

5 PATIENT RIGHTS DOCUMENT OF THE MALTA COLLEGE OF FAMILY DOCTORS

DR DENIS SOLER

Bioethics arose in a delicate social and political moment in the history of mankind.¹ It appeared in the second half of the 20th century in the middle of a spectacular advance in biological knowledge and technology, as opposed to medical ethics, which was formulated in the 5th century BC in relation to medical care. The two most important factors that enabled Bioethics to develop so rapidly at this time were the widening of human biologic horizons with the evolution of genetic engineering and the changes in medical enterprise and health care ethics.²

The scope of Bioethics is wider and different from that of medical ethics and is the result of diverse attitudes that the culture of Western man has assumed towards the concepts of truth and morality.³ A concrete definition of Bioethics raises more questions than answers, though it definitely serves as a bridge between science and philosophy.

Perhaps the most important practical realisation of Bioethics has been the creation of Ethical Committees. The modern health care system is being transformed as a consequence of scarce resources and better informed consumers, and these committees help establish a climate in which physicians can share relevant health information, learn about patient and family concerns, promote health education and informed consent, and facilitate effective decision making about complex health care practice issues.⁴

There are few days in the life of a medical practitioner when he is not faced by decisions that have ethical implications, occasionally

of a nature with which he is not fully conversant. In the last decades, medical technology and research have greatly altered the boundaries of care and a changing society is less sure where it should draw the line. The medical profession was probably the first to enunciate, and impose on its members, 2500 years ago, a Code of Ethics in the form of the Hippocratic oath. This was done in view of the very special and exceptional position that the physician played in society. Traditionally the health care professions have relied on this "oath" and other rules that have changed very little over the centuries. With the frontiers of medical science changing continuously, society rightly expects a continuous update of ethical guidelines that form the basis of acceptable medical practices.

The term "Bioethics" is seductive and has an attractive ring, however the name may be a bit of a misnomer, and in some ways misleading. Strictly speaking, there is no such thing as ethics in Biology to justify the term Bioethics. The universe of life, Biology, reveals a panorama of growth, mutation and interaction obeying intrinsic laws and the whims of chance, which are not regulated by any supreme ethical law. One can hardly hope to find ethical principles in this tangled matrix.

Also, if what we mean by Bioethics is the ethical implications and conundra of medical practice, the term itself would also include ethical or unethical practice in veterinary medicine such as vivisection. However the term has now been widely adopted and redefined as exclusively relating to the human domain.

Ethics normally means a code of behaviour. It refers to acts, or what one ought or ought not to do. In short it is a normative discipline. Although ethics is not a philosophy of man, it must be based on one. Patients and physicians can inhabit distinctive social worlds where they are guided by diverse understandings of moral practice.

Malta is blessed with a situation characterised by the contemporary presence of a common moral tradition, religious communities and ethnic backgrounds. On the other hand pluralistic moral traditions of moral reasoning are bound to pose a considerable challenge for Bioethicists because these can lead to difficulties regarding a consensus on moral reasoning. This becomes evident when considering topics such as truth telling, informed consent, euthanasia, brain death and organ transplantation, where different understandings of moral “common sense” may exist.⁵

Does this mean that the foundation of ethics is or should be denominational, especially if there is overwhelming religious uniformity in a particular society, such as ours? The obvious advantage of having a denominational basis is that one would find social consensus about an already established and elaborate system of morality and view of life on which to base ethical guidelines. The disadvantage would be that it would not be universally applicable, especially in countries with marked difference in social milieu. Non-believers would opt for founding ethics on non-religious, preferably rational grounds.

Bioethics implies a belief in good and evil as otherwise it would be impossible to designate what is allowable and what is not. Ethics is not a science in the contemporary sense; its foundations are not based on observation, experimentation and mathematics. It is based on values. Unless ethics is to be starkly relativistic, and therefore of limited application, ethics should be founded on some fundamental values.

In either case one should depart from axiomatics, a body of assumptions taken to hold without proof. These are not provable. After all, the international community has adopted other documents involving essential values like the Universal declaration of Human rights, in spite of widely differing political and religious convictions.

Bioethics should embody these basic principles:

- 1. Life, as embodied in the person, has supreme value. The sanctity of the person should be held inviolable**
- 2. Person should not be qualified by age, sex, race, colour, intelligence or disease.**
- 3. Person should not be artificially qualified by the stage of development. Nobody and no organisation should have the criminal arrogance to decide at what stage a zygote or an embryo or baby is a person.**
- 4. The aim of an ethical code should be to protect and guarantee the good of the person.**

Bioethics in its widest sense, and Medical morality are part of general morality and the process of formulating new professional codes, calls for the joint expertise of thinkers from diverse backgrounds, from outside as well as inside medicine. No field of thought should be excluded which may contribute to the debate and help create new guidelines governing a continuously changing medical scene. Furthermore, any change in such formulation should be a constructive response to the spirit of the times.

In his book "Manipulation", Bernard Haring states, "Man has reached a new crossroad. We have come to a point in Biological history where we are now responsible for own evolution. We have become self evolvers."

Having assumed this rather presumptive role, man must concurrently evaluate his methods and draft rules that should be, ideally universally applicable and binding. Bioethics for the future must rest on an all-embracing concept of totality; the dignity and well being of man as a person in all his relations to GOD, to his fellow man and the world around him.

Bioethics is not only about cloning and genetic engineering. It is about the respect and dignity that medical practitioners exercise in their daily mundane contact with their patients. Physicians should go back to the Hippocratic oath as the fundamental guide for their professional activity.

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