A NOTE BEFORE WE BEGIN

This lecture is a focused, clinically oriented review of core medical ethics principles ahead of your rotations — not a complete revision of the subject.

FOURTH-YEAR CLERKSHIP SERIES

Clinical Ethics on the Wards

A Focused Review, From History to AI

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DEFINING THE FIELD

Medical ethics is the branch of ethics concerned with the moral values and judgments that apply to the practice of medicine.

- Grounded in three core physician values: compassion, competence, and autonomy.
- Distinct from bioethics, which covers all of biomedical science — not just clinical practice.
- A living field: the WMA revises its ethical guidance as medicine itself changes.

Source: World Medical Association, Medical Ethics Manual (3rd ed.)

Medical Ethics vs. Law

Related, but never identical

Medical Ethics

- Applies across borders, independent of jurisdiction.
- Often sets a higher standard than the law requires.
- Upheld by professional bodies and individual conscience.

Law

- Varies by country, sometimes by region.
- Defines the enforceable legal minimum.
- Upheld by courts, regulators, and licensing bodies.

The overlap is not a coincidence: many national laws on consent and confidentiality were codified directly from pre-existing medical ethics.

Who Oversees Medical Ethics?

Standards are set globally, but enforced closer to home

World Medical Association

Sets global ethical standards — no enforcement power of its own

National Medical Councils

Adapt, license, and discipline physicians within each country

Hospital Ethics Committees

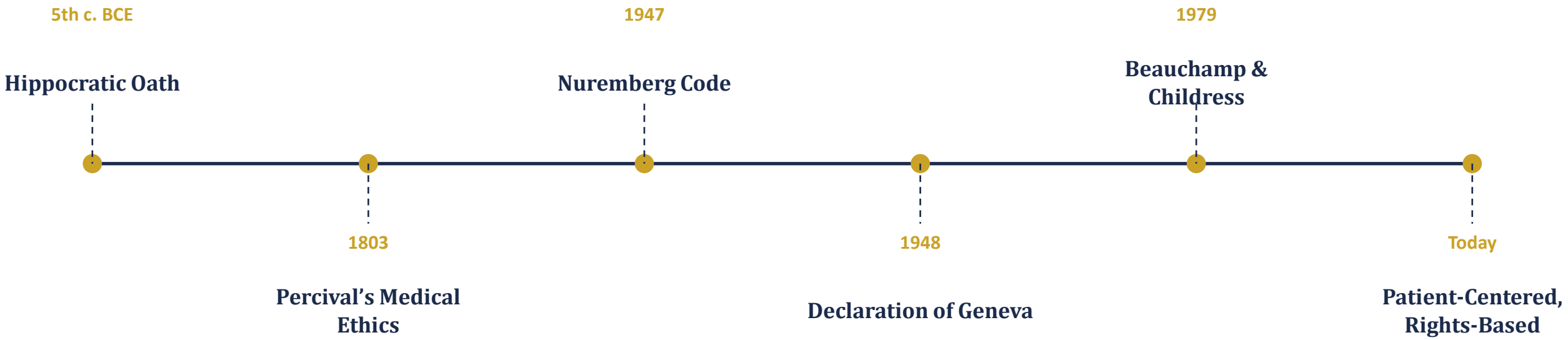
Apply ethics day-to-day — case review, research approval

Courts & Regulators

Intervene when an ethical breach is also a legal one

The Evolution of Medical Ethics

From personal virtue to codified patient rights



Medical Ethics: Then and Now

The same profession, a different center of gravity

Historically

- Physician-directed: “the doctor knows best.”
- Rooted in personal virtue and oath.
- Patients rarely included in decisions.

Today

- Patient-centered, shared decision-making.
- Defined by explicit principles and rights.
- Governed by law, committees, and global declarations.

Declarations That Shaped Medical Ethics

The documents behind today's standards, in brief

- 1947 **Nuremberg Code** — established informed consent, after Nazi human experimentation.
- 1948 **Declaration of Geneva** — the WMA's modern version of the physician's pledge.
- 1964 **Declaration of Helsinki** — ethical principles for research on human subjects.
- 1979 **Belmont Report** — respect for persons, beneficence, and justice in research.
- — **WMA International Code of Medical Ethics** — the global standard for professional conduct.
- 2021 **WHO Guidance on AI for Health** — extends these principles to artificial intelligence.

The Four Pillars of Medical Ethics

The conceptual core of modern medical ethics

Autonomy

Respecting a patient’s right to decide

Beneficence

Acting in the patient’s best interest

Non-Maleficence

First, do no harm

Justice

Treating patients fairly and equitably

THE CASE

A 68-year-old man with end-stage kidney disease, fully competent, refuses further dialysis after years of treatment. His children beg you to continue anyway.

He tells you clearly: “I understand what this means. I choose to stop.”

Autonomy: Respecting a Competent Refusal

- **Competence outweighs consequence.** A patient's right to refuse persists even when the outcome is his death.
- **Family distress is not a medical indication.** Their grief doesn't change his decision-making capacity.
- **Your job is to confirm the choice is informed, not to reverse it.** Check his understanding of the alternative, then honor what he decides.

Tension to notice: beneficence pulls you to keep treating him — autonomy requires you to let a competent adult decide otherwise, even against your own clinical instinct.

THE CASE

A newly diagnosed diabetic patient can't afford her insulin. Her physician spends twenty unpaid minutes after clinic hours finding her a hospital subsidy program.

