Healthcare in the light of bioethics

(Służba zdrowia jako przedmiot bioetyki)

Z Kopański [1,2, A,D,E,F], Z Maslyak[3, C], Y Lishchynskyy[4, D], K Kieczka-Radzikowska [1B], B Pruszkowska [1, B]

Abstract – This paper discusses the origin of philosophical tradition in Poland, presents the origin of bioethics and its main tenets with reference to the basics of contemporary medical deontology as well as characterises selected bioethical and code-related issues.

Key words - Bioethics, medical deontology, professional codes of ethics.

Streszczenie – Autorzy przedstawili początki tradycji filozoficznej w Polsce, omówili genezę bioetyki i jej główne założenia odwołując się do podstawy współczesnej deontologii lekarskiej, scharakteryzowali wybrane zagadnienia bioetyczno-kodeksowe.

Słowa kluczowe - bioetyka, deontologia medyczna, branżowe kodeksy etyczne.

Author Affiliations:

1. Collegium Masoviense - College of Health Sciences, Żyrardów
2. Faculty of Health Sciences, Collegium Medicum, Jagiellonian University
3. Ivano-Frankivsk Medical Institute, Ukraine
4. Danylo Halytsky Lviv Natonal Meducal University

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B. Gathering and listing data
C. The data analysis and interpretation
D. Writing the article
E. Critical review of the article
F. Final approval of the article

Correspondence to:

Prof. Zbigniew Kopański MD, PhD, Collegium Masoviense - College of Health Sciences, Żyrardów, G. Narutowicza 35 Str., PL-96-300 Żyrardów, Poland, e-mail: zkopanski@o2.pl

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I. INTRODUCTION

"Great responsibility lies on the shoulders of healthcare employees: doctors, pharmacists, nurses and others. Their professions demand that they protect human life and serve it. In the contemporary cultural and social contexts in which medical art and science seem more and more detached from their inherent ethical dimension, (...) the responsibility is increased. This responsibility is inspired and supported by the unalienable ethical dimension of medical professions …" [1]

II. THE HISTORY AND DEVELOPMENT OF ETHICS – A BRIEF INTRODUCTION

The beginning of *ethics* in the Polish philosophical tradition date back to the 12th century. In the 14th century, the ethical issues discussed at the Krakow Academy partly reflected different ideologies of European philosophers. *Ethics* as such became the subject of more systematic studies contributing to the development of various philosophical approaches as late as in the 20th century [2,3]. For instance, one of the leading ethicists, L. Petrażycki [4], claimed that norms, prohibitions and imperatives in ethics stem from emotions which create the right models of behaviour. T. Kotarbiński [5] has a slightly different view of ethics. Ethics in his version was independent and based on the premise that a human being's primary objective is to be happy. This ethical approach is naturalistic and pragmatic. A significant contribution to the development of ethics philosophy in Poland was also the work of M. Ossowska[6], who authored the following publications:

"*Podstawy nauki o moralności" ("The Basics of Morality Studies"),* "*Normy moralne" ("Moral Norms"),* "*Motywy postępowania" ("The Motives of Behaviour") and* "*Moralność mieszczańska" ("Middle-class Morality").* Among the contemporary Polish ethicist, Father

J. Tischner [7] and Father T. Ślipko, SJ [8] must be mentioned.

Father J. Tischner was the author of the range of philosophical and literary papers, including "*Myślenie według wartości*" *(*"*Thinking According to Values*"*) and* „*Etyka solidarności*" *(*"*The Ethics of Solidarity*"*).* The role of Father Tischner was characterized aptly by the Pope John Paul II in a letter after he died: "*Tischner's ethics provides direction to the strife of the Polish nation for the democracy built upon the retrospective dignity of each human being*" [9].

Father T. Ślipko, SJ is predominantly a bioethicist. If "*...for modern-day problems, the right diagnosis is not enough; (...) we need to change attitudes as such on general scale"* [10]. Father Ślipko's activity is aimed at achieving the latter. In the preface to one of his works, he wrote: "*Diversity of bioethical issues causes their components to be current to different degrees in the Polish society (...). There are, however, reasons for global approach to contemporary bioethics in an appropriate selection, regardless of its connections to our social practice. Bioethics, especially in its current state, provides a vast and ductile background to show one of the great ethical problems of all times in a better light. This problem is the ethics of human life. There are two fundamental issues in this ethics with the strongest voices. The first one of them is about defining the basis for moral inviolability of human life. The other one pertains to the borders within which this inviolability is valid*" [11].

Bioethics is a relatively young discipline. As Hartman put it, "*it has existed for around 40 years. It is probably a discipline in which philosophers' opinions are held in high esteem and can directly influence political reality. Through bioethics, philosophers can influence the lives and quality of life of millions of people around the world. This places a special kind of responsibility on philosophers, unprecedented in the field*" [12].

Etymologically speaking, *bioethics* is related to *ethics*. Therefore it is difficult to define the term without mentioning the concept of *ethics*. Presently, *ethics* is defines as a collection or even a system of moral norms and evaluations accepted in a given time period and a given social group. In short, ethics is morality. The study of morality in its normative aspect is concerned with defining the directives for moral behaviour on the basis on the respected norms and evaluations. The descriptive aspect is about the analysis and explanation of an existing phenomenon of morality [11].

