Medical Ethics versus Bioethics (a.k.a. Principlism)

Patrick Guinan, M.D.

Abstract

The Hippocratic ethic, or medical ethics, has guided medical practitioners for 2,500 years. More recently it has been displaced by bioethics. Traditional medical ethics is a covenant between a competent physician and a sick patient, the purpose of which is to effect healing. Bioethics is a civil consensual ethic regulating health-care delivery. It is not personal by nature.

Medical ethics is a deontological, virtue-based ethic. Bioethics, particularly as expressed in principlism, its most prominent school in the United States, is a liberal utilitarian ethic that emphasizes individual autonomy.

Bioethics and principlism both play a role in guiding health-care delivery in a pluralistic society. However, traditional medical ethics, and not bioethics, best addresses the moral issues arising in the personal relationships between a treating physician and a suffering patient.

Introduction

Medical ethics guides the behavior of physicians in treating their patients. It should be noted that although medicine has become more complex as the result of specialization, technology, and the intervention of third-party payers, the traditional practice of medicine—that is, a competent medical practitioner and a sick person in the classic doctor-patient relationship—remains the norm of patient care. These newer developments have not changed the basic reality of human disease and its treatment. However, these recent changes pose new ethical dilemmas. In addition, the relatively new field of medical research has also emerged with its own set of unique moral problems.

Relatively recent guidelines, called bioethics, were developed around 1970 and are being applied directly and indirectly to medical practice. Principlism is the domi-

nant school in contemporary bioethics. For all practical purposes, the terms "bioethics" and "principlism" are interchangeable. Physicians are being compelled to comply with the new rules.

There are clear distinctions between Hippocratic ethics and contemporary bioethics. It is the thesis of this paper that the theoretical basis of bioethics and principlism is utilitarian and consequentialist in nature, unlike medical ethics, with its Hippocratic and realist foundation. While bioethics may be appropriate for determining some health-care policy issues in our multicultural society, it is not useful in medical decision making.

I will briefly describe (1) the Hippocratic tradition; (2) the genesis of bioethics; (3) principlism, which is the dominant bioethical school; and (4) the philosophical difficulties with principlism. I will conclude by suggesting that we clearly distinguish between medical ethics and bioethics, and that the former should be retained for ethical guidance in medical practice, while the latter should be applied to achieve the political consensus sought in health-care legislation.

Before we proceed further, I will define the Hippocratic medical-ethical tradition and the new field of bioethics:

> The *Hippocratic tradition* is a virtue-based ethic that emphasizes personal competence and probity, as well as a personal relationship with the patient characterized by beneficence, non-malfeasance, and confidentiality.[1]
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> *Bioethics* is characterized by the need for a civil ethic, or an ethic of a consensual reformulation of rights and obligations in the context of medical practice and health care.[2]

The Hippocratic Tradition

The Hippocratic Oath is divided into eight paragraphs. The first is an oath, a solemn promise to fulfill the covenant as outlined in the next seven paragraphs. The second paragraph promises respect for teachers and instruction for fellow physicians. Paragraphs three to five address treatment, and six and seven focus on decorum. The concluding paragraph invokes honor or sanctions if the covenant is, or is not, kept. The oath is essentially a deontologic-virtue ethic. It is a covenant in which the doctor pledges beneficence, non-malfeasance, and confidentiality to his patients.

Traditional medical ethics has been severely criticized recently for a variety of reasons. It has been accused of being pre-technical,[3] paternalistic,[4] a Pythagorean

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[1] E. Pellegrino, "The Metamorphosis of Medical Ethics: A 30-Year Retrospective," *Journal of the American Medical Association* 269.9 (March 3, 1993): 1158–1162.

[2] Dietrich von Englehardt and Saundro Spinsanti, "Medical Ethics, History of: Europe: Contemporary Period: Introduction," in *Encyclopedia of Bioethics*, rev. ed., ed. W. T. Reich (New York: Simon & Schuster and Macmillan, 1995), 1556.

[3] Kenneth Vaux, *Biomedical Ethics: Morality for the New Medicine* (New York: Harper and Row, 1974), 9.

