



An Overview of Medical Care and the Paternalism Approach: An Evaluation of Current Ethical Theories and Principles of Bioethics in the Light of Physician–Patient Relationships

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Abstract – People talk about medical and health care as a relationship between a doctor and a patient in which the patient's worries are shared. The doctor's job is to listen, figure out what is wrong, and explain how to treat it. Ethical rules at the national and international levels say that doctors must do what is right and beneficial for their patients. There is no doubt that this is beneficial for patients from a conceptual standpoint. Doctors have always been able to act against what their patients want if it is in their long-term interest. Even though the focus on individual freedom and control is increasing, society no longer accepts medical paternalism as the most effective way to make decisions about health care. This is because of the strong focus on individual freedom and control. In the past, most doctor–patient relations were based on one-sided decisions that were always made by the treating doctor. Medical paternalism resulted from this. The idea of medical paternalism assumes that doctors and other medical workers know more about the human body than patients do. In this approach, patients' needs, and opinions are ignored. The principle of respecting autonomy as a whole is violated by this action. But it should be said that a decision-making method based on the patient's complete freedom is also not good. A patient's values and points of view should be considered when providing medical care. A model of shared decision-making can help doctors and

patients communicate in the most effective way. If the doctor is kind, the patient can make meaningful decisions that are in their long-term interest, even when the final decision is theirs. Relationships between doctors and patients must be based on trust, with doctors and patients communicating in a way that puts the patient's needs first. This article talks about medical paternalism, its history, different types of medical paternalism, paternalism and ethical theories, as well as arguments for and against medical paternalism. In conclusion, medical paternalism is not okay in modern medicine because it takes away the freedom of the patient. The recommendation would be to create a module that integrates the physician–patient relationship. This topic deserves further research.

Keywords: Paternalism in Medical Field, Beneficence, Autonomy, Paternalistic, medical paternalism, Bioethics, Physician–Patient Relationships.

1. INTRODUCTION

People say medical care is a relationship between a physician and a patient (or their family). The result of working together is a decision that is mostly based on health of the individual who wants the service. In the medical profession, workers are faced with issues of health, life, and death, which is unlike any other profession. Providing medical



services and dealing with the patients and families in a way that protects their welfare and dignity is an importance for physicians and other medical workers. Four principles of medical ethics should guide a doctor's relationship with a patient: respect for autonomy, doing good, not doing harm, and doing what is fair. A physician understands the science and technology of medicine and knows when and how to use them. As a result, they look at patients from a purely clinical perspective and do everything the medical field asks of them. Experience alone does not answer many ethical questions about when and how to use this science. As a result, it often conflicts with patients' expectations. The Professional Conduct, Etiquette [2], and Ethics Regulations are not just a set of rules that can be blindly followed. Instead, they are intended to regulate, advocate, and recommend only concepts of right and wrong behavior in order to guide and assist healthcare professionals in performing their duties and ensure that life is preserved as long as possible [2]. There is no question that the Medical Ethics Manual uses principles, values, and good judgment to help doctors do their jobs. There have been numerous diagnostic and therapeutic opportunities over the last half century, which have created more situations where medical decisions need to be made. By doing so, patients will have the opportunity to participate in health-related decisions. The decision-making process in medical institutions or during medical care is often taken only by physicians (or other care providers) [1]. Doctors do not consider Patients' choices. There is no doubt that patients are forced to comply with the decisions made by their physicians. i.e., In many cases, physicians do not obtain a clear understanding of the values and expectations of their patients. It has become known as "paternalism" in medical care. Paternalism does not involve more patient autonomy in the decision-making process. As defined by the definition of

paternalism, it is the act of interfering with another person without their consent. Primary point of this argument is that they will be in a better position overall or will be protected more effectively. It is not just the state that enforces paternalism, but also society in terms of how people dress and behave. Health and medical care institutions have a lot of experience dealing with paternity issues. In health and medical care, the idea of paternalism means taking over a person's decision-making power by stopping them from doing what they've decided is right for their health, interfering with their decision-making process, or using one's own judgment instead of their own in order to help the person's welfare and health. Having a paternalistic attitude means getting in the way of someone else's freedom or autonomy to do good or stop bad things from happening. Relationships between physicians, patients, and the rest of society have changed a lot in recent years. The physician should always act in the patient's best interest and according to his or her conscience. It's important to guarantee patient autonomy and justice at the same time. The idea of medical paternalism, how it is changed over time, types of medical paternalism, paternalism and ethical theories and principles of bioethics, and arguments for and against medical paternalism are all discussed in this article.

