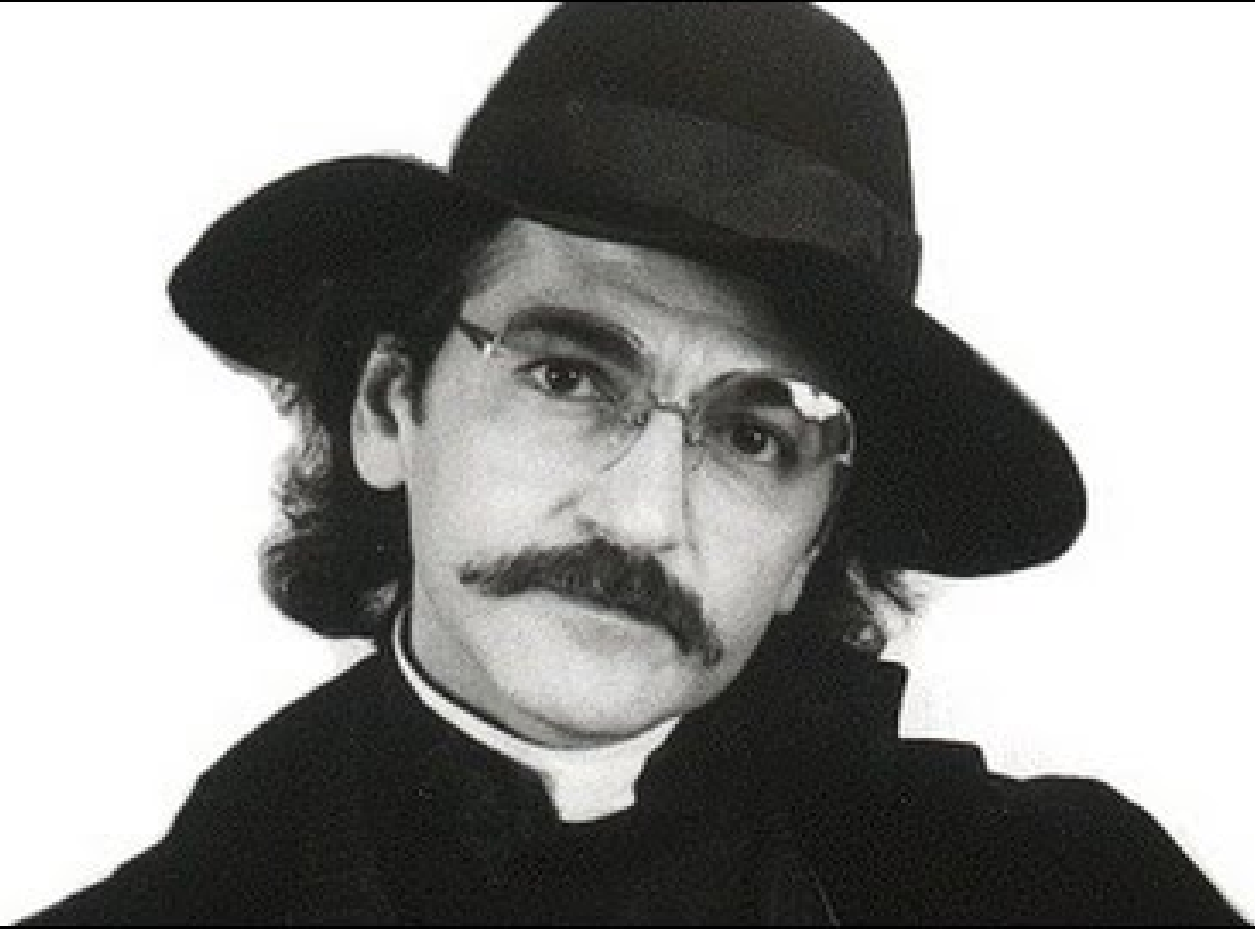


# 5 Minute University: Moral Philosophy



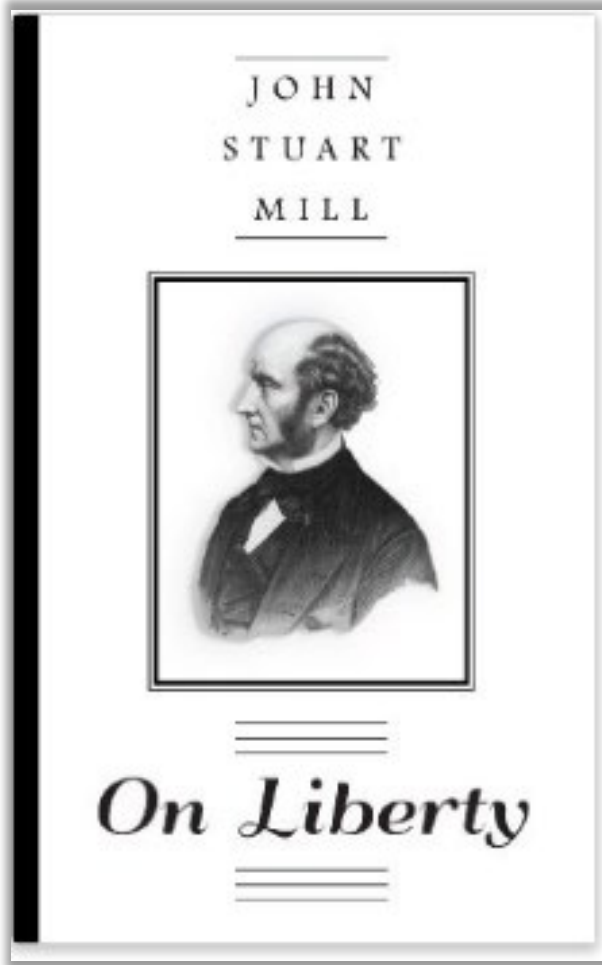
Consequentialism

+

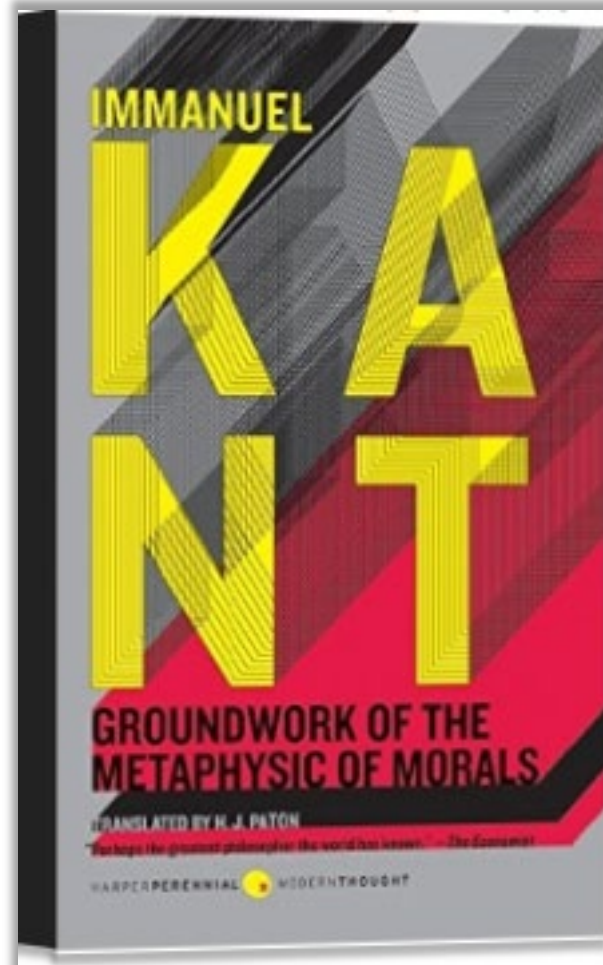
Deontology

