

Draft

Model Code of Ethics for Bioethics

Chris MacDonald, Ph.D.¹

1. Preamble

a) What is a Bioethicist?

The role of bioethicist takes on different forms in different settings, and those who are named bioethicist do not all engage in the same kinds of activities. The job descriptions of bioethicists usually involve responsibilities in the areas of: 1) clinical case consultation and work on Research Ethics Boards; 2) education for staff and students; 3) research and publication; 4) organizational functioning (often through policy formulation or participation on various committees); and acting as a community resource. And while not all bioethicists may be active in all these areas, it is ethical issues and values conflicts that arise in any of these areas that become the particular focus of the bioethicist's responsibility.

While there is still no canonical job description for bioethics, bioethicists currently constitute a sufficiently coherent occupational group for it to be possible to outline a reasonable set of ethical guidelines that are applicable to people who hold the title of "ethicist," "bioethicist," "health care ethics consultant," or simply "ethics consultant."

b) To Whom Does this Code Apply?

This code is intended to be adopted by individuals or groups on a voluntary basis. There is currently no licensing or certification process for bioethicists; without such, there is no means for enforcing adherence to this code. It is hoped that this code, as a product of Canada's national bioethics organization, will set a national standard for ethical conduct in bioethics, a standard that ethicists will embrace and strive to meet.

c) Do Bioethicists Have Special Ethical Obligations?

All employees have ethical responsibilities, including responsibilities related to the overall moral character and behaviour of the organization that employs them. Those hired specifically to function as ethicists have, by definition, special responsibilities in this regard. Almost without exception, ethicists have role-related duties and obligations that, minimally, by title or perhaps due to the expectations of others, suggest a higher standard with respect to knowledge,

¹ Presumably, authorship will eventually drop off this document. I have quoted liberally from the working documents of the CBS's *Ad Hoc Working Group on Employment Standards for Bioethics*, as well as from those who commented on earlier drafts, without citing sources.

skills, abilities and ethical conduct. Ethicists also increasingly play important public roles, manifested in media appearances, public education events, and in policy-making. This prominent social role implies fiduciary responsibilities for those to whom the public looks for guidance.

d) Bioethics and the Ideal of Professionalism

Bioethics has been described as being in the midst of a process of professionalization. Full professionhood would likely require accreditation processes and educational standards that may prove prohibitively controversial. Bioethicists nonetheless aspire to meet the standards of social benefit, individual integrity, and dedication to service that are the moral hallmarks of professionalism.

2. Obligations to Whom?

Like other professionals and quasi-professionals, ethicists have a range of obligations following from a range of occupational, personal, and social roles. No canonical rank ordering of these obligations is possible. When these obligations are in tension or when they conflict, they must be balanced sensitively and with wisdom. Several of these obligations are outlined here.

a) To Patients and their Families

The good of patients and their families is central to the mission of all health care institutions, and thus central to the mission of the bioethicists employed by those institutions. Bioethicists are particularly aware that power imbalances inherent in clinical settings most often do not favour patients and their families.

b) To the Public

The role of bioethics is an increasingly public one. Bioethicists have a responsibility to inform public debate on bioethical issues, and generally to promote the public good.

c) To the “Profession”

The public role of bioethics means that bioethicists are under increasing scrutiny. Actions by any of us that engender unduly negative perceptions of bioethics as a discipline or field of practice will surely hinder our ability to serve those to whom we dedicate ourselves. We should remember, however, that negative perceptions may be an unavoidable part of providing guidance or assuring good representation of all interests on controversial issues.

d) To Students

Our students, whether in bioethics, in the health professions, or in other disciplines in which we work, rely on us not only for academic guidance and intellectual stimulation, but for role modeling and mentoring. They are the future of our discipline and the future of health care.

e) To Co-workers / Colleagues

Bioethics is a practical activity rooted in academic disciplines. The bioethicist must rely on colleagues in bioethics for the ongoing, vigorous debate that informs practice. Our co-workers (including health professionals and administrators) within health care organizations challenge us to make our theoretical knowledge relevant. We depend on the knowledge of co-workers of all kinds to help assure that the full range of facts and perspectives are considered. To them we owe our support, collegiality, and our candid advice.

f) To Institutions

It is through the activities of institutions that bioethicists are able to apply their knowledge to practical problems, whether as employees, volunteers, or contracting consultants. It is our obligation to utilize our expertise in support of the pursuit of the honourable goals of those institutions, and to critique those goals and activities that warrant further consideration.

3. Specific Obligations:

Following are a number of specific obligations to be embraced by bioethicists. They are voiced in the first person, in order to make clear that these are obligations to be taken on by each of us.

