

M10 – Applied Ethics and Bioethics

Assignment Report

Title:

Applied Ethics and Bioethics: Ethical Decision-Making, Human Rights, and Social Responsibility

Submitted by:

Name: Manpreet Kaur

Student ID: PBM26018

Course: Bachelor in Business Administration and Management

Module:

M10 – Applied Ethics and Bioethics

Submission Type:

Detailed Project Report

Table of Contents

Literature Review: Ethical Decision-Making in Healthcare Practice	4
Ethical Principles in Healthcare	5
Ethical Theories in Healthcare Practice	6
Informed Consent and Autonomy of Patients	6
Confidentiality and Professional Obligations	7
Ethical Dilemmas in Healthcare Practice	7
Conclusion Literature Review	8
Methodology	8
Research Design	8
Data Gathering Approach	9
Case Study Method.	9
Data Analysis	9
Restrictions	10
Ethical Considerations	10
Conclusion	10
Findings	11
Confidentiality of Patients and Data Protection.	11
Decision Making at the end of life	12
Allocation and Justice Concerns	12
Professional responsibility and moral distress	13
Summary of Key Findings	14
Discussion	14
Ethical Conflicts with Core Ethical Standards in Practice	14
Helps to Effect of Utilitarianism in Healthcare	15
Deontological Ethics and Professional Duty	15
Virtue Ethics and Professional Character	16
Care Ethics and Relationships	16
Acts and Works of Ethics Committees and Guidelines	16

Critical Appraisal	16
Conclusion	17
Reference	18
Appendices	19
Appendix A: Fundamental Ethical Principles in Healthcare	19
Appendix B: Ethical Dilemmas with Healthcare Providers	19
Appendix C: Summary of Ethical Theories	20
Appendix D: A Practical Example of Case Study (COVID-19 ICU Allocation)	20

Abstract

Applied ethics and bioethics kind of matters a lot for how decisions get made in healthcare and biotechnology, but also in wider social systems where human life, dignity, and rights are really on the line. This report checks out the foundation of applied ethics, and kind of tries to show in practice how ethical principles like autonomy, beneficence, non-maleficence, and justice get used in real life settings. It also hints that ethical reasoning is pretty important when people in healthcare practice, research, and policy institutions run into hard moral problems.

The study goes further into big ethical sticking points, like informed consent, secure patient confidentiality, the fair distribution of scarce resources, and newer biotechnology concerns such as genetic engineering as well as medical research ethics. With real world examples and case-based analysis, the report shows how ethical frameworks can support professionals to balance competing interests, while still keeping human rights in view and showing social responsibility.

Then, it also does a bit of a critical scan of the role played by ethical theories—utilitarianism, deontology, virtue ethics, and care ethics—when they shape moral judgments and policy decisions. It brings up the value of regulatory frameworks and ethics committees too, because these are often needed for accountability, and for protecting individuals from harm in both healthcare and scientific innovation.

Overall, the findings suggest that ethical decision making isn't only a job requirement, it's also a social need, helping maintain fairness, trust, and justice. The report ends by arguing that stronger ethical awareness, plus structured ethical reasoning, can improve outcomes in healthcare and biotechnology while still protecting human dignity and equality.

Literature Review: Ethical Decision-Making in Healthcare Practice

The ethics of health care have at their core the question of doing the right thing for the right reason: autonomy, the principle of beneficence, the principle of non-maleficence, and distributive justice in complex clinical situations.

Ethical Principles in Healthcare

An equally famous and worldwide-approved standard for healthcare ethics, developed by Beauchamp and Childress is known as the four-principal approach to healthcare ethics, which includes the principles of autonomy, beneficence, nonmaleficence, and justice (Beauchamp and Childress, 2019). These applied principles of healthcare ethics are subsequently integrated into actual practice by resulting from the practice of their principles.