→

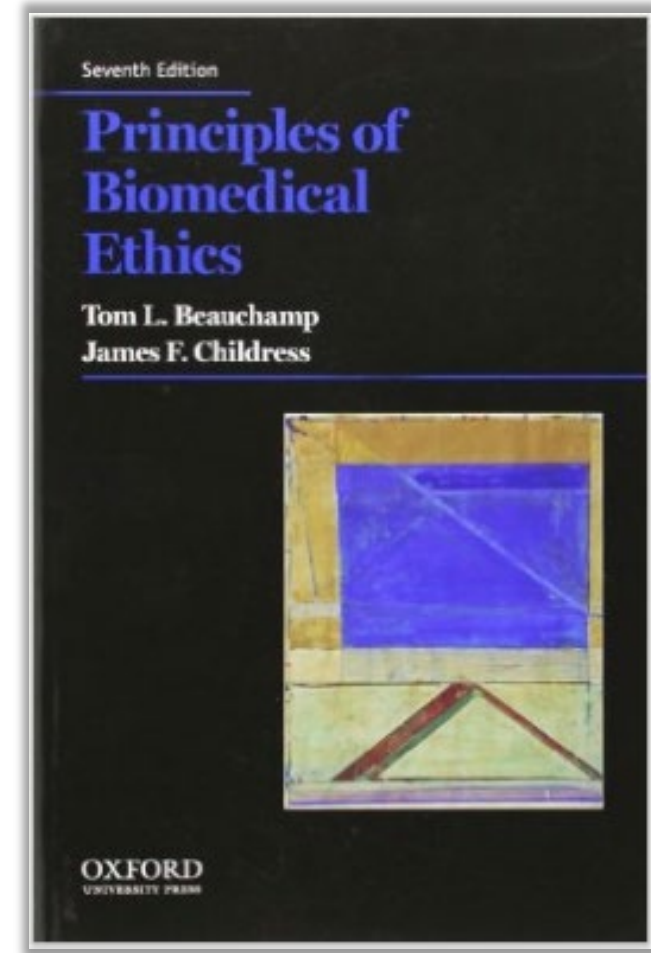
Principlism



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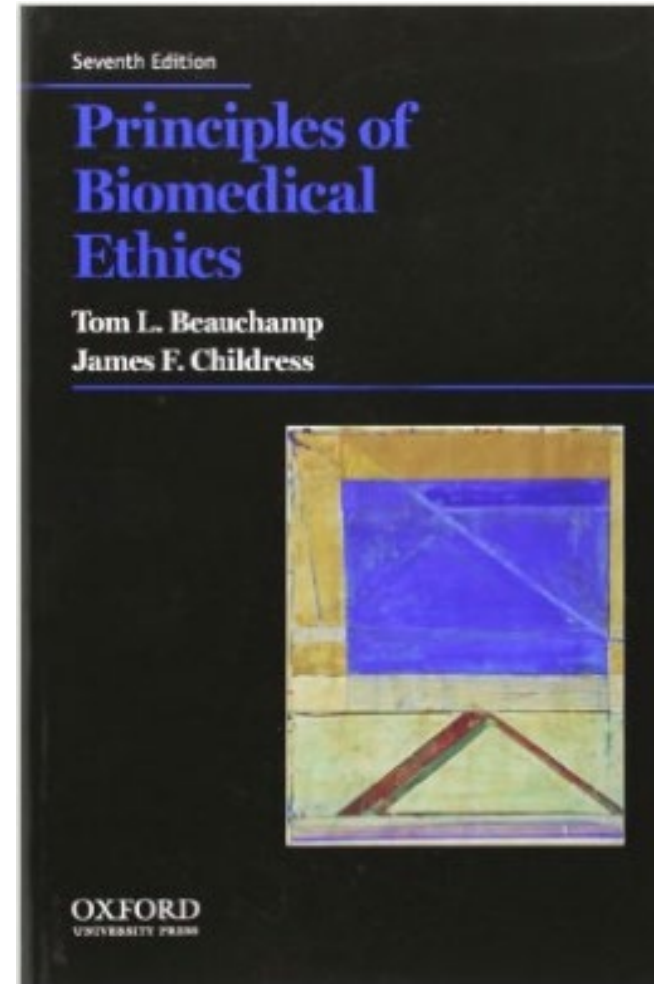


“Traditional” Public Health Ethics

“Traditional” Medical Ethics

# “Modern” Medical Ethics: The 4 Principles

- Deontological principles →
- Autonomy
  - Beneficence
  - Non-maleficence
- 
- Justice
- Consequentialist principles



