

The Cambridge Textbook of

Bioethics

Edited by
Peter A. Singer and
A. M. Viens

CAMBRIDGE
Medicine

CAMBRIDGE www.cambridge.org/9780521872843

The Cambridge Textbook of Bioethics

Medicine and healthcare generate many bioethical problems and dilemmas that are of great academic, professional and public interest. This comprehensive resource is designed as a succinct yet authoritative text and reference for clinicians, researchers, bioethicists, and students seeking a better understanding of the ethical problems in the healthcare setting. Each chapter illustrates an ethical problem that might be encountered in everyday practice; defines the concepts at issue; examines their implications from the perspectives of ethics, law, and policy; and then provides a practical resolution. There are 10 key sections presenting the most vital topics and clinically relevant areas of modern bioethics. International, interdisciplinary authorship and cross-cultural orientation ensure suitability for a worldwide audience. This book will assist all clinicians in making well-reasoned and defensible decisions by developing their awareness of ethical considerations and teaching the analytical skills to deal with them effectively.

Peter A. Singer is Director Emeritus, University of Toronto Joint Centre for Bioethics; Senior Scientist, McLaughlin-Rotman Centre for Global Health, University Health Network, University of Toronto; Sun Life Financial Chair in Bioethics and Professor of Medicine, University of Toronto.

A. M. Viens is a Senior Scholar at Hertford College, Oxford, a Doctoral Student in the Faculty of Philosophy at the University of Oxford and a member of the Joint Centre for Bioethics, University of Toronto.

The Cambridge Textbook of Bioethics

Editor-in-Chief

Peter A. Singer

University of Toronto and University
Health Network, Canada

Executive Editor

A. M. Viens

Hertford College, Oxford, UK



CAMBRIDGE UNIVERSITY PRESS

Cambridge, New York, Melbourne, Madrid, Cape Town, Singapore, São Paulo

Cambridge University Press

The Edinburgh Building, Cambridge CB2 8RU, UK

Published in the United States of America by Cambridge University Press, New York

www.cambridge.org

Information on this title: www.cambridge.org/9780521872843

© Cambridge University Press 2008

This publication is in copyright. Subject to statutory exception and to the provision of relevant collective licensing agreements, no reproduction of any part may take place without the written permission of Cambridge University Press.

First published in print format 2008

ISBN-13 978-0-511-37859-1 eBook (NetLibrary)

ISBN-13 978-0-521-87284-3 hardback

ISBN-13 978-0-521-69443-8 paperback

Cambridge University Press has no responsibility for the persistence or accuracy of urls for external or third-party internet websites referred to in this publication, and does not guarantee that any content on such websites is, or will remain, accurate or appropriate.

Contents

List of contributors page ix
Acknowledgements xvi

1 Introduction 1
A. M. Viens and Peter A. Singer

Section I Information problems

Introduction 9
Anne Slowther

2 Consent 11
John R. Williams

3 Capacity 17
Julie Chalmers

4 Disclosure 24
Lori d'Agincourt-Canning and Carolyn Johnston

5 Voluntariness 31
Mary Jane Dykeman and Kate Dewhirst

6 Truth telling 36
Philip C. Hébert, Barry Hoffmaster,
and Kathleen C. Glass

7 Confidentiality 43
Anne Slowther and Irwin Kleinman

Section II End of life care

Introduction 51
James A. Tulsky

8	Quality end of life care Peter A. Singer, Neil MacDonald, and James A. Tulsky	53	18	Non-therapeutic pediatric interventions David Benatar	127
9	Substitute decision making Robert A. Pearlman	58	19	Child abuse and neglect Benjamin H. Levi	132
10	Advance care planning James A. Tulsky, Linda L. Emanuel, Douglas K. Martin and Peter A. Singer	65	Section IV Genetics and biotechnology		
11	Euthanasia and assisted suicide Bernard M. Dickens, Joseph M. Boyle Jr., and Linda Ganzini	72		Introduction Abdallah S. Daar	143
12	Conflict in the healthcare setting at the end of life Susan Dorr Goold, Brent C. Williams, and Robert Arnold	78	20	Organ transplantation Linda Wright, Kelley Ross, and Abdallah S. Daar	145
13	Brain death Sam D. Shemie, Neil Lazar, and Bernard M. Dickens	85	21	Regenerative medicine Heather L. Greenwood and Abdallah S. Daar	153
Section III Pregnant women and children			22	Genetic testing and screening Ruth Chadwick	160
	Introduction John Lantos	95	23	Bio-banking Bartha Maria Knoppers and Madelaine Saginur	166
14	Ethical dilemmas in the care of pregnant women: rethinking “maternal–fetal conflicts” Françoise Baylis, Sanda Rodgers, and David Young	97	24	Behavioral genetics Jason Scott Robert	174
15	Prenatal testing and newborn screening Lainie Friedman Ross	104	Section V Research ethics		
16	Assisted reproduction Roxanne Mykitiuk and Jeff Nisker	112		Introduction Richard E. Ashcroft	185
17	Respectful involvement of children in medical decision making Nuala Kenny, Jocelyn Downie, and Christine Harrison	121	25	Research ethics Eric M. Meslin and Bernard M. Dickens	187
			26	Innovation in medical care: examples from surgery Randi Zlotnik Shaul, Jacob C. Langer, and Martin F. McKneally	194
			27	Clinical trials Richard E. Ashcroft and A. M. Viens	201
			28	Epidemiological research Richard E. Ashcroft	207

