

## MEDICAL ETHICS IN DIMENSIONS

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**Abstract:** There are topics that concern society on a narrow or wide scale, but ethics are permeated continuously throughout the society. Ethics is not only a discipline of practical philosophy examining the standards of human moral conduct, but in the professional level it is primarily a method of thinking and a sort of compass for the professional activity of an individual, in the dimensions of dignity, honour and conscience. It does not decide itself, but it provides opportunities for free choice of moral choice and voluntariness of action. Every field of human activity, and therefore also the field of health care, has its own moral imperatives, rules and norms, the observance of which is ensured primarily by conscience within the mechanism of self-reflection. We act in the background of conscience to preserve our moral integrity and honour, act so that we can respect ourselves and not lose the respect of others. It's not just expert knowledge, but above all an ethical human approach that makes a real and good health care professional.

The reason for presenting our contribution is an outline of the current current discourse on medical ethics in the Czech Republic. Its source is the above-mentioned publication line, but above all the empirical practical experience of the author, reflected in the theoretical character of the article. The open and still unresolved ethical dilemmas that doctors meet in their profession are many and for this reason the title of the article is conceived in the sense of an open name - medical ethics in dimensions, respectively. in the dimensions of perhaps never ending ethical issues concerning health.

**Keywords:** medical ethics, ethical dilemma, moral burden, conscience.

### Introduction

*Life is short, and (medical) Art long; the crisis fleeting; experience perilous, and decision difficult. The physician must not only be prepared to do what is right himself, but also to make the patient, the attendants, and externals cooperate.*

*Corpus Hippocraticum, Aphorisms IV, 458.*

In many helping professions, the more the medical fields, the importance of ethical and human approach is significantly noticeable. Without this clear intention with a creative vision and focused attention on the one hand and a sense of love on the other, it is difficult to achieve the maximum fulfilment of the healing process. This awareness has been evident since ancient times when the applied therapeutic procedures and the communication ethical imperative in the area of medical care were aimed at helping sufferers (Jeglová, 2011, p. 105; Ptáček, 2011, p. 17).

Today's provision of medical care is a very specific process that addresses all age groups of patients of all social strata. The context of awareness of the reality of the current multidimensionality of provided health care, which if applied is a significant interference with the life and the life of the patient, is verified by the historical fact that the ultimate imperative of health professionals and physicians is the need to respect the individuality and value system of man as a unique human being.

## **Medical ethics**

The paradigm of ethics, which is part of philosophy, is morally relevant behaviour based on respect for established standards. It is derived from the Greek word *ethos*, which means custom, habit, moral character. On a theoretical level, it deals with the general attitudes, opinions and norms that lead us to the resulting behaviour, or are the basis of our decisions and future action in response to the events of our lives (Fobelová, 2005, p. 12).

Medical ethics, as an integral part of medicine, is a concretisation of fundamental ethics and is a collective name for the ethical issues that occur in the field of medicine. In essence, it closely corresponds to the concept of health care ethics that introduces issues concerning ethics in health, and is therefore a collective name for the ethical issues particularly concerning health systems (Haškovcová, 2002, p. 15).

In its story, over the course of several thousands of years, medical ethics has undergone continuous development, which, until today, has been synergetic with the great monotheistic religions that are the guiding standard of a given society (Munzarová, 2005, p. 42). Medical ethics is primarily based on the Hippocratic tradition of professional ethos which sets out how to treat patients, but also the general professional environment (Kuře, 2010, p. 7). Over time, the synthesis of ethical principles has become a pacemaker for creating ethical approaches and codes, which, in their essence, should not in any way be questioned (Munzarová, 2005, p. 42). However, the current permanent development of modern diagnostic and therapeutic methods increasingly confronts physicians and other healthcare professionals with ever-new ethical dilemmas.

## Real present state

From the Hippocrates until the present time, many steps have been taken to minimize the gap between ethics and medicine. Although the ethics of medicine and the morals of physicians have always been the subject of focus and training at medical schools, a retrospective excursion of the past decades, including today's increasingly prevalent experience, demonstrates that ethical issues require a higher level of thematization at both the general and the specific level. The immense development progress of humanity, as well as the gradual and rapid development of medical sciences and the resulting practical health situations, increasingly draw attention to the significance of applied ethics and indicate that it is necessary to devote maximum attention to the area of their individual dimensions.

