Ethics in Health Care Primer: Methods of Analysis

This primer highlights some of the more commonly utilized ethical foundations from which to analyze ethical dilemmas in health care settings including:

- Principle Based Approaches (Principlism)
- Narrative Ethics
- Virtue Ethics
- Casuistry (The “Four Boxes”)
- Feminist Ethics

Each ethical theory emphasizes a different methodology and perspective from which to understand and resolve clinical dilemmas. Applying more than one method to an ethics consultation can enrich case analysis and provide novel insights which may help resolve conflicts. Some ethical questions are more easily addressed using one methodology than another.

As a starting point, however, for any clinical ethics consultation, it is important to identify the type of ethical dilemma:

<table>
<thead>
<tr>
<th>DILEMMA TYPE</th>
<th>DESCRIPTION</th>
<th>POSSIBLE RESPONSE</th>
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</thead>
<tbody>
<tr>
<td>Moral Confusion</td>
<td>Uncertainty about the “right” thing to do</td>
<td>Using ethical analysis to clarify underlying issues</td>
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<tr>
<td>Moral Distress</td>
<td>Belief that there is a “right” action that needs to be taken but being unable to do so</td>
<td>Exploring what could be changed within the health system and community to reduce constraints</td>
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<tr>
<td>Moral Sadness</td>
<td>Experiencing grief and frustration from being part of a tragic situation</td>
<td>Identifying what could be improved and avoiding blame for circumstances</td>
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**Principlism**

Principlism refers to a method of analysis utilizing widely accepted norms of moral agency (the ability of an individual to make judgments of right and wrong) to identify ethical concerns and determine acceptable resolutions for clinical dilemmas. In the context of bioethics, principlism describes a method of ethical analysis proposed by Beauchamp and Childress, who believe that there are four principles central in the ethical practice of healthcare:

1. **Respect for autonomy** - Respecting the decision-making capacity of autonomous persons
2. **Nonmaleficence** - Avoiding causation of harm
3. **Beneficence** - Providing benefits and balancing benefits against risks and costs
4. **Justice** - Distributing benefits, risk and cost fairly

Beauchamp and Childress apply these four principles to ethical analysis using an iterative process they refer to as coherentism, which they distinguish from traditional deductive and inductive methods of reasoning:

“In deductive methods, particular actions are based on rules and principles that are in turn justified by an ethical theory. If one understands the theory, one can determine the appropriate action.

Inductive methods assume that moral justification proceeds in the opposite direction: existing social agreements and practices serve as the starting point for evaluating a particular situation and determining the appropriate course of action. Through the resolution of a series of similar cases, it is possible to derive rules and principles that codify concepts of moral behavior.”

**Coherentism**, by contrast, emphasizes that moral decision-making proceeds in both directions through the practice of reflective equilibrium and that bioethical principles provide general guidelines which leave considerable room for personal judgement. Applying the four principles to similar clinical situations leads to the development of generalizable rules of conduct that guide coherent normative actions by providers. If the application of these principles to a certain case yields a conclusion that is at odds with reasoned judgment (for example, overemphasis on personal autonomy and the resulting rule of confidentiality, leads a health care provider to fail to warn a third party about an avoidable harm), it is appropriate to revisit the principle and ask whether its interpretation is appropriate.

Narrative Ethics

Narrative ethics uses the nuances and complexities of stories (the narrative sequence), to identify and evaluate ethical dimensions of situations. These narratives, sometimes presented as case histories, are integral to optimizing ethical discourse and to answering questions raised by particular situations. As a form of ethical inquiry, narrative analyses enhance the details of situations being examined, allowing the deeper moral content of specific situations and choices to be better illuminated.¹

Narrative inquires provide a means to:

• Embody values and principles in action
• Explore moral justification for actions
• Appreciate different perspectives and positions
• Understand the wider context of dilemmas

Examples of ethical narrative inquires include:

• What is unique about this patient’s story which helps to better inform us about their understanding of medical benefit and harm?
• What sequence of events and life circumstances led this patient to seek this medical intervention?
• How does the clinician experience caring for this patient?
• If a patient refuses standard therapy, how did those events unfold from the patient’s and health care provider’s perspectives?
• If a therapy is controversial, what is the sequence of arguments for and against it?

Narrative ethics analysis has been described as having four components²:

1. Recognition- Identifying the case and its participants
2. Formulation- Examining the details given and how they were presented
3. Interpretation- Embracing multiple points of view, identifying metaphors, tolerating ambiguity and contradiction, elucidating which information should be trusted versus questioned
4. Validation- Asking whether the interpretation of facts and ethical justifications are reasonable and reliable or if they might be incomplete, biased, or in conflict with major values

Virtue Ethics

Proponents of virtue ethics believe that good medical practice requires a virtuous health care provider. Central to this claim is the belief that the telos (ultimate aim) of medicine is the good of the patient. With a virtuous temperament, a moral physician strives for the balance between extremes of excess and deficiency, choosing actions which promote patient good. According to Pellegrino and Thomasma, the key virtue for a physician's character is prudence, which is “both a moral and an intellectual virtue that disposes one habitually to choose the right thing to do in a concrete moral situation.”

The virtuous health care provider:
- Is dedicated to the good of the patient
- Subsumes personal interests for the patient’s needs
- Makes the best choice to further the patient’s good and well-being through exercise of prudent judgement.

