

“Do No Harm or Injustice”

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Historical Paper

Paper Length: 2,424 words

“Do No Harm or Injustice:” Mediating Conflicts of Patient Autonomy and Beneficence

The foundational principles of ethics in Western medicine trace back to the Hippocratic Oath of the Ancient Greeks, which in regards to patients, states, “Do no harm or injustice to them.”¹ Nearly two millennia later in the early years of the American government, James Madison successfully outlined these fundamental human rights to prevent “injustice” and ensure legal protection to all American citizens in his *Bill of Rights*, ratified by Congress in 1791.² His first and fifth amendments to the Constitution guarantee Americans with religious freedom, life, and liberty without due process of law.^{3,4} When applied to healthcare administration, they require physicians do everything within their power to save the lives of their patients; however, as science advances, many potentially life-saving medical practices create moral quandaries, for the procedures often conflict with the religious and cultural viewpoints of the sick and their families. In these ethical dilemmas, practitioners risk harming the patient by not administering care upon them, but also violate liberties of autonomy and religion by unjustly performing procedures without consent of the patient. To confront this issue, physicians of the American Medical Association drafted a code largely based on the original ideas of Hippocrates. Established in 1847, the *Code of Medical Ethics* continues to mediate ongoing disputes in healthcare administration by addressing both the wishes of patients and the duties of their physicians. Although many argue self-determination⁵ nullifies health recommendations, the *Code* justifies decisions to override personal choices and maintain patient welfare, therefore balancing the conflict between beneficence and autonomy and profoundly influencing medical and social law.⁶

Origins of the *Code*

Beginning with the introduction of medicine into Western culture, both physicians and societies have struggled with conflicting rights and goals in medical care. For example, doctors often encounter situations where life-saving practices violate religious beliefs. Other moral arguments include controversy over forms of *possibly* beneficial treatment that unfortunately cause patients excruciating pain, or ethical approaches to cases involving patients physically incapable of legal consent to risky procedures. Gaining further insight into solutions for these questions during an era of change throughout society, American physicians united to create a compromise of codes to address these concerns and balance patient interests with their welfare.

Towards the latter half of the nineteenth century and early twentieth, American society underwent a series of reforms today known as the “Age of Progressivism.” Many reformers pushing for social change believed the pursuit of knowledge was the key to making society more equitable and humane. Therefore, they called for the formation of the “new middle class,” or a growing group of scientists and engineers pushing for technological innovation, valuing education, and establishing new standards to secure professions. Medical professionals acted first by reorganizing the already prevailing American Medical Association (AMA) into a national society in 1901; by 1920, the membership extended to nearly two-thirds of all American practitioners.⁷ Founded by Nathan Smith Davis, the AMA’s primary goals focused on scientific advancement, educational standards for medical practitioners, improvement of public health, and most significantly, the launch of ethical guidelines.⁸

Written at the first formal meeting of the AMA in May, 1847, the *Code of Medical Ethics* outlines the ideals of ethical conduct in healthcare in three chapters: duties of physicians to patients, physicians to each other, and to the public.⁹ In order to balance the rights and duties of both patients and physicians, the introduction to the *Code* states, “We are under the strongest ethical obligations to preserve the character which has been awarded... and prompt effusions of beneficence.”¹⁰ This fundamental idea of patient beneficence¹¹ first appeared in the English ethicist Thomas Percival’s *Medical Ethics* (1803), which provided the foundational beliefs of its American counterpart. As a recurring theme throughout both works, “beneficence” became an essential element in determining patient care; however, this proposition quickly led to controversy, for it inherently conflicts with American ideals of personal autonomy and individual freedom. Eventually, the *Code* adapted to mediate dispute between these imperatives, while the Percival’s work remained unchanged. Regardless, the principles of both tremendously impacted the medical profession and provided consistent mediation for practitioners when confronting moral dilemmas.¹²