29	Clinical research and the physician–patient relationship: the dual roles of physician and researcher	214	Nancy M. P. King and Larry R. Churchill
30	Financial conflict of interest in medical research	222	Trudo Lemmens and Lori Luther
31	Embryo and fetal research	231	Ronald M. Green
Section VI Health systems and institutions			
	Introduction	241	Ross Upshur
32	Organizational ethics	243	Jennifer L. Gibson, Robert Sibbald, Eoin Connolly, and Peter A. Singer
33	Priority setting	251	Douglas K. Martin, Jennifer L. Gibson, and Peter A. Singer
34	Disclosure of medical error	257	Philip C. Hébert, Alex V. Levin, and Gerald Robertson
35	Conflict of interest in education and patient care	266	Ann Sommerville
36	Public health ethics	274	Halley S. Faust and Ross Upshur
37	Emergency and disaster scenarios	281	Harvey Kayman, Howard Radest, and Sally Webb
38	Rural healthcare ethics	289	William A. Nelson and Jared M. Schmiddek
39	Community healthcare ethics	299	Kyle W. Anstey and Frank Wagner
Section VII Using clinical ethics to make an impact in healthcare			
	Introduction	309	Susan K. MacRae
40	Clinical ethics and systems thinking	313	Susan K. MacRae, Ellen Fox, and Anne Slowther
41	Innovative strategies to improve effectiveness in clinical ethics	322	Jennifer L. Gibson, M. Dianne Godkin, C. Shawn Tracy, and Susan K. MacRae
42	Teaching bioethics to medical students and postgraduate trainees in the clinical setting	329	Martin F. McKneally and Peter A. Singer
Section VIII Global health ethics			
	Introduction	339	Solomon R. Benatar
43	Global health ethics and cross-cultural considerations in bioethics	341	Solomon R. Benatar
44	Physician participation in torture	350	Jerome Amir Singh
45	Access to medicines and the role of corporate social responsibility: the need to craft a global pharmaceutical system with integrity	359	Jillian Clare Cohen-Kohler and Patricia Illingworth
46	Global health and non-ideal justice	369	Gopal Sreenivasan

**Section IX Religious and cultural perspectives
in bioethics**

	Introduction	379
	Joseph M. Boyle, Jr. and David Novak	
47	Aboriginal bioethics	383
	Jonathan H. Ellerby	
48	Buddhist bioethics	391
	Damien Keown	
49	Chinese bioethics	397
	Kerry W. Bowman and Edwin C. Hui	
50	Hindu and Sikh bioethics	403
	Harold Coward and Tejinder Sidhu	
51	Islamic bioethics	408
	Abdallah S. Daar, Tarif Bakdash, and Ahmed B. Khitamy	
52	Jehovah's Witness bioethics	416
	Osamu Muramoto	
53	Jewish bioethics	424
	Gary Goldsand, Zahava R.S. Rosenberg-Yunger, and Michael Gordon	
54	Protestant bioethics	430
	Merril Pauls and Roger C. Hutchinson	
55	Roman Catholic bioethics	436
	Hazel J. Markwell and Barry F. Brown	

Section X Specialty bioethics

	Introduction	445
	A. M. Viens	
56	Surgical ethics	447
	James Andrews and Larry Zaroff	
57	Anesthesiology ethics	454
	Gail A. Van Norman	
58	Critical and intensive care ethics	462
	Phillip D. Levin and Charles L. Sprung	
59	Emergency and trauma medicine ethics	469
	Arthur B. Sanders	
60	Primary care ethics	475
	Margaret Moon, Mark Hughes, and Jeremy Sugarman	
61	Infectious diseases ethics	481
	Jay A. Jacobson	
62	Psychiatric ethics	487
	Sidney Bloch and Stephen A. Green	
63	Neuroethics	495
	Eric Racine and Judy Illes	
64	Pharmacy ethics	505
	Margaret L. Eaton	
65	Alternative and complementary care ethics	513
	Michael H. Cohen	
	<i>Index</i>	521

Contributors

Editor-in-Chief Peter A. Singer

Executive Editor A. M. Viens

Section Editors Richard E. Ashcroft, Solomon R. Benatar, Joseph M. Boyle, Jr., Abdallah S. Daar, John Lantos, Susan K. MacRae, David Novak, Anne Slowther, James A. Tulsky, Ross Upshur, and A. M. Viens.

James Andrews

School of Medicine, Stanford University, Palo Alto, CA, USA

Kyle W. Anstey

Bioethicist, University Health Network, Toronto, Canada

Robert Arnold

Leo H. Cripie Chair in Patient Care, Institute to Enhance Palliative Care, Section of Palliative Care and Medical Ethics, University of Pittsburgh, Pittsburgh, USA

Richard E. Ashcroft

Professor of Bioethics, School of Law, Queen Mary, University of London, UK

Tarif Bakdash

Pediatric Neurologist; Lecturer, Damascus University, Syria

Françoise Baylis

Professor and Canada Research Chair in Bioethics and Philosophy, Department of Bioethics, Faculty of Medicine, Dalhousie University, Halifax, Canada

David Benatar

Professor, Department of Philosophy, University of Cape Town, South Africa

Solomon R. Benatar

Professor of Medicine and Founding Director of the University of Cape Town's Bioethics Centre, South Africa; Joint Centre for Bioethics, University of Toronto, Canada

Sidney Bloch

Professor, Department of Psychiatry and Adjunct Professor, Center for Health and Society, University of Melbourne, Australia

Kerry W. Bowman

Bioethicist, Mount Sinai Hospital and Assistant Professor, Department of Family and Community Medicine, University of Toronto, Canada

Joseph M. Boyle, Jr.

