

Medical ethics concentrates on four key principles: respect for autonomy, beneficence, non-maleficence, and justice. This approach is known as principlism which creates a framework to identify the moral issues within complex cases. Such cases can be determined by evaluating the degree of conflict between principles.¹

The four principles can be justified by different approaches. The consequentialist approach judges whether an action is ethically right or wrong based on the consequences of the action meaning that the four principles may be justified if the outcome is beneficial such as improvement in a patient's condition. The deontological approach places more emphasis on duties owed rather than consequences such as the principle of respect for autonomy being the patient's right. Virtue ethics focuses on virtues like compassion and fairness that all medical professionals should have. Despite the different approaches, all approaches agree that the four ethical principles are fundamental.

After evaluating whether the four ethical principles are manageable and whether other principles should also be recognised as fundamental principles, the issues are explored through discussion of assisted dying and abortion.

The four ethical principles

Respect for autonomy –

This principle respects every individual's choice to make a voluntary and informed decision about their own body. Beauchamp and Childress explain this principle by stating that respect for autonomy is to acknowledge a person's right to hold views, make their own choices, and to take actions based on their own beliefs and values.² In medical practice, this allows a patient to make informed decisions about their treatment while being given sufficient information and without being coerced. Patients also have the right to refuse treatment even if it results in harm, a doctor can only interfere with such a decision if the patient does not have the mental capacity to make an informed decision despite their desire to keep their patient alive as seen in the case of *Re B (adult: refusal of medical treatment)*³.

Beneficence –

Beneficence is the duty for a medical professional to act in the best interests of their patients. This principle is most supported by the consequentialist approach to act rightfully in order to get the best outcome possible. However, ethical dilemmas arise between autonomy and beneficence, a conflict between what the doctor believes is best for the patient and what the patient believes is best for themselves.

¹ Jonathan Herring, *Medical Law and Ethics* (9th edn, OUP 2022) ch 1

² Tom Beauchamp and James Childress, *Principles of Biomedical Ethics* (7th edn, OUP 2013)

³ *Re B (adult: refusal of medical treatment)* [2002] 2 All ER 449

Non-maleficence –

This principle asserts that a person should not cause harm to others however, conflicts arise with the principle of beneficence in situations where temporary harm is required to receive greater benefits such as chemotherapy where painful treatment is needed in order to help the patient be cancer free. The application of the non-maleficence principle can be seen in the American case of *McFall v Shimp*, the court held that it would be wrong to harm Shimp by taking his bone marrow without consent even if it was required to save McFall's life. This case places importance on how one patient should not be harmed in order to help another patient.⁴ However, if Shimp had consented to the transplant, the principle of respect for autonomy would overrule the non-maleficence.

Justice –

This principle is concerned with what is fair, equitable, and reasonable, these concerns are also regarding the allocation of resources in the healthcare system. It involves decisions of fair distribution of resources and costs and focuses on the fact that patients in similar circumstances should be treated equally.

Are conflicts between the principles manageable?

Conflicts between the four principles are very common and may clash with each other. In such genuine ethical dilemmas, it is simply not possible to do what one ought to do⁵, at least one principle will have to be overridden. For example, a doctor may have a beneficial view of acting in the best interests of the patient however, the patient's autonomous view may oppose the doctor's view. Such ethical conflicts are determined by evaluating the degree of conflict and deciding which principle outweighs the other depending on the circumstances. As seen in the case of *N (a child) (religion: Jehovah's witness) Re*⁶, where the patient refused to receive a blood transfusion due to their religious beliefs, it was the patient's autonomous decision meaning that despite the doctor wanting to fulfil their duty to act in the patients best interest and to save their life, respect for autonomy carries more weight than beneficence and non-maleficence. However, a patient cannot misuse the principle of respect for autonomy to receive cosmetic surgery, a doctor can override that decision if they believe that it is inappropriate or may cause harm.

