Title of work

**A Critical Exploration of Principlism**

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***Abstract***

Beauchamp and Childress created the ‘four principle’ approach to help clinicians analyse and resolve ethical dilemmas they may encounter when working. In this project, I will consider whether autonomy ought to have a privileged position within the four principles and if the four principles can apply outside the medical sphere.

***Aim***

* To consider the claim that the four principles can be applied to moral problems outside of the medical sphere.
* To consider the claim that autonomy ought to hold a privileged position within the four principles framework.

***Methodology***

Five papers provided by Dr Stuart Oultram to be analysed. These papers are qualitatively assessed due to the nature of the articles.

***Background***

Beauchamp and Childress’s ‘four principles’ were developed in 1979 and designed to help doctors navigate medico-moral problems by providing a framework through which medico-moral problems could be analysed and resolved. The Four principles are treated prima facie within the framework and are set out with an accompanying definition in the table show below (See table 1)

**Table 1**

|  |  |
| --- | --- |
| **Principle** | **Definition** |
| Autonomy | Patients can make decisions voluntarily once they have the information on the procedure.  |
|  |  |
| Non-Maleficence | When the doctor should do no harm to patients. |
| Beneficence | The doctor should do what is good to the patient.  |
| Justice  | Treat people fairly based on their needs.  |

Some academics like Sokol[[1]](#endnote-1) have claimed that the four principles could encapsulate any scenario presented to clinicians.

Academics like Dawson and Garrard[[2]](#endnote-2) have argued the extent to which the principles are static or flexible. While developed in the USA the four principles framework has been widely adopted in most western countries, as well as other parts of the world. Yet this has triggered a debate around moral imperialism and cultural norms in the application of the use of the four principles.

Further to this, Gillon[[3]](#endnote-3) has argued that there should be an emphasis on. This has created a discussion, regarding whether the four principles should remain prima facie or if they should be hierarchical with autonomy given, as Gillon suggests, a privileged position.

Finally, it has been suggested that the four principles framework can be used beyond the medical context. This has led to discussions as to whether the four principles alone are sufficient, or whether they need to be supplemented with additional principles.

***Results***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number | Title | Year | Author | Summary (of each article) |
| Paper 1 | Not just autonomy- The principles of American biomedical ethics. | 1995 | S. Holm | The paper was written in response to the “principles of biomedical ethics”. Holm ultimately concludes that the four principles are not adequate for all moral scenarios.  |
| Paper 2 | Ethics need principles- Four can encompass the rest- and respect for autonomy should be “first among equals”. | 2003 | R. Gillon | Gillon has written the paper to promote the four principles, as he believes they are one of the most important western ideas in the medical field. Additionally, he believes autonomy is the most important principle.  |
| Paper 3 | In defence of moral imperialism: Four equal and universal prima facie principles.  | 2006 | A. Dawson, E. Garrard | Dawson and Garrard wrote their paper in response to Gillon’s work, by arguing that the four principles promote moral relativism. Additionally, they argue autonomy is not the most important principle.  |
| Paper 4 | What principlism misses. | 2009 | T. Walker | Walker has written his paper to critique the four principles by arguing that more concepts need to be added. He provides examples of bestiality and urinating on graves as examples to illustrate this.  |
| Paper 5 | Sweetening the scent: commentary on “what principlism misses”.  | 2009 | Daniel K. Sokol | Sokol wrote his article in response to Walker's papers by rebutting his examples of immoral acts such as bestiality and urination. |

To analyse the papers, I used the system of appraisal set out by M. Jansen and P. Ellerton in their paper “How to Read an Ethics Paper”[[4]](#endnote-4).

***Discussion***

Aim 1 – ‘To consider the claim that the four principles can be applied to moral problems outside of the medical sphere.’