Professor, Department of Philosophy, University of Toronto, Canada

Barry F. Brown

Professor Emeritus, Department of Philosophy, University of Toronto, Canada

Ruth Chadwick

Distinguished Research Professor and Director, Centre for Economic and Social Aspects of Genomics, Cardiff Law School, Cardiff University, UK

Julie Chalmers

Consultant General Adult Psychiatrist, OBMH Partnership NHS Trust Oxford and Honorary Senior Clinical Lecturer, University of Oxford, UK

Larry R. Churchill

Ann Geddes Stahlman Professor of Medical Ethics, Vanderbilt University Medical Center, Vanderbilt, USA

Jillian Clare Cohen-Kohler

Assistant Professor, Leslie Dan Faculty of Pharmacy, University of Toronto, Canada

Michael H. Cohen

Assistant Professor, Department of Health Policy and Management, Harvard School of Public Health, Harvard University, Cambridge, USA

Eoin Connolly

Bioethicist, Centre for Clinical Ethics (a shared service of Providence Healthcare, St. Joseph's Health Centre, & St. Michael's Hospital), Toronto, Canada

Harold Coward

Professor of History and Former Director, Centre for Studies in Religion and Society, University of Victoria, Canada

Abdallah S. Daar

Senior Scientist and Co-director, Program on Life Sciences, Ethics and Policy, McLaughlin-Rotman Centre for Global Health, University Health Network and University of Toronto and Professor of Public Health Sciences and Surgery, University of Toronto, Canada

Lori d'Agincourt-Canning

Clinical Ethicist, Children's and Women's Health Centre, Vancouver, Canada

Kate Dewhirst

Corporate Counsel to the Centre for Addiction and Mental Health, Toronto, Canada

Bernard M. Dickens

Professor Emeritus, Faculty of Law and Faculty of Medicine; Joint Centre for Bioethics, University of Toronto, Canada

Jocelyn Downie

Director, Health Law Institute School of Law,
Dalhousie University, Halifax, Canada

Mary Jane Dykeman

Barrister and Solicitor; Adjunct Professor (Mental
Health), Osgoode Hall Law School, York University,
Toronto, Canada

Margaret L. Eaton

Lecturer in Management, Graduate School of
Business, Stanford University, Palo Alto, USA

Jonathan H. Ellerby

Spiritual Program Director, Canyon Ranch Health
Resort, Tucson, USA

Linda L. Emanuel

Professor, Division of General Internal Medicine,
Feinberg School of Medicine, Northwestern
University, Chicago, USA

Halley S. Faust

Board of Regents and Secretary-Treasurer, American
College of Preventive Medicine; Managing Director,
Jerome Capital, LLC, Santa Fe, USA

Ellen Fox

Director, National Center for Ethics in Health Care, US
Department of Veterans Affairs, Washington DC, USA

Linda Ganzini

Professor of Psychiatry and Medicine; Senior Scholar,
Center for Ethics in Health Care, Oregon Health and
Science University, Portland, USA

Jennifer L. Gibson

Assistant Professor, Department of Health Policy,
Management and Evaluation and Director,
Partnerships and Strategy, Joint Centre for Bioethics,
University of Toronto, Canada

Kathleen C. Glass

Director, Biomedical Ethics Unit and Associate
Professor, Departments of Human Genetics and

Pediatrics, McGill University; Clinical Ethicist, The
Montréal Children's Hospital, Montréal, Canada

M. Dianne Godkin

Clinical Ethicist and Manager, Centre for Clinical
Ethics (a shared service of Providence Healthcare,
St. Joseph's Health Centre, and St. Michael's Hospital),
Toronto, Canada

Gary Goldsand

Clinical Ethicist, Royal Alexandra Hospital, Edmonton,
Canada

Susan Dorr Goold

Associate Professor of Internal Medicine and Director,
Bioethics Program, University of Michigan, Ann Arbor
USA

Michael Gordon

Vice President Medical Services and Head of Geriatrics
and Internal Medicine, Baycrest Centre for Geriatric
Care; Professor, Faculty of Medicine, University of
Toronto, Canada

Ronald M. Green

Eunice & Julian Cohen Professor for the Study of
Ethics and Human Values and Director of the Ethics
Institute, Dartmouth University, Hanover, USA

Stephen A. Green

Clinical Professor, Department of Psychiatry,
Georgetown University Hospital, Washington DC, USA

Heather L. Greenwood

Program on Life Sciences, Ethics and Policy,
McLaughlin-Rotman Centre for Global Health and
University Health Network, University of Toronto,
Canada

Christine Harrison

Director of the Bioethics Department, The Hospital for
Sick Children; Joint Centre for Bioethics and Associate
Professor, Department of Paediatrics, University of
Toronto, Canada

Philip C. Hébert

Bioethicist and Director of the Clinical Ethics Centre, Sunnybrook Health Sciences Centre; Joint Centre for Bioethics and Associate Professor, Department of Family and Community Medicine, University of Toronto, Canada

Barry Hoffmaster

Professor, Department of Philosophy, University of Western Ontario, London, Canada

Mark Hughes

Assistant Professor, Division of General Internal Medicine, School of Medicine; Berman Institute of Bioethics, Johns Hopkins University, Baltimore, USA

Edwin C. Hui

Professor of Medical Ethics, Lee Ka Shing Faculty of Medicine, University of Hong Kong, China

Roger C. Hutchinson

Professor Emeritus of Church and Society, Emmanuel College of Victoria University in the University of Toronto, Canada

Judy Illes

Director of the Program in Neuroethics, Stanford Center for Biomedical Ethics, Stanford University, Palo Alto, USA

Patricia Illingsworth

Associate Professor, Department of Philosophy and Religions, Northeastern University, Boston, USA

Jay A. Jacobson

Chief of the Division of Medical Ethics and Humanities; LDS Hospital and the University of Utah School of Medicine, Salt Lake City, USA

Carolyn Johnston

Adviser in Medical Law and Ethics, School of Medicine, King's College London, UK

Harvey Kayman

Public Health Medical Officer III, Bioterrorism and Pandemic Influenza Planning and Preparedness Section, Immunization Branch, California Department of Public Health, USA

Nuala Kenny

Professor, Departments of Bioethics and Pediatrics, Faculty of Medicine, Dalhousie University, Halifax, Canada

