DOWNLOAD PDF A PARTNERSHIP IN BENEFICENCE

Chapter 1 : Beneficence and the professional's moral imperative

Business ethics is a second area of applied ethics in which questions about beneficence have emerged as central. Hume's immediate successor in sentiment theory, Adam Smith, held a important view about the role and place of benevolence that has influenced a number of writers in business ethics.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. This article has been cited by other articles in PMC. Abstract Medical ethics as a scholarly discipline and a system of moral principles that apply values and judgments to the practice of medicine encompasses its practical application in clinical settings as well as work on its history, philosophy, theology, anthropology and sociology. As such there are a number of values in medical ethics such as autonomy, non-maleficence, confidentiality, dignity, honesty, justice and beneficence, among others. These values act as guidelines for professionals in the medical fraternity and are therefore used to judge different cases in the fraternity. For purposes of this work, this paper examines the principle of beneficence in biomedicine. Using both hypothetical cases and others in real life situations, the paper reflects on the implications of beneficence in biomedicine. Beneficence, principle, reflections, medical ethics, biomedicine Introduction Although ethicists have long since discussed values in medical ethics in general, and in particular beneficence, I wish to take issue with it. This is because, in my view, ethicists have not gone far enough in analyzing beneficence, and we still have some way to go towards a comprehensive and systematic approach to the subject beneficence , especially in terms of its implications and applications to some issues of biomedicine. In this paper, my argument will proceed in four steps. First, I will shed light on the general understanding of the beneficence as a principle of medical ethics. Second, I will underscore the complexities of beneficence in biomedicine; third, I will consider using case s , the implications of the principle of beneficence in biomedicine. Finally, I will discuss strategies or possible ways that medical professionals can use the principle of beneficence to benefit both the general public and preserve the integrity of the medical fraternity itself. Understanding the nature of the principle of beneficence The concept of beneficence though widely used in medicine is difficult to define with precision. As such, a number of interpretations have been conjured. Though traditionally, acts of beneficence are oftenly done from obligation, the principle is suggestive of altruism, humanity, unconditional love and non-obligatory optional moral ideals. More commonly in medical ethics, beneficence is understood as a principle requiring that physicians provide, and to the best of their ability, positive benefits such as good health, prevent and remove harmful conditions from patients. This is to say that beneficence as a principle of medical ethics asserts an obligation on the part of the physician to help others patients further their important and legitimate interests and abstain from injuring them in any way, that is, psychologically, morally or physically. From the foregoing, it can be noted that the central question for beneficence within the patient-physician relationship is: This has its earliest expression or its primary historical sources in ancient Greece and the Hippocratic Oath which characterizes physicians as a group of committed men as women were excluded from medicine in the Greek society set apart from and above others in the society. The central values of the classical Hippocratic ethics were non-maleficence doing no harm , beneficence and confidentiality. In the modern era, the Hippocratic Oath is traceable to the 18th century with John Gregory and after World War II, medical ethics started to advocate patient autonomy in the guise of informed consent. However, over the last 20 years, there has been growing dissatisfaction with the individual rights-centered ethical framework [7]. The complexities of beneficence in biomedicine As has been seen on the nature of the principle of beneficence explicated above, the obligation to confer benefits and actively prevent and remove harms from patients is important in biomedical ethics. This makes it important to distinguish two principles under the general principle of beneficence-the principle of positive beneficence and the principle of utility [8]. The first principle is known as the principle of positive beneficence. This principle requires the provision of benefits including the prevention and removal of harm from others i. It also includes the promotion of welfare of others. The second version is the principle of utility. This principle, unlike the first, requires weighing and

balancing benefits and harms in moral life. This is to say that utility as a principle of beneficence in biomedical ethics makes it imperative for physicians and other health workers to carefully analyze, evaluate and promote those actions that bring more benefits to others i. The second version makes it clear that the principle of beneficence is a prima facie moral obligation. In the real life situation, we must balance the demands of these principles by determining which carries more weight in the particular case. This means that the principle of beneficence is not absolute as it is not always binding. Yet this is where the complexity of the principle of beneficence begins in biomedicine. If the principle of beneficence is not absolute in biomedicine, it means that beneficence in biomedicine is not only restricted in application to the patient-physician relationship. It also extends to third parties to that relationship in so far as third parties to the patient-physician relationship can be affected, positively or otherwise. To make this clearer, let us consider the following situation: The husband P is HIV positive, but for fear of revealing this information to his wife who is negative and pregnant decides to conceal this information to her. Instead, H sought to arrange a family medical Doctor who helps him with medication to prolong his life. This situation puts the Doctor in a very difficult position especially considering the right of patience to confidentiality. However, the principle of beneficence should be given priority over the principle of respect for patient confidentiality; we need to move beyond individual rights to common good. This is echoed by Margit Sutrop [7] who argues that defense of autonomy and privacy has become an obstacle not only to the use of data in scientific research but also to the use of such information in the implementation of social goals. Thus coming back to the example given above, respecting third parties will be more desirable. In fact since the principle of beneficence is prima facie the second version of the principle-the principle of utility-would require that the third part, W be informed so that she and the foetus are not harmed not infected as well. Thus in this case, the principle to save more lives of W and the foetus is stronger than the right to confidentiality of H. Yet it should be noted and emphasized that the principle of beneficence is always associated with a number of implications especially when used in issues of biomedicine. The Implications of beneficence in biomedicine From the exposition of the nature and complexities of beneficence in the previous sections, it is sufficient to infer that the principle has a number of implications. As previously highlighted, the first principle under the general principle of beneficence-positive beneficence-imply beneficence even to third parties. Put it in other words, since the moral life does not permit us simply to produce benefits without creating risks, positive beneficence would imply that even the third parties to the relationship between the physician and the patient should be benefited. This, however, often creates ethical quandaries-moral dilemmas difficult to solve. One neat case is the example I have given in the previous section, that of a family medical Doctor who happens to know that one of the partners of his clients, H is HIV positive. Second, the principle of utility under the general principle of beneficence implies that the interests of the society as a whole should override the individual interests and rights [3]. In the light of this analysis, the unconstrained principle would allow, for instance, a bone marrow transplant, which has the possibility of risks of the donor becoming a cripple or even dying, to be undertaken from a societal member to benefit a democratic president of a Republic who is suffering from an end-stage organ failure. This is echoed by Gallap Survey who argues that the general principle of beneficence especially that with a version of the principle of utility implies that premature or hastened death of individual donors of cadaver organs done in order to benefit patients is justified [9]. Thus for Survey, the principle of utility shows that the principle would justify hastening death of one patient in order to benefit say five others who would procure a heart, a kidney, a liver, an eye and bone marrow each. This situation that beneficence implies is very problematic. It shows that the principle is prone to abuse. As a matter of consequence, unconstrained principle of beneficence generates a sense of distrust and fear for abuse in donors of cadaver organs as they would always worry that physicians might declare them dead prematurely in order to benefit other patients. Another implication of beneficence has been cited by Peter Singer. He applies the principle in situations such as poverty. Put it differently, positive beneficence implies that we are morally obligated to make large sacrifices and substantially reduce our standard of living in an effort to rescue destitute or poor people around the world. The rich for example would be obliged to reduce their wealth to approximately the level of the poorest person in the world. Thus, though the principle of beneficence is important some of the implications that arise especially