Current scientific medical practices are, inherently, a systematization of the available knowledge. Today's medicine has a number of complementary medical methods that lead to healing and improving the overall condition of the patient and, ultimately, health in society. These medical procedures, in their present success, were almost unimaginable in the past. In spite of this fact, in medical practice there are, especially in the current legal awareness of our population, as well as the socio-religious state of the society, certain specific situations in which the ethical issues still remain open, it can be said that even unresolved. Thus, certain situations occurring in medical care have become very demanding, especially human-sensitive, but also complex, both from a legal point of view and an ethical point of view. These include, for example, transplantation, euthanasia, stem cell cloning, or optional abortion (Klimusová, 2007, p. 17).

For example, the assisted reproduction technology is also a very current issue, because although the in vitro fertilization method has helped many childless couples, it raises a lot of ethical, legal, as well as social issues (Raza, 2016, p. 1). In essence ambivalent, in contrast to the above mentioned reproductive problems, is also the very current and highly demanding ethical issue of incurably ill patients and the dying.

Illness and death have always been an integral part of human experience (Munzarová, 2005, p. 61). The need to make a decision about a person's life, with the reference to eliminating the futility of treating a serious condition on the principle of non-maleficence, while respecting the maximum benefit of the patient, becomes a humanly complicated situation for a physician, especially since it must be synergetic in the context of a particular society and culture (Lipert, 2010, p. 1448).

Altogether controversial, for a physician, is then the reality of an acute second or minute decision-making and realization of the decision about the life of a terminally ill patient, or about the death of a person in the course of an urgent situation, in the absence of an institution of expressed wishes, a state of ignorance of information about patient values, co-morbidities and the state of health.

## **Human dignity**

According to Šimek (2015, p. 124), "there is a consensus in civilized countries that the argument of human dignity is one of the strongest". However, the fact of today's medicine is that preserving human dignity is a specific problem. Few physicians, in their conscience and medical honour, which are the same strong arguments as human dignity, can stand idly and look at a dying person when they can offer a life-saving act of cardiopulmonary resuscitation, because their mission is to save human life. Under these critical circumstances, physicians tend not to fully accept human dignity, or, more or less, underestimate it. In practical terms, this happens during a highly technical and medically demanding performance when it is very difficult for physicians to first consider the strong argument of human dignity (Šimek, 2015, p. 124). We believe that from the purely human point of view, this fact is relatively understandable.

Not only the above outline of facts in today's medicine verifies that although physicians and health professionals around the world are highly valued and respected, as progress continues, society expects ever more from them. As part of their practice, physicians and other health professionals need both professional performance and careful synergetic self-reflection, in the context of accepting and applying the maximum ethical approach (Raza, 2016, p. 2). By doing so, the physician becomes a human empathic medical guide at the time of the illness, as well as the hope of healing.

## **The cost of human life**

In this regard, we also believe that it is important to emphasize that, in fulfilling his mission, it is essential for a physician to have independence in deciding on the treatment that is the basic and most important condition of patient safety. Contemporary experience, however, increasingly uncovers the reality, due to which also physicians find themselves within the bounds of an important ethical dilemma, and it is the ever higher economic pressure. The commercialization and growing economic pressures in medicine that affect all developed countries stimulate the search for a compromise, which would be as fair as possible. On the one hand, there is the possibility of using successful medical practices and, on the other, limited financial resources. This, nowadays dead end, is basically a case study of situational ethics, which is, in essence, an attack on traditional ethics of standards that ignores a particular human health situation, and thus becomes a dogma rather than pragmatism, with the absence of awareness of real cost, the cost of human life.

As stated by a prominent American ethicist and pioneer of bioethics, Joseph Fletcher (2009, p. 51) according to whom the only guiding and governing rule of human decision-making is love, it is not about what is good, but how to do good to someone else. From this perspective, the ethics of a given decision are significantly more important in situational decision-making, rather than looking into prefabricated manuals and strictly defined rules that, in our society, are more or less limited to narrow-minded financial understanding (Fletcher, 2009, p. 51).

