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INTRODUCTION

Medical ethics is one of the most exciting and interesting areas of academic inquiry. It analyzes foundational philosophical concepts such as what makes someone morally considerable, the meaning and limits of autonomous self-determination, the value of health and happiness, obligations of the individual to the community and the community to its members, what makes a just institution, and the definitions of life and death. It also touches on deeply personal questions that confront almost everyone: How much should I reveal to my doctor, and will they keep my information private? How much input should my child have in their own healthcare decisions, and at what age or level of understanding? What are my medical and life priorities, and when should I refuse life-sustaining treatment? When should I stop life-sustaining treatment for an incompetent relative? Medical ethicists also address important social and political issues, including abortion, medical aid in dying, healthcare policy, and the allocation of resources during public health emergencies. The field is inherently interdisciplinary, involving not only philosophy but also natural science, law, economics, politics, history, psychology, and sociology. And the field constantly confronts new problems as cutting-edge medical technologies become available and as healthcare professionals' engagement with patients becomes more complicated.

This area of philosophy is called bioethics, medical ethics, or biomedical ethics. Bioethics, or the ethics of life, is sometimes defined broadly to include not only human life but also animals and the environment. By contrast, medical ethics is sometimes defined narrowly to cover issues that arise only in a clinical setting, mainly around the relationship between practitioners and patients. This narrow interpretation excludes theoretical questions, such as when life begins, and topics outside of ordinary medical interactions, such as the ethics of human experimentation. In this book, we adopt a middle position between these two poles: medical ethics is the study of moral issues that arise in providing healthcare to people, including clinical practice, social policies, and medical experimentation.

Medical ethics is one focus of applied ethics, which is a branch of ethics, which itself is a subfield within philosophy. Western philosophy has been around for about 2,600 years, and ethical issues in medicine have been raised at least since the Hippocratic Oath in 400 BCE. However, medical ethics has only recently become a distinct field of academic study. Most scholars trace the beginning of medical ethics to the Nuremberg Code in 1947, which set out basic principles governing human subjects research in the aftermath of World War II, and the ethical issues raised by the so-called "God Committee" in 1961, which decided how to allocate a limited number of dialysis machines to patients with kidney failure, an otherwise terminal condition. Although they have roots in the Hippocratic tradition, the values of informed consent, concern for patient well-being, and just allocation of risks and benefits were more formally recognized in the wake of these two developments.

In some ways, "applied ethics" is a misnomer. It gives the impression that we should first adopt a normative ethical theory, such as Immanuel Kant's deontological (duty-based) theory or John Stuart Mill's utilitarianism, and then simply apply that theory to actual cases (even if applying ethical theory is rarely a simple matter). But medical ethics is more complex than that. It is true that, when a theory makes sense, it should inform our decisions. For instance, the general commitment to promote patient well-being shapes countless ordinary choices on the part of clinicians, such as washing their hands, making prompt referrals, and checking drug interactions. However, we also react to specific cases with moral intuitions about what is right and wrong. Moral intuitions are immediate, but unlike fleeting emotions, they can be strong and stable over time since, ideally, they reflect a web of deep moral values informed by thoughtful evaluation. For example, we think that medical professionals should try to maximize patient well-being by extending life. But when terminal patients refuse aggressive treatment, our intuitions may make us revise our conception of well-being, considering not only quantity but quality of life. Concrete cases test and complicate our abstract principles. Through this back-and-forth process, where theory and practice mutually inform one another, we arrive at a state of reflective equilibrium.

Capturing this process, the most common analytical framework in medical ethics is Tom Beauchamp and James Childress's principlism.

Rather than devising an alternative theory from which moral conclusions could be derived, Beauchamp and Childress propose four principles—rooted in what they call the common morality—that should be used as a starting point for reflection and deliberation: respect for autonomy, nonmaleficence, beneficence, and justice. On this view, moral reasoning is a process by which tentative conclusions are reached and often later revised and refined in light of new scientific and social developments. Notably, two of the most promising alternatives to principlism—the casuistical approach and the care-based approach—have us focus on the specifics of cases and the particularity of individual patients. Medical ethics, then, is applied in the sense that any abstract moral concepts must engage constantly with medical practice.

In keeping with the nature of the field, this book emphasizes not only the theoretical underpinnings of various positions in medical ethics but also their practical implications—for public policy and the law, personal decision-making, and how clinicians treat patients. It is intended for a variety of readers, including philosophy students, medical students, healthcare professionals, hospital ethics committees, and institutional review boards. Indeed, we have endeavored to make the book accessible for anyone, inside or outside of academia, with an interest in the field. Although we refer to ethical theories and philosophical concepts, the book presupposes no specialized knowledge. We use boldface type when first explaining key philosophical, medical, and legal terms. We also include historical and contemporary case studies to illustrate ethical problems that have challenged practitioners and bioethicists. Our goal is to provide a concise introduction to medical ethics, but with a breadth of coverage that addresses most of the field's major topics.