Soon after the *Code of Medical Ethics* entered the medical profession, several social campaigns gained speed, including modernism, abolition, anti-paternalism, and feminism, which all profoundly influenced the professional world. As these progressive movements reshaped society by further defining the concept of universal human rights and importance of science, members of the AMA soon realised the *Code* must shift and improve with it. Therefore in 1873, the association instituted the AMA Judicial Council (changed to the Council on Ethical and Judicial Affairs, or CEJA, in 1985) to judge Constitutional controversies in the medical field.¹³ In order to prevent outdated guidelines, the Council agreed to meet biannually to review bylaws,

rules, and principles of the AMA. In addition, power was granted to the Council to declare final ruling on ethical questions in regards to personal customs and ideals as they arise, allowing them intervention in any medical dilemma they see fit.¹⁴ Today, the *Code of Medical Ethics* consists of the original principles of the 1847 document, along with the biannually-posted opinions of the CEJA, which continuously updates and consolidates dated and overly-specific practices. By reviewing legislation and current ethical challenges, the CEJA ensures the *Code* adapts as society and cultural opinions progress over time.¹⁵

The *Code*: Addressing Ethical Conflict

A living document, the *Code of Medical Ethics* remains a relevant source for judicial referral in court cases across the nation. Over the past 175 years since the creation of the *Code*, justices have utilized its guidelines to arbitrate moral dilemmas over medical decisions on several accounts. These various instances examined patient autonomy from many perspectives and ultimately defined when overruling of patient liberty is justified. The four following medical cases analyze the religious, moral, and cultural rights of the patients and the legal extent of their autonomy.

1. In one of the most famous battles of patient autonomy versus beneficence, the state of Massachusetts determined the proper amount of control parents had over their children in regards to religious devotion. Elisha McCauley, an eight year old girl suffering from leukemia, needed a blood transfusion to save her life. However, her parents, practicing Jehovah's Witnesses, appealed the hospital's decision under the claims that the course of treatment violated their spiritual beliefs. As Elisha's guardians, they refused consent to treatment, observing their right to religious freedom.¹⁶ In a previous case involving the legal rights of Jehovah's Witnesses

acting against the interest of the state on religious principles involving children, the Supreme Court ruled, “Parents are free to become martyrs themselves. But it does not follow they are free, in identical circumstances, to make martyrs of their children.”¹⁷ Following this initial ruling in *Prince v Massachusetts*, the court concluded the welfare of the child and the interest of the state clearly outweighed the parental right to refuse treatment, and Elisha received the necessary transfusions to save her life.¹⁸

2. Another ethical dilemma involving the autonomy of a pediatric patient investigated the rights of an adolescent in deciding her own course of treatment. The patient in question was a sixteen year old female diagnosed with widely metastatic osteosarcoma affecting her chest wall, mediastinum, lungs, and brain on end-of-life care at home. After the cancer progressed, she experienced severe bone pain, increasing delirium, immobility, and agitation. Prior to her hospice, she expressed her desire to remain in the comfort of her home in the event of crashing during several care-plan meetings in the presence of physicians and both parents. In confidentiality, however, the parents stated she must remain a full code, meaning physicians must take extraordinary measures to save her life in spite of her pain. Further, no doctor had the approval to communicate plans for end-of-life care to her.¹⁹ Because the law considered her a minor,²⁰ the patient could not legally sign a “Do Not Resuscitate” form without parental approval despite her dissent with the course of treatment.²¹ For pediatric patients, specific consent and privacy laws apply only to reproductive health, mental health, and substance abuse; therefore, since the parents had custody over the patient, they held the power to make decisions, and when the patient presented with respiratory failure, paramedics intubated her and transported her to the hospital.²²