in the medical fraternity and other spheres as a result of its presence makes it problematic such that its use and application should be done with caution. The next section makes a critical look at how the principle of beneficence should be applied in biomedicine. How to apply the principle of beneficence in biomedicine? The way forward It is a truism that it is hard enough to resolve rationally the moral questions that arise in many cases of biomedicine. To this kind of thinking, I disagree. This is because in my view, moral curiosity and quest for understanding the good and the bad, the right and the wrong are a worthy and even sometimes a noble human characteristic. This is echoed by David Hume who correctly observed that: This exercise of making judgment is the beginning of moral reasoning that extends into all spheres of life, biomedicine included. Though acknowledging that the application of beneficence in most of the issues of biomedicine arguably cause consternation between professionals, patients and members of the public, this does not mean that we should not make judgment of the issues. This is because making judgments and shedding light through critical questioning on medical issues help professionals in the medical fraternity to deliberate with ease on some of the difficult issues of biomedicine. For this reason, I argue that the principle of beneficence is a prima facie obligation that should always be acted upon unless it conflicts on a particular occasion with an equal or stronger principle. This entails that the principle should not be universally applied at all times to all cases of biomedicine. However, like many other principles of medical ethics, beneficence, especially because of its implications, being a prima facie obligation and the complexities around it, should not always be applied in a universal manner to all cases of biomedicine. Given this scenario, medical professionals often find themselves in a catch twenty-two situation to the extent that it becomes difficult for them to deliberate on many of biomedicine where beneficence is involved. From this observation, it has been argued that there is need by academics and medical professionals, among others, to keep on reflecting on the principles of medical ethics such as beneficence to determine their applicability to different cases that arise in biomedicine. More importantly, it has been emphasized that although the principle of benefice is complex and with some far reaching implications, its importance in biomedicine should not be underestimated. The merit of this study therefore lies in its quest to see to it that practitioners in biomedicine recognize the controversies around such principles as beneficence and collaborate with other parties to deliberate on biomedical issues in ways that uphold the ethical integrity of the medical fraternity and illuminate understanding of their practices. Competing interests The author declares no competing interests. Accessed 10 September The moral responsibilities of physicians. The moral responsibilities of physicians; p. Principles of biomedical ethics. Oxford University Press; Cross cultural perspectives in medical ethics. J and Burllett Publishers: How to avoid a dichotomy between autonomy and beneficence: Journal of Contemporary Health Law and Policy. Cambridge University Press; Runzheimer J, Larsen LJ. Reviewing Ethics and Common Controversies in Medicine.

Chapter 2 : Code of Ethics | IOMSN

Beneficence is defined as an act of charity, mercy, and kindness with a strong connotation of doing good to others including moral obligation. All professionals have the foundational moral imperative of doing right. In the context of the professional-client relationship, the professional is.

This article has been cited by other articles in PMC. Abstract Objective This article offers a brief discussion of the definition and importance of beneficence in the context of the chiropractic profession. Discussion Beneficence is defined as an act of charity, mercy, and kindness with a strong connotation of doing good to others including moral obligation. All professionals have the foundational moral imperative of doing right. In the context of the professional-client relationship, the professional is obligated to, always and without exception, favor the well-being and interest of the client. In health care, beneficence is one of the fundamental ethics. An integral part of work as a professional is the foundational ethic of beneficence. An understanding of this ethic of care compels the individual health practitioner to consider his or her calling to the high standards of professionalism as a moral imperative; one that advocates for high standards and strives for the greater good. Conclusion Health care professionals have a duty of care that extends to the patient, professional colleagues, and to society as a whole. Any individual professional who neither understands nor accepts this duty is at risk for acting malevolently and violating the fiduciary principle of honoring and protecting the patient. Ethics, Chiropractic Introduction All health care practitioners are constrained by the principles of professionalism in honoring and upholding the interests and well-being of their patients. This embodies the concept of the fiduciary relationship; work performed that always and without exception favors the client and not the professional performing the work. The responsibility for maintaining these high professional standards rests exclusively with the party holding the position of trust, power, and authority. That is why every jurisdiction has legislation and regulations: Though practicing in an ethical manner is not optional, the law, through legislation and regulations, sets out what the minimum standards of conduct are. Whereas the law cannot establish precise optimal performance, professionalism demands that health care practitioners strive for and maintain excellence in their care and hold to higher standards than those of the general public. Both of these domains are constrained by a moral imperative of behavior and a duty of accountability to all parties. Western society places enormous conflicts on individual practitioners. The influence of moral relativism has greatly affected the current generation of young practitioners. Rather than society itself providing a conventional framework for the expectation of professional behaviors, with these predicated on the fiduciary relationship between practitioner and patient, many influences have placed the pursuit of affluence, entitlement, and personal excess as the ultimate calling and reward, with this being synonymous with and the best measure of success. This is in sharp contrast with the principles of professionalism. An understanding of this ethic of care compels the individual health practitioner to consider his or her calling to the high standards of professionalism as a moral imperative; one that advocates for high standards and powerfully strives for the greater good. Definition The generic definition of beneficence is an act of charity, mercy, and kindness. It connotes doing good to others and invokes a wide array of moral obligation. Beneficent acts can be performed from a position of obligation in what is owed and from a supererogatory perspective, meaning more than what is owed. An example of this is what has become known as a random act of kindness. There is much written over the centuries by philosophers on this ethic because of its great power and potential for distributive justice and the greater good. Most ethical theory has embraced various aspects of beneficence, and utilitarian theorists see beneficence as the foundation for causing the greatest benefit for all. In the health care milieu, modern thought on beneficence embraces humanism. All persons have immutable rights to life and liberty, and these rights are to be respected, nurtured, and facilitated. Reverence toward the patient and his or her suffering experience shows respect for the individual and for life itself. Autonomy, veracity, beneficence, and nonmalfeasance all apply to this type of decision making. Discussion All professionals have the foundational moral imperative of doing right. In the context of the professional-client relationship, the professional is obligated to act in a fiduciary manner; to always and without exception favor the well-being and interest of the