Autonomy allows the patient to make informed decisions about the care plan. The salient features of proper informed consent within patient autonomy include information sufficiency and understandability for patients to be able to make voluntary decisions about matters that affect them as patients. Moreover, autonomy can occasionally be complicated when the patient draws decisions conflicting with allostatically available medical advice or lacks decision-making capacity.

Beneficence ties in with how 'medical decisions' are managed-which is to promote the best interests of the patient through interventions. Beneficence can be extensively secured as interventions that will secure a good clinical outcome in totality but always conformed to the patient's own desires.

The principle of non-harm is to decide to assist in the least amount of harm possible, but in truth creating no unnecessary damage or injury. This typically involves balancing the risks and benefits of treatment interventions especially with regard to high-risk procedures.

In the majority of cases, you both find that there is justice and equity for both. As well-straightforward equality here also means that if two individuals have the same need, they will each have an equal level of access to resources and that care will be provided to all people regardless of their social worth.

Both principles actually conflict with the real dilemma, according to which principle to give priority, depending on the clinical scenario.

Ethical Theories in Healthcare Practice

Several other ethical theories offer frameworks to guide healthcare decision-making in addition to principles.

Benham and Mill developed Utilitarianism. It advocates that the correct course of action is the one that produces the greatest sum total of pleasure. This concept is commonly used in health care-allotment of public health resources and policies to establish priorities. One example of its application is placing more emphasis on treatments with higher survival rates (Mill, 1863).

Deontology, associated with Immanuel Kant, emphasizes duty, rules, and moral obligations rather than consequences. Deontology is applied strictly in three dimensions in terms of patient rights, confidentiality, and informed consent. An example of deontology concerns the issue where the physician must respect the patient-refusal for treatment, even when harm is inevitable.

Virtue ethics centers on the moral character of healthcare providers and leaves behind rules or consequences; it then highlights such traits as compassion, honesty, and integrity. The belief is that ethical health care practice has very much less to do with clinician behavior strictly enforced to meet the so-called rules (Pellegrino & Thomasma, 1993).

Care ethics offers relational considerations, which emphasize empathy, trust, and interpersonal focus in healthcare as well as within caring relations. This theory is significant specifically in nursing practice-an area for which it is essential to understand the phenomena in caring relations with patients and their social support as components of their healing methods (Held, 2006).

These moral theories supplement the four principle approach and dig deeper into to understand a decision in healthcare situations that are complex.

Informed Consent and Autonomy of Patients

There are quite a few things that show us what informed consent appreciates-the patients that know the outlines of the risks and benefits of treatment-enough to reach decisions, proper procedures

talked. At this point, given what is considered in many previous documents, it would be correct to consider an acceptable and effective informed consent as an ongoing communication process, as it was put by Faden and Beauchamp in 1986.

However, matters will go wrong, whether with immature persons and those lacking in literacy, by use of the wrong or the right language abilities, or in case those people combined, so the health care providers and authorities must make efforts to find compliance specific to all the constraints totally protected by the weak-activities of cognitive functions. This is exactly why lack in communication through ineffective communication causes the majority of ethical issues in clinical supervision (GMC, 2020).

Confidentiality and Professional Obligations

One of the essential components of ethical health care is confidentiality. Ethically, health care professionals are to uphold an individual's privacy as a vital obligation and estoppel. The medical profession in the UK is governed by guidelines set by the General Medical Council (GMC), which requires that confidentiality be breached only when there is a significant risk of harm to the patient or others.

However, in today's cyber universe, healthcare is witnessing growing challenges because of the digital storing and sharing of records among institutions. Cyber security has introduced new challenges in keeping and maintaining confidential information, with confidentiality being peeled off and disclosed even by someone's mistake. There is the argument in literature that confidentiality integrity can only be achieved when strong institutional policies are in place and staff training is ongoing (HHS, 2022).