Damien Keown

Professor of Buddhist Ethics, Department of History, Goldsmiths College, University of London, UK

Ahmed B. Khitamy

Department of Microbiology, Sultan Qaboos University Hospital, Oman

Nancy M. P. King

Professor, Department of Social Sciences and Health Policy; Wake Forest University School of Medicine, Winston-Salem, USA

Irwin Kleinman

Department of Psychiatry, Faculty of Medicine, University of Toronto, and Mount Sinai Hospital, Toronto, Canada

Bartha Maria Knoppers

Canada Research Chair in Law and Medicine and Professor, Faculté de Droit, Université de Montréal, and Researcher, Centre de Recherche en Droit Public, Université de Montréal, Canada

Jacob C. Langer

Chief, Department of General Surgery, Hospital for Sick Children and Professor, Department of Surgery, University of Toronto, Canada

John Lantos

John B. Francis Chair in Bioethics, Center for Practical Bioethics and Associate Director, MacLean Center for Clinical Medical Ethics, University of Chicago, USA

Neil Lazar

Site Director, Medical Surgical ICU, Toronto General Hospital; Associate Professor of Medicine and Member of the Joint Centre for Bioethics, University of Toronto, Canada

Trudo Lemmens

Associate Professor, Faculty of Law, University of Toronto, Canada

Benjamin H. Levi

Associate Professor, Departments of Humanities and Pediatrics, Penn State University, University Park, USA

Alex V. Levin

Associate Professor, Departments of Paediatrics, Genetics and Ophthalmology and Vision Sciences, and Director, Postgraduate Bioethics Education, Faculty of Medicine, University of Toronto, Canada

Phillip D. Levin

Attending Physician, Department of Anesthesiology and Critical Care Medicine, Hadassah Hebrew University Hospital, Jerusalem, Israel

Lori Luther

Faculty of Law, University of Toronto, Canada

Neil MacDonald

Director, McGill Cancer Nutrition and Rehabilitation Programme, Department of Oncology, McGill University, Canada

Susan K. MacRae

Deputy Director and the Director of the Clinical Ethics Fellowship, Joint Centre for Bioethics, University of Toronto, Canada

Hazel J. Markwell

Bioethicist and Director of the Centre for Clinical Ethics (shared service of Providence Healthcare, St. Joseph's Health Centre, and St. Michael's Hospital); Joint Centre for Bioethics and Assistant Professor, Department of Anaesthesia, University of Toronto, Canada

Douglas K. Martin

Associate Professor, Department of Health Policy, Management and Evaluation, and Joint Centre for Bioethics, University of Toronto, Canada

Martin F. McKneally

Professor Emeritus, Department of Surgery, University of Toronto, Canada

Eric M. Meslin

Director, Indiana University Center for Bioethics, Associate Dean for Bioethics, School of Medicine and Professor of Medicine, Medical and Molecular Genetics, and Philosophy, Indiana University, Indianapolis, USA

Margaret Moon

Assistant Professor, Division of Pediatrics and Adolescent Medicine, School of Medicine; Berman Institute of Bioethics, Johns Hopkins University, Baltimore, USA

Osamu Muramoto

Regional Ethics Council and Department of Neurology, Kaiser Permanente Northwest Division, Portland, USA

Roxanne Mykitiuk

Associate Professor, Osgoode Hall Law School, York University, Toronto, Canada

William A. Nelson

Associate Professor of Psychiatry, Department of Community and Family Medicine, Dartmouth Medical School, Hanover, USA

Jeff Nisker

Professor, Departments of Obstetrics–Gynaecology and Oncology and Coordinator of Health Ethics and Humanities, Schulich School of Medicine and Dentistry, University of Western Ontario, London, Canada

David Novak

J. Richard and Dorothy Shiff Chair of Jewish Studies, Department of Religious Studies, University of Toronto, Canada

Merril Pauls

Director of Medical Humanities and Member of the Section of Emergency Medicine, Faculty of Medicine, University of Manitoba, Winnipeg, Canada

Robert A. Pearlman

Department of Medicine, and Department of Medical History and Ethics, University of Washington, Seattle, USA

Eric Racine

Director, Neuroethics Research Unit, Institut de recherches cliniques de Montréal, Montréal, Canada

Howard Radest

Adjunct Professor, Department of Philosophy, University of South Carolina at Beaufort, USA

Jason Scott Robert

Assistant Professor, School of Life Sciences, Arizona State University, Tempe, USA

Gerald Robertson

Faculty of Law, University of Alberta, Edmonton, Canada

Sanda Rodgers

Shirley E. Greenberg Professor of Women and the Legal Profession, Faculty of Law, University of Ottawa, Canada

Zahava R. S. Rosenberg-Yunger

Joint Centre for Bioethics, University of Toronto, Canada

Kelley Ross

Joint Centre for Bioethics, University of Toronto, Canada

Lainie Friedman Ross

Carolyn and Matthew Bucksbaum Professor of Clinical Ethics and Professor of the Departments of Pediatrics and Medicine, University of Chicago, USA

Madelaine Saginur

Research Associate, Centre de Recherche en Droit Public, Université de Montréal, Canada

Arthur B. Sanders

Professor, Emergency Medicine, College of Medicine, University of Arizona, Tucson, USA

Jared M. Schmidek

Center for the Evaluative Clinical Sciences, Dartmouth Medical School, Hanover, USA

Sam D. Shemie

Division of Pediatric Critical Care, Montréal Children's Hospital, McGill University and the Bertram Loeb Chair in Organ and Tissue Donation, University of Ottawa, Canada

Robert Sibbald

Clinical Ethicist, London Health Sciences Centre, London, Canada

Tejinder Sidhu

Family Physician, Victoria, British Columbia, Canada

Peter A. Singer

Director Emeritus, Joint Centre for Bioethics, University of Toronto, Senior Scientist, McLaughlin–Rotman Centre for Global Health, University Health Network and University of Toronto, and Professor of Medicine, and Sun Life Chair in Bioethics, University of Toronto, Canada