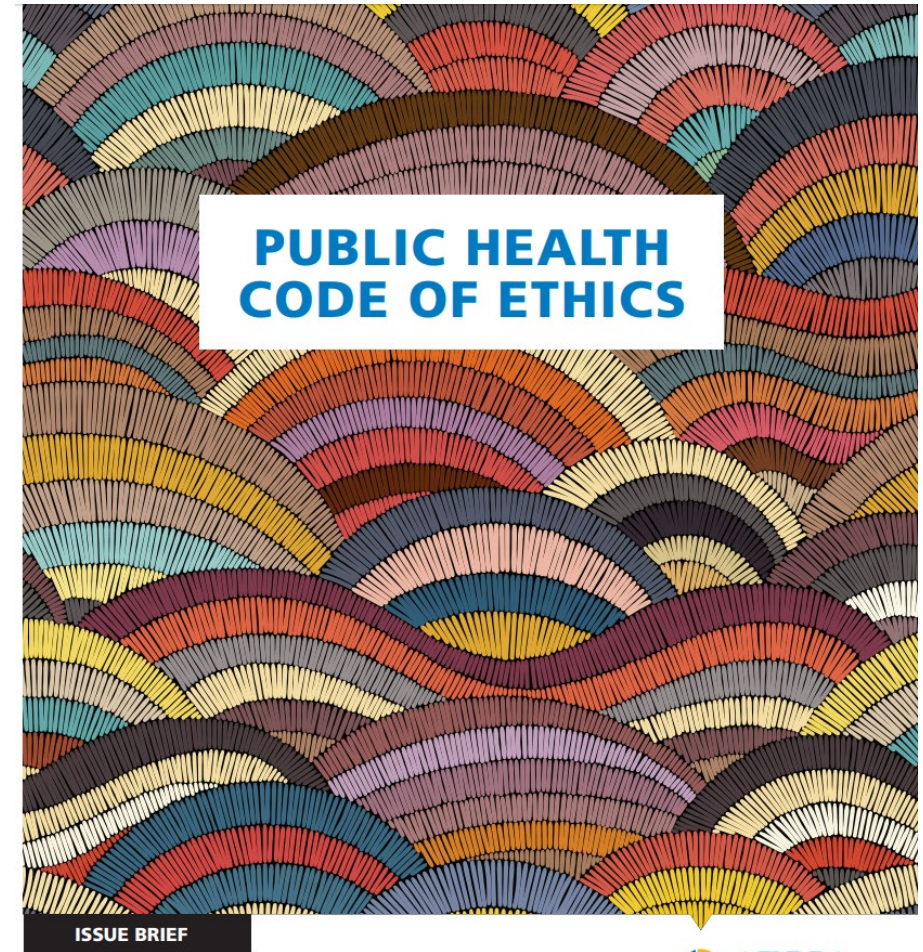
# Modern Principles of Ethics for Public Health

## **“CORE VALUES”**

- A. Professionalism and Trust
- B. Health and Safety
- C. Health Justice and Equity
- D. Interdependence and Solidarity
- E. Human Rights and Civil Liberties
- F. Inclusivity and Engagement

## **Other principles often invoked:**

- A. Proportionality – least restrictive means
- B. Reciprocity – duties come with privileges
- C. Protection – social order, good society
- D. Stewardship – of limited resources
- E. Transparency – open disclosure of decisions
- F. Accountability – due process, etc.
- G. Consistency – like cases treated alike





# Also, more than 4 principles of medical ethics...

## AMA CODE OF MEDICAL ETHICS

### AMA PRINCIPLES OF MEDICAL ETHICS\*

#### *Preamble*

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct that define the essentials of honorable behavior for the physician.

#### *Principles of medical ethics*

I. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.

II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.

III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

IV. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.

