Medical Ethics

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Hippocrates (5th century BC) is considered the father of modern medicine. The *Hippocratic Oath* was probably formulated after *Hippocrates* and was meant to provide a code of conduct for medical professionals. The *Nuremberg Code* (1947) and the *Declaration of Helsinki* (1964) are more modern adaptations of the original codes of conduct.

Medical ethics is a system of moral principles that apply values and judgments to both the practice of clinical medicine and clinical research.

The set of values of equal worth can be divided into four categories:

1. Beneficence

To paraphrase the *Hippocratic Oath*:

> I will apply… measures for the benefit of the sick according to my ability and judgement.

It means to take actions that will be in the best interests of the patient. It is thought to be one of the core values of medical ethics.

2. Non-maleficence

> Primum non nocere – First do no harm.

Some consider this to be more important not to cause harm, than it is to do good. A double effect may result as a consequence of applying

beneficence and non-maleficence. An example of his is where a drug can have both benefits and adverse reactions.

3. Respect for Autonomy

This is the respect for self-determination. In New Zealand the patient who is mentally competent has the right to refuse medical treatment. It is therefore the duty of the attending physician to respect that patient's right even if they disagree with the person. Paternalism, where the doctor feels it is in the best interest of the patient to undergo a procedure, for instance under the auspices of beneficence, may conflict with the patient's autonomy.

4. Justice

The physician must also be involved in distributive justice. When there is scarcity of medical services then regard must be given to the fair distribution of the available services. The doctor must also always strive to display good judgement and maintain integrity as the linchpin of virtue ethics.

The application of these set of values is often difficult. As alluded to, there can be a conflict between autonomy and beneficence, and non-maleficence especially when there are cultural and religious considerations.

The question of voluntary euthanasia is a controversial topic and often considered a dilemma in its relationship to autonomy. Consider also abortion and women's autonomy in this regard. What also of the problems of confidentiality when the rights of parents may conflict with the rights of the young person especially as regards contraception and termination?

The list of controversies and problematic areas in medical practice is extensive. All have been and continue to be debated and discussed. Medical ethics is the system of moral principles and application of values and judgements to all these areas in the practice of a "noble art".