Jerome Amir Singh

Howard College School of Law; CAPRISA, University of KwaZulu-Natal; Adjunct Professor, Department of Public Health Sciences; Joint Centre for Bioethics, University of Toronto

Anne Slowther

Senior Lecturer in Clinical Ethics, University of Warwick Medical School, Coventry, UK

Ann Sommerville

Head of Ethics Department, British Medical Association, London, UK

Charles L. Sprung

Professor of Medicine and Critical Care Medicine, Department of Anesthesiology and Critical Care Medicine, Hadassah Hebrew University Hospital, Jerusalem, Israel

Gopal Sreenivasan

Canada Research Chair and Associate Professor, Department of Philosophy; Joint Centre for Bioethics, University of Toronto, Canada

Jeremy Sugarman

Harvey M. Meyerhoff Professor of Bioethics and Medicine and Deputy Director for Medicine, Berman Institute of Bioethics, Johns Hopkins University, Baltimore, USA

C. Shawn Tracy

Research Associate, Primary Care Research Unit, Sunnybrook Health Sciences Centre; Joint Centre for Bioethics, University of Toronto, Canada

James A. Tulsky

Professor of Medicine and Director of the Center for Palliative Care, Duke University and the Durham VA Medical Center, Durham, USA

Ross d Upshur

Director, Joint Centre for Bioethics, Canada Research Chair in Primary Care Research and Associate Professor, Departments of Family and Community Medicine and Public Health Sciences, University of Toronto, Canada

Gail A. Van Norman

Clinical Associate Professor of Anesthesiology and Affiliate Associate Professor of Medical History and Ethics, University of Washington, Seattle, USA

A. M. Viens

Senior Scholar, Hertford College, Oxford; Doctoral Student, Faculty of Philosophy, University of Oxford, UK; Joint Centre for Bioethics, University of Toronto, Canada

Frank Wagner

Bioethicist, Toronto Central Community Care Access Centre; Joint Centre For Bioethics and Assistant Professor, Department of Family and Community Medicine, University of Toronto, Canada

Sally Webb

Associate Professor of Pediatrics and Emergency/Critical Care Medicine, Medical University of South Carolina, Charleston, USA

Brent C. Williams

Associate Professor, Department of Internal Medicine, University of Michigan, Ann Arbor, USA

John R. Williams

Adjunct Professor, Faculty of Medicine, University of Ottawa, Canada

Linda Wright

Senior Bioethicist, University Health Network, Joint Centre for Bioethics, University of Toronto, Canada

David Young

Professor and Head, Department of Obstetrics and Gynaecology, Faculty of Medicine, Dalhousie University, Halifax, Canada

Larry Zaroff

Senior Research Scholar, Center for Biomedical Ethics, Stanford University, Palo Alto, USA

Randi Zlotnik Shaul

Bioethicist, The Hospital for Sick Children; Joint Centre for Bioethics, University of Toronto, Canada

Acknowledgements

We would like to extend our appreciation and warmest thanks to all that made this project possible. We are both grateful to the University of Toronto Joint Centre for Bioethics, truly one of the world's great bioethics centres, for providing the support to make this book become a reality. In particular, the Deputy Director, Sue MacRae, and the Centre's great new Director, Ross Upshur, was instrumental in creating this book. The Joint Centre is filled with wonderful colleagues, many of whom you will meet as authors of chapters in this book. We would also like to thank Richard Barling, Dan Dunlavey, Nicholas Dunton, Rachael Lazenby, Jane Ward and Richard Marley from Cambridge University Press, and especially all of the section editors and contributors.

A. M. Viens would like to acknowledge the family, friends, and colleagues who provided help and support over the course of this project. In particular, Jeffrey Bibbee, Melanie Bigold, Eoin Connolly, Roger Crisp, Markus Kohl, James Morauta, Mary Rowell, Julian Savulescu, Peter A. Singer, Eli Tyshynski, and especially Louise Viens. He would also like to thank the Joint Centre for Bioethics at the University of Toronto for awarding him an Ethics Fellowship that allowed him to complete this project.

Peter A. Singer would like to express his thanks to those who have mentored and supported his career in bioethics: Mark Siegler, the late Alvan R. Feinstein, Frederick H. Lowy, Arnie Aberman, C. David Naylor, Catharine Whiteside, Michael Baker, Wendy Levinson, Bob Bell, and Joseph L. Rotman. His close friends Abdallah Daar and James G. Wright have served as constant sounding boards. But his greatest thanks and love go to his family. His children – David, Erin, and Rebecca – provide a very special motivation. His wife, Heather, was a constant companion, steadfast support, and great friend.

Introduction

A. M. Viens and Peter A. Singer

You probably faced a clinical issue today with an ethical component. Did you recognize it? Did you know how to address it? Did you have an organized framework? Did you know what to say to the patient and their family? Did you know what to do? Did you feel comfortable and confident in this aspect of your clinical practice? This book seeks to address how greater recognition of ethical issues and their resolution can improve patient care, research practices, and institutional arrangements.

What is bioethics?

Bioethics, while a modern term, is as old as medicine itself. The Code of Hammurabi and the Hippocratic Oath, for instance, include provisions concerning the importance of ethical considerations to clinical practice. In addition to its initial focus on ethical issues relevant to clinical care, bioethics concerns the moral, legal, political, and social issues raised by medicine, biomedical research, and life sciences technologies.