In paper 4, Walker argues that “we do not all recognise moral norms that are not captured by these four principles”[[5]](#endnote-5). He cites papers by Richard Shweder which talks about the ‘three ethics’, including autonomy, community and divinity[[6]](#endnote-6). However, Walker does admit these four values are a starting point for ethics. To expand on the moral psychology of humans, Jonathan Hadith, a professor from NYC university, has written about the five foundations all humans are born with: Care/Harm, Fairness/Cheating, Loyalty/Betrayal, Authority/Subversion, and Sanctity/Degradation[[7]](#endnote-7). Some of these values contradict and some support the Principlism approach. Loyalty and authority go against autonomy because they highlight how there are other interests external to us interacting with our choices. We tend to be loyal to our community and obey the current laws provided in general. Values such as fairness and care support the principlist argument, as they highlight that within us is a universal value of stopping harm and bringing justice to individuals who lack it. Therefore, it could be argued that other values are present within humans, therefore an extension of the four principals would encompass a wider breadth of situations, both in the medical field and in the community.

To Illustrate his argument, Walker uses the example of “bestiality [being] morally wrong” and not because “It violates one of the four principles”[[8]](#endnote-8). It could be argued that animals are not moral agents and thus are incapable of judging moral actions. Therefore, any harm done to the animal is permissible as the four principles apply to humans exclusively. On the contrary, even if we are to assume that animals should be encompassed by the four principles, it raises further contradictions. Do animals autonomy trump human? More values would be needed if the principlist approach is to be extended to other species, as they cannot capture the sense of immorality associated with those acts.

Sokol, in paper 5, rejects Walkers claim that the four principles are insufficient. Sokol does this by showing that the example Walker uses to underpin his argument can be accounted for within the four-principle approach. Sokol responds by arguing that “beastliest sexual gratification is not a sufficient benefit to justify violating the principle of non-maleficence”[[9]](#endnote-9). Sokol further adds that Principlism could “include animals within the scope of the principle of justice”[[10]](#endnote-10) . If the animal is encompassed by Principlism, bestiality would be wrong, also causing unnecessary harm to the animal is wrong as it goes against the idea of being benevolent. However, if Sokol can argue that it is wrong to perform bestiality, it could logically be argued that killing animals is wrong, following the same defence of autonomy and benevolence being the case. This, however, is not true in all countries which allow animal slaughter, thus weakening the case. When it comes to justice, there is a strong case that rejecting animal rights is a form of injustice covered under Principlism. This depends on the culture and customs of the country upon investigation. In India, killing cows is banned[[11]](#endnote-11), however there are countries like Angola, Argentina, and Japan (to name a few), where bestiality is legal[[12]](#endnote-12). Clearly there are inconsistencies within Sokol’s counter argument which upholds the notion that more values need to be added before its implementation on the public.

Holm, in paper 1 highlights the variety of interpretation of the four principles. He uses an example from PBE4 where a “physician-stranger is not morally required to assume the same level of commitment”[[13]](#endnote-13) for a ‘stranger’ at an accident compared to a patient. Holm argues that it is “true in the context of America”[[14]](#endnote-14), but not in “Europe where good Samaritan laws”[[15]](#endnote-15) prohibit doctors ignoring the injured stranger. It is arguable that it is a doctor’s autonomy to do what they want, and thus, if they did see an injured patient, they can leave if they wish to. While most people would argue that the doctor ought to help, it could be said that prison time would be the wrong response. A middle ground of libertarian paternalism could be used in this case, where doctors are promoted and 'nudged' in the direction to help the patient, while still not suffering consequences if they do not. The UK government has passed laws[[16]](#endnote-16) which order pedestrians who pass a traffic accident to call for help at the very least. This is an example where a further principle of responsibility could be added to the four Principles to cater for such scenarios.

Aim 2 – ‘To consider the claim that autonomy ought to hold a privileged position within the four principles framework.’

Beauchamp and Childress conceptualised the principles as being four prima facie equal principles. Gillon differs, in that he argues that autonomy should be considered ‘first’ amongst equal. He underpins his argument by believing that “free will is morally very precious” and “its development encouraged and nurtured”[[17]](#endnote-17). In paper 2, Gillon elaborates on this by giving a personal example “I know it would be beneficial for me to do more exercise and eat less animal fats. But I have autonomously decided not to do so”[[18]](#endnote-18). When observing Japan, it has the lowest obesity rates worldwide, with a rate of 3.5%[[19]](#endnote-19). This is due to its cultural emphasis on weight loss. Libertarians in other countries would find this paternalism too much. Therefore, an individual in Japan would exercise their autonomy differently to somebody in the USA, where the obesity rate is 40%[[20]](#endnote-20) subsequently. People might eat healthier and exercise more (or vice versa) thinking it is their “autonomy”, whereas cultural influence in their lives plays a larger role. Policies such as banning smoking in certain areas[[21]](#endnote-21), sugar [[22]](#endnote-22) and alcohol taxes[[23]](#endnote-23) all point against autonomy being the most important.