[4] Raymond Devettere, *Practical Decision Making in Health Care Ethics* (Washington, D.C.: Georgetown University Press, 2000).

minority cult,[5] deficient,[6] and finally ignored.[7] Criticisms aside, one must admit that the history of medicine recognizes that doctors, perhaps because of their importance in all human societies, have unique standards of behavior. These standards include pledges to attempt to heal illness, to not deliberately harm, to maintain privacy, and to advance the art of medicine. Broadly speaking, these aims are reflected in the Hippocratic oath.[8]

Medical ethics originated in prehistory when the shaman, or religious leader, became distinguished from the doctor or expert in physical healing. Hippocratic ethics crystallized with the development of Greek philosophy. Ludwig Edelstein suggests that a Pythagorean influence was strong in the Hippocratic corpus.[9] Be that as it may, the elemental and natural human interaction between a competent physician and a sick person became covenantal in the Hippocratic Oath. The term "doctor-patient relationship" has been denigrated in our culture, but it nonetheless expresses an essential human person-to-person relationship. In sum, medical ethics is the product of two and a half millennia of gradually accumulated human wisdom, specifically of Greek moral philosophy, and is, in essence, a natural law-based virtue ethic.

The medical ethics tradition can be traced from at least 500 B.C. in Greece through Galen and the Roman Empire, Avicenna and Moslem medicine, Maimomides,[10] medieval Europe, Thomas Percival in England,[11] and the American Medical Association Code of 1847.[12] Because the Chinese Code of Lao Tse[13] and the Hindu Code of Brahma[14] also incorporate these core elements, it can be argued that medical ethics is grounded in human nature. Most of these authors were influenced by the Hippocratic corpus and oath. It should also be noted that most of these codes are deontologic in nature.

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[5] R. Veatch and C. Mason, "Hippocrates and Judeo-Christian Medical Ethics: Principles in Conflict," *Journal of Religious Ethics* 15 (Spring 1987): 86–105.

[6] Thomas Beauchamp and James Childress, *Principles of Biomedical Ethics*, 5th ed. (Oxford: Oxford University Press, 2001), 283.

[7] Robert Veatch, "Medical Codes and Oaths: History," in Reich, *Encyclopedia of Bioethics*, 1420.

[8] Leon R. Kass, *Toward a More Natural Science: Biology of Human Affairs* (New York: Free Press, 1985), 224–246.

[9] Owsei Temkin and Lillian Temkin, eds., *Ancient Medicine: Selected Papers of Ludwig Edelstein* (Baltimore: John's Hopkins University Press, 1967), 20–39.

[10] Fielding H. Garrison, *An Introduction to the History of Medicine* (Philadelphia: W. B. Saunders, 1929), 132.

[11] Thomas Percival, *Medical Ethics: Or, a Code of Institutes and Precepts, Adapted to the Professional Conduct of Physicians and Surgeons* (London: S. Russell, 1803).

[12] "American Medical Association Code of Ethics of 1897," in Reich, *Encyclopedia of Bioethics*, 2639–2644.

[13] L. T'ao, "Medical Ethics in Ancient China," *Bulletin of the History of Medicine* 13 (1943): 268–277.

[14] I. A. Menon and H. F. Haberman, "The Medical Students' Oath of Ancient India," *Medical History* 14.3 (July 14, 1970): 295–299.

Hippocratic ethics is grounded philosophically on deontologic, as well as natural law, theory. In medical ethics some behavior is always unethical: for example, causing the willful death of an innocent person, breeching confidentiality, or having sexual relations with patients or members of their families. As Edmund Pellegrino notes, there is "something intrinsic to the morality of medicine as a human activity that in some ways transcends culture, religion and historical eras."[15] The physician works with nature to promote health. Life is sacred, and the doctor's role is to conserve it.

Origin of Bioethics

Following World War II, there were several major issues involving medical research and the delivery of health care. These included concerns about human experimentation and informed consent. There were also broader matters related to the provision of health care, particularly to the elderly and the impoverished sick, which resulted in government involvement in health-care delivery and medical research. At about this time, in 1970, the term "bioethics" was coined by Van Rensselaer Potter.[16]

The most blatant disregard of ethical issues was apparent in the Nazi medical atrocities prosecuted in the Nuremberg Trials in 1948.[17] These abuses resulted in the Declaration of Helsinki,[18] which has been revised several times, and in particular requires informed consent. Flawed medical research in the United States was also criticized, most notably by Henry Beecher in 1959.[19] But research tragedies, including the Tuskegee syphilis experiments[20] and the Willowbrook hepatitis studies, continued.[21] The salient problems with these research endeavors were their toleration of harm to the patient, their involuntary nature, and their lack of informed consent. Parenthetically, it might be noted that human nature (or original sin?) being what it is,

[15] E. Pellegrino, "The Medical Profession as a Moral Community," in *Physician and Philosopher: The Philosophical Foundation of Medicine—Essays by Dr. Edmund Pellegrino*, eds. Roger J. Bulger and John P. McGovern (Charlottesville, VA: Carden Jennings Publishing, 2001), 221–232.