Ethical Dilemmas in Healthcare Practice

It is a part of everyday practice for healthcare professionals that ethical dilemmas encounter the conflict of principles. For example, most of the times, patients refusing lifesaving treatment during the final days of their lives might sometimes have beneficence and autonomy in perfect balance. Although during the time of COVID-19, healthcare systems had to make extremely tough decisions, ultimately taking the tough questions regarding the allocation of ventilators (WHO, 2021).

Another common scenario is in the field of mental health care. Sometimes, patient confidentiality may conflict with the duty to protect others from harm. In such scenarios, professionals need to weigh up potential risks with regard to these critical decisions while making sure that they respect ethical values.

Conclusion Literature Review

Studies have shown that ethical decisions in healthcare are very complex. This normally involves putting into consideration multiple principles, theories as well as professional guidelines. The application of the four principles is usually initial. This is a perspective from which ethical theories like utilitarianism, deontology, virtue ethics and care ethics are study tools for solving complicated dilemmas. Up to now, solicits such as informed consent, confidentiality, and resource allocation have been posing great challenges to the health professionals in practice. Ultimately, ethical judgments must not only involve theoretical knowledge but go through the practical judgment, the communication skills alongside professional integrity.

Methodology

This is where the outline of the methodological approach used in the exploration of ethics exercised in health practice is set. The qualitative desk-based research methodology has been used, since this is a theoretical assignment and is grounded in, and true to, already-available knowledge and not primary data collection. The method is very appropriate in the context of applied ethics studies, as it makes it quite easy to treat ethical theories and professional guidelines. Besides this, it makes real-world case studies possible to get going without any intervention or interaction with human participants.

Research Design

Qualitative research design was used to interpret and examine ethical issues in healthcare. Qualitative methods are most suited to ethical studies, as they place an emphasis on meanings, conceptual understandings, and interpretations rather than numerical measurement. It enables

deeper analysis of how ethical principles apply in clinical practice to include autonomy, beneficence, non-maleficence, and justice.

Data Gathering Approach

The researcher entirely relied on secondary data sources that include but are not limited to journal publications. Books from academic houses, Professional Guidelines, and, publications, i.e., from established organisations such as the WHO, the General Medical Council, and even other regulating bodies in healthcare is what formed part of the literature collected. Credibility, academic accuracy, and relevancy of healthcare ethics have been kept into consideration.

The main literature was collected from the databases of Google Scholar and PubMed and from the library internal to the Institute. The keywords used were: healthcare ethics, ethical decision-making, informed consent, patient confidentiality, and bioethics in clinical practice.

Case Study Method.

An examination of specific cases by analyzing them was also carried out to support the theoretical discussion. Ecclesiastical dilemmas in the world-those related to end-of-life care, informed consent, and health care resource distribution during public health crises-were discussed. Through using this method with applied ethics, the jump was ensured between ethical theory and application amidst the background of a critical observation where ethical principles really operate in real healthcare environments.

Data Analysis

The literature and case studies collected were analyzed using thematic analysis. The review identified key themes used across literature to include ethical principles, respecting patient rights, professional responsibility, and ethical dilemmas. These themes were then critically examined in relation to established ethical theories such as utilitarian, deontological, risk, and care ethics. There was critical evaluation of these themes, which led to the comparison analysis of their relevance in healthcare decision-making while making available the examination of differing ethical perspectives.

Restrictions

It was said that it needed empirical firsthand data and did not rely on any primary research that includes interviewing healthcare professionals or patients. Hence, it means such findings are indeed anchored into existing literature reliable and well-founded. But relying on peer-reviewed and authoritative materials does validate the work and improve its academic character.

Ethical Considerations

There were no human participants used for this study, but we observed every ethical research norm to remain appropriate citation and avoidance of plagiarism through use of APA seventh rendition, under which all referenced materials were universally applied.

Conclusion

Basically, a qualitative desk-based methodology was ideal for this assignment because of the fact that it allows for the in-depth consideration of ethical decision-making in healthcare through established literature and real-world case examples. Such a form of study would necessarily result in a very sound theoretical foundation for further discussion and analysis in the sections of the report that lead on from here.