And *bioethics*? Bioethics is "*the ethics of human life*" or "*philosophical ethics*" updated by the achievements of contemporary biological and medical sciences [11]. In "*The Catholic Encyclopaedia of a Bioethicist*" ("*Encyklopedia katolicka bioetyka")* it is treated as „*normative knowledge involving moral problems stemming from the structures related to the development of biomedical sciences*" [13].

The question of norms defining relationships between doctors as well as the patient-doctor relation most probably date back to the moment when medicine became a separate occupation practised by those authorised to do so. The Babylonian Code of Hammurabi first discussed the responsibilities of a doctor in the 20th century BC. Strict principles defining model doctor behaviour were also observed in ancient Egypt [14].

The foundations for the contemporary medical deontology were laid by Hippocrates. As early as around 400 BC, he developed norms of doctors' approach towards patients. The core of those norms remains valid to this day. Ancient norms of doctor's approach were codified in the renowned "Oath" (lusiurandum, Horkos) a young trainee doctor had to make before being accepted to the association. The Oath required the candidates to state the following: "*I will, to the best of my ability and my judgement, offer dietetic advice useful for the sick and I will make an effort to protect them from whatever harm that may come upon them. I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and my art. What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself, holding such things shameful to be spoken about. If I fulfil this oath and do not violate it, may it be granted to me to enjoy life and art, being honoured with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot"* [14].

The Hippocratic Oath is rightly treated as one of the noblest landmarks in the history of our civilisation. Many teachings of Hippocrates in the fields of pathology and physiology has merely a historical value, and yet the ideal of a doctor created in the Greek medicine of that time is still alive for us.

However, the actual image of doctors differed from that established by Hippocrates throughout the development of medicine: in the Middle Ages as well as in early modern times. Principal ethical norms stated in the works of the follower of Hippocrates were never questioned, though. It was quite on the contrary: students were expected to know these principles well. To this day, some

universities require graduating doctors to take the Hippocratic Oath in its unaltered formula [15].

For ages, medicine has been divided into the science and the art of treating the ill. The former is subject to the general laws governing scientific development and alterations the human thought is undergoing at the time. The latter – the art of treatment – breaks down further into the factual part and ethics part. The factual part is closely integrated with the achievements of science and its progress is in close synergy with the progress in medicine. The ethics part has no direct relationship with science and stems from emotion rather than thought. Changes in it are directly related to general ethical ideals of mankind. Life in society has certain needs and social needs make law. Laws are customary at the beginning, after which they are captured within concise rules and form the basis of the law in writing. Such a first law in writing forming the basis of medical ethics was the Hippocratic Oath. It includes a statement defining medical profession as a separate corporation, the members of which should be bound by appropriate, special education and the oath sworn by each new graduate doctor. Other important rules captured by Hippocrates define the medical attitude towards patients. Doctors should not be timid; they should be firm. They should not be conceited; they should be conscious of their knowledge. In short, the commandments of Hippocrates can be perceived as the entirety of medical ethics, stated clearly and concisely like all the works of this author [15].

The 19th century was the beginning of significant scientific progress that included also the development of medicine, now admitted among sciences – realms based on strict experience. The scientific medicine was concerned mainly with scientific aims. It was believed that only science, concluded from laborious experience, can restore a patient to health or at least provide a diagnosis and predict the patient's fate. No sentiment or sensitivity is included within the scope of scientific medicine. Fate of an individual is nothing compared to the aims of science. Thus, the scientific fanaticism came into being to align human life to the purposes of science [16].

Medicine cannot follow its old path; it has to head towards a new destination. Practice in life has one particular characteristic – it always follows theory. It is becoming more and more likely that in the not too distant future, illness will be treated as a sick life with altered functions rather than as a change human organs undergo. The emphasis of human being, which was almost entirely lost in the autonomic perception of an illness, needs to regain its importance. Doctors should not perceive patients in terms of sick organs; they should be aware that they are facing a sick human being.

Undoubtedly, such a transfer of the scientific centre of gravity must influence ethics related views in science. The *ethics* of the past is to consider most important the attitude of doctors (healthcare professionals) to those who need help. If there is a change introduced to this relationship thanks to the philanthropic contribution, a whole chain of transformations may be activated. Then, doctors will see the ill as people – people troubled by their misfortune. There is no doubt that people with developed ethical culture will also act in an ethical manner while performing professional obligations. One can even say that general culture of ethics is essential for the principles of professional ethics to solidify, as they are closely related to moral standards in general and are based on their foundations. This is expressed by W. Biegański [15] in "*Aforyzmy*" ("*Aphorisms*"), where he claims that "*he, who is not a good human being will not be a good doctor*".

