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# The process of ethical decision making

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This chapter discusses a framework for and process of ethical decision making in the context of the discipline, theories, and principles of ethics. Daily decision making within the Hospital Ethics Committee is considered and some of the emerging ethical issues in anaesthesia are discussed.

**Key words:** beneficence; bioethics; biomedical ethics; codes of ethics; consequentialism; deontological ethics; ethics; ethical analysis; ethics committees; ethics consultation; ethical theory; feminist ethics; health care ethics; hospital ethics committee; medical ethics; morals; natural law; normative ethics; personal autonomy; principle-based ethics; principlism; religious ethics; situational ethics; social justice; social responsibility; teleological ethics; utilitarianism; virtues.

#### INTRODUCTION

"Good God, Nurse. What in the name of heaven do you think that you are doing preparing this man for theatre. He's on a charge of abusing children, for goodness sake. When the court finds him guilty the last thing he'll be worried about is his ingrowing toe nail. Send him back. Next patient please."

Of course it would never happen, would it? If it did, the ceiling that would fall in would bring sackloads of litigation. It would, in addition and of greater importance, cause us to question what many outside medicine accept as a given; namely that healthcare practitioners make their decisions about patient treatment based at some level on objective, justifiable values, rather than on personal belief about what is good or bad, what merits treatment and what does not. It is a presumption that health service managers (and for that matter

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the public) make all the time about clinical decisions. It is a presumption that the treatment offered will be in the best interests of the patient. It is only a presumption, though, and not a certainty. This is because few people are skilled and "tooled-up" enough to know how to undertake or to challenge clinical decision making, especially with regard to ethics.

This chapter discusses a framework for- and process of -ethical decision making in the context of the discipline, theories, and principles of ethics. Daily decision making within the Hospital Ethics Committee is considered and the discussion concludes by considering some emerging ethical issues in anaesthesia.

#### A. THE DISCIPLINE, THEORIES AND PRINCIPLES OF ETHICS

To understand the process of ethical decision making in contemporary medical practice requires a grasp of the relation between the discipline of ethics and the theories and principles that guides ethics. This section discusses each of these briefly.

#### **Discipline of ethics**

Sheila McLean, Professor of Law and Ethics at Glasgow University, makes a crucial distinction between morals and ethics. She describes morals as being "essentially personal – sometimes intuitive rather than logical and seldom, if ever, the legitimate target of argument or debate;" and she describes ethics as being "the intellectual framework within which decision making takes place".<sup>1</sup> Hence, it is possible to hold a moral view on one thing (for example, not operating on suspected paedophiles) whilst ethically reaching a different perspective (for example, providing free healthcare for all at the point of treatment).

It is not particularly easy to imagine ethics as a discipline. Some prefer to describe it in more melodic, free flowing terms like jazz "where the moral life could be likened to an improvisation".<sup>2</sup> Others opt for more formal perspectives, for example, seeing it as essentially a formulaic process (almost mathematical) from which, working from first principles, it is possible to identify the intrinsic "rightness" or "wrongness" of an action — this formal approach, along with others, is described later.

Let us visit our doctor again. In deciding how to treat a patient, something comes into play about what's right beyond the essentially personal belief of the practitioner, such as: potential clinical benefit; the urgency of the case; whether undertaking surgery would help to meet government ministerial (and therefore the Health Trust's) waiting list targets; concerns of the patient's family; and so on. As onlookers we begin to observe factors other than the personal which determine decisions to treat or not to treat. Perhaps if we were to break these factors down we would find the concepts of Autonomy, Beneficence, Conscience, Efficacy, Social Justice, Social Responsibility, Quality, Sanctity of Life, etc. in the background. Such ethical concepts often remain hidden. The discipline of ethics is to explicate these ethical whispers, making them real by naming them and adopting them.

Managers have high hopes that their doctors, nurses and therapists are behaving ethically when in their pay. It is a reasonable expectation. But is it right for managers to absolve themselves of ethical decision making when they meet in their Board room? Is there room for ethics when "big" decisions are made? In other contexts, terms like ethical foreign policy have been floated. For example, was it an ethical decision for Britain and the U.S to invade Iraq — based on an objective set of principles, open to scrutiny, challenge and debate? Or was it a moral question of personal belief in

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