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REVIEW

Why dedicate yourself to bioethics? Seven reasons to get you started^{☆,☆☆}



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Abstract The aim of clinical bioethics is to promote rational clinical decisions that take into account the clinical facts and the preferences and values of individuals involved in a situation that entails a moral problem. The objective of the present study is to list the reasons why we consider bioethics knowledge and skills to be essential in daily practice and to promote a proactive mindset in clinical bioethics research. The arguments set forth include the need to adapt to changes in the clinical relationship in recent decades, the importance of an ethical approach both for the physician and the patient, the role of bioethics in preventing professional burnout, the ability of ethics to promote a more equitable distribution of resources and the possibility of conducting clinical research in bioethics, a field that has scarcely been explored in Spain.

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PALABRAS CLAVE

Bioética;
Relación
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evaluación de la salud

¿Por qué dedicarse a la bioética? Siete razones para comenzar a hacerlo

Resumen La bioética clínica se encarga de promover decisiones clínicas racionales teniendo en cuenta los hechos clínicos, las preferencias y valores de todos los individuos implicados en una situación que plantea un problema moral. La intención del presente trabajo es exponer algunas de las razones por las que consideramos esencial tener conocimientos y aptitudes bioéticas en la práctica diaria, así como potenciar una mentalidad proactiva en la investigación en bioética clínica. Entre los argumentos ofrecidos destacan la necesidad de adaptarse a los cambios en la

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relación clínica de las últimas décadas, la importancia de una actitud ética tanto para el médico como para el paciente, el papel de la bioética en la prevención del «*burnout*» del profesional, su capacidad para promover una distribución de los recursos más justa, y la posibilidad de desarrollar la investigación clínica en bioética, un territorio escasamente explorado en el ámbito español.

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Background

What is the meaning of bioethics? What does bioethics seek?

Ethics is the practical knowledge that deals with human activities. It attempts to answer the question “What is the best that I can do (in this specific situation)?” To answer this, we have to consider the context of the problem, the values involved and the consequences of the decision to be made. Based on what factor is assigned the greatest importance, we can find, roughly, 2 types of ethical arguments: *principlism*, where the decision is made based on a set of principles; and *utilitarianism*, where the consequences of the decision are most important. In any of its forms, ethics must be rational. To this end, we use a form of reasoning known as deliberation.¹ The Royal Spanish Academy defines deliberation as the careful and thorough consideration of the pros and cons of the reasons for decisions before adopting them. However, in the context of an ethical analysis, the deliberation is performed through a structured procedure, a specific technical method that needs to be learned and practiced and that helps weigh the most important factors involved in each problem (context, values and consequences) in order to arrive at the best solutions in a state of uncertainty.^{2,3} Effective deliberative processes need to have honest and relevant participation from all members, acceptance among the participants of a moral symmetry (or rejection of preferred opinions or those of greater weight, at least *a priori*) and the accompanying of all arguments by coherent reasons and justifications.⁴

In recent decades, we have been participants in major societal and cultural changes, some of which have affected medical practice. The progress of technology, the growing complexity of medicine, the developments in the field of research, the changes in the doctor–patient relationship and the limited healthcare resources have entailed increasingly complex and diverse ethical problems. Clinical bioethics is the branch of ethics that deals with helping find better solutions to these problems. Mark Siegler defined clinical bioethics as the practical area that helps patients, their families and healthcare practitioners to reach correct clinical decisions, considering both the medical facts of the situation and the preferences and values of the patient and the family.⁵

This article presents some of the reasons why bioethics is an active and fundamental part of daily medical

practice. The main intent of the proposals considered herein is to reflect on why it is essential to have bioethics knowledge and skills in daily clinical practice and why it is crucial to promote a proactive mindset in clinical research in the field of bioethics. With these ideas, we attempt to increase clinicians’ interest in bioethics and encourage greater collaborative participation in this discipline.

Reasons for devoting oneself to bioethics

It is impossible to conduct our daily work without assessing it

Humans are incapable of living without assessment. In fact, most decisions made over the course of a day are value decisions; they are assessments. The uncertainty between buying a brand-name t-shirt, which I like, and a cheaper one (esthetic vs. financial value) or deciding whether to maintain a diet or eat an ice-cream in the afternoon (*esthetic* value, or even *health* value, vs. *physical pleasure*), are day-to-day value conflicts that we are obliged to deal with. To reach a decision in any of these cases, not only is the values system of each individual important but so are the contextual issues. Although someone might consider that health values take precedence over pleasure in their value system, eating an ice-cream on a hot summer day would not represent a morally inadequate decision. In fact, 2 opposite decisions on the same issue can be equally justified and just as reasonable. This is the complexity of ethics, specifically clinical bioethics. In our day-to-day activities, decisions such as prescribing furosemide at breakfast and lunch instead of breakfast and dinner; choosing between amoxicillin-clavulanate and a carbapenem in the umpteenth hospitalization for sepsis by *Escherichia coli* carrier of a broad-spectrum beta-lactamase in a patient with advanced dementia; or the countless debates on the numerous end-of-life issues for hospitalized patients, either for the indication of nasogastric catheter, for the use of vasoactive amines, for admission to the intensive care unit, or for its rejection, due to the start of terminal sedation are all incredibly common value conflicts. In all of these situations, the issues of clinical indication have to be reconciled with the patient’s preferences and values, the quality of life assessment and many other contextual issues (the family’s preferences, financial and societal issues, etc.).⁵ The growing plurality of the multicultural society in which we live makes it possible to find

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