client. This involves all aspects the relationship and precludes activities that constitute a conflict of interest on the part of the practitioner. Beneficence has always been an integral part of biomedical ethics along with other fundamental ethical tenets including autonomy, justice, and confidentiality. Of these, there can be a struggle to balance the rights of the patient to choose and the beneficent intent of the caregiver. People engaged in health care, health research, and public health are to appreciate that potential risks must be weighed against the benefits of care and that the other party be an informed and willing participant. The oath explicitly states, among many other obligations, the pursuit of good, the avoidance of things harmful, and embraces the ethic of beneficence proactively. This has been described as producing net benefit over harm, which is to be sought after in all aspects of the clinical enounter. Power can be used both beneficently or malevolently. Whereas the reality of health care puts most practitioners in close proximity to the patient, the clinical work of the chiropractor is characterized by the use of touch for most assessment and manual care protocols. A healthy, clearly articulated boundary between the parties is essential for a functional clinical encounter. All jurisdictions now recognize that maintaining a healthy boundary for the doctor-patient relationship predicates the clinical competence expressed in the clinical intervention. Chiropractors need to take significant care in setting and maintaining boundaries, as the profession has been identified as being in a high-risk category for this type of violation. Beneficence is not served by partially withholding goods or services in order to prolong or extend services provided for increased financial gain. There is credible evidence that this approach to business is deemed by the public as a negative tarnish on the profession as a whole. Prudent practitioners take care to communicate accurately and truthfully knowing that the message and metamessage are an important part of the healing response. Beneficence, one foundational ethic, dictates right behaviors and conduct that the professional is to pursue. Moral relativism is antagonistic to many ethical principles including beneficence by subverting the nurturing role of the professional. Beneficence plays a major role in all of health care by ensuring that care provides a net benefit and that the patient is protected. Health care professionals have a duty of care that extends to the patient, professional colleagues, and to society as a whole. Funding sources and potential conflicts of interest The author reported no funding sources or conflicts of interest for this study. The set and setting: Toward a moral grounding of pain medicine: Principles of biomedical ethics. Building a cathedral for your soul: Otolaryngol Head Neck Surg. J Head Trauma Rehabil. Beneficence, justice and lifelong learning expressed in medical oaths. J Contin Educ Health Prof. Chiropractors disciplined by a state chiropractic board and a comparison with disciplined medical doctors. J Manip Phys Ther. Attitudes toward the marketing of chiropractic services. Canadian Chiropractic Association; Toronto Canada: The duty of care and rescue:

Chapter 3 : Beneficence in Business | PSY Ethics and Leadership (Wheeler)

Beneficence is one of many principles used to ensure the best care for patients. Since beneficence is centered on doing good for the patient, the difficulty with this principle often lies in.

The duty of professionals should be to benefit a party, as well as to take positive steps to prevent and to remove harm from the party. Non-maleficence reminds you that the primary concern when carrying out a task is to do no harm. Beneficence promotes action that will support others. These two theories taken together state that you must act in a manner that cultivates benefit for another, and at the same time protects that person from harm. A single action can be analyzed and balances through both frameworks. You must look to reduce and eliminate negative impact of what work is being done and simultaneously find the means to support the welfare of the recipient. If you neglect to control certain aspects of your work that have undesirable and harmful consequences upon others then you are not abiding by the principle of non-maleficence. Similarly, in the case of beneficence, if you attempt to carry out a task in a given environment, you must be sure that your action has positive impact in that context. These theories discourage selfish behavior which may directly or indirectly harm or deprive a recipient community. Notions of harm and benefit are molded by context, and thus cultural, economic, social, religious, political and other factors tie into how non-maleficence and beneficence are used for ethical decision-making. Many situations encountered by students and others during international engagement fall into the boundaries of these two theories. In all cases you must avoid action that may be harmful non-maleficence and attempt to carry out action that will benefit a host community beneficence. Sustainability Non-maleficence and beneficence support the consideration of sustainability from a social, economical and ecological perspective. Dependency relationships may be harmful for the people or environment once the organization where services are provided withdraw their help. A volunteer gives toothbrushes and toothpaste to a rural community and educates them about dental health. However, the toothpaste is quickly used up and the community has no access to commute to town to purchase toothpaste so they burn their plastic tooth-brushes along with the rest of their garbage in the backyard creating harmful fumes burning of certain plastics can create dioxins-a human carcinogen. This prevents mis-communication and the harm that can arise from being cultural miscommunication. Locals often have more knowledge than volunteers on the subjects the volunteers have come to teach. Without cultural knowledge, service-learning projects cannot deliver effective information or know what negative impacts may be involved. A short-term health-promotion project may be appropriate when aiding an already established project eg. However, this project may be ineffective and possibly damaging when the service providers are interacting firsthand with communities they know little about. Students want to experience living among the community members in a local community. However, it may not always be appropriate to ask locals to open up their homes to strangers from abroad and it may create an unfavorable power dynamic. A 1st year medical student who wishes to get hands-on experience goes to Nicaragua and begins to diagnose and treat patients in an understaffed urban clinic with little supervision. This is especially relevant when volunteers present themselves as educators. Students should reflect on whether their work in a international setting would be considered acceptable at home based on their level of training. A group of science students wishes to address the health needs of the community and comes to a conclusion that the primary school in the community needs a washroom. They soon begin building the lavatory but is unsuccessful in finishing because they run into various logistical and mechanical obstacles due to their limited experience in construction and plumbing. The project is left unfinished before the volunteers leaves. Collaborative for Development Action, Inc. The Principle of Beneficence in Applied Ethics from http: Center for Global Development,from http: Lynne Rienner Publishers, Ethics of Global Development: Agency, Capability, and Deliberative Democracy. Cambridge, Cambridge University Press. Doing Good For Others. Theoretical, empirical and substantive considerations. Research and Indigenous Peoples.