3. Modern ideas in patient healthcare have also raised questions of the ethicality of scientific advancements at the exploitation of animals. With increasing innovation in the harvesting of animal organs, specifically of pigs and cows, xenotransplants lower the risks associated with synthetic transplants and offer a safer alternative for individuals with end-stage organ failure or, more commonly, in need of a cardiac valve transplant. Because the bioprosthesis comes from live tissue rather than manufactured material, it does not require the use of medications after surgery that reduce clots, but also increase the risks of stroke and embolism.²³ Although xenotransplants often provide the most effective course of treatment, many argue harvesting animal organs violates the animal's rights under the Animal Welfare Act, which requires, "for animal care, treatment, and practices in experimental procedures to ensure that animal pain and distress are minimized."²⁴ Advocates for animal rights strongly object to this new medical advancement and refuse to participate in this procedure. Instead, they opt for a riskier, synthetic device that may reduce their beneficence, but ultimately supports their autonomy and cultural beliefs.²⁵

4. Claiming the "right to die" also deeply examines the ethical decisions of modern healthcare. One of the most well-known cases of moral obligation to either life or religious piety appeared in *Quinlan v. New Jersey*, where a staunch Roman Catholic family sought to end the treatment of their comatose daughter on religious principles. Karen Ann Quinlan, age twenty one, fell into a coma as doctors placed her on a respirator. With no chance of recovery, her parents asked that physicians remove the device, allowing Karen to die "with grace and dignity;" for the Quinlans believed, "that earthly existence is but one phase of a continuity of life, which reaches perfection after death."²⁶ However, medical professionals refused termination of care

despite her irreversible state. One year later, the New Jersey Supreme Court ruled to remove the respirator under the following constitutional rights: the right to religious freedom of the first amendment, the right to liberty of choice and personal privacy granted to the Quinlan family under the fifth amendment, and finally, the eighth amendment, which forbids “cruel and unusual punishment,” or keeping Karen alive against her will and benefit.^{27, 28} Recognizing the family’s beliefs, physicians ended treatment, permitting Karen to live nine more years on a feeding tube without pain from artificial respiration.

Achieving Compromise

Although judicial intervention ultimately determined the compromises of these specific conflicts, all decisions respected the principles of the *Code*, which states that physicians “shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.”²⁹ These essential standards of behavior in medicine uphold patient rights and prevent injustice in their care. However, in some instances, medical professionals find it a greater crime to recognize patient autonomy rather than supporting their welfare. When absolutely necessary, the *Code of Medical Ethics* allows the overrule of a patient’s self-determination to ensure their welfare, striking an imperative compromise between these two principles.

Initiating Medical Reform

In the first few decades after its establishment, the *Code of Medical Ethics* initiated exponential changes in society. Its fundamental idea of, “a sense of ethical obligations rising superior, in their minds, to considerations of personal advancement” encouraged the consolidation of American physicians and legitimized the role of medical professionals; the

formation of the American Medical Association alongside the *Code* further inspired scientific advancement while also creating basic standards to limit medical malpractice and immorality in clinical care.³⁰ Although some argue the guidelines provide mere teachings on etiquette and lack spiritual or philosophical depth,³¹ the *Code*'s extensive impact on medical reform and profound moral theory influenced significant ethical practices in American society and civic councils, therefore proving to be more than pure aphorisms. From a legal perspective, the ethical guidelines triggered state governments into action by instilling new legislation requiring licenses to practice medicine and revising former acts to adhere to its teachings. Prompting a national movement to reform medical education, the *Code* ensured all practitioners were strictly qualified for the administration of care and protection of patient welfare.³²

Evolving Social Law

While the *Code* undoubtedly influenced society in the early years of its institution, its most significant impacts and mediations in American medicine came later when more serious conflicts rose. As innovation and procedures advanced over time, often opposing common religious practices, courts and legislatures utilized the *Code of Medical Ethics* to question moral standards and protect patient rights. Groundbreaking decisions in reproductive rights of *Roe v. Wade*,³³ the extent of patient privacy defined by the Health Insurance Portability and Accountability Act of 1996,³⁴ and the illegality of assisted suicide in most states were all based on the founding principles of the *Code* and statements of the CEJA, which balance self-determination and medical benefit.³⁵ Countless care plans of both physicians and patients also use the *Code* to support their choices and determine their ethical viewpoints. Through the institution and frequent modification of the *Code of Medical Ethics*, the American Medical

Association reinforced the importance of patient lives while also allowing expression of individualism through culture and religion. Finally, it guides physicians in adhering to their duties of patient beneficence by advocating for welfare through both healthcare administration and judicial review.

