What Ethics Is

Ethics, or moral philosophy, is a field of inquiry that attempts to understand people’s moral beliefs and actions. It considers theories about what human beings are capable of doing, alongside accounts of what they ought to do if they are to live an ethically good life.

One of the key tasks of ethical reasoning, generally, is to analyse and critically consider the values we hold and the claims we make in relation to the obligations that we might have towards one another. Applied to the processes of death and dying and the care provided at end of life, key values that arise include:

- sanctity of life (the fact of being alive is itself deeply valued),
- quality of life (the fact of having positive experiences and avoiding negative experiences is considered deeply morally significant),
- autonomy (respecting someone’s preferences in relation to where, how and when they die is, increasingly, considered to be deeply morally significant and challenging).

A second key task of ethics is to evaluate the adequacy of reasons that we give for our actions: it considers, for example, whether the reasons offered to support a particular course of action are based on sound evidence and/or logical argument. Applied to the processes of death and dying, reasons that are evaluated might be the arguments a health professional offers in support of resuscitating an incompetent terminally-ill patient or a parent’s reasons for refusing medical treatment for a severely disabled neonate.

Ethical problems are often not as clear as other kinds of problems and resolving ethical problems as definitively is not always possible. The aim of ethics then, is not, despite popular opinion, to take the high moral ground and tell people what to do, but, rather, to offer tools for thinking about difficult problems. Good ethical thinking purposefully seeks out the grey in questions and concerns in order to acknowledge the diversity and complexity of roles, situations and circumstances that arise in human life and relationships.

As complex as ethical situations may be, however, there is still an onus on everyone involved in ethically-challenging situations to resolve any problems that arise in the most sincere, reasonable and collaborative way possible. This means that they must be prepared to review and revise their position in the light of reflection, discussion and changing circumstances.

What Healthcare Ethics Is

Healthcare ethics focuses on the ethical problems and challenges that arise in healthcare settings. While health professionals and allied workers may differ in relation to these issues because of their different roles and responsibilities, they nevertheless share much common ground.

For example, in end-of-life situations, different professionals have different functions: consultants and doctors are, generally, the lead decision-makers in relation to treatment or nontreatment decisions, while nurses and allied professionals have much of the responsibility for caring for patients and their families through the dying process. However, these functions may also overlap in both directions; nurses and other professionals contribute to decision-making, consultants and doctors contribute to care.

Anyone with an interest in the issues that arise in end-of-life care – whether they are professionals working in the area, or patients, or their families – may find themselves doing some work in ethics. This is because they are concerned about specific ethically-challenging situations in healthcare settings and, perhaps, the specific duties of their profession or family role. In addressing these concerns, they may have worries about how to evaluate their own actions or the actions of others.

They may pose some of the following questions:
• Are there general principles or rules that we could follow which distinguish between right and wrong?
• Are there virtues and/or relationships that we can nurture, in order to behave well?
• What should I do in this particular situation?
• How should we organise the way in which our society provides healthcare?
• What do health professionals owe patients in their care?

They may also need to explore the meaning and the implications of particular ethical claims, for example, they may worry about the extent of their obligation to preserve life if they hold the view that human life is a profoundly important value.

What Ethics is Not

Ethics is More than the Law
Laws are rules that govern certain human activities which are prescribed by a constitution (in Ireland), legislators and courts and the court system. They are binding on everyone and are enforced by penalties, such as fines or imprisonment. Law and ethics overlap because many illegal actions are, often, also unethical, e.g., killing the innocent or stealing. In turn, many ethical actions are also obligatory in law, e.g., paying taxes.

But there are also important differences between the law and ethics. For example, there are many actions, such as infidelity, lying and cheating, which would be considered unethical but are not usually enforced by law. Equally, there are many ethically praiseworthy actions such as being kind, saving a drowning person and working for charity that we are not legally obliged to perform.

