Many health care providers take as their guiding ethical principle, “primum non nocere”, or “first, do no harm.” That principle represents a central moral ideal in medicine, but it can be hard to know how this ideal applies in practice and how it intersects with other important moral ideals. In this session, we will explore the theoretical foundations of this principle, often known as the principle of non-maleficence, and the corresponding principle of beneficence. What counts as harming or benefiting a patient? How is health care practitioner’s duty to prevent harm and provide help shaped by the role she occupies? Are there moral limits or constraints on a practitioner’s duty to provide help? Do other participants in health care (e.g., insurance companies, pharmaceutical researchers, government regulators) have duties of non-maleficence and beneficence as well? We’ll also consider the moral implications of medical uncertainty. If it’s not possible to know in advance whether an intervention will harm or help a patient, how does that affect the practitioner’s moral responsibility for the outcome? Our exploration of the theoretical boundaries of beneficence and non-maleficence will provide participants with resources for improved ethical decision-making in practice.