The first two chapters examine theoretical concepts that are crucial for understanding specific issues in medical ethics—namely, what standards should we use to make moral judgments, and who is morally responsible? Chapter 1 focuses on principlism and its critics, including related issues such as how ethics differs from professional codes and the law, the virtues clinicians ought to develop, and what gives someone or something moral status. Chapter 2 defends the notion of collective responsibility in the healthcare setting and shows how it intersects with personal responsibility, using medical error as an illustrative example.

Chapters 3 and 4 look at the relationship between clinicians and patients. This relationship is defined by two poles: paternalistic concern for patient well-being on the one side and respect for patient autonomy on the other. How we prioritize these two values generates different models of medical decision-making. This tension raises theoretical questions about what it means for the patient to be freely self-determining and practical questions about the information clinicians ought to disclose to patients (including medical errors), patients' right to control their private medical information, and whether clinicians may refuse to fulfill professional responsibilities to which they have personal moral objections.

We then turn our attention to moral questions around human reproduction. Such questions are especially difficult because it is not obvious when an embryo or fetus becomes morally considerable or, to put it another way, when a pregnant woman's body ceases to be fully hers and becomes a growing person's habitat. We cover the perennial ethical issue of abortion in Chapter 5, including some pro- and anti-abortion arguments that depend on answering the personhood question and some that do not. We also examine the legality of abortion, particularly in the United States, where different theories of constitutional interpretation lead to opposite conclusions about the right to privacy and the right to abortion. Chapter 6 examines other issues in reproductive ethics, including the criminalization of pregnancy in the U.S. and moral quandaries raised by modern reproductive technologies, specifically in vitro fertilization, surrogate motherhood, disability-selective abortion, genetic enhancement, and stem cell research.

Chapters 7 and 8 focus on ethics at the end of life: how to control one's own healthcare decisions with advance directives, how to choose for incapacitated patients who have no clear directives, and whether clinicians ought to assist (or be allowed to assist) terminally ill patients in bringing about their own deaths. Such issues again raise questions about the extent of patient autonomy, how we can respect patients' choices while also promoting their well-being, and the broader social implications of how we treat people who are dying.

The chapters that follow remind us that medical ethics concerns not only personal medical decisions but also public policies, such as the

allocation of healthcare and the provision of health insurance (Chapter 9) and the distribution of scarce medical resources such as transplantable organs, medical treatment, and vaccines (Chapter 10). Chapter 11 reveals how social attitudes impact the patient experience. In the U.S. especially, the presence of racial bias affects everything from the clinician-patient relationship to public health campaigns, resulting in statistically worse health outcomes for people of color.

The final three chapters consider three distinct subfields in medical ethics, each of which raises unique ethical issues: pediatric ethics (Chapter 12), nursing ethics (Chapter 13), and research ethics (Chapter 14). With pediatric patients, the issue of consent comes to the fore. How do we make healthcare decisions for minors? Should we disregard what they want in favor of doing what their parents and clinicians think is best for them, or should we take their opinions seriously, even though they are incapable of fully autonomous decision-making? Nursing poses other moral challenges. Nurses must navigate a system that privileges the judgments of physicians while advocating for patients under their care. This can lead to difficult choices about how best to fulfill their moral obligations, sometimes leading to a phenomenon called moral distress. Finally, in authorizing medical research, institutional review boards are bound by the same principles as medical professionals: respecting the autonomy of test subjects, looking out for their well-being, and allocating benefits and burdens justly. But those principles place different demands on medical researchers, as do the complex legal regulations that govern experimentation on human subjects.

Some of our most pressing political controversies concern topics in medical ethics: for example, whether basic healthcare should be guaranteed for all citizens or residents, whether there is a right to abortion, whether we ought to modify our children's genes, and whether there is a right to die. This book considers such issues philosophically. Among other things, philosophy makes us more comfortable with perplexity. Medical ethics deals with questions that are not easily answered, and innovations in medical science and technology continue to raise new problems. Within that perplexity, however, philosophy provides a method to recognize and articulate the morally salient points of an issue. It helps us cultivate critical thinking skills so we can draw more

consistent conclusions, listen for what is legitimate even in judgments with which we disagree, and recognize the underlying principles and assumptions at work in our moral reasoning. Even if absolute truth is unattainable, we can reason our way to positions that are better than the alternatives and good enough to guide us in our personal decisions and public policies.

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