John Rawls encourages a process of 'reflective equilibrium'⁷ which involves the analysis of all facts, the patient's beliefs, the doctor's duties and ethical theories to

⁴ Jonathan Herring, *Medical Law and Ethics* (9th edn, OUP 2022) ch 1

⁵ <https://ukcen.org/guidance-for-clinical-ethics-services/ethical-frameworks/four-principles/#:~:text=The%20principles%20are%20general%20guides%2C,what%20one%20ought%20to%20do> [Accessed 20 April 2025]

⁶ *N (a child) (religion: Jehovah's witness) Re*, [2011] EWHC 3737 (Fam)

⁷ John Rawls, *A Theory of Justice* (revised edn, Harvard University Press 1999)

seek a coherent solution by balancing all these elements.⁸ However, critics argue that the application framework of these principles is too vague, it explains each duty but now how to rank them in every situation. They argue that there is need for a unifying moral theory to justify all four principles.⁹

Furthermore, the law also manages these principles through its rules, the law prohibits harm in the same way as non-maleficence. In such situations, non-maleficence would outweigh the principle of respect for autonomy despite the consent of the patient. The effect of the law in managing the ethical principles will be further seen under assisted dying and abortion.

Even though the solution of such conflicts is difficult to determine, the four principles are manageable to a high extent. The principled approach ensures that vital ethical and moral principles are considered during ethical dilemmas, however this leads to the question of whether the four principles are enough?

Additional Principles

It can be argued that not all moral considerations are covered by the four principles. Additions would give more clarity for formulating solutions to ethical dilemmas.

Sanctity of life –

This principle holds that all human life is valuable and is important in discussion regarding both assisted dying and abortion. This principle can sometimes outweigh respect for autonomy. A person may autonomously want to be euthanised to end their suffering however, the sanctity of life principle is against intentionally taking human life. The law in England and Wales also reflects sanctity of life however, doctors are legally allowed to let someone die by taking them off life support as it is differentiated from killing.

Integrity –

This principle holds the integrity of a doctor's commitment to acting with honestly and ethically with both patients and colleagues, consistent with their professional standards. The principle also focuses on a patient's bodily integrity, the right to control their own body. This principle ensures that ethical decisions are made by also taking the person's own moral values and beliefs into account for example in cases where a doctor may not want to perform an abortion due to it being against their values, the principle of integrity would allow a doctor to object to performing the procedure.

⁸ Mikey Dunn, Mark Bratton, Richard Huxtable and Harleen Johal, *Ethical Frameworks for Clinical Ethics* (UK Clinical Ethics Network, December 2022)

<https://ukcen.org/resources/downloads/ukcen-ethical-frameworks/> [Accessed 20 April 2025]

⁹ Jonathan Herring, *Medical Law and Ethics* (9th edn, OUP 2022) ch 1

Justice as equality and Justice as process –

The principle of justice should be broken down further to provide clarity and ease in decision-making. Justice as equality refers to equal treatment of patients in the same circumstances and equal distribution of medical resources. Justice as process refers to the fairness of decision-making, the decisions should be made with transparency and fairness. Focus lies mostly on equality however equal importance should be placed on how that decision was made to enable fairness and promote public confidence in the justice system.

These additional principles also raise concerns about whether this would further complicate the decision-making process and cause even more conflicts however, these principles are equally vital in helping to further clarify ethical dilemmas.

The following section will go into detail about how the four principles are applied to assisted dying and abortion, the conflicts and their manageability, and how additional principles should be applied.

Assisted Dying

Assisted dying refers to euthanasia and assisted suicide, both are criminalised in the UK. Euthanasia is when the doctor's actions cause the patient's death, and it is treated as murder or manslaughter however, doctors are allowed to facilitate their patient's death in circumstances such as if they are connected to a ventilator while assisted dying is when the patient causes their own death with the help of another. The Suicide Act¹⁰ states that a person commits an offense if act with intention to encourage or assist the suicide or attempted suicide. Furthermore, in the case of *Pretty v DPP*¹¹, a woman suffering from a terminal illness requested consent for her husband to assist her suicide without being prosecuted however, it was held that the section 2 of the ECHR protects the right to life, and it cannot be interpreted as a right to assistance in choosing death. This shows that the law prioritises sanctity of life over individual autonomy.

