Bioethics
Christianity & Medicine

A plea for relevance to daily pratice

by Dan Reilly

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I am a servant of Christ, who considers practicing obstetrics and gynaecology in rural southern Ontario as part of a broader calling to servant leadership. God has sparked in me a passion for ethics. Ethics is the basis of how my belief system dictates that I live my life, including how I practice medicine. Ethics is to philosophy and theology what engineering is to physics and math.

As I study ethics, practice rural medicine, and follow Christ, I struggle to put it all together.

One expression of my love of making faith and belief practical was the choice to enrol in the MHSc in Bioethics at the University of Toronto Joint Centre for Bioethics. I have completed the first year of the two-year program. As I study ethics, practice rural medicine, and follow Christ, I struggle to put it all together. We'll start with a Christian critique of principlism and end with pleas for pluralism and relevance.

A Christian Critique of Principlism

The four principles approach (also called principlism or the Georgetown Principles) to ethical decision making has become the dominant ethical framework in most health care settings. Developed by Tom Beauchamp and James Childress, it is a practical approach to ethical issues in medicine and is articulated in Principles of Biomedical Ethics (5th ed. Oxford University Press, New York, 2001). Beauchamp and Childress argue that most ethical theories support a core set of principles. Applying those principles to bioethical problems can clarify the ethical conflict and permit solutions to be found. The four principles are autonomy, beneficence, non-maleficence, and justice.

Medical students are taught to take apart bioethical problems and identify which principles apply. Correctly performing this task usually earns a pass in the ethics component of their curriculum. Many students I have encountered view the four principles as absolute rules guiding medical practice and carrying the weight of law.

I have found the four principles approach pragmatically useful at the bedside and consistent with my evangelical protestant Christian worldview. But I find their usefulness limited by a lack of external moral validity and a lack of an internal hierarchy of moral goods.

Autonomy

A minimal definition of the principle of autonomy is a requirement to respecting the "*informed choices of competent persons.*" This respect gives rise to consent processes and has helped to bring the focus of medicine back to the patient rather than the pathology. Doctors who violate the principle of autonomy risk being sued for battery. Despite the intuitive simplicity of the call to "*respect your patient's choices,*" applying the principle becomes complicated when dealing with persons who may not be competent. Trying to define "*informed*" or "*person,*" when one person's autonomy conflicts with other principles, or with another person's autonomy, can be very difficult.

A Jehovah's Witness patient refusing a blood transfusion is the classic case used to illustrate autonomy. If I have a patient refusing a transfusion, autonomy dictates that I fully inform her of, and make sure she understands, the risks and benefits of that refusal. I must ensure that she is free of coercion in her decision-making. Autonomy then requires that I do not refuse a treatment but I cannot prescribe blood or blood products.

I can support respecting personal autonomy for two reasons. As a member of a religious minority, I support

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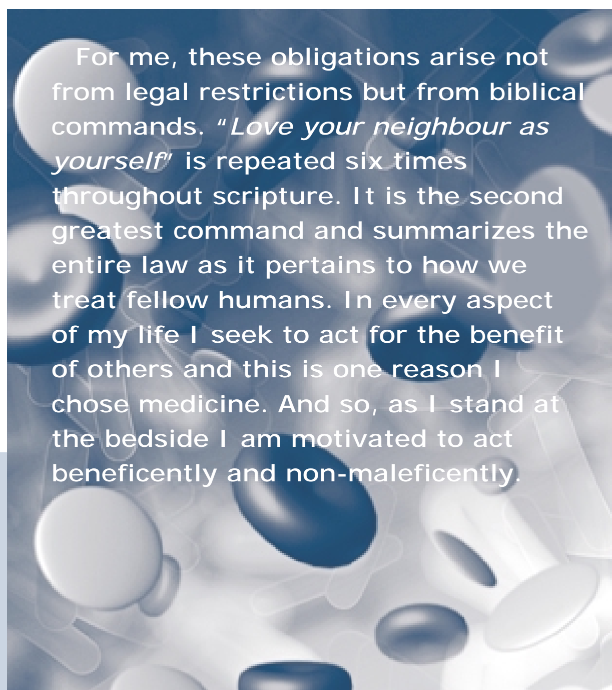
autonomy as a defence against the oppressive will of the majority. Just as I believe the Jehovah's Witness is making a bad choice when refusing transfusion, so the secular humanist believes I am making a poor choice when I pray for those who are sick, donate to my church, and send my son to a Christian school. Only in a society that respects autonomy can I hope to be truly free to live my life according to the beliefs that I consider to be important.