Hippocrates claimed that "*...the primary criterion for choosing the medical profession should be the innate disposition*". Often enough, we forget that. Today, young people going to medical colleges consider all the aspects, and yet rarely ask themselves if they have enough fortitude to take on difficult and lofty responsibilities of a doctor. The words of W. Biegański [15] are still up to date: "*Those who are not moved by human misery, have no sensitivity in them, or lack the willpower to control themselves in every situation, should choose another profession for they will never be good doctors. Only those can be happy who like their profession and treat it not only as duty but also as fun*".

Before mid-20th century, the development of ethics in medicine went undisturbed until a need arose to replace or update the traditional code of ethics with entirely new statements. This coincided with rapid scientific, technological and social development which brought about dynamic changes in sciences and healthcare. The progress introduced changes to the traditional perception of moral duties of healthcare professionals as well as the rest of the society towards the sick and the injured.

The technological development created new circumstances which were unforeseen from the standpoint of *ethics*. A need arose for new rules that could be treated as directions. J.F. Childress and T.L. Beauchamp [17] formed the following four principles in their "*Principles of Biomedical Ethics*":

- *The principle of autonomy* – this term is not unambiguous anymore; today it might mean an independent government, rights to various free-

doms, privacy, personal choice, free will, and choosing one's own actions. An autonomous action is an action taken by those who act intentionally, with full understanding and with no external influence upon his or her choices.

- *The principle of nonmaleficence* expresses the obligation to purposefully avoid harming anyone. In medical ethics, it has been linked mainly to the "*primum non nocere*" principle *(first – do no harm).* The Hippocratic Oath mentions the obligation to do no harm as well as beneficence: "*I will, to the best of my ability and my judgement, offer dietetic advice useful for the sick and I will make an effort to protect them from whatever harm that may come upon them*".
- *The principle of beneficence.* In everyday language, it means showing mercy and kindness as well as offering help. It can be manifested by altruism, love for other people and humane attitude. Hence, beneficence is any action taken to show goodness to others. On the other hand, *kindness* is a personality trait or a virtue consisting in the capacity to be good to others.
- *The principle of justice.* Justice is the case when someone deserves something good or bad because of their features or the circumstances they found themselves in, for example doing something good or receiving harm. The term *justice* refers to impartial, equal and right distribution in a society governed by justified norms conditioning the cooperation in that society. Within this term, such concepts as gain and responsibility distribution, property, means, taxes, privileges and opportunities are included. Different institutions, such as the government or the healthcare system, are involved in the decision-making processes.

The basis of many medical codes is provided by general rules such as "*do no harm*", "*respect privacy*", "*respect medical privilege*" or "*be faithful to the oath*" [15]. The obligations of physician-patient privilege and respect for privacy are often interfered with by the principle of truthfulness.

What is startling is that medical codes of ethics most often did not include any duties or virtues related to truthfulness. Neither the Hippocratic Oath nor the World Medical Association's Declaration of Geneva orders physicians to be truthful [18]. A contemporary philosopher, G.J. Warnock, includes truthfulness among independent principles which are equally significant to the principles of beneficence, nonmaleficence and justice [19].

Privacy

Definitions which take privacy as limitation of the ability to share one's personal information are definitely too narrow. The breach of privacy also takes place when someone interferes with our lives otherwise, for instance sharing our secrets, violating our intimacy or anonymity, disrupting our voluntary isolation from the outside world, or disrespecting our right for solitude.

The U.S. Institute of Medicine listed as many as 33 cases when patients' personal files were used in healthcare institutions and over 50 primary and secondary methods of using such information, indicating an urgent need for privacy protection in this country. The right for privacy is justified by the right for independent choice – a correlate of obligations expressed in the principle of respect for autonomy which includes the individual's right to decide what to do with his or her body, their personal information and secrets [16].

Medical privilege

The medical privilege, or physician-patient privilege, is breached when the information about someone else was obtained in a survey or orally and is shared. A person who was entrusted with such information is also sworn not to reveal it to anyone without the person's permission. We give up some aspects of privacy when we consent for others to view our personal files and test results, and yet we always attempt to retain at least partial control over the information about us – for example in diagnostic, therapeutic and diagnostic context. Doctors are obliged to withhold the information on their patients' health unless permitted by a particular patient to do otherwise. The violation of medical privilege can take place in special cases when life is in danger or authorities need to be informed about a crime committed, e.g. when there was murder, heavy body injury, suicide (Medical Profession Act of 1950) [20].

Keeping the vow (faith)

It is the best to see the obligation to keep the faith as a specification of the aforementioned moral principles, especially those of autonomy and justice.

They justify the obligation of acting in good faith, the aim of which is to keep vows and promises, acting on contracts, retain interpersonal relationships and perform one's trust-related obligations. Ethical theories often reduced moral faithfulness to being faithful to one's set goals, promises given and vows taken.

The basic condition of being faithful is here the aptitude to keep one's word. The model of understanding faithfulness as acting on voluntary promises and agreements marginalises, however, some relevant duties which are also included in the faithfulness principle. The patient-doctor relationship is that of trust and discretion. Patients put their well-being in the doctor's hands. This model is based on loyalty and trust rather than on being faithful to one's word. Regardless of whether a doctor promised something to a patient or took an oath, the obligation of being faithful towards patients is established the moment the two start cooperating [21,22].

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