Laws and ethics may also conflict: people might judge laws such as those permitting euthanasia to be unethical, while they might view legally-prohibited actions, such as abortion, as ethically acceptable. The law can also lag behind the moral standards of a society, or it may be used as a tool by a ruling class or dictator, for example, in some societies, laws may enshrine racism or discriminate against women. When this happens, social reformers usually appeal to more general ethical standards of equality or justice in order to have such laws repealed. In short, ethics and law overlap, but ethics offers a set of tools and values against which the appropriateness of laws can be evaluated.

Ethics is More than Popular Opinion
Popular opinion is the view that is perceived to be generally held in a society. It is determined by the media and/or social analysts on the basis of surveys, polls, and interviews or the responses to radio or television programmes. Ethics and popular opinion may overlap, in that popular opinion expresses views on moral issues and it may be a useful indicator of important social concerns.

But there is also much disagreement. Popular opinion is considered to be unsatisfactory as a means of determining what the right thing to do is in any circumstance, for a number of reasons. The main one of these is that popular opinion is often volatile, reactionary and unreflective, e.g., the majority of people who are polled immediately after a harrowing case of child abuse and murder may call for the, arguably unethical, death penalty. A second reason why popular opinion is not a satisfactory determination of right action is that determining popular opinion is fraught with difficulties – which poll/survey/interview counts as truly representative?

In short, popular opinion and ethics may overlap, but ethics is more reflective and critical and appeals to more general rules and values than are expressed by popular opinion.

Ethics is More than Professional Codes
Professional codes, such as the Medical Council’s (2009) Guide to Professional Conduct and Ethics for Registered Medical Practitioners and the An Bord Altranais (2000) Code of Professional Conduct for each Nurse and Midwife, express the ethical and professional standards of professionals, such as doctors and nurses. They are inherently ethical in that they express the aims of these professions and they enumerate the ethical obligations that these bodies of health professionals expect of their members. Ideally, codes function to help professionals in deciding what is the ethically acceptable course of action to take when ethically-worrying challenges arise (e.g., issues concerning patients’ rights or safety). In turn, these professional bodies, through
their Fitness to Practice Committees, may penalize any member who is deemed to have failed in their professional duties. However, while codes are themselves ethical in nature, they are inevitably incomplete; they cannot provide precise guidance for every single situation that may arise. Moreover, some professionals and patients may disagree with the duties imposed in certain circumstances (See Study Session 4 for a discussion of the views of the Irish Medical Council and An Bord Altranais and the Irish Supreme Court in relation to the status of Artificial Nutrition and Hydration). In short, ethics and codes of ethics overlap, but ethics takes a broader view and offers tools that enable individuals to critically consider the aims, duties and implications for practice of their professional codes.

**Key Terms**

**Values**
Values are things that matter to us; that we care about; goals or ideals we aspire to, e.g., health and happiness. *Ethical*, or *moral*, values express ideals of conduct and character that we expect of ourselves and each other, e.g., honesty, loyalty and justice.

**Healthcare Ethics**
Healthcare ethics focuses on the ethical problems and challenges that arise in healthcare settings. In the past twenty years, the field of healthcare ethics in general has rapidly expanded in an effort to address the radical shifts that have occurred as a result of technological advances at the beginning and end of life. Today, human beings can create life, modify life and prolong life in ways that make the wildest of science fiction stories sound tame. Clinical Ethics Committees, Research Ethics Committees and Commissions are being instituted to attend to the moral uncertainty and moral challenges that accompany such rapid changes. Similarly, the evolution of healthcare ethics can be seen as part of a process of development that involves confronting and addressing these challenges.

Where the healthcare ethics literature has always addressed the ethical challenges which health professionals face during the course of their work, the focus, in recent years, has been on good judgement, collaborative decision-making and professional and personal accountability. In addition, because of the particular nature of this work, human relationships, and the ethical bonds and obligations that they give rise to, are at the heart of the moral realm of healthcare provision.

