

CORRESPONDENCE

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Virtue, Ethics, and Anesthesia

To the Editor:—Waisel and Truog¹ are to be commended for initiating a series of articles and, hopefully, future discussions regarding ethical decision making and anesthesia. They report that ethical theory has centered on two approaches: utilitarianism and deontology. Although it may be helpful from a Western perspective to evaluate ethical formulations from either a teleologic or a deontologic perspective (e.g., Mill's utilitarianism or Kant's categorical imperative), we should remember that these systems may be more alike than they might appear at first. However obvious the differences between these approaches, they share the common premise that ethics embodies a theory of moral obligation derived from fundamental rules or principles.² In such systems, persons faced with an ethical dilemma must withdraw from their social location to assess a particular situation through the application of those principles. Regrettably, physicians often have taken positions of distant neutrality when faced with uncertainty. As such, anesthesiologists using ethical principles based in deontology or teleology may fail to take into account their own biases, should they be unable to achieve the perspective necessary to assess the application of ethical principles.

Therefore, in formulating ethical principles of justice, autonomy,

nonmaleficence, and beneficence, we should not fail to emphasize those virtues that should define us not only as physicians, but as moral beings. Although individual dilemmas may be resolved through casuistry, we should not hesitate to seek ethical guidance from those virtuous principles derived from our social and cultural experiences and our spiritual and philosophical beliefs.²

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2. Hauerwas S: The Peaceable Kingdom. London, University of Notre Dame Press, 1983, p. 20

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Informed Consent and "Reform" Jehovah's Witness Patients

To the Editor:—In a recent review of informed consent, Waisel and Truog¹ discuss the special challenges clinicians face when caring for Jehovah's Witness patients. They note that anesthesiologists who provide services to these patients "have an ethical obligation to have authoritative knowledge about available options" if they are to fully inform these patients of the range of choices available. With this objective in mind, I would like to bring to the attention of the readers a reform movement within the Jehovah's Witness faith that allows for blood transfusions, believing (among other things) that transfusions are really a form of organ transplantation, an intervention generally allowed by the faith. Details of this reform movement are available on the Internet at <http://www.visiworld.com/starter/newlight/>

Informing Jehovah's Witness patients of the existence of this reform movement is an option clinicians may wish to consider to ensure full, informed consent.

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