It is very clear that the controversial issue of finance is a global issue, and that healthcare explicitly needs financial management for its functioning, but strict enforcement of economic rules must not be opposed to the ethical dimension of the medical profession. Indeed, the ethical approach not only of physicians but of all healthcare professionals to patients is a sign of real professionalism which, unlike professional knowledge and skills, can be judged by a small child (Rapčíková, 2014, p. 7). Hence, in the context of treatment, it is the human decision of the physicians, but in the primary aspect, above all, decision of the legislators, whether we will only understand man in materialistic terms in the present postmodern world. This concept is evident, for example, in the regulatory and reimbursement mechanisms of the current health insurance companies, which can in fact be in direct contradiction with the rules of medical ethics. In their sequel, these elimination procedures can bring unhealthy consequences in the future, both individually and ultimately to human society.

In 2003, Glasberg and his colleagues conducted a cross-sectional study examining factors that could contribute to burnout among healthcare personnel. Referring to a sufficient number of previously documented studies presenting the impact of factors such as workload and interpersonal factors, he also tried to point out the reality of the relatively neglected but very important impact of the moral burden on health professionals. An analysis of the responses of 423 health and medical respondents in Sweden proved that health care is a moral issue. Healthcare professionals have demonstrably inner reservations to their conscience when they can not provide full and good care due to external circumstances, all the more when they believe it is their duty to provide the care. A factor contributing significantly to emotional burnout is the need to "silence your conscience". At the same time, this factor contributes significantly to the development of depersonalization because of the feeling of inability to meet patients' expectations (Glasberg, 2007, p. 460).

### **And finally...**

According to Šimek (2015, p. 18), the current knowing/unknowing brings to human world the necessity of taking decisions and consequent responsibility, both in urgent medical care and in situations where many essential information is missing. In essence, we have two options, either simply hedonistically enjoy the world, or understand our life as a specific task for

a particular person at a particular time. The other is more labour-intensive but more useful to man, including the benefits of both outer and inner personal satisfaction.

The ethical dilemmas that doctors encounter in their practice are many. Unfortunately, there is no unambiguous solution manual. These are situations when doctors and patients find themselves at intersections to find a way, if possible best.

It is the medicine that, in the care of the sick, has been highly valued and has enjoyed great respect since ancient times. It was a matter of interest for people who put moral ideals on pedestal, the core of which was respect for the value of human life. Munzarová (1995, p. 12) states: "Body life is an absolute core value. Man lives in a certain time and space and can only create other values through life. If we were to think whether there might be any value higher than life itself, whether life could be sacrificed for something, then we would conclude that perhaps only the moral good would be able to outweigh this value".

We are convinced that the dimension of pure humanity declares perhaps nonexistent doubts about the prospective necessity not only of the professional training of physicians in order to provide patients with the maximum of what they know, but it is also a clear imperative for the path of necessity of deepening an understanding and human approach, in the context of critical reflection of own and foreign attitudes, recognition of prejudices and desirable assumptions, along with the maximum elimination of overlooked ethical aspects of medical practice.

Physicians, as representatives of an intensive helping profession, have a great privilege because they can, by their professional knowledge, but also significantly by humanity, the universal currency of social relations, consolidate and save the most valuable – health and life. In this respectable performance, applied ethics can be the epitome of help. According to Fobel (2013, p. 9), "appeals to ethics have existed for more than two decades, but practice is different, and the social demand for addressing challenges is only at the level of enlightenment and traditional solutions, lacking solutions in the spirit of a new paradigm and innovative ethical practices". However, the presentation of developed and proven ethical formulas and, above all, ethical prevention, is not only a matter of primary medical education, but also pragmatic practices in subsequent medical practice. It is, for example, the introduction of regular seminars, discussion groups and consultations on ethical practices and values of health care and human life, in conjunction with political and legal support, and the introduction of ethical audits that can be of particular use in those dimensions of medical care, where the perspectives of ethics and values differ. The values of a man – a physician who is at the birth, rescue and end of human life at the same time. A man whose vocation – the mission, more so with awareness of human nature, has an invaluable meaning in the social and ethical context.

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