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JUSTIFICATION FOR AUTONOMY, COMMON MORALITY AND BENEFICENCE USING THE METHODS OF PRINCIPLISM

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Abstract:-
This article focus on methods of principlism and how it can be used as a mode of justification for Autonomy, Common Morality, and Beneficence. Each area will be explored in this paper in order to give insight into how these principles came to be what they are today. In particular, I will discuss the nature of autonomy, by referring to definition of autonomy and theories of it, as well as to what the main principle of autonomy is, and what types it consists of. Common morality includes the differences between normative and non-normative ethics in terms of principles, rules, and rights. Furthermore, the discussion will focus on what the meaning of common morality is as it is shared among all cultures. Lastly, the discussion will consider the concept of beneficence and the types in which it manifests itself.

Keywords:- *Autonomy, Common Morality, Beneficence, principlism*

INTRODUCTION

There has been continuity in the development of medical ethics from the time of Hippocrates until the middle of the twentieth century, when other sciences developed, leading to advances in knowledge and technology that have raised questions about the sufficiency of traditional moral ethics. The Hippocratic tradition has failed to address many issues in ethics that have arisen in recent decades. The concept of ethics has its origins in rules, traditions, and societal beliefs. Ethics also covers the examination and understanding of what constitutes moral life.[1] The field of ethics can be divided into normative ethics and nonnormative ethics. Normative ethics tries to answer which the moral norms that can use as guidance and for the evaluation of our behaviors that we accepted them, and ethics theories explained the meaning and justifying those norms.[2]

Furthermore, normative ethics attempts to interpret general norms for specific problems. The other branch of ethics, nonnormative ethics, is divided into two types, descriptive ethics and metaethics. Descriptive ethics uses scientific techniques to study how people reason and act. By contrast, metaethics uses analysis of language and methods of reasoning in normative ethics.[3] Both of them are nonnormative because their objective is to achieve an understanding of what the fact is the case are not what ethically must to be the case.[4] There are several types of moral norms, including, principles, rules, and rights. Rules and principles are general norms of obligation, but they differ in that rules are more specific in concepts and more restricted within any given field than are principles. There are many types of rules, categorized as: 1) *Substantive rules*, which include rules of truth telling, informed consent, privacy, and confidentiality; 2) *Authority rules*, which determine who should make decisions and what decisions are they are permitted to make; and 3) *Procedural rules,* which specify which rules have to be followed and what actions have to be taken in what order under certain circumstances, for example in order to determine who is eligible for organ transplantation. The principles do not guide actions by providing precise direction in each circumstance. Both rules and principles have formed the basis for rights, as well as obligation.[5]

1. Conceptual framework of Common Morality

1.1. Definition of Common Morality

Morality is the concept of what is right and wrong in human conduct. Morality consists of moral principles, rules, rights, and virtues, which within any culture, we have learned since childhood. All people are constrained by common morality as it applies to all places, cultures, groups, and individuals, in as such as all human behavior is seen to be judged through common moral standards. Thus, common morality should be viewed as a shared framework, providing limits, within which the individual may assess the relevance and comparative prioritizing of benefits and harms, but which provides a common, society wide understanding of what violations might be allowed under certain circumstances as opposed to those that will never be allowed, along with how rules are to be interpreted.[6] By contrast, particular moralities are not shared among all cultures, groups and individuals.[7] There are many norms (often termed, rules of obligation) founded in the common morality, such as *Don't kill*, *Don't cause pain*, *Prevent harm from occurring, Rescue persons in danger, Tell the truth, Keep your promises, Don't steal, Don't punish the innocent*, and *Obey the law*.[8] Bernard Gert revised and add some rules to this list, including *Don't disable*, meaning *Don't cause the loss of physical or mental functioning*, *Don't deprive one of freedom*, and *Don't deprive one of pleasure*.[9] Gert's interpretation of rules such as *Do not kill* as being fundamental, i.e., as constraining all lesser moral rules. For instance, if a patient is suffering from untreatable severe pain, death would nonetheless be the most serious harm to all people, ruling out any question of euthanasia.[10] Furthermore Gert, interpreted *Do not cause pain* to mean, not allowing the causing of mental or psychological pain to patients, any more than the causing of physical pain. [11] There are many standards for example, "nonmalevolence, honesty, integrity, conscientiousness, trustworthiness, fidelity, gratitude, truthfulness, lovingness, and kindness."[12] The rules and standards of common morality come from the shared historical experiences of our cultures even though some of them are the product of specific human experiences and histories. While pluralism is accepted in some particular moralities, common morality rejects historical pluralism; in fact, it contains the fundamental understanding of right and wrong, not merely standards upon which these understandings are based. Despite this universality, various authors have developed many varying theories about the common morality.[13] discerning the value of these moral theories requires special knowledge and such theories may improve by the work of experts and scholars.