It is an extremely complicated process that is influenced greatly by a variety of factors, including moral values. It dictates that such decisions must also be based on the clienteles' professional guidelines, with additional constraints exerted on such individuals by the need to consider time factors and sometimes the small resources involved, which in no small way limit their implementation in practice.

Some major areas where ethical challenges are often confronted include the following with reference to clinical practice-derived informed consent, personal confidentiality, care at the end of life and, resource allocation. These are clear illustrations of where moral principles manifest, how they very often get applied at healthcare settings, explained, and also sometimes contradict some of the core principles of ethics in healthcare settings.

Findings

According to general findings in research, one of the most consistently emphasized things is the importance of Informed Consent in safeguarding the autonomy of the patient. They set an obligation by the ethics and the law to make sure that the patient understands what the nature of the intervention consists of and the benefits, risks, and alternatives to that intervention before assent is given.

In effect, the various barriers such as medical jargon, constraints in time, and patient anxiety would all affect the effectiveness of obtaining consent through discussions. One problem that often occurs would be forms being signed by patients without grasping what the operation or therapy entails, so that the question of how much is autonomy violated arises. Research indicates that compromised informed consent processes were particularly observed among elderly patients, low health literacy individuals, and non-native English speakers (Faden & Beauchamp, 1986).

The central point is that ethical practice can only see informed consent as an ongoing dialogue rather than a single event. It reflects a principle of respect for autonomy but also at points with beneficence when healthcare professionals insist that they know what is best medically for the patient.

Confidentiality of Patients and Data Protection.

A further major issue, it was found, concerns the ethics and obligations of confidentiality. Healthcare providers are obliged to protect such patient data, and information will be disclosed only in very specific circumstances when there is a risk of serious harm or such other reasons as may be described. Despite the specified grounds, modern healthcare provisions mostly rely on the information technologies like electronic information storage and shared organizational messaging, which significantly inflate security threats arising from breaches and disclosure.

As can be detected from studies, confidentiality issues arise within mental healthcare when professionals must often weigh the patient's privacy against the duty to avert harm. Obviously, this setting can be seen in many mental health care concerning threats to oneself, most specifically

when patients voice intentions of ending life or causing harm to others. The implication, for instance, requires health professionals to decide if breaching conversation holds profits one percent higher than risks.

Confidentiality of the patient's information is not absolute but implies conditions such as those described by the General Medical Council (GMC). Hence, ethical stress is typically encountered by healthcare workers when they have to make decisions on non-disclosure or whether to disclose. This therefore points out that a discord exists between the deontological ethical connection of duty in maintaining confidentiality and the utilitarian reason that could avert injury to others.

Decision Making at the end of life

One of the most complicated ethical problems inherent in the practice of healthcare lies within the end-of-life period. An exploration of case studies reveals that popular conflicts at the end of life concern autonomy versus beneficence conflicts, that beneficence conflicts with non-maleficence, but that at present, can only be resolved in the one side or the other.

Life-support is likely to be refused for reasons that are grounded in their personal beliefs that they will create ethical dilemmas potentially professional life-support treatment where healthcare workers insist that further efforts must be made to sustain life. When the patient lacks capacity, the same healthcare staff and other collateral attend the round table discussions to explore every contribution and agree on the best interests of the patient.

It demonstrates that early crisis negotiations or advanced care planning based on the actual will of the patient may significantly reduce the confusion or issues in their hands. Since it is undeniable that not all patients express themselves through the legal existence of an advance directive, the situation leads to difficult judgements in the face of uncertainty for healthcare professionals in relation especially to end-of-life care options.

Allocation and Justice Concerns

Fairness and justice are other important findings touching on how resources are allocated under conditions of scarcity in regard to healthcare. It stuck out a lot during times of the COVID 19

pandemic period where Healthcare Systems are hit hard to provide ICU Beds, ventilators, and staff as needed.

