Ethical Dilemmas in Medical Missions

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- I. Medical Principlism¹ 2400 years of normative medical practice
 - a. Exemplified by the Hippocratic Oath (c. 400 B.C.)
 - b. Four Rules:
 - i. Beneficence
 - 1. H: "I will apply treatment for the benefit of the sick according to my ability and judgment."
 - 2. Always acting in the best interest of a patient
 - ii. Non-Maleficence
 - 1. H: "I will keep them from harm and injustice."
 - 2. "Primum non nocere:" First, do no harm (L. version first said by Galen)
 - 3. Two specific prohibitions: no assisted suicide, no abortion
 - iii. Distributive Justice
 - 1. Treat everyone the same, regardless of . . .
 - 2. H: "Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief, and in particular of sexual relations with both male and female persons, be they free or slaves."
 - 3. Remarkable in a Greek society where women and slaves had no rights.
 - iv. Autonomy
 - 1. The fourth dictum of medical principlism
 - 2. Never even implied in the Oath, but very important today
 - 3. Gives rise to the idea of informed consent
 - c. Other aspects of medical principlism
 - i. Professionalism
 - 1. Medicine is a high calling
 - 2. The oath is akin to ordination
 - ii. Confidentiality
 - 1. Keeping medical information private
 - 2. H: "What I may see or hear in the course of treatment or even outside of the treatment in regard to the life of men, which on no account ought to be spread abroad, I will keep to myself, holding such things shameful to be spoken about."
- II. Translating medical principlism into the medical missions context
 - a. Examples from India, Central African Republic, and Haiti
 - b. Perfectionism, paternalism, and other woes

[&]quot;The rules are the same, but the context is different."

¹Beauchamp, Tom L., and James F. Childress. *Principles of Biomedical Ethics*. 7th ed. New York: Oxford University Press, 2013.