2. METHODOLOGY

Several people were consulted, and a lot of literature was reviewed for the review article. Many experts, people who are interested, and colleagues and researchers participated in the consultations. The year 2021 was the year in which thoughts began to develop. In order to find similar articles, we used search engines such as Google, journals, Research Gate, and the websites of universities and research institutes to run searches. Our key words were "paternalism in medicine," "beneficence," "autonomy," and "respect for individual autonomy." Numerous articles have been written on

paternalism. Once that was done, we carefully reviewed all of the articles to find the ones that were most important. For this study, the ideas that came up in discussions and reviews of the literature were put together and summed up. For our concluding thoughts on this topic, We'd like to suggest this article, which is entitled: "An Overview of Medical Care and the Paternalism Approach: An Evaluation of Current Ethical Theories and Principles of Bioethics in the Light of Physician–Patient Relationships".

3. AN OVERVIEW OF BIOETHICAL PRINCIPLES

In assessing the benefits and drawbacks of medical procedures, bioethicists use four basic principles. For medical practices to be considered ethical, they should follow all four of these principles: autonomy [24], justice [25], doing good, and not doing harm [25]. Giving health care to people with different values requires both small and large ethical decisions in a pluralistic, multicultural society. What should we do when there's confusion or conflict about what should be done? People from different cultures and religions would need to accept such guidelines [23]. Because of the many variables that exist within the context of clinical cases as well as the fact that several ethical principles seem to be applicable to many situations in health care, these principles are not considered absolutes in clinical medicine, but serve as powerful action guides. For centuries, medical ethics have existed [24]. As a result, respect for people and justice have always played a key role in how societies have developed and changed over time. However, as far as making ethical decisions in medicine is concerned, the year 1979 was a very significant year. According to the 1979 Belmont Report that was published the same year, three principles should be followed when conducting research on people in order to do so with a sense of responsibility: respect for people, doing good, and fairness. So, both in clinical medicine and in scientific research, it is generally thought that these principles can be used, even in unusual situations, to

help us figure out what our moral responsibilities are in that situation.

4. AN OVERVIEW OF THE HISTORY OF PATERNALISM

In medicine, the aim is to alleviate the suffering of the individual through the use of medicine. The practice of medicine dates back to ancient times when physicians strived to help patients recover, stay healthy, and get the most from their health. Physicians are usually accepted as guardians by people. If they decide on their own what helps patients, then they can use their specialized knowledge and training. As a result, the relationship is similar to that between a wise father and his own child, hence the term "paternalism." For hundreds of years, physicians have been able to go against the wishes of patients in order to help them and prevent them from suffering harm. As a child, the patient was treated: Too simple, uneducated, and innocent to know how to take care of himself [3].



Fig -1: Physician–Patient Relationships.

Resulting of this judicious father–child relationship, a paternalistic model for the physician–patient relationship has grown firmly entrenched over many years because of the paternalism ingrained in it. Hence, medical paternalism has been seen as a way of making decisions with regards to health care that is influenced by medical paternalism. 18th-century medical paternalism was considered essential [4]. A patient's history does not influence the delivery of health-care, so the interview has no



effect on them. It's natural for clinicians to make decisions about patients' care. It's important to recognize that there are three events that led to the rise of bioethics in general, as it is known and practiced today, as a discipline [5]. First, discovering that Nazi scientists engaged in several kinds of wrongdoing during the Second World War in the area of biomedical research. The second aspect is the progress made in the field of medicine in the last few decades [6]. The third thing is the growth of civil and human rights movements. There is some understanding among people, especially in developed countries, of their health rights. The principle of self-determination and autonomy has become essential to the doctor-patient relationship these days. Patients are considered adults, not children, so they are entitled to participate in medical decision-making and expected to do so fully.

