

# The Application of the Four Principles of Bioethics to the High Risk Patient

## Dr Liam O'Hara

Specialist Anaesthetist, Auckland City Hospital

Knowing what the right thing to do for a patient can be especially hard when the risks are high and the outcomes uncertain. We want to do the right thing but knowing what this is can sometimes be very challenging in clinical medicine.

The Four Principles were developed as a theory and framework for addressing ethical problems in healthcare. Most clinicians are familiar with them.

I will give a brief overview of the history of bioethics and then an overview of the four principles as they are set out by Beauchamp and Childress.

Bioethics evolved when medicine increased in complexity and capability and caused us to question previously well held notions of life death and medical responsibility. As the import and uncertainty grew around these areas in health care so did the need to formalise some theories around it. Initially many were theologians, then philosophers became more interested and brought traditional philosophical theories like autonomy, utilitarianism and virtue to the problems. Beauchamp and Childress developed the Four Principles as a way of bringing common moral theories together and to provide a framework for approaching bioethical problems.

I will outline a few other important theories like care based ethics and virtue theory before looking at some cases and seeing how the four principles work.

The cases will be:

1. 38yr old female with Middle Cerebral Artery Infarct, hemiparetic, receptive and expressive aphasia, husband wants decompressive craniectomy to save her life.
2. 33yr old Jehovah's Witness with placenta increta, refusing blood products for her Caesarean Section.
3. 60yr old with Bronchiectasis and Long Term Oxygen Therapy who has ischaemic bowel who begs the surgeon to save his life by operating
4. 49yr old with terminal pancreatic cancer who is currently on a ventilator and unable to be weaned who is able to communicate that he wants to stay on the ventilator.
5. 68yr old with dementia who is Jehovah's Witness but has granted EPOA to his brother who is not a Jehovah's Witness. He needs re-vascularisation surgery for an ischaemic leg and is anaemic. He had previously expressed an advance directive excluding blood products, but his brother has said that he should receive blood products if they are required but not to tell his brother because he'll only get upset but then forget about it.
6. 97yr old lady with severe arthritis of the hip, is wheelchair bound due to the Arthritis. Has incidental finding of Severe Pulmonary Hypertension. Needs surgery, to relieve pain, medication has been unsatisfactory.