Neither Harm nor Injustice

By determining the extent of patient autonomy and recognizing the proper duties of physicians, the AMA's *Code of Medical Ethics* ensures that morality remains a constant element in healthcare administration. Furthermore, it accordingly shaped medical law by providing the foundational ethical ideals in medicine across the United States. In an age with many cultural and religious principles juxtaposed, these guidelines maintain patient welfare while also granting the liberties of the Constitution. Although moral conflicts often develop as science advances, the constant adaptation of the *Code* enables it to remain an essential compromise between beneficence and autonomy. From an ethical standpoint, the institution of the *Code of Medical Ethics* truly confirms that physicians advocate for both the lives and the rights of patients, therefore administering neither harm nor injustice to them.

Notes

¹ “Greek Medicine - The Hippocratic Oath.” Translated by Michael North, *U.S. National Library of Medicine*, National Institutes of Health, 7 Feb. 2012, www.nlm.nih.gov/hmd/greek/greek_oath.html.

² “Bill of Rights.” *Bill of Rights Institute*, www.billofrightsinstitute.org/founding-documents/bill-of-rights/.

³ James Madison. “The Bill of Rights: A Transcription.” *National Archives and Records Administration*, National Archives and Records Administration, www.archives.gov/founding-docs/bill-of-rights-transcript.

⁴ The phrase “without due process of law,” widely known as the Due Process Clause, is the only phrase that appears in two separate amendments of the Constitution, the fifth and the fourteenth. It reinforces the idea of personal autonomy, for it stresses the government cannot confiscate essential freedoms of life and liberty illegally.

⁵ “Self-determination,” according to the Legal Information Institute, “denotes the legal right of people to decide their own destiny,” or the freedom of choice in their personal future.

⁶ “History of the Code.” *Ama-Code-of-Ethics-History*, American Medical Association, 2017, www.ama-assn.org/sites/default/files/media-browser/public/ethics/ama-code-ethics-history.pdf.

⁷ Alan Brinkley. *American History: Connecting with the Past*. 15 AP Edition ed., McGraw Hill Education, 2015.

⁸ “Facts About the American Medical Association (AMA).” *Medical Bag*, 28 Sept. 2016, www.medicalbag.com/business/facts-about-the-american-medical-association-ama/article/472554/.

⁹ Riddick, Frank A. “The Code of Medical Ethics of the American Medical Association.” *The Ochsner Journal*, Ochsner Clinic, L.L.C. and Alton Ochsner Medical Foundation, 2003, www.ncbi.nlm.nih.gov/pmc/articles/PMC3399321/.

¹⁰ John Bell. “The Code of Medical Ethics of the American Medical Association.” *Original Code of Medical Ethics*, American Medical Association, jamanetwork.com/journals/jama/article-abstract/417503?redirect=true.

¹¹ “Beneficence” is a term used when discussing medical ethics to indicate an action taken for the benefit of others or the prevention of harm, defined as factors hindering health.

¹² “Medical ethics, or, A code of institutes and precepts, adapted to the professional conduct of physicians and surgeons : Percival, Thomas, 1740-1804 : Free Download & Streaming.” *Internet Archive*, Oxford : J.H. Parker, 1 Jan. 1970, archive.org/details/b21935002.

¹³ “AMA History.” *History | AMA*, www.ama-assn.org/ama-history.

¹⁴ “About the Council on Ethical & Judicial Affairs (CEJA).” *About the Council on Ethical and Judicial Affairs | AMA*, www.ama-assn.org/about-us/about-council-ethical-judicial-affairs-ceja.

