BioMedical Admissions Test (BMAT)

Section 3: Writing Task

The Four Pillars of Medical Ethics

Four Pillars of Medical Ethics

The four pillars of medical ethics can be considered the “framework” of medical ethics, guiding principles with which clinicians navigate ethical challenges. A knowledge of these four values will not only help you in your medical application, but also as a doctor. Doctors often find themselves in difficult situations where they need to consider the four pillars in order to address all potential ethical issues.

These principles are often included in high-scoring BMAT essays, and show an **awareness of the doctor’s duty**, so it is good to relate the question back to these where appropriate. Examiners often recognise that someone with a good grasp of medical ethics has the potential to become a good doctor.

It is not appropriate to mention all of the principles in every question, but using **at least one** is a good idea, if possible. Sometimes it will not be appropriate to mention them at all - it depends on the essay question. Even if you do not mention the principles in your essay, you should keep them in mind as they serve as a **good starting point** for coming up with ideas to discuss.

Autonomy

The principle of autonomy ensures that the patient has **control over their own treatment** and decides what happens to them. “Auto” means “self”, so autonomy dictates that patients are able to make decisions relating to themselves.

Autonomy states that doctors should:

- **Help** patients come to their **own** decisions.
- **Respect** the decision a patient makes.

It is not the doctor’s duty to impose their own opinion on what the patient should do, but to provide the patient with the information necessary to come to their own decision. For this reason, we have the phrase “informed consent” in medicine.

- ➔ For consent to be **informed,** all the **treatment options** must be **explained** to a patient; they must **understand** what treatments involve and what their **consequences** may be. It is only once a patient understands these things, that they can decide on a treatment and agree for it to be carried out.
- ➔ The “consent” is the agreement and the “informed” part refers to the patient having all the **relevant information** to make the decision. Where this information is not provided, the doctor could be subject to accusations of **battery**.

<u>Presenting the information</u>

While the doctor may **advise** a recommended course of action, they **cannot** present information to patients in a **biased** way. To do so may be immoral, as the option that the doctor prefers may

not be the best one. This would make their influence on the patient not in the patient's **best interest**.

Some patients might prefer a more "paternal" approach to the patient-doctor relationship (that is, giving the doctor a superior position of guidance) but it is important to ensure that the final decision is confirmed by the patient, even if their decision is simply to do what the doctor thinks is best.

Capacity to consent

Something that is always important to consider is whether the patient has **capacity** to **consent to the treatment**. The NHS defines capacity as the ***"ability to use and understand information to make a decision, and communicate any decision made"***.

Autonomy becomes more complicated when a patient is unable to make their own decisions; they **lack capacity**, for example if they have a mental disability**.** This is covered by the **Mental Capacity Act (2005)** which states that a person must be **assumed** to have mental capacity unless proven otherwise, in which case a doctor must decide in their **best interests**. The decision which is taken must be the **least restrictive** in terms of their basic rights and freedoms.

➔ For example, if a patient is going through a psychiatric episode, the doctor would first consider whether treatment could be taken at home before they admit them as a psychiatric inpatient.

The principle of autonomy can be applied in many clinical situations, for example:

- When a patient's religious views hinder the recommended treatment plan (e.g. Jehovah's Witnesses not receiving blood transfusions) their decision must be respected.
- Where the clinical decisions for a child are generally made by their parent.
- If a patient chooses the treatment that might not be the best option, their decision must also be respected, even if it is not what the doctor would choose.

> ***Exam Tip*** - Some more detailed things to consider could be:
> - Whether **informed consent** has been given - has the patient been told all the treatment options, outcomes and side effects?
> - What is the patient's **mental capacity** - can they retain, evaluate and conclude the information given?

Beneficence

This principle guides doctors to take decisions which are in the patient's **best interests**. This involves considering all the possible treatments and communicating to the patient which would have the best outcome.

This may seem straightforward but it is important to consider that the best decision **varies** from patient to patient, even when they have the same medical issue and the risks are the same.

- ➔ For example, if a patient breaks their leg, the risk of not being able to walk after surgery is 0.5%. If this were an olympic athlete, the risk would be much more important to them, therefore another option with a lower associated risk may be in their **best interest**. The doctor must bear in mind the person's lifestyle and opinions when arriving at this conclusion, providing **holistic** care.