In Such Circumstances, health care providers had to make hard decisions with increasing regularity, for these decisions required adherence to applying two primary principles. Those were the principles of survival and urgency, and the overall benefit for the situation. The intent was primarily to bring all these conditions about greater good for all, but it brought with it ethical, fairness, and equality issues. Some patients possibly fell into unequal treatment due to age, disability, or prior conditions, hence evidencing discrimination against equal access to care.

There is promising literature that implies the necessity of clear triage guidelines described in an effort to achieve fairness and subjectivity reduction even though, despite formal regulations, an ongoing ethical tension exists between individual patients' rights and public health outcomes.

Professional responsibility and moral distress

In earlier decades, a cultural change took place as health concerns arose. New writing on the subject was published by the new governmental commissions. Within limits, Atlanticist and Western psychologists had maladaptive psychological problems and acute fear and ethical conflicts regarding moral distress.

The key factor identified from different studies across the different contexts was moral distress amongst healthcare providers. Moral distress refers to situations where professionals know the ethically appropriate action that needs to be performed but are unable to do so because of institutional, legal, and resource constraints.

But most of all, example, nurses and doctors might feel disturbed for not being able to deliver the best care due to limited numbers of staff or when they are required to act in a way they do not believe is right just because hospital policies say so. In the long run, it may lead to depletion of mental and emotional capacity, burnout, or decreased work satisfaction.

Such an approach might call upon professional standards such as the General Medical Council (GMC) and standards of conduct of the Nursing and Midwifery Council (NMC) to be sovereignty,

integrity, and patient-oriented care. However, the data have shown that there are often structural and organizational barriers, the ones hindering practitioners from living ideals in practice.

Summary of Key Findings

Overall, the findings demonstrate that ethical decision-making in healthcare is not straightforward but involves continuous balancing of competing principles. Key issues identified include:

- Informed consent is always obstructed by communication barriers and time limitations.
- Confidentiality, though prime, is null and void and nullity when the issues of self-harm are questioned at risk.
- End-of-life decisions are vital decisions, with major battles ensuing, including autonomy and beneficence.
- Resource allocation becomes a very difficult issue of justice and fairness.
- Moral distress is an emotional toll on healthcare practitioners and results from ethical dilemmas and the stresses of the system.

Discussion

Having a number of moral principles, professional duties, and the world limitations balanced, these studies are finding ethical decision-making within the healthcare. Do Healthcare people follow only one ethical perspective all the time, or do they use several clues of their utility, from utilitarianism, to deontology, to virtue ethics, right to care ethics depending on the circumstances in which the decisions need to be done?

Ethical Conflicts with Core Ethical Standards in Practice

Now, the key observation of frequent conflicts is shown in relation to the four core principles in healthcare ethics: autonomy, beneficence, non-maleficence, and justice. Critical as they are, they provide a good groundwork for ethical practice. However, it is almost inevitable they come into disharmony in actual practical clinical situations. Yet the principle of autonomy could run counter to beneficence in demanding all such potentially life-saving interventions from a patient.

Similarly, the principles that ethics synergy introduced in healthcare might require respect for autonomy: justice would collide with beneficence, given that resources must be rationed between lots of patients.

Helps to Effect of Utilitarianism in Healthcare

Utilitarianism is bent on reaping the utmost good for the greatest amount of people. This is very well-suited to medicine in the context of tough resource allocations like those of ICU beds or organ transplant cases. During public health disasters, such as the pandemic of 2020-2021, utility became the factor most guiding life-saving care not because all human lives were equally valuable but based on probabilities of being able to save them. However, it can also create ethical controversy because the principle might compromise the disadvantaged groups like the elderly or disabled.

The morality which aids group decision making must serve and sense its balance with fairness and respect for the individual right.