¹⁵ “Governing Rules of the Council on Ethical and Judicial Affairs (CEJA).” *Governing Rules | Council on Ethical and Judicial Affairs | AMA*, www.ama-assn.org/governing-rules.

¹⁶ “Court Says Ill Child's Interests Outweigh Religion.” *The New York Times*, The New York Times, 15 Jan. 1991, www.nytimes.com/1991/01/16/us/court-says-ill-child-s-interests-outweigh-religion.html.

¹⁷ “Prince v. Massachusetts, 321 U.S. 158 (1944).” *Justia Law*, supreme.justia.com/cases/federal/us/321/158/case.html.

¹⁸ “IN THE MATTER OF ELISHA MCCAULEY.” *IN THE MATTER OF ELISHA MCCAULEY*, 409 Mass. 134, masscases.com/cases/sjc/409/409mass134.html.

¹⁹ Erin Flanagan. “Ethical Issues in Pediatric Palliative Care.” *Pediatric Palliative and Supportive Care*, The Coleman Palliative Medicine Training Program , 2015, Ethical Issues in Pediatric Palliative Care.

²⁰ Legal, Inc. US. “USLegal.” *Minors Law Law and Legal Definition | USLegal, Inc.*, definitions.uslegal.com/m/minors-law/.

²¹ Kelley, K. “The Patient Self-Determination Act. A matter of life and death.” *Physician assistant (American Academy of Physician Assistants)*, U.S. National Library of Medicine, Mar. 1995, www.ncbi.nlm.nih.gov/pubmed/10141946

²² “The HIPAA Privacy Rule and Adolescents: Legal Questions and Clinical Challenges.” *Guttmacher Institute*, 1 Mar. 2017, www.guttmacher.org/journals/psrh/2004/hipaa-privacy-rule-and-adolescents-legal-questions-and-clinical-challenges.

²³ “Tissue vs. Mechanical Heart Valve.” *Heart Valve Choice*, www.heartvalvechoice.com/tissue-vs-mechanical-heart-valve/.

²⁴ “Animal Welfare Act.” *USDA APHIS | Animal Welfare Act*, www.aphis.usda.gov/aphis/ourfocus/animalwelfare/sa_awa/ct_awa_program_information.

²⁵ Manesh, Shima Behnam, et al. “Ethical Issues of Transplanting Organs from Transgenic Animals into Human Beings.” *Cell Journal (Yakhteh)*, Royan Institute, 2014, www.ncbi.nlm.nih.gov/pmc/articles/PMC4204195/.

²⁶ “FOCUS OF '76 RIGHT TO DIE CASE.” *The New York Times*, The New York Times, 11 June 1985,

www.nytimes.com/1985/06/12/nyregion/karen-ann-quinlan-31-dies-focus-of-76-right-to-die-case.html?pagewanted=all.

²⁷ “In Re Quinlan, 355 A.2d 647, 70 N.J. 10 – CourtListener.Com.” *CourtListener*, www.courtlistener.com/opinion/1537678/in-re-quinlan/.

²⁸ Staff, LII. “Eighth Amendment.” *LII / Legal Information Institute*, 5 Feb. 2010, www.law.cornell.edu/constitution/eighth_amendment.

²⁹ “AMA CODE OF MEDICAL ETHICS.” American Medical Association, 2016, AMA PRINCIPLES OF MEDICAL ETHICS*. <https://www.ama-assn.org/sites/default/files/media-browser/principles-of-medical-ethics.pdf>

³⁰ “Origin of Our Code of Medical Ethics.” *Journal of the American Medical Association*, American Medical Association, 27 June 1896, jamanetwork.com/journals/jama/article-abstract/460816?redirect=true.

³¹ Pellegrino, Edmund D, MD. “Percival's Medical Ethics.” *Archives of Internal Medicine*, American Medical Association, 1 Nov. 1986, jamanetwork.com/journals/jamainternalmedicine/article-abstract/607518?redirect=true.