A second reason I support respect for autonomy is that respect for free will is an important theme in Christian scripture as God interacts with humans. The LORD God commanded the man, "*You are free to eat from any tree in the garden; but you must not eat from the tree of the knowledge of good and evil, for when you eat of it you will surely die.*" (Gen. 2:16-17 (NIV)) From the beginning of the narrative, choice is available and important. People are free to make choices that are very unwise and then to live with the consequences. If God created and respects free will, who am I to deny it? And so, as I practice medicine I seek to inform, and then respect the free choices my patients make. As I respect the patient's autonomy and right to live by their moral code, I also expect the patient to respect my autonomy and not demand that I compromise my moral integrity.

Non-maleficence and Beneficence

The principle of non-maleficence is "*the moral obligation not to inflict harm on others.*" Beneficence obligates the care provider to "*act for the benefit of others.*" These principles give rise to the special duty of care that doctors owe their patients. No medical act performed should cause unnecessary pain or injury and must be for the patient's good. Patients trust us to "*do no harm*" and to provide the best care possible. Doctors who violate that trust risk both professional and legal sanction.


For me, these obligations arise not from legal restrictions but from biblical commands. "*Love your neighbour as yourself*" is repeated six times throughout scripture. It is the second greatest command and summarizes the entire law as it pertains to how we treat fellow humans. In every aspect of my life I seek to act for the benefit of others and this is one reason I chose medicine. And so, as I stand at the bedside I am motivated to act beneficently and non-maleficently.

Justice

Justice requires that like cases be treated alike and that resources be distributed fairly. Each patient whose circumstances are the same deserves the same level and quality of care. The challenge is to figure out who is the same and who is different and then to manage the complex health care system such that justice is satisfied. At the very least, justice requires that I treat each patient with the same respect and care regardless of their social status, race, religion, etc. Within the system, I advocate for the poor and disadvantaged and speak up when patients are not treated fairly.

As a Christian I am commanded to act justly. "*He has showed you, O man, what is good. And what does the LORD require of you? To act justly and to love mercy and to walk humbly with your God.*" (Micah 6:8 (NIV)) Biblical leaders who were just are praised. God is described as perfectly just. Those who are unjust receive rebuke from God. "*Woe to those who make unjust laws, to those who issue oppressive decrees, to deprive the poor of their rights and withhold justice from the oppressed of my people, making widows their prey and robbing the fatherless. What will you do on the day of reckoning, when disaster comes from afar? To whom will you run for help? Where will you leave your riches? Nothing will remain but to cringe among the captives or fall among the slain.*" (Isa. 10:1-4 (NIV)) Seeking justice in an unjust world is part of the challenge of living the Christian life.

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The usefulness of the principlist approach is limited. The lack of an internal hierarchy of the four principles is one problem often noted by principlism's critics. How does one resolve conflicts between the principles? For example, if a competent patient requests a harmful procedure how does one resolve the conflict between autonomy and non-maleficence? If two patients need a given procedure and you only have resources to help one, how do you act justly and beneficently? To resolve these issues some advocate moving beyond principlism and looking for guidance in moral theories such as utilitarianism or Kantianism. Others abandon moral discussion and seek simply to establish a fair process of decision-making.

