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**Why Healthcare Practitioners
do not have a moral duty to be
advocates for patients**

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Professional Ethics & Major Issues



- There are at least two essential components to teaching bioethics to HCP
1. Professional ethics



2. Ethical evaluation and analysis of major bioethical issues

Ethical evaluation and analysis of major bioethical issues

- Focus on the many ethical dilemmas and issues related to HC practice, medicine, life, science and the environment
- Issues such as **abortion, euthanasia, allocation of health care resources, pre-natal genetic screening, withdrawing & withholding treatment etc**
- Seek to use moral theories, philosophy, rational argument, analysis etc to make decisions about these ethical problems
- Must also take relevant laws into account
- **Our job: provide intellectual tools to enable students to reason through issues themselves**

Professional ethics

- The standards of behaviour expected of professionals in their capacity as professionals
- Bioethics concerned with the professional ethics mainly of healthcare professionals
- Professional ethics for HCP encompasses a knowledge & understanding of:
 - The regulations & guidelines of professional councils
 - The laws applicable to HCP and their practice
 - The expectations of patients, society, colleagues, employers and profession
- **Our job: develop ethical character of the HCP and encourage fulfilment of professional obligations**

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**The claim:
HCP have an ethical
obligation to be advocates
for patients**



- There is a view that HCP should be advocates for patients' rights and for the health of the public
- This is most frequently expressed as an **ethical obligation** on the part of HCP to actively advocate on behalf of patients





- Typically it goes beyond fairly reasonable, minor expectations such as:
 - Trying to ensure your own patient gets fair treatment from medical schemes/insurers
 - Trying to ensure your own patient gets access to public sector treatment and medication

- This claim is about **being a champion** of the rights of patients;
fighting for those rights
intervening to prevent others from infringing on those rights
- I argue that this is **not a strict moral professional obligation**

- Not to be confused with HCPs themselves violating the human rights of patients
- Not about cases like the doctors complicit in the torture and murder of Steve Biko or of prisoner abuse at Gauntanamo Bay
- Obviously HCP have a moral obligation not to violate the rights of others or facilitate such a violation

From HPCSA Ethics Booklet 1:

- “Community: Health care practitioners should ***strive to contribute to the betterment of society*** in accordance with their professional abilities and standing in the community.”
- HCPs should “***Guard against*** human rights violations of patients, and ***not allow***, participate in or condone any actions that lead to ***violations of the rights of patients***” (Booklet 1, para 5.2.5)

From the Core Curriculum for Teaching Bioethics to HCP:

- “Teaching should stress the overall aims of health care education and the production of health care practitioners who would **enhance and promote** the health and **welfare** of the people they serve.”
- “Training of HCP should result in a professional who would:
 - Strive to improve patient care, **reduce inequalities in health care delivery**, to optimize the use of health care resources in our society.
 - Use his or her professional capabilities to **contribute to the community and to individual patient welfare....**’
 - Consider the impact of health care on the **environment** and the impact of the environment on health’
 - ‘...be mindful of South African history, [and] **the need for transformation**’

- This view suggests that HCPs have responsibilities that go beyond just being good practitioners
- In fact, it suggests that they should be **ADVOCATES** for patients and the public in general
- If this is right, they should be active in **PROMOTING** improvements in health service delivery by the State, fighting for the rights of patients and HCPs, etc.

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Why the Claim Is False



- **Is this fair?** When someone chooses to study to be a doctor, does this mean they have to become a rights activist too?
- We would question the moral character of HCP who aren't concerned about patients who don't have access to health care, and poor service delivery in hospitals, etc.
- But, **do they have any actual responsibility** for these things?
- Should they all be ready to rush off as volunteers in some war zone, or infectious disease epidemic as soon as they qualify?
- Should they be picketing multinational companies that pollute the environment as part of your job?
- Are they not doing enough just by choosing to be doctors and helping people daily?

Do HCP actually have a moral obligation to be advocates for patients?

- I argue that they DO NOT on the following grounds:
 1. We misunderstand the nature of moral obligation if we think it applies here – or we make a category error
 2. It is itself morally wrong to falsely claim that others have a moral obligation when they do not.
 3. It further over-burdens already stressed professionals
 4. If we are hoping to encourage HCP to be more caring and altruistic, honestly appealing to their better natures is more likely to succeed

1. We misunderstand the nature of moral obligation if we think it applies here – (or we make a *category error*)
 - In ethics we distinguish between different **categories** of acts:
 - i. **Obligatory acts**: good to do & bad not to do
 - ii. (Merely) **Permissible acts**: neither good to do nor bad not to do
 - iii. **Prohibited acts**: bad to do and good not to do
 - **Our moral DUTIES are to do the OBLIGATORY and not to do the PROHIBITED**
 - But, is advocating for patient rights, equality in health service provision, protection of health workers in war, fair prices for drugs, etc really OBLIGATORY?
 - Can we call these acts duties?

- There is another category of actions:
- **Good to do, but not bad not to do**
- Examples:
 - **Acts of charity** – it is often morally good to help others in need, but it is not morally bad not to help. (Besides we can't help everyone. So mostly we think it okay as long as we sometimes try to help)
 - **Heroic acts** – putting yourself in danger to save another is not a duty, but most would say it is a moral good
- We call this category of actions **supererogatory**
- Supererogation – going beyond the call of pure duty
- So: advocating for patients is **not a moral duty** – it is not obligatory. It is **supererogatory**: good to do, but not bad not to do

- The problem with saying that HCPs have a **moral obligation** to be advocates for patients, is that we misunderstand the nature of moral obligation
- We make a category error - acts of advocacy fall in the realm of supererogation not obligation
- Like all acts of charity, we do not have a strict moral duty to perform them

2. It is itself morally wrong to falsely claim that others have a moral obligation when they do not.
 - It is wrong for the HPCSA or any other professional body to claim that HCP have a strict moral obligation to be advocates when the claim is untrue.
 - It entails emotional manipulation or even coercion, classically rejected by Immanuel's Kant's notion of respect for persons.
 - It is grounded in an untruth

3. It further over-burdens already stressed professionals

- The recent death by suicide of Prof Bongani Mayosi has highlighted the stresses HCP already work under and the threats to their mental health
- The last thing they need is being made to feel an extra burden of responsibility they don't actually have
- It can only contribute to further feelings of inadequacy and failure
- It could contribute to mental health problems in HCP

4. If we are hoping to encourage HCP to be more caring and altruistic, honestly appealing to their better natures is more likely to succeed
 - When we unfairly seek to modify behaviour by making false claims and using emotional manipulation, it often fails because it is human nature to resist coercion
 - People more easily buy-into appeals to their better nature when they are encouraged, not manipulated
 - The buy-in is also more genuine in these cases
 - HCP would appreciate the honesty of being told that advocacy is not a moral duty, but a charitable act

Conclusion



It is false to claim HCP have a moral duty to be advocates

- However, a compassionate, caring and engaged HCP might find that they feel that they should engage in some supererogatory actions
- We call this aspect of ethics ‘**Aspirational ethics**’
- Most of ethics deals with what is obligatory or prohibited – our ethical DUTIES
- Aspirational ethics goes beyond just duties and asks HCPs “**What kind of healthcare professional do you want to be? What kind person do you want to be as a doctor?**”
- My job is merely to challenge HCPs to consider some ways in which you think they should do the supererogatory
- Perhaps HCPs might find in themselves the desire to be an advocate for their patients, – but that is surely up to them

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