**Activities**

1. Read again the description of what ethics is and ethics is not.
2. Consider the examples of statements in the table below and categorise them as one (or more) of the following:
   - Law
   - Professional codes
   - Public opinion

State also whether you think the statement is ethical, i.e., it involves doing the right thing unethical, i.e., it involves doing the wrong thing non-ethical, i.e., it does not have ethical content; it does not refer to ethical values or reasoning.
You might find it helpful to discuss the examples with a friend or colleague.

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<td>a. Competent over 16s can consent to medical treatment and care.</td>
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<td>b. Cough mixture A is a more effective expectorant than cough mixture B</td>
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<td>c. Health professionals have a duty to intervene in an emergency</td>
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<td>d. The Patient’s Charter informs patients about their rights</td>
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<td>e. Patients ought to be informed if they have a serious illness</td>
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<td>f. Consultants’ orders should be followed</td>
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<td>g. People have a right to refuse treatment even if it results in their death</td>
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<td>h. Hospital environments should be clean and aesthetically pleasing</td>
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<td>i. 80% of doctors agree that cannabis is therapeutic, therefore, it should be legalized</td>
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(adapted from Gallagher, 2005)

You may find that many of the statements can be categorized under more than one heading. For example, **a)** the issue of consent for over 16s is addressed in Irish law but you may also consider that it is an ethically good thing to respect the treatment choices of over 16s. On the other hand, **b)** the claim that cough mixture A is a more effective expectorant than cough mixture B is a factual (non-ethical) claim. Evidence from clinical trials or practice may prove this claim true or false. It would only become an ethical (or professional and legal) concern if a professional prescribed the least effective expectorant for reasons of personal gain, rather than in the best interests of their patient. The statement relating to professional duties in emergency situations, **c)**, may be a familiar one drawn from...
your professional code. You may agree or disagree as to whether it is reasonable and ethical to expect professionals to always intervene in emergency situations, even when they are ‘off-duty’.

Statement d) concerning the Patients’ Charter may reflect individual Constitutional rights and law but it may also articulate the commitment of a health organisation and its employees to deliver ethically appropriate care. The obligation to inform most patients if they have a serious condition, e), is usually articulated in professional codes, as well as in hospital policies and laws. It is also considered to be an ethical obligation because truth-telling is generally viewed as a means of affording patients control over information that concerns them, as well as ensuring their participation in decisions affecting their treatment and care.

Statement f) relates to following orders, obeying the directives of others. The important point here is that professionals need to approach such directives critically and ask if they are ethically sound and clinically and technically appropriate.

That a patient has a right to refuse medical treatment even if it leads to their death, g), is a widely held belief of the Irish public (it is a matter of public opinion) but it is also viewed as an ethically sound claim that has been underpinned by legal decisions and professional codes.

The statement h) may appear, at first sight, to be non-ethical, that is, more a matter of aesthetics (concerned with appearance and beauty), than ethics. However, it has been argued on the basis of a recent survey of over 2000 nurses in the UK that the physical environment contributed to the promotion and diminution of dignity in care. The physical environment is, therefore, an ethical issue, as it influences whether people feel valued or not valued.

Statement i) relates to a poll or survey. We do not know exactly which doctors were asked, how many doctors were surveyed, or whether the sample was representative. Moreover, even if this group of professionals holds this view concerning the therapeutic benefits of cannabis, it does not follow that, i, they are correct; ii, that their views should trump the views of other individuals or groups, or, iii, that there might not be other practical/ethical/legal arguments against the legalization of cannabis.


Key Readings

Canadian Healthcare Association, the Canadian Medical Association, the Canadian Nurses Association and the Catholic Health Association of Canada. (1998). Joint statement on preventing and resolving ethical conflicts involving health care providers and persons receiving care.
http://www.cma.ca/index.cfm/ci_id/3217/la_id/1.htm#princ
Accessed 31 August 2010


Accessible from: http://www.hospicefriendlyhospitals.net/ethics
Study Session 1

Explaining Ethics