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THE PRICE OF PRECAUTION IN CLINICAL MEDICAL ETHICS

Philosophical Tools for Real-World Problems – Reflections on Sven Ove Hansson's Style of Philosophizing, Royal Institute of Technology, Stockholm, December 13-14, 2019

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Basics

- Ethics of risk, uncertainty and precaution is an integral part of medical ethics
- Two main areas:
 - Proper balancing/comparison/evaluation of risk-benefit patterns of options (ethics of risk)
 - Evaluation of whether or not decisions should be postponed to improve the basis of information for risk-benefit assessments (epistemic precaution)
- The latter area actualizes the core ethical issue of "the price of precaution": how much of costs, lost benefits, possible harm, etc. is it worth to improve the possibility of acting on better evidence?
- Clinician's continuously have to address issues regarding epistemic precaution and the price of such precaution, but standard guidelines and theories provide little assistance



Empirical treatment and the price of precaution

- A patient arrives at the hospital with a cluster of symptoms which together creates a progressing threat to this patient's life or future basic functions. The underlying explanation for these symptoms is unknown. While supportive care may always be applied to help the patient along the way, if nothing further is done, the patient will at some point lose their life, or be permanently seriously disabled.
- A patient arrives at the hospital with an identified condition, posing similar threats, where standard treatment strategies are known to have a highly variable success rate. In this case, these strategies are initially attempted but fail, and the clinician in charge needs to decide what to do next. While supportive care may always be applied to help the patient along the way, if nothing further is done, the patient will at some point lose their life, or be permanently seriously disabled.



Crucial factors

Risk of applying ineffective/harmful treatment

- Value of (additional) information: professional duty to act on good reason
- Accumulation of costs/harm over time
- Time can be bought with "supportive treatment" (sure thing/dominance solution), but this merely mitigates the accumulation of the price of precaution, and at some point the time will be up.
- Serious uncertainty regarding what difference new information will make
- Opportunity costs of steps taken to improve information



Four areas of handling epistemic precaution

Business

Form a preference over "the value of information"

Apply standard risk analysis to decide whether or not to take an "epistemic risk"

Difference to clinical medical ethics: Vol is normatively arbitrary.

Science

Scientific standard express a "value of information"

Normatively justified institution on the basis of scientific values

Difference to CME: scientific values different from medical ethical stakes

Law

Legal standard expresses a "value of information"

Normatively justified institution on the basis of legal ethical values

Difference to CME: legal ethical values are different from those of CME

Public Policy

Policy standard expresses a "value of information"

Normatively justified institution on the basis of values apt for the policy area

Difference to CME: room for institutionalization is radically limited in empirical treatment



Instead of institution: ethos and virtue?

- Ethos and virtue has an established place in clinical medical ethics
- Ideas about precautionary duties may be cashed out in virtue ethical terms.
- The ethos of a "good doctor" to make (wise) decisions through situational judgement can be clarified to include attention to the price of (epistemic) precaution in light of the professional duty to act on good reason.
- Will not by itself point to any particular value to ascribe to additional information, and thus will not guide health professionals in assessing the proper price of precaution.
- How to proceed?



Ways forward: plugging a theory of the proper price of precaution into professional clinical ethics

- My own idea of the proper price of (epistemic) precaution:
 - Value in itself to act on better information
 - Attention to what may be lost by attempting to improve information
 - More important to avoid harm than to secure additional benefit
 - Index-relative balancing: the worse the stakes, the more reason to bet on an uncertain benefit, but if some option is "good enough", other options become harder to justify.
- Traditional tenets of professional medical ethics:
 - Duty to act on good reason
 - "Primo non nocere"
 - Increasing reason to (attempt to) help patients, the worse off they are
 - Responsibility to be just in relation to other patients.



Risk of over theorizing and practical irrelevance

- Use the medical epistemic practice of case-based "casuistry"
- Philosophers/ethicists can help to systematize how and on what basis the Vol and the price of (epistemic) precaution has been set in various cases.
- Inductive construction of normative hypotheses that could be supported on ethical theoretical grounds.
- Back to practice, and so on



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