4.1 An overview of the different types of paternalism

Based on various criteria, such as the principle of autonomy, the level of intervention, and the ability of those who have been interfered with, medical paternalism can be classified into several types. Various kinds of paternalism exist, including weak/soft paternalism, strong/hard paternalism, broad/narrow paternalism, pure/impure paternalism, moral/welfare paternalism, and active/passive paternalism [7]. The two most common types of paternalism in the medical field are weak paternalism and strong paternalism. The paper will focus on weak and strong paternalism. In "weak" or "soft" paternalism, an actor tries to prevent something without understanding its consequences. According to this philosophy, doctors can help patients make choices they might make for themselves if they were reasonable people. If individuals have sufficient knowledge, weak paternalism believes it is reasonable to interfere with their choices. The intervention may violate a patient's autonomy based on the beneficence principle in acting in the patient's best interest, for

example, by providing lifesaving therapy to a young child whose parents refuse treatment. As long as the patient at that time was not capable of making reasonable autonomous decisions for themselves. In the event that the physician decides not to intervene, then the intervention is justified by the possibility of preventing harm to the patient. Because the patient can't provide informed consent, the beneficence principle toward the patient doesn't conflict with the principle of respect for autonomy [8]. Therefore, there would be a clear and easy rationale for overriding the opposition of the patient (or parents) to the treatment in question, especially if it would produce a significant health benefit. In addition to nondisclosure of information, various other means that might otherwise be considered morally problematic may also be justified. Disclosing the diagnosis of Alzheimer's disease to a patient with advanced symptoms would be an example [9].

Strong/Hard Paternalism: The physician or other health worker (actor) makes the decision in this type of physician-patient relationship. This kind of paternalism involves unjustifiable violations of patient autonomy, according to many physicians. In this type of consultation, the physician assumes the role of an expert, and the patient is expected to cooperate with the physician. A strong paternalist believes people can make mistakes or be misunderstood about what they are trying to achieve. Therefore, it is reasonable to interfere with or act on behalf of those people by limiting their autonomy to stop them from achieving their goals [10]. People who deny blood transfusions for religious reasons are forced to get them. Professionally, the physician sees this particular situation with these patients as impractical, unjust, or even harmful, and his intervention is justified by beneficence.

4.2 Issue of Paternalism in Medicine

The significance of patient autonomy in a hospital setting cannot be overemphasized [11]. Patient



autonomy is well-defined as the right of an individual to decide on their own health care without a healthcare provider attempting to influence them in any way. A healthcare provider's role is to educate patients, not make decisions on their behalf [12]. Physicians and other health professionals must recognize that it is their responsibility to restore patient autonomy. Otherwise, it may mislead the patient by choosing a treatment against their wishes or by withholding or changing information. Paternalism is therefore self-defeating. Because the good life is meaningless if it is directed from the outside [13]. Professionals who work in health care must respect autonomy by disclosing information, investigating a patient's illness, and making sure they understand. The best way to meet that obligation is to equip them with the skills to overcome their sense of dependence and take control as much as possible [14]. Accordingly, autonomy goes beyond respecting a person's choice; it extends to respecting their life choices. Due to ill-conceived notions of autonomy, physicians may allow a patient to follow a path leading to disaster without any further intervention. As a result, they may leave their patients to their possibly seriously deficient "autonomy", which they may neglect [15]. Paternalism is the opposite of leaving people to their own devices without thinking or caring. It has been argued that, even if a patient does not currently have the preferences expressed in an advance directive, he or she should be treated according to the advance directive on the grounds that they really do want what they previously wanted but cannot realize it because of impaired mental capacity [11]. Individuals differ in their autonomy abilities, including rational reflection, competence in making decisions, etc. [15]. Thus, it is difficult to maintain that all autonomous beings are morally equal or that their interests deserve the same weight when making decisions affecting them.