The principle of respects for autonomy raises the question of whether a patient's right to make decisions about their medical treatment should also extend to the right to end their life.¹² Advocates for legalisation argue that a terminally ill person should have the right to choose to end their life to relieve their suffering, this places importance on the principles of respect for autonomy and beneficence. Furthermore, it can be argued that forcefully making a patient to endure pain and suffering until

¹⁰ Suicide Act 1961 s2(1)

¹¹ *R (on the application of Pretty) v DPP* [2002] 1 AC 800

¹² Emily Jackson, *Medical Law* (6th edn, OUP 2022) ch 17

they die naturally violates the principle of non-maleficence. Legalisation of assisted dying is supported by virtue ethics, compassion should be shown to people to are suffering unbearable pain. It can further be argued that relieving a patient's suffering could be in accordance with a doctor's duty to act beneficently.¹³

Arguments against legalising assisted dying focus on sanctity of life as it goes against the principle that all human life is valuable. Furthermore, it can be argued that from an integrity point of view, a patient knowing that their doctor could legally kill them would reduce a patient's trust. On the other hand, a doctor may not be willing to assist a patient in dying however under the principle of integrity, the doctor's view may not be protected. From a deontological perspective, killing a person is wrong even if they consent to it thus doctors have a duty to not end it.

Additionally, concerns regarding the principle of justice arise whether legalisation would pressurise vulnerable people with the thought of not being a burden to others. There is also concern about justice as equality, the question arises that on what grounds and circumstances would a person be allowed to seek assistance in dying and would these lead to unequal treatment?

Are these conflicts manageable? Different jurisdictions like the US and Belgium have legalised physician assisted suicide with multiple safeguards implements to ensure that the patient has the mental capacity and time to make an informed voluntary decision, this process allows there to be greater balance between all four principles as it respects autonomy, has beneficence in relieving their suffering, and protects violations of non-maleficence and justice of equality by safeguarding patients. However, conflicts between respect for autonomy and sanctity of life still persist, especially in the UK. It can be seen in the case of *Nicklinson v Ministry of Justice*¹⁴ that although some judges had sympathetic views about how the current law conflicts with the principles of autonomy and virtue ethics, majority held that by allowing assisted suicide, there would be difficulty in managing the conflicts of principles of individual autonomy with sanctity of life.

Despite this strict ban, the judgment in the case of *Purdy*¹⁵ shows that a person assisting their loved one in ending their life by helping them travel to Switzerland is unlikely to be prosecuted due to public interest. This case demonstrates how conflicts can be managed while also upholding the law.

Additional principles like integrity arise in situations where a doctor may morally object to assisting a patient's death. Under this principle, the law would protect a doctor's integrity by not forcing them to assist if they do not wish to. Similarly, integrity also allows a patient to have control over how they wish to die with dignity.

¹³ Emily Jackson, *Medical Law* (6th edn, OUP 2022) ch 17

¹⁴ *R (on the application of Nicklinson and another) v Ministry of Justice* [2014] UKSC 38

¹⁵ *R (on the application of Purdy) v DPP* [2009] UKHL 45

Furthermore, sanctity of life is given utmost importance in the UK, having the power to outweigh the principles of autonomy and beneficence.

There is quite a conflict between each principle, autonomy and beneficence favour arguments in legalising assisted dying however, non-maleficence and justice challenge legalisation. The additional principles would help to further justify the decisions made on such conflicts.

Abortion

Should women have the right to end unwanted pregnancies or do fetuses have a right to life which overrides a woman's choice in the matter?¹⁶ This controversial question creates many conflicts between the quartet of principles. In England and Wales, abortion is held as a criminal offence under the Offences Against the Person Act 1861¹⁷ however, the Abortion Act 1967¹⁸ allows an abortion to be legal if the pregnancy is terminated by a registered medical professional if two doctors agree to the opinion in good faith provided that the pregnancy has not exceeded 24 weeks, the termination is necessary to prevent permanent physical or mental injury, the pregnancy may risk the life of the mother, or if there is a risk that the baby may be born with physical or mental abnormalities.

Ethically, abortion creates a conflict between the woman's autonomy and the fetus's sanctity of life. Respect for autonomy allows a woman to have control over their body and have a choice of whether they want to continue the pregnancy. The UK law does not provide full autonomous rights to women in regard to abortion as it requires medical approval. This raises the question that what if a victim of rape wants an abortion but is not granted medical approval, would they be forced to birth that child? Although this is technically legal, it would be unethical, not placing any importance on the quartet of principles in regard to the victim.