While bioethical considerations will remain a central aspect of medicine, it can do so at different levels. One can distinguish between three broad spheres of bioethics. The first is academic bioethics, a sphere primarily focused on how theoretical and practical aspects of medicine affect considerations such as special obligations or responsibilities of clinicians, what is valuable, good, right, etc. in the biomedical context and how one might go about

providing systematic accounts of such considerations. The second is public policy and law bioethics, where concerns lies in how legal and extra-legal institutions can and should be involved in the regulation of clinical and research practices. The final sphere is clinical ethics, and its focus is directly related to how the incorporation of bioethics into clinical practice can help to improve patient care. Indeed, as a multidisciplinary field, these spheres are often interconnected, and scholars and clinicians can work across multiple spheres. This book seeks to incorporate the best of all three spheres, with primary attention paid to clinical ethics.

Audience of the book

This book has been written with practicing clinicians (e.g., physicians, surgeons, nurses, dentists, physical/occupational/respiratory therapists, etc.) and allied health professionals (e.g., social workers, bioethicists, healthcare managers/executives, etc.) in mind, but it can also be invaluable to educators teaching bioethics in medical schools, residency programs, and continuing medical education programs. Additionally, this book will also be relevant for researchers and students in non-clinical disciplines interested in bioethics (e.g., philosophy, law, religious studies, health policy, public health, health administration/management, etc.) as illustrative of how the recognition and management of ethical issues at the clinical interface relates to theoretical considerations and organizational

structures. As such, we also expect that the book will serve as a textbook for courses in bioethics. Finally, since bioethics has moved very much to the public arena, we also anticipate that the book will be of interest to patients and the public. Its case-based approach makes it particularly accessible.

Aims of the book

Firstly, the book is meant to be *practical*. In particular, the practical aims of the book are *pedagogical* and *clinical*. The goal is to support performance (i.e., what clinicians actually do) by helping to develop awareness and skills in the analysis of normative considerations that affect clinical and research practices. All of the chapters provide guidance on applying bioethical concepts in daily practice and serve to show how the integration of such bioethical knowledge into clinical practice facilitates the ability to make well-reasoned and defensible decisions. Almost 30 years ago, Mark Siegler (1978; cf. Siegler *et al.*, 1990) emphasized that the goal of teaching bioethics is to improve the quality of patient care by identifying, analyzing, and attempting to resolve the ethical problems that arise in the practice of clinical medicine. Today, virtually all medical schools incorporate bioethics into their curricula and most regulatory authorities require the teaching of bioethics as a condition of accrediting residency programs. Clinicians desire and actively seek help with how to deal with ethical issues in clinical practice. For instance, the British Medical Association (BMA) receives several thousand enquiries about ethical issues from clinicians – indeed, in just one week, the BMA’s online ethics guidance was accessed by more than 1400 visitors (BBC, 2003).

Secondly, the book is meant to be *versatile*. Each chapter provides a focused and detailed examination of bioethical issues, which can be read sequentially, used as a reference when particular problems arise, and used as a set text in group teaching or open learning environments. While some readers will want to read all of the chapters, the book is structured in thematic sections that

provide an easy and accessible way of concentrating on how ethical issues surrounding a particular topic are connected. Professional performance with respect to bioethical matters depends on many factors, including the clinician’s values, beliefs, knowledge of ethical and legal constructs, ability to recognize and analyze ethical problems, and interpersonal and communications skills. Although this book cannot address every aspect of bioethics in medical practice, the contributors hope that it will provide a helpful starting point for clinicians, and its versatility will also serve to complement educational and training initiatives. In many cases, the relevant chapter will be all a busy clinician needs to read for help in dealing with an ethical issue faced in patient care.

Thirdly, the book is meant to be *comprehensive*. The book is comprehensive in terms of the *breadth and substance* of the over 60 chapters that are organized under 10 key sections presenting the most vital topics and clinically relevant areas in bioethics: (I) Information problems, (II) End of life-care, (III) Pregnant women and children, (IV) Genetics and biotechnology, (V) Research ethics, (VI) Health systems and institutions, (VII) Using clinical ethics to make an impact on healthcare, (VIII) Global health bioethics, (IX) Religious and cultural perspectives in bioethics, and (X) Specialty bioethics. The book is also comprehensive in terms of its *interdisciplinarity*. Chapter contributors have trained and practiced in a wide spectrum of clinical specialties and academic disciplines (e.g., medicine, surgery, pharmacy, physical medicine, law, philosophy, theology). This interdisciplinary approach will help to ensure that concepts are described faithfully with respect to their empirical context in medicine and with an understanding of their theoretic roots in ethics and law. Finally, it is comprehensive in terms of its *internationalism*; in virtue of both having expert contributors from a number of different countries (e.g., Australia, Canada, China, Israel, Oman, South Africa, Syria, UK, and USA) and ensuring that the material is internationally applicable. Clinicians become involved in healthcare choices as facilitators of the patient’s decision-making process. As such,

they need an awareness of the cultural and religious background that may influence their view of the patient's situation, as well as familiarity with religious and culturally based values different from their own. Although understanding and accommodating the unique cultural and religious views of patients – especially in relation to the ethical aspects of practice – is a critical determinant of quality of care, guidance for clinicians on how to do so is not easy to locate in the medical literature.

Structure of the book

Each chapter begins with one or more clinical cases highlighting the issue under discussion and ends with suggested approaches to these cases. The cases reflect the authors' experience and are not intended to refer to any particular patient. We have included clinical cases as a way of presenting ethical dilemmas within a specific, plausible context and providing a means of contextualizing the relevant ethical issues in terms of how they related to clinical practice (also cf. Kimball, 1995; Davis, 1999). These cases illustrate that bioethics is not an esoteric pursuit removed from the exigencies of everyday practice; rather, bioethics is in the background of every encounter between clinicians, researchers, administrators, patients, and their families. All clinicians understand why the chapters begin and end with cases – cases are how we learn medicine. As the great Canadian physician Sir William Osler (1906) said: "... the student begins with the patient, continues with the patient, and ends his studies with the patient, using books and lectures as tools, as means to an end."