Such judgement is achieved by the provider’s intrinsic character, strengthened by medical training and by habits that foster a disciplined, service oriented professional integrity in which the character and virtues of providers are derived from the needs of patients.

How do these concepts translate in ethical analysis?

First, virtue ethics asks us to pay attention to the actions and motivations of the clinician

- What choices are available to the clinician?
- What are the moral implications of these choices?
- Why does the clinician propose a particular course of action?
- What kind of clinician does this person want to be?

Second, virtue ethics emphasizes the importance of the patient’s well-being, calling for certain explicit virtues in medical practice, including a personal response to the patient, gentleness, truth-telling, and concern for the patient’s privacy. In addressing the patient’s well-being, the provider is asked to think expansively about the meaning of the “good of the patient.” Four components, of ascending value, are central to that analysis:

- The medical good
- The patient’s perception of the good
- The good for humans
- Spiritual good

The fundamental question in virtue ethics is what actions, among all those available to the provider, best enable the provider’s core professional responsibility to achieve good?

Casuistry

Casuistry is a case-based approach to ethical decision making sharing many features with medical and legal decision making. Appropriate actions depend on the specific features of a case. Following the approach of Jonsen et al., four topics are basic and intrinsic to every clinical encounter:

The Four Topics Chart

<table>
<thead>
<tr>
<th>Medical Considerations</th>
<th>Patient Preferences</th>
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<tbody>
<tr>
<td>2. What are the goals of treatment?</td>
<td>2. Is the patient mentally capable and legally competent?</td>
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<tr>
<td>3. In what circumstances are further medical treatments not indicated?</td>
<td>3. What treatment preferences has the patient stated?</td>
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<td>4. What are the probabilities of success for various treatment options?</td>
<td>4. If incapacitated, has the patient expressed prior preferences?</td>
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<tr>
<td>5. How can this patient benefit from medical and nursing care? How can harm be avoided?</td>
<td>5. Who is the appropriate surrogate decision maker if the patient lacks capacity? What standards should govern their decisions?</td>
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<tr>
<th>Quality of Life</th>
<th>Contextual Features</th>
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<tr>
<td>1. What are the prospects, with or without treatment, for a return to normal life? What physical, mental, and socioeconomic might the patient experience even if treatment succeeds?</td>
<td>1. Are there professional, interprofessional, or business interests that might create conflicts of interest in the clinical treatment of patients?</td>
</tr>
<tr>
<td>2. Could resultant quality of life be undesirable for a patient who cannot make or express their own judgement?</td>
<td>2. Are there parties other than the clinician and patient, such as family members, who have a legitimate interest in clinical decision?</td>
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<tr>
<td>3. What biases might prejudice the medical team’s judgement of a patient’s future quality of life?</td>
<td>3. What are the limits imposed on patient confidentiality by the legitimate interests of third parties?</td>
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<tr>
<td>4. What ethical issues arise concerning improving or enhancing a patient’s quality of life?</td>
<td>4. Are there financial factors that create conflicts of interest in clinical decisions?</td>
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<tr>
<td>5. Do quality-of-life assessments raise any questions that might contribute to a change of treatment plan, such as forgoing life-sustaining treatment?</td>
<td>5. Are there problems of allocation of resources that affect clinical decisions?</td>
</tr>
<tr>
<td>6. Are there plans to provide pain relief and provide comfort if a decision is made to forgo life-sustaining interventions?</td>
<td>6. Are there religious factors that might influence clinical decision?</td>
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<tr>
<td>7. Is medically assisted dying ethically or legally permissible?</td>
<td>7. What are the legal issues that might affect clinical decisions?</td>
</tr>
<tr>
<td>8. What is the legal and ethical status of suicide?</td>
<td>8. Are there considerations of clinical research and medical education that affect clinical decisions?</td>
</tr>
</tbody>
</table>


The case analysis proceeds in three steps:

1. Evaluate the facts under each topic and identify the salient features of the case.
2. Identify relevant paradigm cases; cases with similar features that have been debated and decided by the general public and medical and legal communities at a national level.
3. Develop a justified plan of action, drawing on the expert opinion from paradigm cases adapted for the specific features (the context) of that particular case.
**Feminist Ethics**

Feminist ethical perspectives highlight the potential power differentials that may exist between individuals due to professional standing, gender, race, language, disability, etc. which can create barriers in the delivery of safe, effective medical care. Paternalistic provider attitudes are discouraged given that they arise from an authoritarian framework in which the “physician knows best” and can result in medical decisions being made for patients in contrast to with patients’ input.

Utilizing a feminist ethics framework, an ethical dilemma can be evaluated through the consideration of four domains:

1) Identifying who is vulnerable
   - Ethical analysis should privilege the most vulnerable as the moral litmus test of a good society is how well it cares for its most vulnerable members.

2) Valuing the knowledge that comes from experiences
   - Collective and personal experiences add important context to medical decision-making. Embodiment, the connectedness of mind and body, is appreciated.

3) Analyzing the structure in which the dilemma occurs.
   - Do power differences exist? Are viewpoints being suppressed?

4) Considering what justice means in the context of “right-relationship”
   - Right-relationships include honoring the dignity of all human beings and affirming relations based on mutuality (as opposed to domination)

In the context of these domains, some general questions can help to approach an issue from a feminist ethics perspective:

- What is happening in this situation? In particular, what is happening to those who are vulnerable?
- Who/what is being ignored? Are there questions that are not being asked?
- Should I be suspicious of the dominant narrative/paradigm?
- Who benefits? At whose expense?