4.3 Theories of paternalism and ethics

Several theories have been developed to explain why human actions are ethical or not. To learn more about the philosophy behind the idea of medical paternalism, this article will briefly look at paternalism in the context of relevant ethical theories. The moral theories of utilitarianism and deontology will be used to talk briefly about paternalism. According to utilitarianism (outcome-based) ethics, acts are judged according to whether they produce pleasure or pain [16]. The principle provides that action is correct if it leads to a greater balance of good over bad results. According to utility, the total collective benefit should be maximized [17]. The utilitarian principle is the most important moral rule. All other rules are based on it. So, utilitarianism tries to get the best for each person or for the most people as a whole. There has long been a connection between the utilitarian school of moral philosophy and medicine and health care. According to utilitarianism, everything in the world is viewed from the perspective of "consequences." According to it, the morally right thing is to do what benefits the most people. According to utilitarianism, if a physician or health worker imposes his or her idea on a patient or treats or performs a procedure on a patient who doesn't consent to it or rightly ignores the patient's feelings, ideas, or desires, then that's fine, as long as it benefits more people than the patient or his family [16]. Still, physicians and other health workers should not be too controlling of their patients if it causes them pain or sadness. This provides a justification for paternalism according to utilitarian theory. In other words, the most common criticism of utilitarianism is that it justifies its means by its ends. There are a lot of debates about the efficacy of intervention in this school of thought (e.g., does vaccination against COVID-19 save lives) [18].

Deontological theory: The actions themselves determine whether a decision is right or wrong, e.g., actions are examined in terms of their intrinsic nature. Irrespective of the consequences, some actions are good or bad, and people shouldn't be used as a means to an end. Even though protecting



human subjects is likely to slow down public health activities or individual procedures, deontological theory strongly supports protecting both individuals and whole groups of people. According to deontological theory, humans are ends and not means [19]. In addition, physicians as well as other health workers are encouraged to treat patients with humanity, not just as a matter of duty or respecting ethical principles. Strong paternalism is discouraged, while soft or weak paternalism is favored.

4.4 The case favor of Medical Paternalism

Medical paternalism is morally based on beneficence, or the virtue of benevolence, according to Childress. An individual who is being looked after in a pure paternalistic approach is known as the beneficiary (or, in the case of health policies, a group of individuals who are being looked after in a paternalistic approach). However, those who support medical paternalism as an ethical practice that applies everywhere make a number of persuasive arguments. Among the arguments are: Paternalism is justified by physicians because they're trying to help their patients. It is believed that people or patients would behave irrationally if physicians did not assist them. If it is better for a patient's health as a whole to go against their wishes, physicians have the right to do so [20]. The reason for this is that they are experts in their fields and know how to make the right decision. Physicians think patients' cultural and religious beliefs might conflict with their duty to diagnose and treat them. Supporters of paternalism argue that the paternalistic approach allows physicians to correct incorrect knowledge, behavior, and practices that have been acquired by individuals for cultural, religious, or social reasons in a manner that is conducive to their health. Furthermore, paternalists argue that the goal of medical care is to prevent harm while also improving the quality of life for individuals and society as a whole. Legal moralism is the basis of paternalism. As a rule, people who believe in paternalism pay more attention to the

principles of doing good and not doing harm than to the principle of respecting autonomy.

4.5 The case against medical paternalism

Outcome of the above, we can provide a list of arguments against medical paternalism, which include the following: It's self-defeating to be a paternalist because life has no meaning if man dictates it. The Internet and social media have made it easier for patients to access medical information, even if they think physicians still own it [21]. As a result, it appears that the aura that surrounded the physicians has diminished or that its luster has been lost. The concept of paternalism is rejected because it involves the usurpation of the patient's right and responsibility to make decisions about his or her own health. Moreover, it also denies the patient the right to consent form, which is the cornerstone of medical care. If a physicians doesn't get a patient's informed consent, they don't respect their autonomy and treat them as if they can't make decisions for themselves.