[16] V. R. Potter, "Bioethics: The Science of Survival," *Perspectives in Biology and Medicine* 14.1 (1970): 127–153.

[17] *The Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law No. 10* , vol. 2 (Washington D.C.: U.S. Government Printing Office, 1949), 181.

[18] World Medical Association, "Declaration of Helsinki," in Reich, *Encyclopedia of Bioethics*, 2765–2766.

[19] Henry K. Beecher, "Experimentation in Man," *Journal of the American Medical Association* 169.5 (January 31, 1959): 461–478.

[20] Jean Heller, "Syphilis Victims in U.S. Study Went Untreated for 40 Years," *New York Times*, July 26, 1972, A1, A8.

[21] "Prevention of Viral Hepatitis: Mission Impossible?" editorial, *Journal of the American Medical Association* 217.1 (July 5, 1971): 70–71.

these abuses have continued into the present time—for example, the Abu Ghraib revelations in Iraq.[22]

Whether the abuses were the fault of totalitarian governments or overzealous investigators trying to cure disease, it became evident that far more effective restraints were necessary. This was especially true in cases involving prospective research on human subjects. The relevant legislative bodies were called on to draw up guidelines to prevent future abuses. In the United States, the Tuskegee and Willowbrook experiments and the resultant concern for research subjects prompted Congress to create the National Research Act. President Nixon signed the act into law on July 12, 1974, thus creating the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research.[23] The Commission had a three-year termination provision, and one of its charges was "to identify the basic ethical principles that should underline the conduct of biomedical and behavioral research and to develop guidelines that should be followed in such research."

The commissioners were to articulate a minimal set of principles to prevent future research abuse. The commission met intermittently for three years and finally drafted what has become known as *The Belmont Report*. The critical meeting of the commissioners occurred at the Belmont House of the Smithsonian Institute on February 13–16, 1976. With the help of advisors they identified three principles— beneficence, respect for persons, and justice—that were to govern biomedical research. The principles were subsequently published in the Federal Register on April 18, 1979, and have the effect of law.[24] It should be noted that Thomas Beauchamp, coauthor of *Principles of Biomedical Ethics*, wrote the final version.[25]

The government wanted guidelines and rules acceptable to a majority of the country's disparate constituencies in the areas of human research and health-care policy. The commissioners debated at great length and agreed to principles that were "among those generally accepted among our cultural tradition,"[26] rather than to any specific ethical theory. In other words, it appears that the Commission opted for a lowest common denominator consensus to avoid controversy.

Bioethics, it would seem, was the result of the government's desire for ethical unanimity among researchers, the intellectual community, the government, and the public at large. The Belmont principles served that purpose. It was left to Thomas Beauchamp and James Childress to explicate these principles in *Principles of Biomedical Ethics*. This book has become the bible of principlism, which in turn has

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[22] E. Pellegrino, "Medical Ethics Suborned by Tyranny and War," *Journal of the American Medical Association* 291.12 (March 24, 2004): 1505–1506.

[23] Public Law 93-348, 92nd Congress, 2nd Session (July 12,1974).

[24] National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, *The Belmont Report: Ethical Principle and Guidelines for the Protection of Human Subjects* (Washington, D.C.: U.S. Government Printing Office, 1979).

[25] Albert Jonsen, *The Birth of Bioethics* (New York: Oxford University Press, 1994), 104.

[26] Ibid., 103.

become the regnant bioethical school in the United States. Incidentally, the *Principles of Biomedical Ethics* is the most frequently used ethical textbook in U.S. medical school ethics courses.[27] In theory, the principles of biomedical ethics are not derived from any specific ethical theory, but those of which are compatible with most. This was the intention, but principlism does, in fact, have a sustaining theory.