Restrictive abortion creates a dilemma of harm under the principles of non-maleficence and beneficence. Continuing an unwanted pregnancy risks harm to the woman and issues of women finding illegal alternatives to end the pregnancy which may cause even more harm. On the other hand, there is also concern about harming the fetus. Beneficence can also be argued from the perspective of the woman for her welfare but also for the fetus by doing good by not endings their life. These conflicts show how important additional principles are to solve such dilemmas. The sanctity of life is an argument put forward by people who believe that life begins before the fetus is fully formed and that deontologically speaking, ending a life is wrong.

¹⁶ Emily Jackson, *Medical Law* (6th edn, OUP 2022) ch 14

¹⁷ Offences Against the Person Act 1861 s58,59

¹⁸ Abortion Act 197 s1

Women who want abortions face unequal consequences due to permission being granted only if two doctors agree to it, this raises concerns about justice as process and also justice as equality as the outcome depends on accessibility. Furthermore, the principle of integrity also arises. Integrity for the woman means that she should be able to make decisions about her own body and life however, integrity for a medical professional would mean that if a doctor personally and morally objects to abortions, they should have the choice not to do the procedure.

The law distributes the conflicts by placing importance of autonomy, beneficence, and non-maleficence for women while also placing limits to take sanctity of life of the fetus into account. This makes the principles manageable compared to other countries where there is a full ban on abortion however, ethical conflicts are still not fully resolved.

Conclusion

Exploring the application and manageability of the four principles for both assisted dying and abortion shows how conflicts arise between the principles such as beneficence to one person conflicting with non-maleficence to another. After critical analysis of ethical principles and the law, it can be seen that the principles can be managed even though there are many difficulties. Such ethical dilemmas will always have criticisms despite the decision, but it is important to apply methods like reflective equilibrium to make fair decisions.

The conflicts between the four principles demonstrate that there is a need for further clarity and guidance, additional principles like integrity, sanctity of life, justice as equality and justice as process helps with that by providing a more comprehensive ethical framework which also focuses on dignity and compassion for everyone. Regarding the complete ban on assisted dying and the partial ban on abortion, the ethical dilemmas would be easier to resolve if utmost importance was placed on respect for autonomy rather than sanctity of life if the individual makes the decision voluntarily. Placing more importance on the sanctity of life of an unborn child could lead to the pregnant woman to find unsafe alternative methods which could endanger her sanctity of life as well and allowing an adult who wishes to seek assistance in dying to keep suffering in pain is simply unjust and inhumane.

Such sensitive issues should be a choice for every person. If a doctor or individual has opposing views, then they should also have the choice to not take part in it. Just because a certain percentage of the population do not agree with the legalisation of assisted dying and abortion does not mean the option should be taken away from others as only the person who is suffering from such issues will understand the reality of their own situation. Hence, the law should be reformed with safeguards implemented in the UK, and the ethical dilemmas should be solved with more compassion for every individual.

Bibliography

Primary sources:

Cases

- Re B (Adult: Refusal of Medical Treatment) [2002] 2 All ER 449
- Re N (A Child) (Religion: Jehovah's Witness) [2011] EWHC 3737 (Fam)
- R (on the application of Nicklinson and another) v Ministry of Justice [2014] UKSC 38
- R (on the application of Pretty) v DPP [2002] 1 AC 800
- R (on the application of Purdy) v DPP [2009] UKHL 45

Legislation

- Abortion Act 1967, s 1
- Offences Against the Person Act 1861, ss 58, 59
- Suicide Act 1961, s 2(1)

Secondary sources:

Books

- Beauchamp, T and Childress, J, *Principles of Biomedical Ethics* (7th edn, OUP 2013)
- Herring, J, *Medical Law and Ethics* (9th edn, OUP 2022) ch 1
- Jackson, E, *Medical Law* (6th edn, OUP 2022) ch 14, 17
- Rawls, J, *A Theory of Justice* (rev edn, Harvard University Press 1999)

Web sources

- Dunn, M, Bratton, M, Huxtable, R, and Johal, H, *Ethical Frameworks for Clinical Ethics* (UK Clinical Ethics Network, December 2022)
<https://ukcen.org/resources/downloads/ukcen-ethical-frameworks/> [Accessed 20 April 2025]
- <https://ukcen.org/guidance-for-clinical-ethics-services/ethical-frameworks/four-principles/#:~:text=The%20principles%20are%20general%20guides%2C,what%20one%20ought%20to%20do> [Accessed 20 April 2025]

