Cases for reflection from Médecins Sans Frontières

Sheather and Shah present four ethically challenging cases that healthcare professionals working with the humanitarian organisation Médecins Sans Frontières (MSF) have experienced (see page 162).

The purpose of presenting these cases is to invite discussion and dialogue as an aid to ethical reflection within MSF and other humanitarian organisations. Each case is accompanied by ethical comment and by an explanation of what usually happens in the field.

We hope that our readers will engage in debate about these cases and will put them all up on our blog for discussion, but here is one of them to give you a head start:

“The concise argument

Søren Holm, Editor

Physician assisted suicide and vulnerable groups: what is the evidence?

An important argument in the debate about voluntary euthanasia and physician assisted suicide (PAS) is whether allowing these practices, either be legalisation or by social acceptance and non-prosecution, will lead to members of vulnerable groups being at risk for voluntary euthanasia. Analysing data concerning these practices in the Netherlands, Belgium and Oregon may help to give us an answer. But data rarely speak for themselves. They argue (1) that Battin et al’s analysis of vulnerability is problematic, (2) that later data from Oregon shows PAS being most prevalent among the elderly and (3) that there is also evidence from Oregon showing that some patients had clinical depression at the time when they were assessed and cleared for PAS. Based on this Finaly and George argue that legalising PAS in Oregon has had negative effects for the vulnerable.

This is undoubtedly not the last word to be said in this debate.

Ethics and evidence based medicine

What ethical values are proponents of Evidence Based Medicine (EBM) espousing or integrating in their work? The paper by Watine tries to answer this question by a close analysis of the writings of the inventors of EBM, especially by Gordon Guyatt and of the discussion on one of the main EBM discussion lists (see page 184). The paper shows that all of Beuchamp and Childress’ four principles are mentioned and recognised by EBM proponents, but often in a form that differs from the form they have in bioethics. Instead of insisting on respect for patient autonomy, EBM proponents, but often in a form that differs from their work in bioethics.

REFERENCES

The concise argument

Søren Holm

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