Ethical schools are based on philosophical-axiological theories. The deontologic axiom "thou shalt not kill" is one; the utilitarian "the end justifies the means" is another. Principles such as autonomy and beneficence flow from theories and are not primary.

There are four main bioethical theories in the United States today: liberal individualism, utilitarianism, deontologism, and communitarianism. (Ethics of care is mentioned by Beauchamp and Childress but dismissed as having "no central moral principle.")[28] For the purpose of this discussion and at the risk of oversimplification, I will consider liberal individualism and utilitarianism together as a system that emphasizes autonomy. Deontologism and communitarianism will be considered together as representing obligation, community, and natural law. Again, at the risk of oversimplification, the former two are represented by bioethics and the latter two by medical ethics. The critical aspect of both, of course, is where the basis of decision making lies. In the former it is the individual, autonomous self of the Enlightenment. In the latter it is the natural order or the source of human nature. In the former the individual creates his or her own moral order; in the latter the acting person conforms to reality, or human nature. It should be noted that principlism, perhaps the most important bioethics system in the United States, claims not to depend on any of the previously listed four ethical theories but to be compatible with all four. But it is in fact grounded on both liberal individualism and utilitarianism.

Principlism

To better understand principlism, I will now (1) review the substance of *Principles of Biomedical Ethics*, (2) note its liberal bias, (3) and describe the influence of John Rawls.

In this discussion we are going to make some additional assumptions. The first is that principlism is the preeminent ethical school in bioethics. The second is that principlism is influenced by John Rawls and his liberalism (defined as a philosophical system influenced by René Descartes, John Locke, and other Enlightenment thinkers, which emphasizes personal autonomy or the freedom of the individual from external restraints).[29] I will attempt to document specific instances of Rawl's influence in *Principles of Biomedical Ethics*.

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[27] J. M. DuBois and J. Burkemper, "Ethics Education in United States Medical Schools: A Study of Syllabi," *Academic Medicine: Journal of the Association of American Medical Colleges* 77.5 (May 2002): 432–437.

[28] Beauchamp and Childress, *Principles of Biomedical Ethics*, 337.

[29] *Encyclopedia Britannica* (1982), s.v. "Liberalism."

Thomas Beauchamp, a philosopher, and James Childress, a theologian, both advisors to the National Commission, published their book in 1979, around which the bioethical school of principlism has coalesced. No less respected an ethicist than Albert Jonsen has characterized this book as "magisterial."[30] The *Principles of Biomedical Ethics* took the three Belmont principles, explicated them, changed "respect for persons" to "respect for autonomy," and added non-malfeasance; it is now the bible of bioethics. Principlism can be defined as a bioethical system that applies the principles of respect for autonomy, non-malfeasance, beneficence, and justice to determine the ethical appropriateness of health-related behavior. It is an effort to find a commonality in the previously mentioned four apparently irreconcilable ethical theories.

While respect for autonomy, beneficence, non-malfeasance, and justice are the cornerstone principles, the authors state that they are mid-level in nature. They are grounded in, and depend on, "common morality."[31] Common morality is defined as a set of norms "that all morally serious persons accept as authoritative."[32] The four principles derived from "common morality" govern, in turn, a series of rules, rights, and virtues that are then applied to actual cases that are ethically troubling. The "common morality" that supports this ethical algorithm is not further defined. The argument is circular.

The appeal of principlism and the *Principles of Biomedical Ethics* is that ostensibly it does not espouse a single ethical theory but rather promotes mid-level principles that are compatible with most if not all theories. This is both its strength and its weakness. But, indeed, the *Principles of Biomedical Ethics* does favor one ethical theory—the liberal individualism of the school of John Rawls—particularly in its discussion of justice. Rawls is the most-cited philosopher in the index, with seventeen references. It is of interest that after Rawls, John Stuart Mill, and David Hume, the next most-cited author is Peter Singer, with ten references. Hippocrates is mentioned five times.

John Rawls is one of the better-known philosophers of the latter half of the twentieth century. His area of interest is justice and how it is applied in a pluralistic society. In his book *A Theory of Justice*,[33] he proceeds from a "veil of ignorance" and arrives at two principles for a just society. They are (1) the principle of maximal or equal liberty and (2) the principle of efficacy and open positions. Rawls is a liberal, that is, a philosopher for whom the critical ethical standard is individual autonomy. Rawls sums up his philosophy when he says that "individuals have their true liberty when they are free to pursue their moral philosophy or religion without legal restriction."[34]

[30] Jonsen, *Birth of Bioethics*, 333.