Chapter 4 : Critical reflections on the principle of beneficence in biomedicine

beneficence [bÄ•-nefÂ´Ä--sens] the doing of active goodness, kindness, or charity, including all actions intended to benefit others. It is contrasted to benevolence, which.

Indeed, there are many benefits of a business that runs itself to be profitable: Over time, business ethics have run the gambit from shareholder theory businesses owe a duty to make money for owners to stakeholder theory businesses have a duty to many parties with which they engage, such as employees, clients, communities, and shareholders , all the way to a sense of corporate social responsibility. But could there be more to it? This is a concept that stuck with me for a few days after reading it; the APA code and its call for psychologist to work for the benefit of others was never intended to be used in a corporate context. The code of ethics for the Academy of Management certainly makes no mention of beneficence. Managers are held to responsibility, integrity, and respect, but not specifically to work selflessly for the benefit of others AOM, But I want to challenge that. Shareholder theory has worked for a long time; you cannot argue with it in the sense that managers have a duty to prioritize the objectives of the owners who sign their paychecks. Certainly if the owners are acting unethically or demanding managers to commit fraud, the managers must act with integrity and refuse. However, those shareholders do have basic duties to their fellow humans, and those duties, by proxy, become the objectives of the organization. Consider if you were a wealthy land-owner in the middle ages, and a poor beggar asked to sleep in your stables for the night. Certainly you would allow him the space, since it does not infringe on your rights or impact you, but for him it will be exceptionally beneficial. You understand that, maybe somewhere along the line, someone was helpful to you and it is now time to repay that. Or, at large, you understand that society cannot go on without people helping people, because at one point or another everyone will need help. Someone has to be there to provide the help. So you let the beggar sleep in your stable. So it is with these shareholders, who benefit from a passive investment, and should have a duty of beneficence to society at large. Shareholders command an entity more powerful than any individual. So the saying goes: Some organizations understand this. Look at the great corporations that offer mission statements aimed at helping others Toms is a great example of this. Others work tirelessly to benefit their employees by offering stock sharing programs, providing tuition assistance and incredible development options, choosing to pay a higher wage than the market commands, and all sorts of other great programs for their employees. Still others take a stand in their communities to offer donations, support for charities, sponsorships, volunteer drives, and other great community development initiatives. This is the shift is needed in the corporate climate. This involves building beneficence into corporate culture as a part of sustained business processes that work to benefit a wide array of other people. In the examples above, companies engaging in those programs are often leaders in the market; others would do well to follow their lead. An investment in people, after all, is never a wasted investment. In this case, beneficence should always be carried out ultimately for the good of others, but no one will fault a company for incidentally gaining from their investments along the way. Ethical principles of psychologists and code of conduct: Journal of Business Ethics, 3 ,

Chapter 5 : The Principle of Beneficence in Applied Ethics (Stanford Encyclopedia of Philosophy)

Definition of beneficence from the Collins English Dictionary Indefinite pronouns The indefinite pronouns are used when you do not know or do not need to say precisely who or what you are referring to.

The purpose of this obligation is to guide the MS nurse in the practice of multiple sclerosis nursing. This moral obligation is defined as performance of a morally good act. The multiple sclerosis nurse provides care to promote the health and well-being of MS patients and families. Ethical principles that guide the MS nurse are: Moral requirement to promote good. Preserve your own being. Fair and equitable determination distribution of resources and fair treatment for individuals and society. ANA Code of Ethics for Nurses The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every patient, unrestricted by considerations of social or economic status, personal attributes or the nature of the health problem. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth. The nurse participates in establishing, maintaining, and improving healthcare environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practices, and for shaping social policy. June 30, American Nurses Association. The MS nurse recognizes that quality of life is defined by the person with MS. The MS nurse promotes impartial treatment. All patients have the right to be informed and understand advanced health care directives living wills and durable power of attorney , concerning the right to receive resuscitation, refuse appropriate treatment, request do-not-resuscitate orders, or request the discontinuation of life support measures. The MS nurse is responsible for providing information to the MS patient and family in order to facilitate informed consent for all treatments and procedures. The MS nurse participates in research. The MS nurse is aware of the principles of informed consent, criteria for inclusion and exclusion in research protocols, the right of the individual to withdraw from a protocol at any time. MS nurses have a moral obligation to offer access to care, cost containment, and quality care. MS patients have a right to be informed, without bias, coercion or deception about treatment options, potential effect and adverse effects of treatments. MS patients have a right to refuse treatment, continuing to receive alternative care. The MS patient has a right to his medical record check out and the right to have information explained. Decisions regarding care require participation of the MS patient in an ongoing partnership to develop an effective plan of care. This process considers diversity, individual autonomy and responsibility. MS nurses practice competently. They consult and refer when indicated by their professional judgment. MS nurses take appropriate action to protect patients from harm when endangered by incompetent or unethical clinical practice. MS nurses promote and support improved practice through professionalism, education, certification and nursing research. MS nurses promote local and national efforts to improve public education, legislation to ensure access to quality care and long term care initiatives that meets the health needs of MS patients and families. Decisions regarding care require patient participation in an ongoing partnership to develop a safe and effective plan of care that considers cultural diversity, individual autonomy and responsibilities.

Chapter 6 : Beneficent | Definition of Beneficent by Merriam-Webster

Non-maleficence and beneficence support the consideration of sustainability from a social, economical and ecological perspective. ISL projects are "sustainable" when they avoid a a relationship of dependence between the community partners.

