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# Applying the Principle of Double Effect

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## **Applying the Principle of Double Effect**

Andria Quirindongo

When ethical conflicts arise in clinical cases, physicians may need specific guidelines to help justify the decisions they make for the best interest of their patients. One such guideline is the principle of double effect (PDE), employed in terminally ill patients. Palliative care physicians look to the PDE when a single action for a terminal patient has two known effects: a desired and intended result and an unintended, yet foreseeable one (Schwartz, 2004).

For example, morphine is an opiate medication that is effective in controlling severe pain, but also may depress respiratory drive, thus hastening death. A physician gives morphine to his dying patient, with the intent of relieving his intractable pain. The patient dies a few days later. Did the practitioner, although with good intent, act unethically? Using the PDE, if the earlier death of the patient is the unintended consequence of the doctor's attempt to help, it is ethical.

Thomas Aquinas, with the influence of Roman Catholic moral theology, first laid out the idea of the PDE. He stipulates four conditions to be met before an act with both negative and positive consequences can be ethically justified (Schwartz, 2004). The first condition is the nature of the act itself, which cannot be morally wrong. The second condition highlights the agent's intention. The agent must only intend the good effect, not the bad one. Though the bad effect may be foreseen, it cannot be intended. The third condition is the distinction between means and effects. The bad effect must not be the means to cause the good effect to happen. Aquinas's fourth and final condition was the proportionality between the good effect and the bad effect: the positive outcome must outweigh the negative one (Schwartz, 2004).

In light of these four conditions, it would be beneficial to revisit the medical scenario initially discussed. An eighty year old woman has terminal cancer; she suffers from intolerable pain. Her death is imminent and further medical treatments are futile. She begs her doctor to take her suffering away. The physician could provide morphine to relieve the patient's pain. It is possible though, that the opiate medication has the ability to cause respiratory suppression and hasten her death. His intention would be for the therapeutic outcome only. The patient's death is not intended or desired, but it is most definitely foreseen by the physician. Weighing the double effects of the medication, the physician gives the patient adequate doses of morphine for her pain. The resulting diminution of her respiratory drive leads to a more rapid decline, and the patient dies a few days later.

Thomas Aquinas's first condition was the nature of the act. Giving the patient morphine to relieve her pain was not prohibited or intrinsically wrong. To purposefully kill the patient by giving her a lethal drug (such as potassium chloride) would be wrong (Schwartz, 2004). The doctor in our scenario practiced good palliative care, not euthanasia. Using the first condition, we see that the physician's action is justified.

The second condition emphasizes the doctor's intent. If the doctor meant to treat the patient by killing her, then giving her morphine would have been unethical. Even though there were foreseeable bad effects, the physician's intent was for the good effect (pain relief) only, so he has acted ethically.

Aquinas's third condition is the distinction between means and effects. "The bad effect, such as death, must not be the means used to bring about the good effect, such as the relief of

suffering” (Schwartz, 2004, p. 127). The palliative doctor in this medical case did not use death to fulfill his intention of alleviating the patient’s pain.

The fourth condition is the proportionality between the good effect and the bad effect. The physician used double effect to determine which action is truly in the patient’s best interest. Sulmasy and Pellegrino write that,

“a clear understanding of the proper use of the rule of double effect is essential if health care professionals are to maintain their opposition to euthanasia and assisted suicide and yet provide adequate pain relief to dying patients” (1999, p.545).

Making a decision in an end of life scenario like this is not easy, but it is necessary. If the attending physician simply avoids a decision because he is uncomfortable with the ethics, then this does not serve the patient well. Philippians 2:4 says, “Let each of you look not only to his own interests, but also to the interests of others” (ESV). If the physician decided not to give the patient morphine, he would allow his patient to continue suffering from treatable pain. Schwartz writes: “That the patient will die is beyond clinician control; what is not beyond clinician control is whether the patient’s death will be preceded by unacceptable levels (to the patient) of pain or suffering (2004, p.128).”

Many palliative care clinicians see that leaving a person in that kind of intolerable pain as a “fundamental breach of (the patient’s) human rights” (American Nurses Association, 1999, p. 1). In the *Code of Ethics for Nurses* by the American Nurses Association, it is stated that nurses should seek interventions to relieve pain in terminal patients, even if those interventions hasten death (2001). This is to be done with respect for patient autonomy and motivated by compassion, not intending to end the patient’s life (Code of Ethics, 2001).

In summary, the principle of double effect acts as a way to resolve ethical conflicts in certain difficult medical cases. If the practitioner with good intent gives the patient a palliative treatment resulting in her hastened death, the act is ethical. In such end of life cases, the intent of the clinician should be to kill the pain, not the patient.

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