5. DISCUSSION

Physicians are entrusted with doing what is best for patients by the Medical Ethics Manual, the Declaration of the Rights of the Patient, and other ethical guidelines. Conceptually, this is an innovative idea. As a patient, what do you consider to be the "best" benefit of the patient? Since there are two parties involved in the medical care process—the physician and the patient—what would be the best way to determine what is "best" in this situation? Who gets to define it? Different perceptions and values may exist. There may be a difference of opinion between a physician's view and what the patient feels is best for them. From a medical perspective, understanding what is best for the patient begins to differ from understanding what is best for the individual patient [22]. The beneficence model was one of the first moral responsibility models in medicine. The autonomy model of ethical responsibility in medicine defines the patient's best



interests as understood by the patient. On the other hand, the Declaration also states that patients' rights and justice should be protected in the same way. The physician does, however, continue to provide medical services to patients from a position of parental authority, according to the observations. Informed consent, for instance, is relatively well implemented as an application of autonomy. In addition to subjective constraints, it faces many objective ones as well. There is no doubt that, in accordance with the current rules of medicine and the above ethical principles, doctors are required to treat all citizens as legally and morally independent individuals and to act in their patient's best interests at all times. Despite knowing patients' rights to autonomy, medical professionals still seem to have a paternalistic mindset. As mentioned above, explaining what is in the interests of the patient can be difficult. It's not just about respecting the patient's opinion and choices and acting accordingly. The goal is to produce a clear definition of "best interests of a patient," which is mentioned in all ethical guidelines and declarations made at home and abroad. The reason for this is that patients today are better informed of their health problems, their need for care, and their objective rights, as well as their physicians' duty to meet these requirements. It's not nice when paternalism is used to do good for patients and avoid harming them. Self-reliant adults can make many important decisions every day, often about things that are especially important to them. Thus, making health-related decisions is not difficult for them.

Patients' autonomy is much less important in clinical practice than beneficence and doctor decision-making. In some cases, physicians assume that their patients are completely ignorant, not only of medical issues, but of everything. The physician, on the other hand, assumes that he knows all about the patient's problem and his body, and that he has the solutions to all medical problems at his fingertips. There were a lot of things that led to paternalism being the norm in medical care, like how people thought about doctors and how vague the term

"best interests of the patient" was. Rather than respecting people's right to live their own lives, they pushed the principle of doing good on the front lines while pushing the principle of doing good on the back lines. It is exceedingly difficult to understand the principle of respecting autonomy. There is no lack of self-confidence on the part of the people; rather, they express a great deal of respect and confidence in their local doctor, who has a special place in their hearts. There are those who believe that obviously acts in their best interest (their benefit) without being explicitly asked to do so by them. Physicians should not take advantage of this privilege but spread awareness of people's rights. In a simple, understandable way, including their right to health, dignity, and respect.

6. CONCLUSIONS

A paternalistic approach to medical care is not what is wanted since it is opposed to the idea that a person can make their own decisions based on the judgment he or she holds. By making anti-paternalism a guide for doctors, an elevated level of freedom and kindness could be reached. By doing things the right way in medicine, both health care and medical research can be improved. Also, this helps strengthen the relationship between the doctor and the patient, which is a good thing. Liberal societies are inevitably opposed to paternalistic policies. Ultimately, these things could harm rather than help people and challenge the basic principle of judging and acting in their best interests. It is important to keep in mind that criticizing paternalism in medical care does not mean you're always for patient-centered care. Patient expectations may override the doctor's role, and they may influence the outcome. The physician-patient relationship should be integrated. The term "integration" refers to the involvement of the physician and the patient in the process of gathering information, identifying physical, psychological, and social factors, and reaching appropriate decisions. As a result, an integrated approach ensures that autonomy, beneficence,



non-maleficence, and justice are applied subsequently, and is therefore likely to lead to better results. Because of these things, it is essential that paternalist policies be carefully examined regarding their legality, shape, and effectiveness. According to this paper, paternalistic policy is probably right in some situations. So, paternalist interventions might be okay if the stakes are elevated, the decisions people make can't be changed, and mistakes in people's thinking can be pointed out. When interventions can be justified based on people's own value judgments, they may be seen as reasonable if they don't take away people's autonomy. Also, the paper suggests a few rules that could be used to figure out if some forms of paternalistic intervention are better than others. This paper's goal is to show when and how paternalistic policies can be right. Moreover, it shows how hard it is to evaluate such interventions. So, it has shown that when it comes to paternalistic interventions, policymakers need to be noticeably clear about their motives and goals.

7. RECOMMENDATION

It is especially important to address the issue of paternalism in medical care. Although this article covered a great deal of ground, we still think that those who are interested in ethics should do more research and write about the important parts in more depth. Patients and people who receive benefits should also be asked what they think.

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