Each chapter aims to answer three basic questions about the bioethical issue at hand. Firstly, *what is it?* – i.e., how the concept/issue so defined is to be understood in the context to be discussed and why it has relevance to clinical practice. Secondly, *why is it important?* – i.e., how the concept/issue has clinical relevance from the perspectives of ethics, law, policy, and empirical studies. Thirdly, *how should it be approached in practice?* – i.e., how

the concept/issue under consideration is applied and/or can be used in clinical practice to improve patient care. The chapter concludes by discussing the resolution of the case(s) introduced at the beginning of the chapter.

The book is based on the very popular 28-part series, *Bioethics for Clinicians*, published in the *Canadian Medical Association Journal* between 1996 and 2002 and edited by Peter A. Singer. These frequently downloaded articles have been used by clinicians throughout the world and have been translated into several languages. This collection, however, provides a far more comprehensive and up-to-date resource, but with the same spirit of improving clinical practice. Therefore, our goal in writing this book is to provide clinicians with the knowledge and tools they need to provide better care to patients and research subjects.

Bioethical methodologies and our approach

There are a number of different bioethical methodologies that have been advanced for the incorporation of bioethics into clinical practice. Broadly speaking, there are four such approaches (Agich, 2005).

The first is practical or applied ethics, or even an applied philosophy of medicine. This approach addresses ethical issues that arise in practice through the application of aspects of particular ethical theories, or specific notions/concepts (e.g., double effect, treatment versus enhancement distinction, etc.), to concrete clinical or research cases. The focus is not on providing a decision procedure for how to solve ethical issues but to provide theoretical framework concerning, for instance, what considerations would make an action good or a policy right. For more on this approach, see Caplan (1983), Beauchamp (1984), and Young (1986).

The second is principlism. This approach seeks to provide ethical guidance in clinical practice through a specified number of moral principles. By applying general principles to ethical problems, it

is argued that such principles do a better job of obtaining the right answer concerning what one morally ought to do compared to trying to reason through what to do in each instance. The most famous versions of bioethical principlism are articulated by Beauchamp and Childress (2001), with the principles of autonomy, beneficence, non-maleficence, and justice, or, for instance, some catholic healthcare institutions, which adopt a theologically based form of principlism. While principlism has been notably criticized for being too blunt an instrument in trying to apply a few ethical principles to all problems in all circumstances, and thus being too insensitive to the complexities and tensions inherent in morality, some forms of this approach are more multifaceted and responsive to the intricacies of moral considerations related to medicine. For more on this approach, see Clouser and Gert (1990), Daniels (1996), Richardson (2000), and Beauchamp and Childress (2001).

The third is casuistry. This case-based approach addresses ethical problems by guiding clinicians through specific issues via paradigm cases that have come up in clinical education or practice – something analogous to the use of case-based reasoning in the process of differential diagnosis. As opposed to theory-laden or top-down approaches, which apply general frameworks or concepts to particular issues when they arise, casuistry provides a bottom-up approach where clinicians use case-based reasoning to identify the morally relevant features of a situation and relate it to the specific circumstances of a previous case and its resolution. Given the prominent use of cases in clinical practice (e.g., case reports in journals, case conferences and rounds, etc.), clinicians may find this approach an appealing way to deal with ethical problems (for some of the reasons we have highlighted in the previous section). However, as a standalone bioethical methodology, the approach has been criticized for not providing a clear method for working through ethical issues. For more on this approach, see Jonsen (1991), Kopelman (1994), and Jonsen and Toulmin (1998).

The fourth is combination of techniques for identifying and resolving ethical conflicts, disagreements, and related problems. This approach treats the ethical issues that arise in clinical practice as those similar to inter-personal issues alleviated through techniques such as conflict resolution, mediation, negotiation, and arbitration. This approach has been criticized by some on the basis that, in treating ethical issues as just another set of considerations that can cause disagreement, it fails to adequately address the source of moral conflict or why we have good reasons to act one way as opposed to another in favor of securing consensus amongst participants. Admittedly, compromise plays an important role in clinical practice; however, achieving agreement for its own sake fails to appreciate sufficiently what is distinctive about moral considerations and how greater attention to resolving ethical issues can improve clinical practice. For more on this approach, see West and Gibson (1992), Dubler and Marcus (1994), and Reynolds (1994).

We believe none of these methodologies gets everything right. Since the aim of the book is not to argue for which methodology, or combinations of methodologies, is correct, we recommend that clinicians will most benefit from borrowing the best of each methodology in an effort to better recognize and resolve ethical issues in practice. Each chapter in this book contains elements of all these approaches. The chapters start and end with clinical cases, and this most resembles casuistry. In the section on why a particular topic is important, the ethics subsection will often emphasize principles and often expands this into a practical ethics approach. However, we recognize that the sources of knowledge and frameworks required by clinicians are not limited to ethics, so the chapters also review and apply relevant legal and policy frameworks to the topic. Moreover, empirical research also helps to illuminate how clinicians can effectively approach a clinical ethics problem, so we include a section on empirical studies too. The section on how a clinician should approach a particular problem in practice emphasizes the

techniques and tools a clinician can use to resolve the particular ethical challenge. Therefore, the methodology in this book can be described as a “mixed methodology” that is focused on the goal of optimally supporting clinicians in identifying and attempting to resolve ethical problems they face in actual clinical practice.

