



ELSEVIER

Beneficence and the professional's moral imperative

Frank Stuart Kinsinger DC*

Chiropractic Educator, Canadian Memorial Chiropractic College, Toronto, ON, Canada

Received 23 September 2009; received in revised form 5 November 2009; accepted 6 November 2009

Key indexing terms:

Ethics;
Chiropractic

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.

© 2009 National University of Health Sciences.

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. The client is in the weak and vulnerable position entirely due to the client's real or perceived unmet needs, with these needs not being able to be ameliorated by the client on his or her own.

That is why every jurisdiction has legislation and regulations: to protect members of the public, the vulnerable party. 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

* Canadian Memorial Chiropractic College, 6100 Leslie Street, Toronto, ON, M2H 3J1, Canada. Tel.: 416 482 2340; fax: 416 488 0470.
E-mail address: skinsinger@cmcc.ca.

that health care practitioners strive for and maintain excellence in their care and hold to higher standards than those of the general public.¹

One high standard is with behavior and in conduct that professionals are held accountable to. This standard is higher than that of general members of the public and affects both the clinical setting and the practitioner's life when not involved in clinical work. 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 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 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.^{2,3} Practitioners are to act in a way that contributes to the patient's health and well-being and to take care to refrain from doing anything that would cause harm.⁴ Beneficence strives for the best care while embracing not doing anything harmful and by extension is extrapolated into a generous, supererogatory category.⁵ There is an obvious interrelationship with the ethic of nonmaleficence, the active avoidance of any act that would cause harm.

In health care, nonmaleficence is embodied in the principle of *primum non nocere* and is found in the Hippocratic Oath as "physician—do no harm." Some patients' problems have solutions that may not be worth pursuing when the risk-benefit ratio is considered. Autonomy, veracity, beneficence, and nonmaleficence 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.⁶ All health care practitioners take an oath on graduation before beginning their clinical work as professionals. 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 encounter.⁷

One area fraught with difficulty is that benevolence is practiced in the hands of the party in the position of power. Power can be used both beneficently or malevolently.⁸ As the professional's power is authorized

by society through legislation and regulation, and as professionals possess specialized skills, training, and experience and have the capacity to make choices in an authoritarian manner, the moral imperative that all professionals uphold is to use of this power for good.

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. This recognition of, and advocacy for, the patient's boundary enables the practitioner to uphold the principles of professionalism and to ensure the greatest possible benefit to all.

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.⁹

Another area of risk includes financial abuse. Beneficence is not served by partially withholding goods or services in order to prolong or extend services provided for increased financial gain. Practice management services that particularly target the profession's young are reputed to feature long-term plans of management, some 2 years in duration. There is credible evidence that this approach to business is deemed by the public as a negative tarnish on the profession as a whole.¹⁰

It is clearly unethical, through the use of words and images, to cause fear and anxiety in a patient with the intention of increasing the quantity of services. Prudent practitioners take care to communicate accurately and truthfully knowing that the message and metamessage are an important part of the healing response. This embodies beneficence.¹¹

Conclusion

Health professionals are obligated to act in a beneficent manner, as the 2 foundational tenets of professionalism are in possessing unique and specialized knowledge and to always and without exception use this knowledge for good. Beneficence, one foundational ethic, dictates right behaviors and conduct that the professional is to pursue. Prudent practitioners strive to uphold the concept of "calling" as one of the high standards of professional ethics and conduct as

professionals are held to higher standards than those of the general population.

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.¹² 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.

Funding sources and potential conflicts of interest

The author reported no funding sources or conflicts of interest for this study.

References

1. Kinsinger FS. The set and setting: professionalism defined. *J Chiropr Humanit* 2005;12:33-8.
2. Niebroj LT, Jadamus-Niebroj D, Giordano J. Toward a moral grounding of pain medicine: consideration of neuroscience, reverence, beneficence and autonomy. *Pain Physician* 2008;11:7-12.
3. Baumrucker SJ, Sheldon JE, Stolick M, VandeKieft G. The ethical concept of "best interest." *Am J Hosp Palliat Care* 2008;25:56-62.
4. Beachamp TL, Childress JF. Beneficence. In: *Principles of biomedical ethics*. 5th ed. Oxford (UK): Oxford University Press; 2001. p. 166-70.
5. Enright WG. Building a cathedral for your soul: generosity as a virtue and a practice. *Otolaryngol Head Neck Surg* 2001;138:552-6.
6. Macciocchi SN. Doing good: the pitfalls of beneficence. *J Head Trauma Rehabil* 2009;24:72-4.
7. Rancich AM, Perez ML, Morales C, Gelpi RJ. Beneficence, justice and lifelong learning expressed in medical oaths. *J Contin Educ Health Prof* 2005;25:211-20.
8. Davidhizar R. Benevolent power. *J Pract Nurs* 2005;54:5-9.
9. Foreman S, Stahl M. Chiropractors disciplined by a state chiropractic board and a comparison with disciplined medical doctors. *J Manip Phys Ther* 2004;27:472-7.
10. Environics Research Group. *Attitudes toward the marketing of chiropractic services*. Toronto (Canada): Canadian Chiropractic Association; 2005.
11. Spiegel D. Healing words: emotional expression and disease outcome. *JAMA* 1999;281:1328-9.
12. Hebert PC. The duty of care and rescue: beneficence and non-maleficence. In: *Doing right*. Oxford (UK): Oxford University Press; 1996. p. 108-10.