

# A REJECTION OF THE HIPPOCRATIC ETHIC

Robert Veatch

Ethics: Bioethics (Spring 2015)

Laura Guidry-Grimes

# For Your Consideration

- *House, M.D.*: “Three Stories” (S1E21)  
(28:55-34:14, 37:10-42:10)



- Do you think House is making a decision about his leg that is informed and voluntary? What are some problematic features of his decision?
- Who has House’s best interests at heart? Should that person be empowered to make the decision, even at the objection of the others?
- How would you judge his doctor, Dr. Cuddy, in her decision to offer a “middle ground” solution secretly and to follow through with Stacy’s decision?

# Challenge 1: What Will Benefit?

- Medical goods traded off for other goods
  - ▣ Medical goods – complex (not merely preserving life), controversial, experts can disagree
  - ▣ Other goods – complex, weighed differently by different people affected, outside medical expertise
- Balancing benefits and harms
  - ▣ Competing views of well-being
  - ▣ Patients generally know their own interests, better than even the most well-informed and well-intentioned physician

# Challenge 2: Sacrificing Benefit

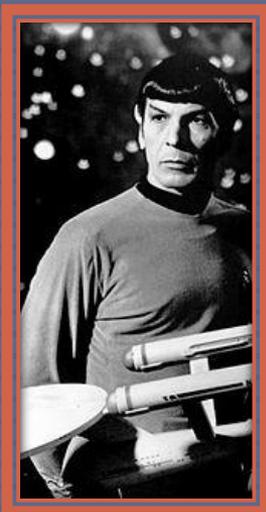
- EVEN IF a physician knows what will benefit, does not settle the issue of what should be done
- Consequentialism: An act is right only insofar as it maximizes net positive consequences and minimizes net negative consequences.
  - ▣ Which consequences are notable, positive/negative? How should you weigh different types of consequence?
  - ▣ Hippocratic Ethic: consequentialist, individualist (on traditional interpretations)
- Other duties matter, regardless of consequences
  - ▣ Otherwise, e.g., respecting autonomy does not mean much.

# Challenge 3: Societal Interests

- Duties to the public, other patients, the profession— can all compete with Hippocratic Ethic to the patient in front of him/her
- Demands of justice & scarce resources → limits to what a physician *should* do for any one patient
- Can draw *principled lines* for when promoting societal interests over individual interests of a patient are morally permissible

# Worries About Social Utility

WARNING ALL YE WHO ENTER HERE.  
I HAVE BEEN ASKED BY SOCIETY TO ABANDON  
YOU AT THE MARGIN AND SERVE SOCIETY AS ITS  
COST-CONTAINMENT AGENT.



“The good of the many  
outweigh the good of  
the few or one”

# Conclusion

- Importance of preserving integrity, trust of patient-physician relationship
- **Duty of loyalty with limits** (see challenges, respectively)
  - ▣ Patients as experts on their own interests in most cases
  - ▣ Consider strong moral reasons to override duty to promote good of patient
  - ▣ Consider moral reasons to serve broader interests instead of individual interests

# Discussion Groups

- Each group will be assigned one of Veatch's challenges.
- Discuss some refutations or problem cases for each challenge.
  - ▣ Consider *implications* of his view
  - ▣ Would he be forced to analyze certain cases in problematic ways?
  - ▣ *Lingering difficulties*
  - ▣ Objections you can borrow from Pellegrino or Ackerman?

Questions? Comments?