Coda: a personal reflection

One of us (PAS) has been working in the field of bioethics for almost 30 years, a pathway initiated in the following way. I finally decided to make a career of bioethics when many years ago as an intern I was caring for a young woman with disseminated cancer. She also happened to have a low phosphorus level in her blood. I realized that I could rattle off 20 causes of low phosphorus, but when it came to whether or not we were going to resuscitate this young woman when her heart stopped, we wrote that order in pencil on the nurses’ notes and rubbed it out afterwards. I thought at the time that, even if the scientific problem of low phosphorus and the bioethical issue of end of life care were equally important, the rigor with which we approached the bioethical issue was disproportionately low. In caring for many patients, I also realized that there is no “one size fits all” framework for approaching clinical problems. Clinicians have a heuristic for approaching abdominal pain and another for approaching chest pain. That is why we do not offer a single set of principles, or a decision-making rubric, to address all clinical problems. Context matters in medicine. These clinical insights and experiences have shaped a framework to approaching bioethics problems that over the years has evolved into this book.

The approach herein has also been shaped by working with my colleagues Mark Siegler and Edmund Pellegrino on a review of bioethics every 10 years. The writings of Mark and Ed are the best of class and have stood the test of time in relation to emphasizing a clinically based approach to bioethics, and how bioethics is at the moral center

of the clinician’s work. As Mark used to emphasize, the bull looks different from the stands than it does from the bullring. Another close colleague and mentor, the late Alvan R. Feinstein, emphasized this very same theme in another field – clinical epidemiology – although he was also deeply interested in the “softer” side of medicine and humanistic care. For Mark, and Ed, and Alvan, the clinical experience is everything, and they are right. This insight is infused throughout this book.

In closing, every clinician knows why bioethics is important. What is often missing is how best to approach bioethics problems in a practical way. Although a textbook can only take us so far, and dialogue, role modeling, experience, attitude, and character take us the rest of the way, we have tried herein to provide an effective textbook platform for improvements in patient care related to bioethics. If, in the course of caring for patients, you consult one of these chapters, and your care and the patient’s experience is improved as a result, we have reached our true objective in writing this book.

REFERENCES

- Agich, G.J. (2005). What kind of doing is clinical ethics? *Theor Med* 26: 7–24.
- Beauchamp, T.L. (1984). On eliminating the distinction between applied ethics and ethical theory. *Monist* 67: 514–31.
- Beauchamp, T.L. and Childress, J.F. (2001). *The Principles of Biomedical Ethics*, 5th edn, Oxford: Oxford University Press.
- BBC (2003). Doctors make medical ethics plea. *BBC News* 2 December (<http://news.bbc.co.uk/1/hi/health/3253786.stm>) accessed 1 November 2006.
- Caplan, A.L. (1983). Can applied ethics be effective in healthcare and should it strive to be? *Ethics* 93: 311–19.
- Clouser, K.D. and Gert, B. (1990). A critique of principlism. *J Med Philos* 15: 219–36.
- Daniels, N. (1996). *Justice and Justification: Reflective Equilibrium in Theory and Practice*. Cambridge: Cambridge University Press.

- Davis, M. (1999). Case method. In *Ethics and the University*. London: Routledge, pp. 143–74.
- Dubler, N.N. and Marcus, L.J. (1994). *Mediating Bioethics Disputes: A Practical Guide*. New York: United Hospital Fund of New York.
- Jonsen, A.R. (1991). Casuistry as methodology in clinical ethics. *Theor Med* **12**: 295–307.
- Jonsen, A.R. and Toulmin, S. (1998). *The Abuse of Casuistry: A History of Moral Reasoning*. Berkeley, CA: University of California Press.
- Kimball, B.A. (1995). *The Emergence of Case Method Teaching, 1872–1990s: A Search for Legitimate Pedagogy*. Bloomington, IN: The Poynter Center for the Study of Ethics and American Institutions at Indiana University.
- Kopelman, L.M. (1994). Case method and casuistry: the problem of bias. *Theor Med* **15**: 21–37.
- Osler, W. (1906). The hospital as a college. In *Aequanimitas, With Other Addresses to Medical Students, Nurses and Practitioners of Medicine*. Philadelphia, PA: P. Blakiston, pp. 327–42.
- Reynolds, D.F. (1994). Consultectonics: ethics committee case consultation as mediation. *Bioethics Forum* **10**, **4**: 54–60.
- Richardson, H.S. (2000). Specifying, balancing and interpreting bioethical principles. *J Med Philos* **25**: 285–307.
- Siegler, M. (1978). A legacy of Osler: teaching clinical ethics at the bedside. *JAMA* **239**: 951–6.
- Siegler, M., Pellegrino, E.D., and Singer, P.A. (1990). Clinical medical ethics. *J Clin Ethics* **1**: 5–9.
- West, M.B. and Gibson, J.M. (1992). Facilitating medical ethics case review: what ethics committees can learn from mediation and facilitation techniques. *Camb Q Healthc Ethics* **1**: 63–74.
- Young, J.O. (1986). The immortality of applied ethics. *The Int J App Ethics* **3**: 37–43.

SECTION I

Information problems

- [download The Millionaire Next Door: The Surprising Secrets of America's Wealthy](#)
- [download online Thus Were Their Faces](#)
- [download online Advances in Proof-Theoretic Semantics](#)
- [download The British Sailor of the First World War \(Shire Library\) pdf](#)
- [click Windwalker \(Forgotten Realms: Starlight and Shadows, Book 3\) pdf, azw \(kindle\)](#)

- <http://sidenoter.com/?ebooks/The-Millionaire-Next-Door--The-Surprising-Secrets-of-America-s-Wealthy.pdf>
- <http://unpluggedtv.com/lib/Creating-Romanticism--Case-Studies-in-the-Literature--Science-and-Medicine-of-the-1790s.pdf>
- <http://drmurphreesnewsletters.com/library/Advances-in-Proof-Theoretic-Semantics.pdf>
- <http://creativebeard.ru/freebooks/The-Trouble-With-Physics--The-Rise-of-String-Theory--the-Fall-of-a-Science--and-What-Comes-Next.pdf>
- <http://studystategically.com/freebooks/How-to-Marry-a-Finnish-Girl---Everything-You-Want-to-Know-about-Finland--that-Finns-Won-t-Tell-You.pdf>