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Best Practice & Research Clinical Obstetrics and Gynaecology

journal homepage: www.elsevier.com/locate/bpobgyn

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Ethical dimensions of the fetus as a patient

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Keywords:

beneficence
 fetus as a patient
 professional responsibility model of
 obstetric ethics
 preventive ethics respect for autonomy

In this chapter, we present an account of the ethical concept of the fetus as a patient to guide clinical judgment and decision-making in the obstetrician–patient relationship. We explicate this concept and explore its clinical implications on the basis of the professional responsibility model of obstetric ethics. We will emphasize a preventive ethics approach, which is based on the recognition of the potential for ethical conflict in patient care and adopts ethically justified strategies to prevent those conflicts from occurring. The goal of preventive ethics is to sustain a strong obstetrician–patient relationship. This goal is accomplished by balancing beneficence-based and autonomy-based ethical obligations to the pregnant patient with beneficence-based ethical obligations to the fetal patient in all cases in which the fetus is a patient.

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Introduction

Ethics has become an essential component of obstetric practice and research [1–3]. In this paper, we will present an account of the ethical dimensions of the fetus as a patient to guide clinical judgment and decision-making in the obstetrician–patient relationship [1,2,4]. We will explicate this concept and explore its clinical implications on the basis of the professional responsibility model of obstetric ethics [1,4]. We will emphasize a preventive ethics approach, which is based on the recognition of the potential for ethical conflict in patient care and adopts ethically justified strategies to prevent those

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<http://dx.doi.org/10.1016/j.bpobgyn.2016.12.007>

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conflicts from occurring [5]. The goal of preventive ethics is to sustain a strong obstetrician-patient relationship.

To accomplish the goal of this chapter, we first define ethics, medical ethics, and two core ethical principles of medical ethics, beneficence and respect for autonomy. We describe the professional responsibility model of obstetric ethics. We then identify the clinical implications of the ethical concept of the fetus as a patient in the context of the professional responsibility model of obstetric ethics.

Ethics and medical ethics

Ethics

Ethics is a global, intellectual and practical activity that can be defined simply as the disciplined study of morality. Morality comprises our actual beliefs about what we ought and ought not to do and behavior based on such beliefs. Ethics is committed to the view that morality can always be improved, analogous to the concept of continuous quality improvement in patient care. The tools of ethics are ethical analysis, which insists on clear expression of concepts such as virtues and ethical principles, and argument, which identifies the implications of concepts for moral belief about what we ought and ought not to be and behavior based on such beliefs.

Medical ethics

Medical ethics is a global undertaking with a history that dates to the ancient world [6]. The goal of medical ethics, the disciplined study of morality in medicine, is to improve medical moral morality. Medical ethics accomplishes this goal by identifying the ethical obligations of physicians to their patients [1]. Medical ethics should not be confused with the multiple sources of morality in pluralistic societies. These multiple sources include applicable law, the political heritage of self-government, the world's religions, ethnic and cultural traditions, families, personal experience, and the traditions and practices of medicine.

Medical ethics since the eighteenth century European and American Enlightenments has been secular [7]. Secular medical ethics makes no reference to revelation through sacred texts and other sources, but to what reasoned discourse, using ethical analysis and argument, produces. At the same time, secular medical ethics is not intrinsically hostile to religious beliefs. Making medical ethics secular should be considered a major achievement in the history of medicine, because ethical principles and virtues should be understood to apply to all physicians, regardless of their personal religious and spiritual beliefs [1,8]. Secular medical ethics is thus transnational, transcultural, and transreligious. In short, secular medical ethics is global medical ethics [6].

The traditions and practices of medicine provide a very important source of morality for physicians, because they are based on the obligation to protect and promote the health-related interests of the patient. This obligation tells physicians what morality in medicine ought to be in very general, abstract terms. Providing a more concrete, clinically applicable account of that obligation is the central task of medical ethics, using ethical principles [1,2,8]. Ethical principles are designed to guide judgments about what we ought and ought not to do and behavior based on such judgments.

The ethical principle of beneficence

The ethical principle of beneficence requires one to behave in a way that is expected reliably to produce the greater balance of benefits over harms in the lives of others [1,2,8]. Making this principle practical requires an account of the benefits and harms relevant to patient care and of how those goods and harms should be balanced against each other when not all of them can be achieved in a particular clinical situation, such as a request for an elective cesarean delivery (addressed in Chapter NN) [9]. In medical ethics, the principle of beneficence requires the physician to act in a way that is expected in evidence-based clinical judgment to produce a greater balance of clinical benefits clinical over harms for the patient [1,2].

Beneficence-based clinical judgment has an ancient pedigree in the history of Western medical ethics. One of the first expressions of the ethical principle of beneficence occurs in the Hippocratic Oath

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