

# The necessity of new bioethics to clinical practice

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## Introduction

Ethicality in the clinical environment has been the subject of Bioethics since its emergence in the 1970s, notably through the studies of Hellegers, an obstetrician and gynecologist who was the founder and first director of the Kennedy Institute of Ethics at Georgetown University. The civil rights movement, especially in the United States, in which body autonomy and the issue of degrading treatment in mental health have come to light, is associated with Hellegers's initiatives. Thus, ethics in healthcare has become one of the main themes in the bioethical field, which was consolidated with the publication of the book *Principles of Biomedical Ethics*, in 1979 which is understood as the fundamental work of Principlism, one of the theoretical aspects of Bioethics. This Bioethics is called Clinical Bioethics, which sets standards for guiding clinical practice aimed at driving the work of health professionals to act appropriately when dealing with patients. Clinical Bioethics is the "field of action capable of detecting, analyzing, understanding and trying to solve the moral conflicts that occur in the treatment or individual care of the patient".<sup>1</sup>

In Brazil, Clinical Bioethics has been inappropriately understood as a theoretical-practical framework founded on the four principles of Principlism: the principle of respect to autonomy, of beneficence, of non-maleficence, and of justice. Thus, Principlism, despite being broadly criticized over time, is still hegemonic in the clinical sphere. Its uncritical acceptance and unreflective use in clinical issues, especially by researchers in Biolaw and Hospital Bioethics Committees, are remarkable. Consequently, it can be said that Clinical Bioethics in Brazil is frozen in time since it has not incorporated the so-called "patient revolution".<sup>2,3</sup> The expression "patient revolution," as used in this article, is the social, educational, cultural, and political movement initiated at the end of the twentieth century and beginning of the twenty-first century, which sustains the protagonism of the patients in their care as the primary decision maker and holder of human rights. Patient revolution comprises varied approaches and references, such as Patient-Centered Care (PCC), Shared Decision-Making (SDM), Patient Participation, and Patient Rights, which combine to uphold that the patient is a moral agent and to anchor healthcare in the biopsychosocial model. In this sense, this movement is opposed to paternalistic practices. It is connected with proposals to overcome Principlism and other aspects that still confer epistemic primacy on health professionals and do not recognize that one of the most pressing ethical issues in clinical practice concerns the severe asymmetry of power between the professional and the patient. Since Principlism epistemologically privileges the professional and neglects the asymmetry of power, Clinical Bioethics has not competed over time to face the dehumanization of the patient and practices that violate their human rights.<sup>4</sup> In this sense, to a large extent, the Hospital Bioethics Committees, when employing the principles of Beauchamp and Childress, consider conflicts and ethical dilemmas that are understood as such by the professional, giving them a privileged space and voice, as well as placing the same value on the human rights of patients as on the professional's obligations, misunderstanding what Bioethics and Deontological Ethics are.

The article by Tessa et al.<sup>5</sup> that alludes to the patient revolution focuses on the importance of the partnership between the patient and the health team to improve health services and the need to challenge practices and behaviors deeply rooted in the clinical environment. This revolution implies changing a culture after years of paternalism and rejection of the patient's voice. In the paper, there is a wide range of examples of strategies, measures, and initiatives that aim to change this culture through patient engagement and empowerment, promotion of SDM, and partnership between patients and professionals. The Tessa et al paper does not explicitly mention patients' rights as components of this revolution. But in this article, it is understood that the patient revolution movement was also built by another social movement, the recognition of the patient as a subject of law and a moral agent. Therefore, it is understood that Healthcare Bioethics has a context from which the patient revolution emerges, constituted by the PCC, the SDM, and the patients' rights. Therefore, the three approaches that include this movement will be outlined below, the PCC, the SDM, and the patients' rights.

To build a bioethical dimension that incorporates patient revolution and that starts from the understanding that the issue of power asymmetry is central to any ethical rationale in the clinical environment, Albuquerque<sup>6</sup> following the formulations by Churchill et al.<sup>7,8</sup> has developed studies towards building a new theoretical dimension of Clinical Bioethics, which is Healthcare Bioethics. Healthcare Bioethics emerges from the movement primarily structured on three approaches, the PCC, the SDM, and the patient's rights. Consequently, it is essential that these approaches be understood so that Healthcare Bioethics incorporates its ethical precepts and does not make the same mistakes as Principlism, which remains dissociated from what is currently advocated about the role of the patient, the meaning of healthcare, the decision-making process, the importance of the partnership between professionals and patients, as well as ways of fighting practices that violate patients' rights.<sup>9</sup>

The patient revolution has driven a new paradigm in healthcare based on patient-centricity, SDM, and patients' rights. Despite this critical change in the health sphere, the patient revolution appears to have reverberated in Clinical Bioethics. Thus, theoretical contributions

must be developed for new ethics in the clinic, a task undertaken in this article through the proposal of Healthcare Bioethics as an adequate frame of reference to be adopted at all levels of clinical care. Thus, it is concluded that having Bioethics Healthcare as a beacon of ethics in clinical encounters can contribute to the quality of care and its ethical provision, confronting practices that violate patients' rights. It is imperative to change paternalistic theoretical frameworks that mitigate the patient's right to participate in every decision regarding their health. Only with the adoption of new approaches and an insight into the patient's role in clinical interaction can a new culture in patient-centered healthcare take shape.

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### Conflicts of interest

The author declares that there are no conflicts of interest.

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