

A healthcare provider is treating a patient who is experiencing chronic pain. The provider believes that the patient would benefit from a new, non-FDA-approved medication that is not covered by insurance. However, the medication is expensive and the patient cannot afford it.

Scenario 3- Solution

The healthcare provider should prioritize the patient's well-being and work with the patient to find a solution that balances the potential benefits of the medication with the patient's financial constraints. The provider should explore alternative treatment options that are covered by insurance or work with the patient to find financial assistance programs to help cover the cost of the medication.

Principle- Beneficence

Scenario 4

A healthcare provider is treating a patient who belongs to a marginalized community and has limited access to healthcare resources. The provider is concerned that the patient is not receiving the same level of care as other patients.

Scenario 4- Solution

The healthcare provider should prioritize fairness and equity in the distribution of healthcare resources and access to care. The provider should work with the patient to identify and address any barriers to accessing healthcare resources, such as transportation or financial constraints. The provider should also advocate for policies and practices that promote greater equity and access to care for marginalized communities.

Principle- Justice

Suggested Research to Read

- Cowley, Christopher. "The dangers of medical ethics." *Journal of Medical Ethics* 31.12 (2005): 739-742.
- Pence, Gregory E. "Classic Cases in Medical Ethics: Accounts of Cases That Have Shaped Medical Ethics, with Philosophical, Legal, and Historical Backgrounds." (2004).
- Gillon, Raanan. "Medical ethics: four principles plus attention to scope." *Bmj* 309.6948 (1994): 184.

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