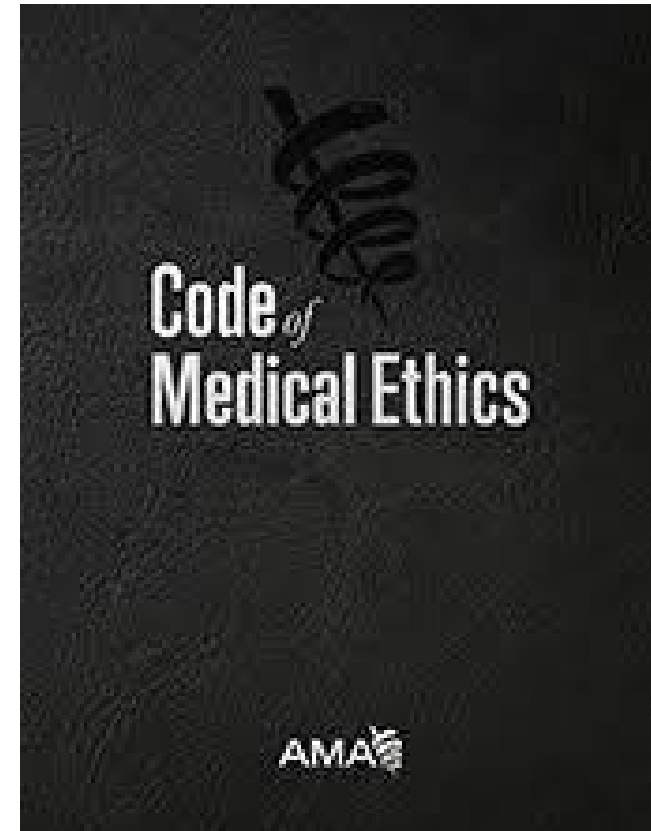
V. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.

VII. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.

VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.

IX. A physician shall support access to medical care for all people.



# Bottom line

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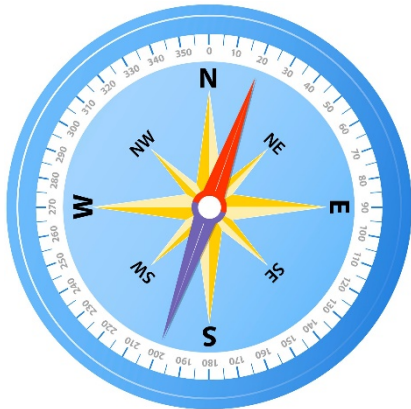
Principles are helpful, but ethical guidance for *really tough* problems is never based on only one ethical principle... or even on a non-conflicting set.

*It's easy to over-simplify both medical and public health ethics.*

# Substantive Principles vs Procedural Principles

## Substantive Principles: Ethical norms to guide decisions

<b>Fairness</b>	<ul style="list-style-type: none"><li>• Seek fair allocation of resources, fair distribution of benefits and burdens</li><li>• Give special attention to vulnerable communities more likely to suffer excess harm in disasters</li><li>• Ensure fairness of decision making processes (below); some unequal outcomes inevitable</li></ul>
<b>Duty</b>	<ul style="list-style-type: none"><li>• Accept the professional duty to treat, even at some risk to oneself</li><li>• Promote respect for the dying, treat them as you would wish to be treated</li><li>• Deliver best care possible given available resources</li></ul>
<b>Leadership</b>	<ul style="list-style-type: none"><li>• Recognize the role of leader involves stewardship of shared resources, which may be very limited</li><li>• Make decisions with input from others, don't make difficult ethical decisions alone</li><li>• Promote respect for responders and other professionals, who are working under extreme stress</li></ul>
<b>Proportionality</b>	<ul style="list-style-type: none"><li>• Ensure good situational awareness before making triage or other rationing decisions</li><li>• Restrictions of liberty should be commensurate with expected benefits</li><li>• Use best-available data to assess benefits and harms</li></ul>
<b>Protection</b>	<ul style="list-style-type: none"><li>• Strive to maintain social order during the disaster, role model civility and mutual respect</li><li>• Seek continuation of good society after the disaster, recovery starts with preparation and response</li><li>• Minimize economic impact of the disaster, use best-available data about short and long-term costs</li></ul>



