

A REJECTION OF THE HIPPOCRATIC ETHIC

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Ethics: Bioethics (Fall 2014)

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For Your Consideration

- *House, M.D.*: “Three Stories” (S1E21)
(28:55-34:14, 37:10-42:10)



- Do you think House is making a decision about his leg that is informed and voluntary? What are some problematic features of his decision?
- Who has House’s best interests at heart? Should that person be empowered to make the decision, even at the objection of the others?
- How would you judge his doctor, Dr. Cuddy, in her decision to offer a “middle ground” solution secretly and to follow through with Stacy’s decision?

Challenge 1: What Will Benefit?

- Medical goods traded off for other goods
 - ▣ Medical goods – complex (not merely preserving life), controversial, experts can disagree
 - ▣ Other goods – complex, weighed differently by different people affected, outside medical expertise
- Balancing benefits and harms
 - ▣ Competing views of well-being
 - Satisfaction of considered preferences? Objective elements of human flourishing?
 - ▣ Patients generally know their own interests, better than even the most well-informed and well-intentioned physician

Challenge 2: Sacrificing Benefit

- EVEN IF a physician knows what will benefit, does not settle the issue of what should be done
- Consequentialism: An act is right only insofar as it maximizes net positive consequences and minimizes net negative consequences.
 - ▣ Which consequences are notable, positive/negative? How should you weigh different types of consequence?
 - ▣ Hippocratic Ethic: consequentialist, individualist (on traditional interpretations)
- Other duties matter, regardless of consequences
 - ▣ Otherwise, e.g., respecting autonomy does not mean much.

Challenge 3: Societal Interests

- Duties to the public, other patients, the profession— can all compete with Hippocratic Ethic to the patient in front of him/her
- Demands of justice & scarce resources → limits to what a physician *should* do for any one patient
- Can draw *principled lines* for when promoting societal interests over individual interests of a patient are morally permissible

Worries About Social Utility

WARNING ALL YE WHO ENTER HERE.
I HAVE BEEN ASKED BY SOCIETY TO ABANDON
YOU AT THE MARGIN AND SERVE SOCIETY AS ITS
COST-CONTAINMENT AGENT.



“The good of the many
outweigh the good of
the few”

Conclusion

- Importance of preserving integrity, trust of patient-physician relationship
- **Duty of loyalty with limits** (see challenges, respectively)
 - ▣ Patients as experts on their own interests in most cases
 - ▣ Consider strong moral reasons to override duty to promote good of patient
 - ▣ Consider moral reasons to serve societal interests instead of individual interests

Discussion Groups

- Each group will be assigned one of Veatch's challenges.
- Discuss some refutations or problem cases for each challenge.
 - ▣ Consider *implications* of his view
 - ▣ Would he be forced to analyze certain cases in problematic ways?
 - ▣ *Lingering difficulties*
 - ▣ Objections you can borrow from Pellegrino or Ackerman?

Questions? Comments?