The neutrality of this section is disputed. Relevant discussion may be found on the talk page. Please do not remove this message until conditions to do so are met. February Learn how and when to remove this template message There is disagreement among American physicians as to whether the non-maleficence principle excludes the practice of euthanasia. Around the world, there are different organizations that campaign to change legislation about the issue of physician-assisted death , or PAD. This argument is disputed in other parts of the world. In state courts, this crime is comparable to manslaughter. The same laws apply in the states of Mississippi and Nebraska. Informed consent Informed consent in ethics usually refers to the idea that a person must be fully informed about and understand the potential benefits and risks of their choice of treatment. A correlate to "informed consent" is the concept of informed refusal. An uninformed person is at risk of mistakenly making a choice not reflective of his or her values or wishes. It does not specifically mean the process of obtaining consent, or the specific legal requirements, which vary from place to place, for capacity to consent. Patients can elect to make their own medical decisions or can delegate decision-making authority to another party. If the patient is incapacitated, laws around the world designate different processes for obtaining informed consent, typically by having a person appointed by the patient or their next of kin make decisions for them. The value of informed consent is closely related to the values of autonomy and truth telling. Confidentiality Confidentiality is commonly applied to conversations between doctors and patients. This concept is commonly known as patient-physician privilege. Legal protections prevent physicians from revealing their discussions with patients, even under oath in court. However, numerous exceptions to the rules have been carved out over the years. For example, many states require physicians to report gunshot wounds to the police and impaired drivers to the Department of Motor Vehicles. Many states in the U. More recently, critics like Jacob Appel have argued for a more nuanced approach to the duty that acknowledges the need for flexibility in many cases. Importance of communication[edit] Many so-called "ethical conflicts" in medical ethics are traceable back to a lack of communication. Communication breakdowns between patients and their healthcare team, between family members, or between members of the medical community, can all lead to disagreements and strong feelings. These breakdowns should be remedied, and many apparently insurmountable "ethics" problems can be solved with open lines of communication. Guidelines[edit] There is much documentation of the history and necessity of the Declaration of Helsinki. The first code of conduct for research including medical ethics was the Nuremberg Code. This issue called for the creation of the Declaration. There are some stark differences between the Nuremberg Code and the Declaration of Helsinki, including the way it is written. Nuremberg was written in a very concise manner, with a simple explanation. The Declaration of Helsinki is written with a thorough explanation in mind and including many specific commentaries. Ethics committees[edit] Often, simple communication is not enough to resolve a conflict, and a hospital ethics committee must convene to decide a complex matter. These bodies are composed primarily of healthcare professionals, but may also include philosophers , lay people, and clergy â€” indeed, in many parts of the world their presence is considered mandatory in order to provide balance. With respect to the expected composition of such bodies in the USA, Europe and Australia, the following applies. The REB should include people knowledgeable in the law and standards of practice and professional conduct. Special memberships are advocated for handicapped or disabled concerns, if required by the protocol under review. The European Forum for Good Clinical Practice EFGCP suggests that REBs include two practicing physicians who share experience in biomedical research and are independent from the institution where the research is conducted; one lay person; one lawyer; and one paramedical professional, e. They recommend that a quorum include both sexes from a wide age range and reflect the cultural make-up of the local community. They suggest a chairperson be preferably someone not employed or otherwise connected with the institution. Members should

include a person with knowledge and experience in professional care, counseling or treatment of humans; a minister of religion or equivalent, e. Aboriginal elder; a layman; a laywoman; a lawyer and, in the case of a hospital-based ethics committee, a nurse. The assignment of philosophers or religious clerics will reflect the importance attached by the society to the basic values involved. Medical ethics in an online world[edit] In increasing frequency, medical researchers are researching activities in online environments such as discussion boards and bulletin boards, and there is concern that the requirements of informed consent and privacy are not applied, although some guidelines do exist. While researchers wish to quote from the original source in order to argue a point, this can have repercussions when the identity of the patient is not kept confidential. Some cultures have spiritual or magical theories about the origins and cause of disease, for example, and reconciling these beliefs with the tenets of Western medicine can be very difficult. Truth-telling[edit] Some cultures do not place a great emphasis on informing the patient of the diagnosis, especially when the diagnosis is serious. American doctors rarely used truth-telling especially in medical cases, up until the s. In vice versa, a physician might be hesitant to report an incident because of personal friendship he or she may have with his or her colleague. The delivery of diagnosis online leads patients to believe that doctors in some parts of the country are at the direct service of drug companies, finding diagnosis as convenient as what drug still has patent rights on it. The American Medical Association AMA states that medical websites have the responsibility to ensure the health care privacy of online visitors and protect patient records from being marketed and monetized into the hands of insurance companies, employers, and marketers. One such example being how political forces may control how foreign humanitarian aid can be utilized in the region it is meant to be provided in. This would be congruous in situations where political strife could lead such aid being used in favor of one group over another. Another example of how foreign humanitarian aid can be misused in its intended community includes the possibility of dissonance forming between a foreign humanitarian aid group and the community being served. In some cases, conflicts are hard to avoid, and doctors have a responsibility to avoid entering such situations. Research has shown that conflicts of interests are very common among both academic physicians [43] and physicians in practice. Other academic institutions that have banned pharmaceutical industry-sponsored gifts and food include the Johns Hopkins Medical Institutions, University of Michigan, University of Pennsylvania, and Yale University. Studies from multiple health organizations have illustrated that physician-family member relationships may cause an increase in diagnostic testing and costs. Doctors who do so must be vigilant not to create conflicts of interest or treat inappropriately. Out of the many disciplines in current medicine, there are studies that have been conducted in order to ascertain the occurrence of Doctor-Patient sexual misconduct. Results from those studies appear to indicate that certain disciplines are more likely to be offenders than others. Psychiatrists and Obstetrician-Gynecologists for example, are two disciplines noted for having a higher rate of sexual misconduct. Male physicians aged 40â€”49 and 50â€”59 years are two groups that have been found to be more likely to have been reported for sexual misconduct, while women aged 20â€”39 have been found to make up a significant portion of reported victims of sexual misconduct. Futile medical care The concept of medical futility has been an important topic in discussions of medical ethics. What should be done if there is no chance that a patient will survive but the family members insist on advanced care? Previously, some articles defined futility as the patient having less than a one percent chance of surviving. Some of these cases are examined in court. Advance directives include living wills and durable powers of attorney for health care. See also Do Not Resuscitate and cardiopulmonary resuscitation In many cases, the "expressed wishes" of the patient are documented in these directives, and this provides a framework to guide family members and health care professionals in the decision-making process when the patient is incapacitated. Undocumented expressed wishes can also help guide decisions in the absence of advance directives, as in the Quinlan case in Missouri. The key question for the decision-making surrogate is not, "What would you like to do? In some hospitals, medical futility is referred to as "non-beneficial care.

DOWNLOAD PDF A PARTNERSHIP IN BENEFICENCE

Chapter 7 : Beneficence | Definition of Beneficence by Merriam-Webster

This lesson covers the four principles of bioethics: autonomy, justice, beneficence and non-maleficence. We'll look at examples of how each one is applied to bioethics.

