The Principles of Beneficence and Nonmaleficence

Tom L. Beauchamp

I. Principles as General Moral Rules of Obligation
   A. Principles as Prominent Starting-Points in the Landscape of the Moral Life
   B. The Idea of a Framework of Principles for Bioethics

II. The Principle of Nonmaleficence and the Rules It Supports
   A. The Centrality of Nonmaleficence in Bioethics
   B. The Concept of Harm: A Setting Back of an Individual’s Interests
      1. “Interests” refers to welfare advantages
      2. “Harming” does not entail wrongdoing or maleficent treatment
   C. Examples of Rules Supported by the Principle of Nonmaleficence
      1. "Don't kill"
      2. "Don't cause pain, suffering, or distress to others"
      3. "Don't incapacitate others"

III. The Principle(s) of Beneficence and the Rules It Supports
   A. Examples of Rules Supported by Principles of Beneficence
      1. "Remove evil or harm-causing conditions"
      2. "Help the poor"
      3. "Rescue persons in danger"
   B. The Distinction between Nonmaleficence and Beneficence

IV. Problems of Harm and Benefit in the Protection of Subjects of Research
   A. General Problems about Risk and Causation of Harm
   B. Risks for Whom and Benefits for Whom?
   C. How Much Risk for How Much Gain?
   D. Problems of the Under-protection and Over-protection of Research Subjects
   E. Dissatisfaction with the Current System for Protecting Human Subjects

V. Cases of Research Involving Human Subjects and Harm-Benefit Questions
   A. Under-aggressive Review and Over-aggressive Review of Research
   B. The Case of the Havasupai Indians as Diabetes Research Subjects
      1. Was There Adequate Consent through a Minimalist Consent Form?
      2. Framing this Case as about Autonomy and Justice
      3. Risk of Harm as Central to Analysis of the Case
   C. The Case of Peter Pronovost’s Catheter-Infection Research on Catheter-Related Bloodstream Infections
      1. 103 ICUs in 67 Michigan Hospitals Studied to Improve Care
      2. A Demand by OHRP for Full Review of the Study
3. Riskless Activities to Study the Safest (and Already Approved) Practices
4. The Final OHRP Judgment: “Not Medical Research or Experimentation”

VI. Why is Research Regulated for Risk While Practice Is Not Regulated?
   A. Our Bifurcated World of Research and Practice
   B. The Different Ways in which Clinical Ethics and Research Ethics are
      Institutionally Scrutinized by Oversight Systems
   C. Is It Justified that Research Is Regulated and Practice Unregulated?

VII. The Procurement of Organs: Should We Reverse Priorities from Autonomy to
     Beneficence?
   A. A Problematic and Worsening Situation in Organ Procurement
   B. The Current System's Roots in Autonomy and Consent
   C. Why Should a System of Procurement be Grounded Primarily in Autonomy?
   D. How to Reverse Priorities from Autonomy to Beneficence: Routine Procurement
      as a System of Public Beneficence
   E. The Justification of Routine Procurement is in Beneficence, Not Respect for
      Autonomy

VIII. Physician-Hastened Death by First-Party Request: A Harm or a Benefit?
   A. Is “Hastening Death” Sometimes a Harm and Sometimes a Benefit?
   B. Early and Recent Developments in Law
   C. The Current Situation in the U.S.: State By State
   D. The Remarkable Situation in Canada
   E. Some Moral Subtleties Underlying these Issues
      1. The Concept and Definition of Suicide
      2. The Concept of an Action that “Causes” Death

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