## Procedural Principles: Ethical processes to follow when making decisions

<b>Inclusion</b>	<ul style="list-style-type: none"><li>• Engage affected stakeholders in both planning and response to the extent possible given the circumstances</li><li>• Update and share knowledge with relevant stakeholders as the situation evolves</li></ul>
<b>Transparency</b>	<ul style="list-style-type: none"><li>• Develop and share principles for guiding difficult decisions with all stakeholders, both before and during disaster</li><li>• Openly acknowledge that autonomy, ownership of resources, and fidelity in the patient-professional relationship are often less dominant (but still not ignored) values during catastrophic disasters</li></ul>
<b>Consistency</b>	<ul style="list-style-type: none"><li>• Use the same decision process over time when possible; the information used in decision making will evolve</li><li>• Like circumstances should be treated alike, while differences are respected and integrated in decisions only when relevant</li></ul>
<b>Accountability</b>	<ul style="list-style-type: none"><li>• Optimize due process, use formal notice of decisions and provide opportunities to voice objections to a neutral arbiter</li><li>• Be clear about who is responsible for making specific decisions</li><li>• Balance accountability with compassion for those forced to make heart-wrenching decisions</li></ul>

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10.1377/hblog20200625.139207

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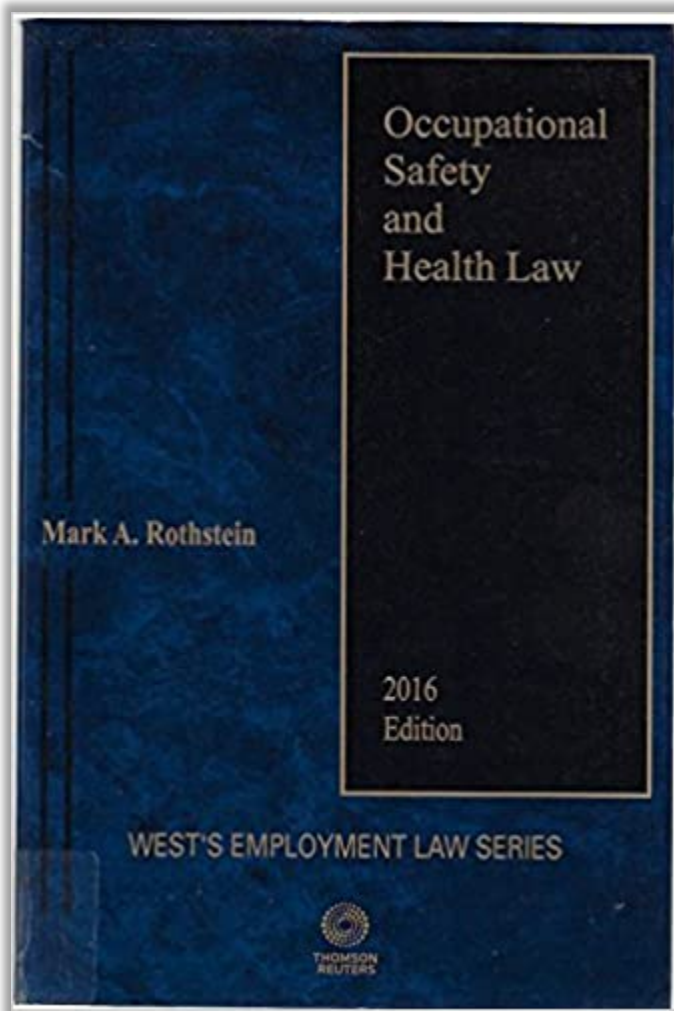
# Structural Discrimination In COVID-19 Workplace Protections

Ruqaijah Yearby, Seema Mohapatra

MAY 29, 2020

10.1377/hblog20200522.280105





"...a physician-patient relationship does not exist in every professional interaction involving physicians and individuals they examine or treat. There are several "third-party" relationships, mostly arising where the individual is not a patient and is merely being examined rather than treated, the individual does not select or pay the physician, and the physician's services are provided for the benefit of another party."

Rothstein 2016, *Preventing conflicts of interest of NFL team physicians*



## OSHA's fatal flaws exposed by COVID-19 pandemic

BY MARK A. ROTHSTEIN, OPINION CONTRIBUTOR — 05/04/20 03:30 PM EDT

THE VIEWS EXPRESSED BY CONTRIBUTORS ARE THEIR OWN AND NOT THE VIEW OF THE HILL

"After 50 years of groundbreaking workplace safety and health law, is this the best we can do, force workers to toil in demonstrably perilous conditions, and "recommend" that employers consider certain protective measures?"