³² See Note 7

³³ “Roe v. Wade, 410 U.S. 113 (1973).” *Justia Law*, supreme.justia.com/cases/federal/us/410/113/.

³⁴ “HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996.”

PUBLIC LAW 104–191—AUG. 21, 1996, Public Law 104–191 104th Congress,

www.gpo.gov/fdsys/pkg/PLAW-104publ191/pdf/PLAW-104publ191.pdf.

³⁵ “Washington v. Glucksberg, 521 U.S. 702 (1997).” *Justia Law*,

supreme.justia.com/cases/federal/us/521/702/case.html.

Annotated Bibliography

Primary Sources

“AMA CODE OF MEDICAL ETHICS.” American Medical Association, 2016, <https://www.ama-assn.org/sites/default/files/media-browser/principles-of-medical-ethics.pdf>

By reading the updated set of Principles provided by the AMA, I used this source to see how the Code changed over time while also staying true to its beginning ideas.

“Animal Welfare Act.” *USDA APHIS | Animal Welfare Act*, www.aphis.usda.gov/aphis/ourfocus/animalwelfare/sa_awa/ct_awa_program_information.

The Animal Welfare Act lists all legal rights of animals, which I used to determine the legitimacy of the ethical argument of xenotransplantation in the courtroom.

Erin Flanagan. “Ethical Issues in Pediatric Palliative Care.” *Pediatric Palliative and Supportive Care*, The Coleman Palliative Medicine Training Program, 2015, Ethical Issues in Pediatric Palliative Care.

This presentation reviews the ethical issues encountered in pediatric care and presents a few of the cases used in my research. Additionally, it also lists solutions to these dilemmas and advocates for patient welfare. Many of the points and legislation mentioned in this source illustrated the importance of patient welfare when making care plan decisions.

“Governing Rules of the Council on Ethical and Judicial Affairs (CEJA).” *Governing Rules | Council on Ethical and Judicial Affairs | AMA*, www.ama-assn.org/governing-rules.

All requirements of the CEJA and the extent of their general power are listed in this legal document, which I used to gain more information on the CEJA and their role in medical ethics.

“HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996.” *PUBLIC LAW 104-191—AUG. 21, 1996*, Public Law 104-191 104th Congress, www.gpo.gov/fdsys/pkg/PLAW-104publ191/pdf/PLAW-104publ191.pdf.

Although doctor-patient confidentiality has always been an essential part in healthcare, HIPAA reinforced its importance by making it required across the nation. Therefore, I read many of HIPAA’s policies to relate them back to the initial principle of the *Code* to assess its impact on congressional legislation.

“In Re Quinlan, 355 A.2d 647, 70 N.J. 10 – CourtListener.Com.” *CourtListener*, www.courtlistener.com/opinion/1537678/in-re-quinlan/.

In Re Quinlan enabled me to explore the in-depth arguments of both parties in this monumental case. It also provided the specific religious argument supporting the

Quinlan's right to autonomy while also explaining the medical issues with ceasing care in the testimonies of the expert physicians.

"IN THE MATTER OF ELISHA MCCAULEY." *IN THE MATTER OF ELISHA MCCAULEY*, 409 Mass. 134, masscases.com/cases/sjc/409/409mass134.html.

Reading the litigation and testimonies in this case allowed me to better understand the religious rights and restrictions to parental guardianship under judicial review.

Kelley, K. "The Patient Self-Determination Act. A matter of life and death." *Physician assistant (American Academy of Physician Assistants)*, U.S. National Library of Medicine, Mar. 1995, www.ncbi.nlm.nih.gov/pubmed/10141946.

The Patient Self-Determination Act provided important information relating to the legal rights of autonomy in the United States and the extent to which it may be exercised. This act supported the decisions made by physicians in one of the pediatric cases I discussed and listed the specific instances in which children can make their own medical decisions.

Legal, Inc. US. "USLegal." *Minors Law Law and Legal Definition | USLegal, Inc.*, definitions.uslegal.com/m/minors-law

I used this source to further explore the legal rights of children and determine what circumstances allow children to practice their autonomy.