Non-maleficence

As stated in the Hippocratic Oath, this principle effectively instructs doctors to **"do no harm"**.

This includes the idea that a doctor cannot allow harm to come to the patient through **neglect**. Usually, this principle is paired with beneficence, as the application of beneficence involves a consideration of non-maleficence: for example, of the treatment options, which one is the least likely to bring harm to the patient?

While beneficence considers all the treatment options, non-maleficence **compares treatment to non-treatment** and questions which would bring about the least suffering.

- ➔ For example, will it be better for the patient to take the medication and suffer the side-effects, or to leave the issue to heal naturally but more slowly?

A significant way in which non-maleficence must be considered is in relation to **skills and knowledge**. A junior doctor must be aware of the limits of their skills and not undertake an intervention that is beyond them. The doctor must make sure that there are sufficient resources for the treatment.

Importantly, non-maleficence must be considered in all aspects of clinical practice. A doctor must make sure that patients are being treated with **dignity and respect** at all times, and that their emotional and physical well-being is not being harmed. Thus, a holistic method of treatment must be applied in order to avoid both intentional harm and unintentional harm, and neglect.

Justice

This is perhaps the most ambiguous of the ethical principles. Justice refers to many separate principles:

- **Distributive justice** - limited resources should be distributed fairly.
- **Respect for the law** - laws have moral force, meaning it is important to consider if something goes against the law.
- **Basic rights of the individual** - access to healthcare without discrimination and to the best of the professional's ability.

- **'Retributive' justice** - crimes should be responded to with a proportional punishment. This is important in medicine when someone with a health condition commits a crime; what should the punishment be?

In Section 3, questions are likely to be centered around this principle, as it is the most subjective given its multiple interpretations.

Doctors have a large responsibility to uphold this principle as they decide on the treatments that people receive. This is particularly true in the UK, where there is universal healthcare. The way in which treatments are funded and provided is heavily reliant on ideas surrounding justice. For example, **distributive justice**, in the universal healthcare model, involves ensuring that poorer patients receive the same standard of care as wealthier patients.

Doctors must consider:

- Whether their decision **prioritises one group** over another, and if it does,
- Whether this is **morally justified** or is of **greater benefit to society**.

On a more basic level, doctors must uphold the principle by **not discriminating** against their patients on the basis of their religion, race, socioeconomic background or gender.

A common example where justice is applied is when considering **who should receive a treatment** that is limited in availability. Should anyone with the disease receive it, as this is what should happen under distributive justice, given that all members of society pay into the NHS? Or should there be priority given to those who did not inflict the illness on themselves, as this could not have been prevented? Often, these more ambiguous questions are dependent on moral conventions of society. Finer details of the principle of justice may be controversial and the student can decide which standpoint to take.

Summary

- **Autonomy** - the ability to make decisions freely. Patients must be able to come to their own treatment decisions and these must be respected. No patient can be forced to undergo any treatment against their will and the doctor must always gain consent.
- **Beneficence** - encouraging what is best for the patient. The doctor must act in the patient's best interest, bearing in mind their lifestyle and preferences.
- **Non-maleficence** - the doctor must "do no harm", both intentional and through negligence.
- **Justice** - the doctor must act in accordance with the law, the patient's individual rights and sometimes the general societal conventions.

Exercise - Try applying these four pillars of ethics when considering the question "Should patients with self-inflicted diseases receive less coverage from the NHS?"

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Some Ideas

- **Autonomy** - Patients should be able to make their own decisions with no restrictions from the healthcare field. A doctor should not have the right to decide a patient's lifestyle, only advise.
- **Beneficence** - Regardless of lifestyle choices, it is in the patient's best interests to receive the best treatment possible. However, does this sacrifice the best interests of other patients whose diseases were not self-inflicted, in that they might receive fewer resources?
- **Non-maleficence** - A doctor should not intentionally limit the resources available to any patient, as this could bring about harm to the patient.
- **Justice** - Which takes priority, distributive justice or moral conventions of society? Distributive justice would support equal coverage for everyone as they all pay into the NHS. Moral conventions would perhaps be in support of less coverage for self-inflicted diseases as these take up a large proportion of resources shared by the wider society.