The larger problem I have with principlism is the lack of any inherent moral weight. The four principles represent a consensus opinion that is "*right*" simply because it is consistent with a majority of ethical theory

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and because it could be utilized by a majority of health care providers. Yet history is rife with examples of majority opinions which led to acts we now agree were immoral.

As a Christian I can pursue a solution to these conflicts using a wealth of moral resources. Scripture is explicit in ordering moral imperatives. The greatest command is to love God and the second greatest is to love your neighbour. When commands seem to conflict I can seek the counsel of other believers, return to the text (Bible), speak with the author (God the Father), study how the perfect example (Christ) lived out the commands, and seek guidance from an all-knowing companion (Holy Spirit). God's moral code is unchanging and reliable, regardless of circumstance.

A Plea for Pluralism

And yet one of the main challenges I face is articulating an evangelical Christian ethic while seeking to support a health care system that respects people of varying beliefs. If people of differing beliefs are to live together, we must find ways to accommodate each other without compromising our personal integrity. The project of living together is pluralism but few people seem interested in pursuing pluralism. So many doctors and ethicists (both secular and of faith) seem to prefer practicing an easy relativism that gives supremacy to personal autonomy. Or they are on a mission to correct some injustice and all other considerations are secondary. Both groups would have those who do not share their indifference or single mindedness coerced into compliance or purged from the system.

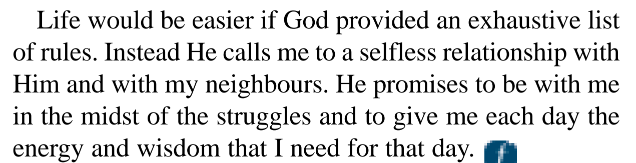
As a Christian I struggle with how I respect and serve both patients and health care workers from a variety of belief systems. When I try to engage others in discussion about this struggle it often becomes clear that they care about themselves or their particular issue far more than they care about people.

A Plea for Relevance

While struggling to construct a Christian health care ethic by integrating my faith and my study, I also struggle to make it relevant to my life at the bedside in a small town, primary care hospital. Academics, politicians, the media, the public, and even fellow believers seem drawn to the obscure and sensational today. A great deal of intellectual energy in ethics is focused on tertiary care problems or scenarios that I will never encounter and these hard cases lead to bad policies that have broad negative effects.

There is great comfort in focusing on problems whose solution requires no personal sacrifice but if my faith and ethics do not change me personally then they are dead. With anyone who will engage, but especially fellow believers, I want to talk about how faith and science and ethics impact how we view sexuality, spend money, prioritize our use of time, love our neighbour, and live and work in a religiously diverse society. Ethics is about how I live each day and all the little decisions that shape that life. I must be a better person tomorrow than I am today.

Life would be easier if God provided an exhaustive list of rules. Instead He calls me to a selfless relationship with Him and with my neighbours. He promises to be with me in the midst of the struggles and to give me each day the energy and wisdom that I need for that day.



I ask for all the answers,
You bring me more questions.

I seek to fix the world's injustices,
You remind me of my neighbour's needs.

I ask how to convince those who are wrong,
You ask me to love despite being wronged.

I ask to know the truth,
You say I am Truth, know me.

by Dan Reilly

USA, July 26, in Business Week

In Confessions of a *Genetic Outlaw* lawyer, Elizabeth R. Schiltz, mother of a Down's child, says that the new methods for screening embryos for disease may provide more reason to brand some people dissidents for bringing their kids into the world. "I've come to realize that many in the scientific and medical community view me as grossly irresponsible. Indeed, in the words of Bob Edwards, the scientist who facilitated the birth of England's first test-tube baby, I am a *sinner*. A recent book even branded me a *genetic outlaw*. My transgression? I am one of the dwindling number of women who received a prenatal diagnosis of Down syndrome and chose not to terminate my pregnancy."