

A Vision of Beneficence in Healthcare

Richard Boudreau

Faculty Loyola Marymount Univ. Bioethics Institute, Faculty UCLA Dept. Oral & Maxillofacial Surgery, Member Calif. Bar, Wash. DC Bar & US Supreme Court Bar, 13160 Mindanao Way, Suite 120, Marina Del Rey, CA.

***Corresponding Author:** Richard Boudreau, MA, MBA, DDS, MD, JD, PHD. Faculty Loyola Marymount Univ. Bioethics Institute, Faculty UCLA Dept. Oral & Maxillofacial Surgery, Member Calif. Bar, Wash. DC Bar & US Supreme Court Bar, 13160 Mindanao Way, Suite 120, Marina Del Rey, CA.

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Beneficence remains the central moral principle in the ethics of medicine and this entails all of the components packed into the complex notion of the patient's good. In defining a vision of beneficence, I offer a broad scope that goes beyond the strict medical values to embrace the moral and other values of the patient.

The world of modern medicine can work wonders, miracles. Medical technology can save lives, prolong lives, cure disease, and restore health. However, the miracles of medicine often only serve to prolong the suffering of the terminally ill and make death a long and drawn out process. As this indicates, medical miracles also frequently encompass knotty ethical issues in which it is difficult to unravel positive and negative factors.

Medicine is dedicated to the principle of beneficence, that is, "to do good," and this perspective has been frequently cited in support of medicine decisions. However, deciding what is "good," within the realm of medical possibility is often difficult. Is it "good" for example to sacrifice one twin to save the life of the other in cases of conjoined twins? Medical science can keep the bodies of patients alive long after all signs of consciousness have ceased. Is this "good"? Is this beneficent? The news tells us of parents confronting medical decisions in regards to their children and situations in which families face the awful choice of whether or not to use extensive life-sustaining procedures in cases where a positive outcome is almost certainly doubtful. Then again the news occasionally reports on a comatose patient who "awoke" after years in coma. How can the public, the courts, or healthcare practitioners approach the daily requirements of making clinical decisions within an ethical framework?

The complex and often controversial principle of beneficence balances the benefits of medical intervention against possible harms or risks. This

is the tricky ethical territory that requires a logical systematic approach. This task constitutes a diligent search for a coherent philosophy of medicine and, therefore, offers considerable insight to the complicated problems created by the wonders of modern medicine. As virtually all healthcare practitioners have to confront at some time in their careers, examination of difficult ethical situations offers healthcare professionals a nuanced and insightful examination of the issues that can help lead people of conscious towards morally sound and ethically based decision making. The goal is to make beneficence, that is, what is "good" the overriding value of medical practice, rather than various rights which are the contention of some ethicists, or, as others have argued, 'consequences.' As this suggests, one must negotiate the tricky path between rights and consequentialism.

Consequentialism is a class of normative ethical theories holding that the consequences of one's conduct are the ultimate basis for any judgment about the rightness or wrongness of that conduct, and is distinguished from deontological ethics, in that deontology derives the rightness or wrongness of one's conduct from the character of the behavior itself rather than the outcomes of the conduct. A theory of "the good" in medicine provides a template, an 'ordering principle,' which can be used effectively to resolve conflicts between 'social and individual good,' and act as a framework for a 'beneficence-in-trust' model.

Although beneficence is the key overriding principle in medicine, there is no one principle of ethics that should govern all health care practice; hence, the concept of the principle of beneficence coupled with concern for the best interest of the patient, including autonomy, is one which works best when there is a cooperative and consensual relationship between patients and physicians.