Deontological Ethics and Professional Duty

In health care, deontologist assumes responsibility from duties or rules or obligations for shaping professional behavior such as patient rights. The ethics-heavy values mainly include confidentiality, devolved decision-making or protection of patient rights. However, strict rule adherence often may not be enough in clinical practice. Situations encountered by health-care professionals are rarely clear cut; on the contrary, they must be able to decide how to balance their ethical responsibilities with their patients' needs and in converting new men into another way of life. Deontological ethics, therefore, while robustly built, turns out to be something to be flexibly applied under stressed reality.

Virtue Ethics and Professional Character

Virtue ethics defines the goodness, as well as moral values, found within the healthcare providers who have characteristic traits of compassion, honesty, empathy, and integrity. Such qualities are not worth quantifying but are expected to build trust between their patients and other healthcare providers. Virtue ethics leads these people into dilemmas of what is right or wrong due to its approach towards ethical decision making. Some other factors also add up to encourage the ethical behavior in the healthcare profession. There is the aspect of serving oneself and one's company. On a higher note, it is to show care to the patient in responsible, moral, and caring ways.

Care Ethics and Relationships

Care ethics, on the other hand, highlights the fact that trust and proper communication forms the foundation of relationships. It involves quality interactions between patients and healthcare service providers. This priority applies to nurses and patients who have permanent care where the patient is in contact with a caregiver. There are care-giving situations where considerations are being overruled by institutional regulations that limit resources. Such circumstances sometimes inhibit personalized care to be given by the professionals.

Acts and Works of Ethics Committees and Guidelines

Ethics committees and guidance from professional bodies such as the GMC and NMC stand by professionals' literacy of ethical decision-making. These frameworks offer clear guidance on handling the problems of intractable practice and research ethics; however, health professionals value professional competence and ethical judgment in on-the-ground practice.

Critical Appraisal

The overall implication of the foregoing discussion is that a single theory of ethics cannot adequately cover all of the dilemmas in healthcare. Ethical decision-making requires a fusion of principles, consequences, duties, and relational understanding. Although theoretical frameworks provide useful guidelines, their real-world applications are all too frequently governed by organizational pressures, schedules, and financial constraints. This situation creates moral distress

in the healthcare professionals whose actions may not coincide with what they consider ethically appropriate.

Conclusion

Ethical decision-making is a core component of safe, effective, and patient-centered practices in the area of healthcare. As the report argues, healthcare professionals are constantly challenged by complex ethical dilemmas, which in turn require them to balance a number of moral principles against proficiency in their professionalism grounded in legal requirements and organizational restraints.

Basic indeed are the four ethical principles known as autonomy, beneficence, utility, and justice. However, neither autonomy, benevolence, nor justice could come to be iron-clad, because whatever way one tilts its application tends only to escalate the other's requirements. Honouring an autonomous patient could conflict with beneficence when patients refuse treatments just as justice and beneficence may conflict in instances due to the restricted resources available in healthcare. It reveals clearly that any ethical decision making must be carried out based on prioritisations and contextual considerations not only in adherence to one.

Health care decisions could complement the investigation if other ethical theories would add further clarification, namely, utilitarianism, deontology, virtue theory, and care ethics. For example, utilitarianism decides in terms of the greatest benefit to the greatest number of individuals, particularly in theoretical arguments such as public health and resource allocation. Deontologists discuss some of the universal duties that such approaches may stir up in terms of the confidential and informed-consent duties in health care settings. However, though focusing on the individual character of health care professionals, virtue ethics may raise a grievance if there is insufficient or irrelevant liaison with a theory of ethical health care. Care ethics, nonetheless, value the importance of relationships, empathy, and patient-centric care. None of these theories alone gives the full perspective but in combination providing specific aspects towards resolving some very rough problems faced by real-life health care.