Beneficence is action that is done for the benefit of others. Beneficent actions can be taken to help prevent or remove harms or to simply improve the situation of others. Physicians are expected to refrain from causing harm, but they also have an obligation to help their patients. Ethicists often distinguish between obligatory and ideal beneficence. Ideal beneficence comprises extreme acts of generosity or attempts to benefit others on all possible occasions. Physicians are not necessarily expected to live up to this broad definition of beneficence. However, the goal of medicine is to promote the welfare of patients, and physicians possess skills and knowledge that enable them to assist others. Due to the nature of the relationship between physicians and patients, doctors do have an obligation to 1 prevent and remove harms, and 2 weigh and balance possible benefits against possible risks of an action. Beneficence can also include protecting and defending the rights of others, rescuing persons who are in danger, and helping individuals with disabilities. Examples of beneficent actions: Resuscitating a drowning victim, providing vaccinations for the general population, encouraging a patient to quit smoking and start an exercise program, talking to the community about STD prevention. This principle, however, offers little useful guidance to physicians since many beneficial therapies also have serious risks. The pertinent ethical issue is whether the benefits outweigh the burdens. Physicians should not provide ineffective treatments to patients as these offer risk with no possibility of benefit and thus have a chance of harming patients. In addition, physicians must not do anything that would purposely harm patients without the action being balanced by proportional benefit. Because many medications, procedures, and interventions cause harm in addition to benefit, the principle of non-maleficence provides little concrete guidance in the care of patients. Where this principle is most helpful is when it is balanced against beneficence. In this context non-maleficence posits that the risks of treatment harm must be understood in light of the potential benefits. Ultimately, the patient must decide whether the potential benefits outweigh the potential harms. Examples of non-maleficent actions: Stopping a medication that is shown to be harmful, refusing to provide a treatment that has not been shown to be effective. Balancing Beneficence and Non-maleficence: One of the most common ethical dilemmas arises in the balancing of beneficence and non-maleficence. This balance is the one between the benefits and risks of treatment and plays a role in nearly every medical decision such as whether to order a particular test, medication, procedure, operation or treatment. By providing informed consent, physicians give patients the information necessary to understand the scope and nature of the potential risks and benefits in order to make a decision. Ultimately it is the patient who assigns weight to the risks and benefits. Nonetheless, the potential benefits of any intervention must outweigh the risks in order for the action to be ethical.

Chapter 8 : Beneficence | Define Beneficence at www.nxgvision.com

Balancing Beneficence and Non-maleficence: One of the most common ethical dilemmas arises in the balancing of beneficence and non-maleficence. This balance is the one between the benefits and risks of treatment and plays a role in nearly every medical decision such as whether to order a particular test, medication, procedure, operation or.

Training Materials PowerPoint Presentations: Listed below are the titles and descriptions of several presentations used in our environmental and community ethics research training courses. They are available for your viewing and conditional use, by request. If you are interested in downloading an electronic copy of one the presentations below, please complete and submit our Materials Request Form. Bioethical Principles for Research Ethics: The Protection of Individual Human Subjects. These slides provide an overview of the concepts of the common morality, the nature of rights, and moral virtues. In depth, the four principles related to protecting human subjects in research are described and examples are provided: The history of human subjects protections is also mentioned, including the Nuremberg Code, the Declaration of Helsinki, the need for informed consent and the creation of Institutional Review Boards, and the Belmont Report 44 slides. Part one of this presentation covers: Why is it valuable? What are the ethical benefits? The CBPR process and related benefits of partnerships and collaboration are examined, as well as the importance of community review boards Slides The second part provides best CBPR practices with case studies in environmental justice communities Slides Cultural Competence and Community Studies: Concepts and Practices for Cultural Competence. These slides provide a review of cultural competence theory; of defining cultural competence, skills that relate to being a cultural competent researcher, considerations to take when working with diverse communities, issues with intercultural language and communication, and the concepts of humility and critical consciousness 29 slides Research Ethics for Community-Based and Culturally-Appropriate Research in Natural Resource Management. These slides review community-based approaches for natural resource management with an emphasis on beneficence, respect for communities and justice embedded in the research methods. Additionally, culturally-appropriate methods found in natural resource management are also included. These slides introduce the topic of discourse: Discourse is usually linked to issues of defining power and political conditions in nation-states; particularly postmodern or postcolonial claims of oppressed groups. The idea of overcoming power imbalances in discourse practices is explored, as well as alternative discourse needs and forms 13 slides. Next, the idea of undue influences on research participants is explored, such as persuasion, coercion, and manipulation, especially related to vulnerable populations exploitation 34 slides. The Belmont Report is the guiding document on ethical research and human subjects protections, including the concepts of beneficence, respect for persons, justice, and informed consent. These slides discuss the variety of ethical issues related to human subjects research, including informed consent, community right-to-know and report-back of study results to research participants, and the use of community advisory boards. Several case studies are examined, specifically focusing on biomonitoring and household exposure studies and environmental justice issues. The role of IRBs, including related challenges, is also discussed Slides New Challenges of Partnership and Collaborative Research. This presentation explores the importance of developing truly participatory research designs and having a high level of cultural knowledge and sensitivity. This is in contrast to bringing in preconceived notions, one-sided planning, or ascribing to outside expert solutions that do not fit or benefit the community 9 slides. This slide show reviews the elements of partnership for community-based studies. Community-based theory, elements of partnership, mutual obligations in partnership and evaluation are discussed. Problems of Scientific Misconduct. Environmental case studies and examples of each are presented. The ideas of co-authorship, research misconduct among graduate students, and consequences of misconduct are also explored 51 slides. Working with the Community as Unit of Identity. These slides review the definition and characteristics of what makes a community and who community representatives may be in various contexts. It also discusses the idea of community capacity, and how to both build and evaluate it 15 slides. Informed Consent with Cultural Considerations: A review of the literature on informed consent with tribal, diverse cultural groups and community-based groups; adressing