There are two types of particular morality, namely the *professional morality* containing moral codes and standards of practice, and *the moral ideal,* which includes avoiding, preventing or relieving suffering or harm.[14] in medicine, professional moralities determine general moral norms that can be used in hospitals and the practice of medicine. In addition, professional staffs are often informed to accepted moral norms, such as prohibiting discrimination against their workmates on the basis of gender, race, religion, or national origin.[15]

According to Beauchamp and Childress, common morality includes moral norms which they call moral principles such as, *autonomy*, meaning respect for autonomous decisions, *nonmaleficence,* meaning the avoidance of causing harm, *beneficence,* meaning the prevention of harm and provision of benefits while balancing benefits against risks and costs, and *justice,* meaning the distribution of benefits, risks, and costs.[16] Nonmaleficence and beneficence have played very important roles in medical ethics. In 1803, Dr. Thomas Percival wrote *Medical Ethics*, which is considered to be the earliest discussion of medical ethics to encompass the entire subject. Percival's position placed nonmaleficence and beneficence as the ultimate foundation, anchoring the fundamental obligations of the medical professional, as well as superseding any rights of the patient to exert a preference or make a decision should any significant conflict arise.[17]

1.2. Common Morality Theory

All theories in common morality share in many features. For example, they depend on shared moral beliefs, leading to the position that no theory of ethics can be accepted without any doubt unless it is in harmony with common moral values which exist prior to the theory's formulation, which would entail that all common morality theories are pluralistic.[18] Some anthologies attempt to use one theory to solve a given problem and another theory to solve a different problem.[19] Common morality deals with moral problems in a way that is acceptable to everyone, but does not give right answer to every moral question.[20] The common morality theory will stay open to accept other common moralities that include rules of equal moral imperative for all human kind.[21] Sometimes common morality theory leaves many unsolved problems that the profession would need to address in a more complete moral account.

2. Autonomy

2.1The Nature and Theories of Autonomy

The meaning of word *Autonomy* is self-rule or self-governance, which signifies that a person has to be free from the control and limitations of other entities and circumstances, such as a lack of understanding for example, which would prevent the person from making an optimal choice.[22] Issues surrounding the nature and application of autonomy in medical ethics have reached the point of preponderance in discussions, and as a result, have generated a backlash against its use as a concept in the field.[23] Theories of autonomy contain descriptions of the human condition with regard to what abilities and skills the autonomous person should possess, including the notions that the individual must be capable of understanding, reasoning, deliberating, deriving meaning, and making a good choice.[24] Normally, autonomous persons those who have abilities of self-regulation such that they are able to making sound decisions about their health, sometimes failed to achieve autonomy in their choices because of sickness, "depression, ignorance, coercion,"[25] or other conditions that restrict either the range of their choices or their freedom to choose. A person who signs a consent form for a special procedure without understanding that procedure, possibly because he trusts the judgment or competency of the physician involved only means the form has been signed by a person to authorize the physician to proceed, not that an autonomous authorization of procedure has been given since that person signing the authorization has not read they document with an understanding of the procedure.[26] Some theories of autonomy focus on the opposition for control and identify between a basic level of desire and a higher level of desire. For instance, an alcoholic person, who has a desire to drink (the basic level), also have the desire to stop drinking (the higher level).[27] As an autonomous person, according to this example, the individual is able to reason and choose between accepting, identifying with, or repudiating the lower order desire without needing outside forced to manipulate that desire.[28] The analysis of autonomy focuses on conditions that deal with moral the requirements of autonomy. The action qualifies as autonomous only if the individual has a degree of understanding and freedom from control. Some theories have said that autonomous action should not include behaviors that are directed against the authority of government, religious institutions, or communities that prescribe behavior. [29] Furthermore, autonomous persons must act on the basis of their own reasons and not merely defer blindly to an authority or give others control over their choice in a way that would constitute losing their autonomy. There is no conflict between autonomy and authority if people exercise their freely arrived at decision to concur with that authority, but conflict will arise when the legitimacy of the authority has not been unequivocally accepted.[30]

