



Center for Bioethics and Health Policy

Glossary of Medical Ethics and Hospice Care

Before defining the terms commonly used in medical ethics and hospice care, it might be reasonable to ask: What is medical ethics and how does ethics differ from morals?

Morals relates to the principles of right and wrong behavior, i.e., a specific act is right or it is wrong, end of question: to murder is wrong.

Ethics, on the other hand, is a system of moral principles that apply *values* and *judgments* to *accepted professional standards of conduct*. Medical ethics evolve/devolve, i.e., what may have been considered ethical behavior in the 19th century may not be considered ethical in the 21st century and vice versa, e.g., eugenics was accepted as ethical behavior in the early 20th century. The Tuskegee study was accepted from its inception in the mid 1930s until it was abruptly discontinued in 1972.

Advanced Health Care Directive (Living Will) - a document in which a person gives advanced directions about medical care, or designates who should make medical decisions for the person if they should lose their decision making capacity, or both. There are two types: treatment directive (Living Will), and proxy/surrogate directives (Healthcare Power of Attorney).

Allow Natural Death (Allow to Die) – involves the withholding or withdrawing of life-sustaining treatment that is judged by the patient or proxy to be excessively burdensome and/or of little or no benefit. It involves a decision to no longer prevent the underlying disease process or pathology to run its course.

Assent – a concept that applies to minors and refers to their right to have their own perspective represented in all decision making about their health care. The elements of assent include: **a)** developmentally appropriate understanding of the nature of one's illness; **b)** a description of the proposed treatment and the experience it will involve for the minor; and **c)** an effort to solicit the willingness of the child to participate in the treatment.

Autonomy* – is the view that one's actions are independent from the will of others.

Beneficence* – is the active or passive doing what is in the patient's best interest.

"Best Interests" Standard – is that which is employed by the substitute decision maker to make treatment decisions when a person's wishes or preferences are not known or unclear. The decision to promote the "best interests" or welfare of the patient.

Brain Death – is diagnosed when cerebral functions are absent (deep coma or cerebral unresponsiveness and unresponsiveness) and brainstem functions are absent (brainstem reflexes, respiration).

Capacity – is a clinical judgment that addresses whether or not a person is capable of understanding health care options and participating in decision making about one's own health care.

Cognitive – is that aspect of human beings that involves rationality and reason.

Competence – is the patient's ability to make decisions about the provisions of medical care (decision making capacity) for themselves. It is also considered to be the legal capacity to make decisions.

Consent/Informed Consent – is a voluntary act by which one person agrees to allow another to do something (given that the procedure/treatment has been explained effectively and appropriately).

CPR – the abbreviation of cardiopulmonary resuscitation.

Double Effect – is a basic principle of moral theology that helps guide decisions about performing actions that have two effect; one good and intended and the other bad and unintended. The principle holds that one may perform such actions if: **1)** the action is good or neutral in itself; **2)** one intends the good effect and not the bad; **3)** the good and bad effects occur together so that the evil effect does not become a means to the good effect and **4)** there is proportionately serious reason for allowing the bad effect to occur.

DNR – is the abbreviation for “do not resuscitate”. AND, i.e., allow natural death has been proposed to replace DNR because of its more positive and empathetic tone.

Durable Power of Attorney for Health Care – is a document in which one appoints someone to make decisions for oneself should one become incapacitated. The person named is ones Surrogate or Proxy decision maker.

When no such individual has been named, Georgia and most other states have a hierarchy of decision makers:

- Legal Court-appointed Guardian
- Durable Power of Attorney for Health Care
- Spouse
- Majority of Adult Children
- Parents
- Majority of Adult Siblings
- Other Nearest Relative

Euthansia – is an action or an omission which directly and intentionally brings about a terminally ill person's death in order to relieve suffering.

Extraordinary Measures – is any means used to treat a sick or dying person that is beyond the ordinary measure used.

Futility – is a term dealing with the hopelessly ill and dying patient. The strict definition of futility means that the intended medical effect of the treatment is not likely to occur, as determined by scientific evidence or local medical experience.

Physiologic Futility – is the proposed intervention or continued treatment cannot reverse a physiologic condition in the patient that is leading to death.

Personal Futility – is the proposed intervention or continued treatment may have the desired medical effect, but the resulting benefit does not outweigh the burden of continued life (the dying process). This “best interest” or “disproportionate burden” definition of futility may mean that consciousness of the patient is not restored or the patient will not leave the ICU, or that severe suffering will persist.

Social Futility – is the proposed intervention or treatment may have the desired medical effect, and personal benefit may outweigh the burden, but the treatment is not available, as determined by social consensus, due to scarce resources.

Hospice: Supportive Care Palliative Care see Hospice Section (appended)

Justice* – implies that all patients will be treated by the same code of medical ethics regardless of their beliefs or social standing.

Nonmaleficence* – “Nolo non nocere”, above all, first, do no harm. Not performing a diagnostic or therapeutic action that would cause harm to the patient.

Obligations – are the responsibilities that human beings have toward one another by law, morality, custom or tradition.

Ordinary Measures – refers to the appropriate treatment that would not be unusual or beyond what should be done in a routine situation.

Paternalism – in medicine is the view that the physician knows what is in the best interest of the patient. It basically eliminates the patient from the decision making process.

Persistent Vegetative State – is that condition following serious brain injury in which the patient is permanently unconscious, comatose, but retains “vegetative” (autonomic) functions for a prolonged (perhaps indefinite) period.

Physician Assisted Suicide – is the assisted (facilitated) suicide of a patient by a physician; the patient commits suicide by some means provided by, or with instructions from, the physician.

Principles of Medical Ethics – see

Autonomy

Beneficence

Justice

Nonmaleficence

Surrogate/Proxy Decision Maker – is a designated person who will act on behalf of an individual who becomes incapable of making decisions. See Durable Power of Attorney for Health Care and legal Hierarchy if not designated.