issues of balancing individual consent with group consent, culturally-appropriateness with patriarchal consent, tribal review board consent and community parntership consent. The history of the environmental justice movement and the events that promoted a nationwide response to environmental racism with low-income people of color communities are reviewed. Native American Human Rights History. Black-American Human Rights History: A short history of Black American human rights history from the Civil War to the present is reviewed. In these slides, we introduce communitarian ethics, forms of community-based moral decision-making. Communitarianism recognizes the need to agree on group values and consensus decision-making as part of the effort to maintain social order while ensuring that these group forces do not suppress all autonomous expressions 17 slides. Deontology and Distributive Justice. Deontology is concerned with choices that are morally required, forbidden, or permitted. In these slides, we review the various concepts that fall under deotonological ethical theory, such as obedience to duty, opposing utilitarianism, and the good vs. Kantian ethics are also explored, as well as J. The Ethics of Care. The relationship between ethics of care and normative ethics is explored: Approaches to New Moral Forms and Practices. These slides introduce postmodern ethics and their relevance to current research with theories that discuss emergent ethics, working with cultural difference and allowing for a multiplicity of voices and forms in a research practice. Utility as pleasure and pain, justice, rationalism, public utility, and utility as a social end are discussed. The second half of the presentation explores consequentialism and the various types of consequential approaches, including welfare, indirect, direct, global, motive, and scalar consequentialism 51 slides. The ideas of excellence, right reason, intellectual and moral virtues, virtues as allegory, discernment, compassion, and self-awareness are discussed 27 slides.

Chapter 9 : Non-Maleficence and Beneficence â€" The EIESL Project

The Belmont Report was written by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. The Commission, created as a result of the National Research Act of , was charged with identifying the basic ethical principles that should underlie the conduct of biomedical and behavioral research involving human subjects and developing guidelines to.

The Concepts of Beneficence and Benevolence The term beneficence connotes acts of mercy, kindness, and charity. It is suggestive of altruism, love, humanity, and promoting the good of others. In ordinary language, the notion is broad, but it is understood even more broadly in ethical theory to include effectively all forms of action intended to benefit or promote the good of other persons. Many dimensions of applied ethics appear to incorporate such appeals to obligatory beneficence, even if only implicitly. For example, when apparel manufacturers are criticized for not having good labor practices in factories, the ultimate goal of the criticisms is usually to obtain better working conditions, wages, and benefits for workers. Whereas beneficence refers to an action done to benefit others, benevolence refers to the morally valuable character traitâ€"or virtueâ€"of being disposed to act to benefit others. Many acts of beneficence have been understood in moral theory as obligatory, as determined by principles of beneficence that state moral obligation. However, beneficent acts also may be performed from nonobligatory, optional moral ideals, which are standards that belong to a morality of meritorious aspiration in which individuals or institutions adopt goals and practices that are not obligatory for everyone. Exceptional beneficence is commonly categorized as supererogatory, a term meaning paying or performing beyond what is obligatory or doing more than is required. This category of extraordinary conduct usually refers to high moral ideals of action, but it has links to virtues and to Aristotelian ideals of moral excellence. Such ideals of action and moral excellence of character need not rise to the level of the moral saint or moral hero. Even moral excellence comes by degrees. Not all supererogatory acts of beneficence or benevolent dispositions are exceptionally arduous, costly, or risky. Saintly and heroic beneficence and benevolence are at the extreme end of a continuum of beneficent conduct and commitment. This continuum is not merely a continuum mapping the territory beyond duty. It is a continuum of beneficence itself, starting with obligatory beneficence. An absence of this sort of beneficence constitutes a defect in the moral life, even if not a failure of obligation. The continuum ends with high-level acts of supererogation such as heroic acts of self-sacrifice to benefit others. Beneficence is best understood as spread across this continuum. However, there is considerable controversy about where obligation ends and supererogation begins on the continuum. A celebrated example of beneficence that rests somewhere on this continuum, though it is hard to locate just where, is the New Testament parable of the Good Samaritan. In this parable, robbers have beaten and left half-dead a man traveling from Jerusalem to Jericho. A Samaritan tends to his wounds and cares for him at an inn. However, they do not seemâ€"on the information givenâ€"to rise to the level of heroic or saintly conduct. The morally exceptional, beneficent person may be laudable and emulable, yet neither a moral saint nor a moral hero. The Historical Place of Beneficence in Ethical Theory The history of ethical theory shows that there are many ways to think about beneficence and benevolence. Several landmark ethical theories have embraced these moral notions as central categories, while proposing strikingly different conceptual and moral analyses. Beneficence in these writers is close to the essence of morality. Other writers, including Kant, have given less dominance to beneficence, but still give it an important place in morality. He argues that natural benevolence accounts, in great part, for what he calls the origin of morality. A major theme is his defense of benevolence as a principle in human nature, in opposition to theories of psychological egoism. Hume finds benevolence in many manifestations: Although he speaks of both benevolence and justice as social virtues, only benevolence is a principle of human nature. Rules of justice, by contrast, are normative human conventions that promote public utility. He acknowledges many motives in human nature and uses metaphors of the dove, wolf, and serpent to illustrate the mixture of elements in our nature. Principally, he sees human nature in the domain of moral conduct as a mixture of benevolence and self-love. Whereas the egoist views human nature as limited to motives such as survival, fear, ambition, and

