Bioethics—Problems for Today

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LEARNING OBJECTIVES

After completing the articles in **Focus: Bioethics**, the reader should be able to:

1. compare the Kantian view of ethics and utilitarianism as tools for medically-related decision-making.
2. compare and contrast autonomy and beneficience as tools for medically-related decision-making.
3. justify the use of these ethical theories in each of the three settings.
4. assess the philosophical theory used by a facility in situations concerning decision making.
5. assess the philosophical theories used by a facility in situations concerning informed consent.

For millennia, all aspects of medicine were viewed as sacred trusts given by the gods for the benefit of humanity. Their word was unquestioned. From Imhotep who was raised to the status of a god in ancient Egypt and Galen whose work was supported by the Emperor Marcus Aurelius, physicians and their associates were held in reverence. They brought hope and solace. The loss of scientific thought and the arrival of the *black death* in medieval Europe caused that comfort to be replaced by fear and quackery.[1,2] With the return of scientific investigation though the work of Erhlich, Pasteur, Gram, Koch, etc., medicine regained much of its former reputation as treatments for infections, diabetes, heart disease and so many more afflictions became possible in the mid-twentieth century. This continued explosive increase in scientific knowledge and medical treatment brought us to the point of asking, "If we can do something, must we?"

The Focus section seeks to publish relevant and timely continuing education for clinical laboratory practitioners. Section editors, topics, and authors are selected in advance to cover current areas of interest in each discipline. Readers can obtain continuing education credit (CE) through P.A.C.E.® by completing the continuing education registration form, recording answers to the examination, and mailing a photocopy of it with the appropriate fee to the address designated on the form. Suggestions for future Focus topics and authors, and manuscripts appropriate for CE credit are encouraged. Direct all inquiries to the Clin Lab Sci Editorial Office, IC Ink, 858 Saint Annes Drive, Iowa City IA 52245. (319) 354-3861, (319) 338-1016 (fax). ic.ink@mchsi.com

Before there was treatment for serious diseases, there was no need for a discussion about the side effects of that treatment. Before there was life after certain diagnoses, there was no need for a discussion about the quality of that life. Before there was large scale experimentation on humans, there was no need for informed consent. Before there was laboratory or medical imaging studies to provide scientific support for diagnosis, there was no need for a discussion of the role of those practitioners in the ethical decision-making process. Before there were medically or scientifically based ethical dilemmas, there was no need to consider the effect of compromising one's ethical belief.

But, we now live in times that demand these discussions as we deal with our own or family decision-making, with issues in our professional environment and with policies at all levels of government. So how do we face ethical dilemmas?

It is possible to simply rely on the moral teachings of one's religion. But different religions have different teachings regarding some situations and are silent regarding other situations. No one willingly follows a religion that does not claim to have the correct answers. Since the answers do not agree, at least some must be incorrect. How does one determine this? The answer "Mine is correct and yours is not" is not intellectually satisfying.

It is possible to simply ignore these dilemmas. After all, they only involve a small number of people in highly circumscribed, perhaps even contrived, relationships. As long as these situations do not involve one personally, then not having an opinion is an option. But is it a satisfying choice? To quote Socrates, "The unexamined life is not worth living." Are we not as humans required to grapple with thought and to exercise free will? If so, then failing to confront the issues of the day makes us less human.

It is possible to evaluate the basic assumptions through which we live our lives. A philosophical approach is difficult, for many assumptions are ingrained in a complex web of belief systems, cultural expectations, education, and experience. What is moral in one culture might not be in another. What was correct at one time might not be in another. Cultural

bias and tradition are at the heart of many disputes today. Are ethics a constant or does they too change with time or place? If they change, then what need is there for profound thought? If they do not change, then why do we not find them as constants throughout history or cultures?

Ethical dilemmas that face the medical and scientific communities will only increase as we move forward into this century. Whether as patients or caregivers, laboratorians will be involved in them at many different levels. If a person does not support a particular action, how can they continue to work for an organization or institution that does? If a person does support a particular action, how can they continue to work for an organization or institution that refuses to act in this manner?

The scenarios presented here do not at first glance impact the clinical laboratory directly. Yet, each of us has faced a patient who has refused to provide a blood specimen. How hard should we try to convince another that having a specimen collected is a good thing? Each of us expects that our wishes concerning our own medical care will be honored. What impact will our knowledge and influence have as we serve as health proxies to others?

There is a worldwide debate over the utilization of personal information by unknown numbers of agencies and groups. As we are responsible for the generation of the data, are we responsible for how that data is used? Or are we just following orders? Or do we have multiple (perhaps contradictory) views as individuals, as parents, as health proxies, as professionals?

This Focus section is not intended to provide definitive answers. It is the intent to provide a framework for people to clarify their own views, particularly on informed consent. While there are many different frameworks for these discussions, we chose those that differ most dramatically. We hope that they will encourage lunchtime discussions, after dinner mullings, and spirited conversations at professional meetings.

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Clin Lab Sci encourages readers to respond with thoughts, questions, or comments regarding this Focus section. Email responses to ic.ink@mchsi.com. In the subject line, please type "CLIN LAB SCI 21(2) FO BIOETHICS". Selected responses will appear in the Dialogue and Discussion section in a future issue. Responses may be edited for length and clarity. We look forward to hearing from you.

ENDNOTES

1. Kennedy MA. Brief history of disease, science, and medicine. Cranston RI: The Writer's Collective; 2004.
2. Barry JM. The great influenza: the epic story of the deadliest plague in history. New York: Penguin Group; 2004.