- “I will conduct myself in a professional manner, and strive for exemplary levels of honesty and integrity.”
- “I will foster an awareness of the limits of my own expertise when conducting clinical consults, drafting or revising policy, educating the public or health professionals, or dealing with media.”
- “To the extent permitted by law, I will hold confidential information divulged to me by patients, patients’ families, administrators, or members of health care teams.”
- “I will strive to avoid conflict of interest (i.e., situations in which either a personal interest conflicts with my official duties, or in which the goals of

one of my institutional roles conflict with the goals of another of my institutional roles). When such conflicts arise, I will take action by first divulging the conflict to the interested parties and then, if necessary, by removing myself from the decision-making process.”

- “I will avoid abusing the power that my institutional role and special training give me. In particular, I will avoid conflating *expertise* in ethics with moral *authority*.”
- “I will never abuse my position of power in order to exploit those I serve.”
- “I will contribute, where possible, to the advancement of the field of bioethics, whether through peer-reviewed publication, teaching, mentoring, or public education.”
- “I will endeavor to avoid any action or statement that is likely to bring the field of bioethics into undeserved disrepute.”
- “I will strive for continuous learning, and to remain current regarding advances in bioethics, law, and health care sciences to the extent required for excellent work in my field.”
- “I will advocate for conditions of employment that will permit me to conduct myself according to the ethical standards outlined here.”
- “Whenever my institutional position permits, I will strive to ensure that other bioethicists are subject to working conditions that are conducive to the effective and ethical pursuit of the goals of our profession.”

4. Sources of Further Guidance

No code of ethics can ever constitute a comprehensive accounting of ethical considerations related to a discipline or profession. No listing of particular obligations can be complete; even the best codes will leave much unsaid. In seeking to focus on ethical requirements specific to bioethics, this code leaves unmentioned a number of important values (e.g., sensitivity to cultural differences) that apply very broadly. When situations arise that are not dealt with adequately by this code, bioethicists may wish to seek guidance from:

- Their mentors and teachers;
- Trusted colleagues;
- Their religious or spiritual traditions;
- Their philosophical traditions;
- Ethics documents of other professions of which they are members;
- The lively debate embodied in the growing literature on the ethics of bioethics.

Appendix 1: Unresolved Issues

In addition to the question of a process for implementation, the following issues have arisen in comments on earlier drafts of this Code.

Re: Title (“Model Code of Ethics for Bioethics”)

Why “Model” Code?

Possible alternative: “Proposed Ethical Guidelines for Bioethicists”

Re: What is a Bioethicist?

What about bioethicists employed by government, corporations or other entities? What about the bioethicist who acts as an occasional consultant?

Re: What is a Bioethicist?

Suggest adding a paragraph that addresses professional and educational criteria for a bioethicist. As the code is currently written, anyone with or without any formal/informal ethics education could potentially fulfill this role.

Re: Do Bioethicists Have Special Ethical Obligations?

Suggest removing the second sentence, which currently reads “Those hired specifically to function as ethicists have, by definition, special responsibilities in this regard...”

Possible alternative wording:

“Bioethicists have role-related duties and obligations that suggest a higher standard with respect to ethical knowledge, skills, and abilities (note the deleted words: ethical conduct). Such knowledge, skills, and abilities enable bioethicists to serve as resources and role models in bioethics.”

Re: Bioethics and the Ideal of Professionalism

Current sentence: “Full professionhood would likely require accreditation processes and educational standards that may prove prohibitively controversial.”

Suggest deleting the phrase “that may prove prohibitively controversial.”

Re: Obligations to Whom?

Suggest changing “obligation” to “accountability.”

Re: Obligations to Patients and Their Families

This assumes that the client is the patient and family which is fine for much of clinical bioethics. What about the bioethicist who is working with research participants, counselling health care professionals, offering advice to health care/research unit?

Re: Obligations to the Public

Does each ethics consultant have a responsibility to inform public debate, or is that a *collective* responsibility?

Re: To Whom Does this Code Apply?

How does this code relate to other professional codes to which many who call themselves “bioethicists” might be subject? Nurses, physicians, social workers, etc. all have professional codes. Is this code meant especially for those (like philosopher bioethicists) who do not have another professional code?

Re: Obligations to Whom?

The Draft Code states that “No canonical rank ordering of these obligations is possible,” yet the order of listing suggests that the obligation to patients and their families is most important that the

obligation to one's institution is least important. Is it so clear that that is the correct ordering, in all cases?

Re: Specific Obligations

Should "transparency" be added to the first listed obligation, namely the obligation to conduct oneself "in a professional manner, and strive for exemplary levels of honesty and integrity"?

Re: Specific Obligations

Should the shift to first-person be maintained, or should the "I" change to "we," throughout? The first listed obligation would then read "We will conduct ourselves in a professional manner, and strive for exemplary levels of honesty and integrity." Or are their obligations that we hold as individuals, obligations that might not make sense in the plural?

Also, changing personal pronouns (I, we) to "The Bioethicist will" would be consistent with other professional codes of ethics.

Re: Specific Obligations

It is unclear as to the best place to put these sentences; at the moment they seem like a random list of ideals.