the search for happiness, Hume regards persons as motivated by a variety of passions, both generous and ungenerous. He maintains that these elements vary by degree from person to person. Lacking distinctive information about a particular individual, we cannot know whether in that person benevolence typically dominates and controls self-love, or the converse. Actions are right in proportion to their promotion of happiness for all beings, and wrong as they produce the reverse. This is a straightforward principle of beneficence and potentially a very demanding one. Mill and subsequent utilitarians mean that an action or practice is right when compared with any alternative action or practice if it leads to the greatest possible balance of beneficial consequences happiness for Mill or to the least possible balance of bad consequences unhappiness for Mill. Mill also holds that the concepts of duty, obligation, and right are subordinated to, and determined by, that which maximizes benefits and minimizes harmful outcomes. The principle of utility is presented by Mill as an absolute or preeminent principle, thus making beneficence the one and only supreme principle of ethics. It justifies all subordinate rules and is not simply one among a number of prima facie principles. It is a consequentialist theory because the moral rightness and obligatoriness of actions are established by their beneficial results. It is an aggregative theory because a judgment about right or obligatory action depends on an appraisal of the effects of different possible actions on the welfare of all affected parties, which entails summing positive benefits and negative effects over all persons affected. Beneficence has rarely occupied such a central role in a moral theory. He seeks universally valid principles or maxims of duty, and beneficence is one such principle. The motive likewise cannot rest on utilitarian goals. Kant argues that everyone has a duty to be beneficent, i. Nonetheless, the limits of duties of beneficence are not clear and precise in Kant. While we are obligated to some extent to sacrifice some part of our welfare to benefit others without any expectation of recompense, it is not possible in the abstract to fix a definite limit on how far this duty extends. Kant here anticipates, without developing, what would later become one of the most difficult areas of the theory of beneficence: How, exactly, are we to specify the limits of beneficence as an obligation? Deep disagreements have emerged in moral theory regarding how much is demanded by obligations of beneficence. Some ethical theories insist not only that there are obligations of beneficence, but that these obligations sometimes demand severe sacrifice and extreme generosity in the moral life. Some formulations of utilitarianism, for example, appear to derive obligations to give our job to a person who needs it more than we do, to give away most of our income, to devote much of our time to civic enterprises, etc. By contrast, some moral philosophers have claimed that we have no general obligations of beneficence. We have only duties deriving from specific roles and assignments of duty that are not a part of ordinary morality. These philosophers hold that beneficent action is virtuous and a commendable moral ideal, but not an obligation, and thus that persons are not morally deficient if they fail to act beneficently. An instructive example is found in the moral theory of Bernard Gert, who maintains that there are no moral rules of beneficence, only moral ideals. The only obligations in the moral life, apart from duties encountered in professional roles and other specific stations of duty, are captured by moral rules that prohibit causing harm or evil. Rational persons can act impartially at all times in regard to all persons with the aim of not causing evil, he argues, but rational persons cannot impartially promote the good for all persons at all times. Those who defend such a beneficence-negating conclusion regarding obligation do not hold the extreme view that there are no obligations of beneficence in contexts of role-assigned duties, such as those in professional ethics and in specific communities. They acknowledge that professional and other roles carry obligations or duties, as Gert insists that do not bind persons who do not occupy the relevant roles; they claim that the actions one is obligated to perform within the roles are merely moral ideals for any person not in the specific role. That is, these philosophers present beneficence not as a general obligation, but as a role-specific duty and as institutionally or culturally assigned. In rejecting principles of obligatory beneficence, Gert draws the line at obligations of nonmaleficence. That is, he embraces rules that prohibit causing harm to other persons, even though he rejects all principles or rules that require helping other persons, which includes acting to prevent harm to them. His theory therefore makes nonmaleficence central to the nature and theory of moral obligation while denying that beneficence has any place in the theory of obligation. However, the mainstream of moral philosophy has been to make both not-harming and helping to be obligations, while preserving the distinction

between the two. This literature can be confusing, because some writers treat obligations of nonmaleficence as a species of obligations of beneficence, although the two notions are very different. Rules of beneficence are typically more demanding than rules of nonmaleficence, and rules of nonmaleficence are negative prohibitions of action that must be followed impartially and that provide moral reasons for legal prohibitions of certain forms of conduct. By contrast, rules of beneficence state positive requirements of action, need not always be followed impartially, and rarely, if ever, provide moral reasons that support legal punishment when agents fail to abide by the rules. The contrast between nonmaleficence and beneficence notwithstanding, ordinary morality suggests that there are some rules of beneficence that we are obligated to follow impartially, such as those requiring that we make efforts to rescue strangers under conditions of minimal risk. Even some legal punishments for failure to rescue strangers may be justifiable. The Problem of Over-Demanding Beneficence Some philosophers defend extremely demanding and far-reaching principles of obligatory beneficence. In his early work, Singer distinguished between preventing evil and promoting good and contended that persons in affluent nations are morally obligated to prevent something bad or evil from happening if it is in their power to do so without having to sacrifice anything of comparable importance. In the face of preventable disease and poverty, for example, we ought to donate time and resources toward their eradication until we reach a level at which, by giving more, we would cause as much suffering to ourselves as we would relieve through our gift. Singer leaves it open what counts as being of comparable importance and as being an appropriate level of sacrifice, but his argument implies that morality sometimes requires us to invest heavily in rescuing needy persons in the global population, not merely at the level of local communities and political states. This claim implies that morality sometimes requires us to make enormous sacrifices. It would appear that the demand is placed not only on individuals with disposable incomes, but on all reasonably well-off persons, foundations, governments, corporations, etc. All of these parties have moral obligations to refrain from spending resources on nonessential items and to use the available resources or savings to lend assistance to those in urgent need. Singer has not regarded such conduct as an enormous moral sacrifice, but only as the discharge of a basic obligation of beneficence. This assessment has generated a number of criticisms, as well as defenses, of demanding principles of beneficence such as the one proposed by Singer. Critics continue today to argue that a principle of beneficence that requires persons, governments, and corporations to seriously disrupt their projects and plans in order to benefit the poor and underprivileged exceeds the limits of ordinary moral obligations and have no plausible grounding in moral theory. They argue that the line between the obligatory and the supererogatory has been unjustifiably erased by such a principle. In effect, the claim is that an aspirational moral ideal has redrawn the lines of real moral obligation. Singer has attempted to reformulate his position so that his theory of beneficence does not set an overly demanding standard. He maintains that no clear justification exists for the claim that obligations of ordinary morality do not contain a demanding principle of beneficence, in particular a harm-prevention principle. He apparently would explain the lack of concern often shown for poverty relief as a failure to draw the correct implications from the very principles of beneficence that ordinary morality embraces. Later in his series of publications on the subject Singer attempted to take account of objections that his principle sets an unduly high standard. He has not given up his strong principle of beneficence, but he has suggested that it might be morally wise and most productive to publicly advocate a lower standardâ€”that is, a weakened principle of beneficence. He therefore proposed a more guarded formulation of the principle, arguing that we should strive for donations of a round percentage of income, such as 10 per cent, which amounts to more than a token donation and yet also is not so high as to make us miserable or turn us into moral saints. This standard, Singer proclaimed, is the minimum that we ought to do to conform to obligations of beneficence. Various writers have noted that even after many persons have donated generous portions of their income, they could still donate more while living decent lives; and, according to a strong principle of beneficence, they should donate more. Establishing the theoretical and practical limits of donation and sacrifice is clearly very challenging, and perhaps an impossible ideal. However, it does not follow that we should give up a principle of beneficence. It only follows that establishing the moral limits of the demands of beneficence is profoundly difficult.