2.1. The Principles of Autonomy

The autonomous person has the right to make his or her choice and to take actions which depend on personal values and beliefs. The principle of autonomy requires a respect for autonomy of all individuals. Two philosophers who have considered the issue of respect for autonomy are Immanuel Kant and John Stuart Mills. Kant argued that all persons have unconditional worth, and all of them have the abilities to decide his or her own moral destiny. Moreover, Mills argued that the community, including all its institutions, must allow the individual the liberty to follow his or her internal convictions in developing as a human being as long as it does not harm others or inhibit another individual from doing the same. On the other hand, Mills also asserted that individuals are the obligation to attempt to dissuade (but not forcibly prevent) others from poorly reasoned or inaccurate views.[31] The principles of respect for autonomy can be a negative obligation, as well as a positive one. First, as a negative obligation: A person who is autonomous in his or her actions should not be controlled by others. Second, the positive aspect consists of the obligation to be respectful of the autonomy of others in divulging information that impact the autonomy of the decision making process on the part of others.[32] Both obligations support a wide variety of moral rules. For example, telling the truth, respecting the privacy of others, protecting confidential information, obtaining consent for interventions from patients, and when asked, helping others to make important decisions are all rules which derive from the aforementioned obligations.[33] Beauchamp and Childress wrote in their book *"Principles of Biomedical Ethics"* that while many patients wish to be informed about their medical conditions, some of them, elderly people and those who are very sick, in particular do not want to make their medical decision; they sometimes need to be forced to make choices.[34] The duty to respect the autonomy of patients in having the right to make decisions includes not making it mandatory to choose.

2.2. Varieties of Autonomous Consent

There are two types of autonomous consent in the areas of health care and research, *express* consent, and *tacit* consent, which means that an individual is presumed to give consent by remaining silent. For example, providing general consent to treatment at a teaching hospital would indicate that anyone in that hospital such as physicians, nurses can treat that patient.[35] The first instance in which the issue of differences between the two types of consent arose occurred in medical schools when students performed examinations on patients who had pelvic and rectal issues, on women patients in

particular. Whenever medical school students have learned and practiced on anesthetized patients, many of those patients have not given their express consent.[36] Many hospitals, especially teaching hospitals, have allowed some students to participate in the examination of women who are under anesthesia, some of whom had signed general consent allowing medical students and residents to be a part of patients' care while others may have refused to allow any students to participate in their examination, especially in relation to pelvic or rectal issues. So the hospitals must get specific express consent in situations like these.[37] Even when dealing with anesthetized women who have given general consent, while such consent may be efficient, medical professionals should respect their privacy unless they expressly indicate that they are willing to serve as trainers or models.

3. Beneficence

3.1. Types and Concept of Beneficence

There are two kinds of beneficence: *positive beneficence* and *utility*. *Positive Beneficence* means providing benefits to patients. *Utility* requires balancing benefits, risks, and costs to get the best result. The meaning of *beneficence* is mercy, kindness, and charity.

It further contains the concepts of altruism, love, and humanity. As used in medical ethics, the term *Beneficence* covers beneficent actions in the widest sense of the term.[38] The principle of beneficence is the totality of the moral obligation to act for the benefit of others, including actions some of which may not be obligations in and of themselves. Beauchamp and Childress explain the principle of positive beneficence as supporting a group of moral rules of obligation. They give examples including protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that will cause harm to others, helping persons with disabilities, and rescuing persons in danger.[39] Moreover, Beauchamp and Childress consider these rules of beneficence as morally required whenever a person knows of another who is suffering great harm and that person can help without it costing anything to him or herself, and furthermore, that person is close to the one in need. In some, cases these requirements can override conflicting obligation. [40] Beyond these considerations, there are general and specific types of beneficence. Specific beneficence occurs through the actions of specific parties, such as children, friends, and patients, while general beneficence extends beyond these special relationships to encompass all persons.[41] All people are obligated to work in the interest of their children, and friends. W. D. Ross suggests that the meaning of general beneficence is not just the definition of that term, but the broader question of how we can make others' lives better. Shell Kagan describes the concept in even broader terms, speaking of limitless sacrifice in the pursuit of promoting the bettering of all in society.[42] On the other hands, some writers have argued for limits on obligation, restricting it to the removal of harm, the prevention of harm, and the promotion of benefit. Under this definition, if a person has the power to prevent something bad without lost anything, he or she must do so.[43] The central problem in biomedical ethics is whether and when the autonomy of patients should have priority over beneficence.

3.2. The Principles of Beneficence

The principles of respect for autonomy have rights for patients that contain rights to get accurate and complete information about their condition, rights to consent to accept the procedure or to refuse it, and to have confidentiality and privacy. On other hand, beneficence places obligations on the health care professional, which is to act for patient's medical benefit. There are many proponents of the autonomy model and possibly an equal number of proponents of the beneficence model as we refer to these two deference models, but in making such a distinction we fail to see grasp how the respect for autonomy and the principles of beneficence can coexist and even be mutually supportive. In actuality, if beneficence is understood as incorporating a patient's autonomous choices, then his or her preferences and decisions become part of the make-up of what constitutes medical benefit for that patient.[44]

Conclusion

Since the publication of Dr. Thomas Percival's *Medical Ethics*, the field of medical ethics has developed into a major part of medical studies, which include several journals and books, college classes, and its own theories, as discussed in this paper. The methods of principlism can be used as a mode of justification for Autonomy, Common morality, and Beneficence. These elements have laid the foundation for systematic analysis of methods of moral justification in healthcare ethics in terms of ethical norms, principles, and theories.

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