[31] Beauchamp and Childress, *Principles of Biomedical Ethics*, 3.

[32] Ibid.

[33] John Rawls, *A Theory of Justice* (Cambridge, MA: Belknap Press, 1971), 136–142.

[34] Ibid., 202.

He is also known for having said that the rights of individuals cannot legitimately be sacrificed for the good of the community.[35] Beauchamp and Childress adopt the liberalism of Rawls as well as his "reflective equilibrium," or method of arriving at moral knowledge.[36]

It is of interest that the word autonomy is not mentioned as one of *The Belmont Report's* principles. "Respect for persons" is the term used, and it is listed as the second principle. In the *Principles of Biomedical Ethics*, respect for persons becomes respect for autonomy, which now has primacy of place.

Critique of Principlism

Principlism is superficial and inadequate for critical-ethical decision making. There are two salient criticisms of principlism. The first is its superficiality, or lack of a stated ethical theory to ground it philosophically. This criticism has been noted by many others, most notably K. Danner Clouser and Bernard Gert.[37] The second is the real, but covert, theory underlying the book, which is the liberalism of John Rawls in the form of personal autonomy.

The principles of autonomy, beneficence, non-malfeasance, and justice are not self-sustaining. While they should be clearly grounded in basic theories, they in fact are not. The authors state that principlism flows from a "common morality" (not further specified) which in turn results in rules, virtues, and guidelines which lead to the four principles. The principles then reflect the common morality. To repeat: the argument is circular and the basic common morality is never specified.

As mentioned previously, principlism resulted from the desire for consensus in a pluralistic society. But providing political agreement does not mean that the needs of society for ethical health-care guidelines have been met.

Principlism serves its purpose inasmuch as it can be reconciled with almost all ethical systems. Unfortunately, if one asks for the ethical theories underlying the principles, there is little agreement. A utilitarian is going to see the good in the ultimate utility of any medical action. The liberal individualist will look to the autonomy of the acting individual or the autonomous self. The deontologist and the communitarian will see the working of natural law in human nature.

The second criticism is the covert underlying theory of principlism, which is the liberal autonomy of Rawls. Liberalism originated in the Enlightenment, and its philosophy is principally that of Descartes and Locke. Their emphasis on idealism and the social contract eventually led to liberal individualism as exemplified by John Rawls. Autonomy, which has no more substance than group consensus or a public-opinion poll, becomes the basis of ethics.

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[35] Beauchamp and Childress, *Principles of Biomedical Ethics*, 364.

[36] Ibid., 398.

[37] K. Clouser and B. Gert, "A Critique of Principlism," *Journal of Medicine and Philosophy* 15.2 (April 15, 1990): 219–236.

Liberalism may serve a purpose in our postmodern culture, but it is inimical to the doctor-patient relationship. Strict autonomy is incompatible with human nature (especially when a person is sick), because the human person is fundamentally dependent on others and is not truly autonomous. This is nowhere more apparent than in the doctor-patient relationship. As much as we try to rationalize it, in essence a sick person is dependent on many others, but particularly on a competent physician. Bioethics may be compatible with absolute autonomy, but medicine—and especially medical ethics—is not.

Medicine by its nature deals with life-and-death decisions. Its ethic is the result of the moral reflections of mankind from time immemorial. The Hippocratic tradition respects the human condition. It would be a mistake to replace it with an autonomy-based ethic.

Conclusion

I began this discussion with an attempt to explain the development of bioethics in the 1970s and its displacement of the traditional Hippocratic medical ethics. In our society we need a consensus ethics in matters of public policy. Bioethics may have a role to play in health-care delivery policy, but on issues of medical importance (e.g., beginning and end-of-life issues), a theoretically grounded ethics is needed.

Medical ethics is fundamentally different from bioethics. Medical ethics is a natural-law, virtue-based ethics. A competent physician treats a sick person in an attempt to restore the body's natural state, or health. Principlism, bioethic's preeminent school, offers only mid-level principles but, more importantly, is fundamentally liberal and utilitarian. Autonomy is not a solution to the medical manifestation of the human condition. Let traditional Hippocratic medical ethics serve the doctor and the patient as it has done so ably for 2,500 years.