While the report underscores critical practical ethical dilemmas, like the given informed consent, patient secrecy, end-of-life decision techniques, and resource discrimination, the problems mentioned are often made complex by the pressures associated with modern health care technology, mainly increased demand, the progress in technology, and limited resource personnel in health systems. It is further stated that many healthcare professionals feel the moral distress at times when they are not in a position to act according to their ethical beliefs due to the limitations of institutions or policy itself.

The Ethics Committees, professional codes of ethics, and legal rules/ regulation would act as a great support for ethical practice. The report reveals, through the study, that these mechanisms are not able to cure ethical ambiguity. This is why each healthcare provider has to depend on continuous ethical reflection and discussion with others in the team for making a sound decision.

In sum, ethical decision-making has been defined as a learning process applied in service to patient care and health care, and it might not be accomplished in one step. According to Beauchamp and Childress (2008), this will include actual knowledge, or episteme, which is about absolute knowledge gained by intuitive understanding. This selection of different kinds of responses is well-defined to aid in the assessment of, understanding according to different dimensions: "knowledge" that policy; the stand the professional community adopts up to pass through practice, all aiming toward asking whether the tenets in practice can align with what ought to be practiced.

Reference

Beauchamp, T. L., & Childress, J. F. (2019). *Principles of biomedical ethics* (8th ed.). Oxford University Press.

Faden, R. R., & Beauchamp, T. L. (1986). *A history and theory of informed consent*. Oxford University Press.

General Medical Council. (2020). *Confidentiality: good practice in handling patient information*. <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality>

Held, V. (2006). *The ethics of care: Personal, political, and global*. Oxford University Press.

Mill, J. S. (1863). *Utilitarianism*. Parker, Son, and Bourn.

National Health Service. (2021). *Ethics in healthcare practice*. <https://www.nhs.uk>

Nursing and Midwifery Council. (2018). *The code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*. <https://www.nmc.org.uk/standards/code/>

Pellegrino, E. D., & Thomasma, D. C. (1993). *The virtues in medical practice*. Oxford University Press.

U.S. Department of Health & Human Services. (2022). *Health information privacy guidelines*. <https://www.hhs.gov/hipaa/index.html>

World Health Organization. (2021). *Ethics and health*. <https://www.who.int/health-topics/ethics>

World Medical Association. (2017). *Declaration of Helsinki: Ethical principles for medical research involving human subjects*. <https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/>

Appendices

Appendix A: Fundamental Ethical Principles in Healthcare

- Healthcare practice is guided by four main principles in the ethical domain:
- Autonomy: It refers to the respect extended to patients to make decisions regarding their health treatment with full circumspection.
- Beneficence: Refers to the acts performed in a patient's best interests which promote well-being.
- Non-maleficence: Consist in avoidance of harm or minimization of potential harms to the patients.
- Justice: Ensuring that ethical healthcare access and distribution of resources are consistent and fair as well.

Appendix B: Ethical Dilemmas with Healthcare Providers

Some common ethical challenges faced by healthcare providers may be:

- Refusal of life-saving treatment by competent patients
- Maintenance of confidentiality versus public safety protection
- Allocation of scarce resources (e.g., ICU beds and ventilators)
- End-of-life care decisions when advance directives have not been completed
- Balancing patient autonomy with medical recommendations

Appendix C: Summary of Ethical Theories

- Consequentialism or Utilitarianism: It is oriented to observing the consequences and to achieving the greatest good possible from any action for the greatest possible number of people.
- Deontology: Centres on duties, rules, and obligations irrespective of what might happen because of them.
- Virtue Ethics: Centres around the moral character traits such as honesty, compassion, and integrity.
- Care Ethics: Centres on the communications, empathy, and patient-centered care.

Appendix D: A Practical Example of Case Study (COVID-19 ICU Allocation)

- Condition: Lack of ventilators at the time of a pandemic
- Ethical problem: Who benefits from life-saving treatment first
- Conflicting: Justice versus Utilitarianism
- Result: Use of triage systems based on the probability of survival.