Gillon does, however, concede on some weakness to autonomy being ‘first among all’, arguing that the “non-provision of a universal healthcare service” while having a universal gun service in the USA gives “excessive weight to respect for individuals autonomy”[[24]](#endnote-24). This highlights the weakness in Gillon’s initial argument, because if autonomy is the most important prima, then the liberties of the individual should reign supreme. It is up to the individual to purchase healthcare coverage, as opposed to the state forcing citizens to pay for other people's healthcare. If individuals want to own a gun which is purchased out of their own money, then clearly autonomy would permit it, undermining Gillon’s case.

Garrard and Dawson, in paper 3, disagree with Gillon because they argue it would make the other 3 principles “subordinate” to autonomy[[25]](#endnote-25). They argue this point by highlighting whether autonomy would: “always win out”, “sometimes win out” or is it an “overarching principle”[[26]](#endnote-26). Garrard and Dawson make a firm point and do highlight some of the inconsistencies that Gillon has made in his premises. Gillon says “I freely acknowledge that avoidance of sufficient harm to others may justify overriding my autonomy”[[27]](#endnote-27). Clearly it does cause inconsistencies, because does autonomy “always win” or “sometimes win”? For example, 4.2 million people die each year from pollution with 9% of deaths globally contributed by toxins[[28]](#endnote-28). However, most people would still argue it is up to the individual to drive a car, go on holiday or buy the latest technology if they want to, despite the “harm to others”. This highlights the irregularity of Gillon’s view of “autonomy being the most important”[[29]](#endnote-29), because the fact it can change from situation to situation makes it equal, not most important.

Garrard and Dawson further state that “suffering is also very important”[[30]](#endnote-30), and therefore they argue “it is not clear that the claim of respect for autonomy would outrank those of non-maleficence”[[31]](#endnote-31). If we are talking about the individual, then autonomy alone is a powerful principle as the individual receives the consequences. But, if there are repercussions to those actions, then the harm done to the community must be taken into account. A medical example would be the emergence of antibiotic resistance; it is currently considered bad practice if doctors freely give out antibiotics to patients at their request. If patients exercised their “autonomy”, antibiotic resistance would skyrocket, leading to increasing numbers of patients dying of resistant threats like MRSA. According to the Centre for Disease Control (CDC), 23,000 people already died from bacterial resistance thus highlighting the harm being done[[32]](#endnote-32). Clearly, autonomy cannot be “first among all” as there are wider implications to society which could cause harm. Therefore, it seems Gillon’s view that autonomy is the most important principle has flaws which Garrard and Dawson pick up on. It would seem that Beauchamp and Childress' initial idea that all the principles are equal has not been shaken by Gillon.



**Graph 1** Shows the number of superbugs, AMR and antibiotic resistance in the UK by University of Nottingham.

[[33]](#endnote-33)

***Conclusion***

In conclusion for Aim One, I believe that there needs to be more principles if the principlism concept were to be implemented in a non-medical field. This is because examples such as environmental issues and animal rights highlight the inconsistencies and the various possible answers provided when using the principlism structure. In the case of aim two, giving autonomy a privileged status would undermine the prima facie functioning of the principles by creating a hierarchy. This would weaken any analysis by devaluing the other principles.

There are several limitations of this study. Only five articles were analysed, which does not convey a full representation of the ideas of the literature, whilst the limit of 2200 words prevents a detailed critique of the articles in question. Further research on the application of principlism on the economy is required before coming to a definite conclusion. To finish the discussion, I believe the four principles are an essential tool for explaining to medical students the foundation of medical ethics.

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