Nothing in the job description required this.

Beneficence: Actively Promoting Well-Being

- **Beneficence goes beyond avoiding harm.** It asks what more you can do to genuinely help, not just what's minimally required.
- **Access is part of the treatment plan.** A prescription she can't afford isn't effective care.
- **Advocacy counts as clinical care.** Finding resources for a patient is as much medicine as writing the prescription.

Tension to notice: justice asks whether this kind of extra effort is available to every patient equally, not only those lucky enough to see an especially dedicated physician.

THE CASE

A resident is about to order a standard-dose nephrotoxic antibiotic. A quick check of the chart shows the patient's kidney function has been declining for two days.

The order is one click away from being submitted.

Non-Maleficence: First, Do No Harm

- **Harm often comes from routine care, not mistakes.** A “standard” dose is only safe for a standard patient — this one no longer is.
- **Checking before acting is the duty, not an extra step.** Non-maleficence means anticipating harm before it happens, not reacting after.
- **When in doubt, pause.** A few minutes’ delay to verify is far cheaper than the harm of proceeding.

Tension to notice: beneficence wants the infection treated quickly — non-maleficence requires making sure the treatment itself doesn’t become the injury.

THE CASE

Two critically ill patients arrive at the same time needing the hospital's one remaining ICU bed. One is a senior government official; the other is a migrant laborer with identical clinical severity.

Both charts show the same vital signs and the same prognosis.

Justice: Fair Allocation, Not Favoritism

- **Medical criteria decide, not status.** Severity and likely benefit determine priority — not position, wealth, or connections.
- **Equal cases deserve an equal process.** If clinical criteria are genuinely tied, use a fair, predetermined method — not informal pressure.
- **Document the reasoning.** A transparent, criteria-based decision protects the patient and the physician.

Tension to notice: beneficence and non-maleficence apply equally to both patients — justice is what decides between two people who are equally deserving of the same care.

Where Medical Ethics Applies

One framework, many domains of practice

Clinical Practice

Bedside decisions, consent, confidentiality

Research

Protecting human subjects

Public Health & Society

Resource allocation, population duties

Duties to Patients

Honesty, respect, best interest

Duties to Colleagues

Collegiality, supervision, speaking up

Artificial Intelligence

Accountability, bias, transparency

THE CASE

Ahmad, 52, needs emergency surgery after a road traffic accident. His son pulls you aside: “Decide with me — and please don’t tell my father he might lose his spleen.”

Ahmad is awake, oriented, and asking what is happening.

Informed Consent: The Clinical Standard

- **The patient decides.** A competent adult's consent cannot be replaced by a relative's, however well-meaning.
- **Disclosure is owed directly to Ahmad.** Family may join the conversation — they cannot stand in for it.
- **Withholding the diagnosis is not protection.** It removes Ahmad's right to decide about his own body.

In the Jordanian setting: family involvement is expected and valuable — use it to support Ahmad's understanding, not to bypass him. The WMA and AMA positions this series draws on place the patient's own informed decision at the center of consent.

THE CASE

Sara, 24, is admitted after a suicide attempt. Her uncle — a senior hospital administrator — calls the ward asking for her diagnosis "for the family's sake."

Sara has not given permission to share anything with her relatives.

Confidentiality: A Duty, Not a Courtesy

- **Rank does not grant access.** A relative's seniority or position at the hospital creates no right to Sara's chart.
- **Consent must come from the patient.** Ask Sara who she wants informed, and document her answer.
- **Silence is the safe default.** When in doubt, confirm nothing rather than confirm something.

In the Jordanian setting: requests routed through family seniority or personal connections are common and usually well-intentioned — the standard does not change. Confidentiality protects Sara's trust in the system, especially after a suicide attempt.

THE CASE

A radiology AI flags a lung nodule as high-risk. Two senior radiologists reviewing the same scan call it benign.

The final report still needs your signature.

Artificial Intelligence: The Newest Ethical Frontier

- **The physician remains accountable, not the algorithm.** AI supports judgment; it does not replace responsibility for the final decision.
- **AI can fail in unfamiliar ways.** Verify high-stakes outputs against clinical judgment — don’t defer by default.
- **Patients deserve to know when AI shaped their care.** Transparency about AI’s role is becoming part of informed consent itself.

Evidence base: World Health Organization (2021), Ethics and Governance of Artificial Intelligence for Health — its six principles include transparency, accountability, and protecting patient autonomy.

The Four Pillars of Medical Ethics

The same framework, from Hippocrates to AI

Autonomy

Respecting a patient’s right to decide

Beneficence

Acting in the patient’s best interest

Non-Maleficence

First, do no harm

Justice

Treating patients fairly and equitably

BEFORE YOU START

- **The patient in front of you is the one who decides.**
- **New tools change practice — they don’t change your duty.**
- **When unsure, ask for help — that is professionalism.**

References

Foundational Documents

- Nuremberg Code (1947).
- World Medical Association. Declaration of Geneva (1948).
- World Medical Association. Declaration of Helsinki (1964).
- The Belmont Report (1979).

Clinical Ethics & Emerging Practice

- World Medical Association. International Code of Medical Ethics.
- Beauchamp TL, Childress JF. Principles of Biomedical Ethics.
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- World Health Organization. Ethics and Governance of Artificial Intelligence for Health (2021).