"Medical ethics, or, A code of institutes and precepts, adapted to the professional conduct of physicians and surgeons : Percival, Thomas, 1740-1804 : Free Download & Streaming." *Internet Archive*, Oxford : J.H. Parker, 1 Jan. 1970, archive.org/details/b21935002.

Since Percival's *Medical Ethics* inspired the writing of the *Code*, I reviewed his principles to evaluate its overall impact on American ethical standards and how the two differ.

"Prince v. Massachusetts, 321 U.S. 158 (1944)." *Justia Law*, supreme.justia.com/cases/federal/us/321/158/case.html.

Although unrelated to medical ethics, this court case determined essential guidelines in parents sacrificing their children's welfare in the name of religion. The Supreme Court's ruling on this issue influenced the Massachusetts court involved in *McCauley v Massachusetts*, which says that parents can practice their religion but cannot expect their children to do the same at the cost of their lives.

"Roe v. Wade, 410 U.S. 113 (1973)." *Justia Law*, supreme.justia.com/cases/federal/us/410/113/.

The monumental decisions made in this court case to support an individual's right of choice strengthens the role of patient autonomy discussed in my paper. Analyzing the

arguments made in the litigation, I learned more about freedom of choice and its ethical standpoint. I also used this source to assess the impact of the *Code* and how this case related to the initial ethical principles.

James Madison. "The Bill of Rights: A Transcription." *National Archives and Records Administration*, National Archives and Records Administration, www.archives.gov/founding-docs/bill-of-rights-transcript.

Ensuring that essential freedoms are granted to all Americans, the *Bill of Rights* provides a list of all basic rights patients maintain. While exploring the various court cases and ethical dilemmas, I related the decisions back to the Bill of Rights and the *Code* to see if they remained true to the founding principles and rights in our nation.

John Bell. "The Code of Medical Ethics of the American Medical Association." *Original Code of Medical Ethics*, American Medical Association, jamanetwork.com/journals/jama/article-abstract/417503?redirect=true.

By far one of the most important sources I examined, this document including a PDF of the original *Code* provided important information in the founding of the AMA, the standards required for medical professionals, the duties and rights of physicians and patients, and motivations to encourage scientific innovation and maintain the dignity of the medical profession.

"Washington v. Glucksberg, 521 U.S. 702 (1997)." *Justia Law*, supreme.justia.com/cases/federal/us/521/702/case.html.

This specific court case declared that the "right to die" was not a fundamental right granted to Americans under the Constitution and further denied the ethicality of assisted suicide. I read the final ruling to compare it back to the standards in the *Code* involving personal dignity and beneficence to analyze the similarities and how the *Code* influenced this decision.

Secondary Sources

“About the Council on Ethical & Judicial Affairs (CEJA).” *About the Council on Ethical and Judicial Affairs* | AMA, www.ama-assn.org/about-us/about-council-ethical-judicial-affairs-ceja.

“AMA History.” *History* | AMA, www.ama-assn.org/ama-history.

I used this source to further investigate the role of the CEJA in ethical decisions and judicial affairs and how their opinions influence healthcare professionals.

Alan Brinkley. *American History: Connecting with the Past*. 15 AP Edition ed., McGraw Hill Education, 2015.

Brinkley’s AP United States History textbook provided background information about the foundation of the AMA and its initial impact on society. In addition to the changes made by the American Medical Association, this source also gave insight into the culture of society and how the push to reform healthcare prompted the changes made by the *Code of Medical Ethics*.

“Court Says Ill Child’s Interests Outweigh Religion.” *The New York Times*, The New York Times, 15 Jan. 1991, www.nytimes.com/1991/01/16/us/court-says-ill-child-s-interests-outweigh-religion.html.

Further information about *McCauley v Massachusetts* was discussed in this article; I used her case to demonstrate the ethical conflict between religion and science.

“Facts About the American Medical Association (AMA).” *Medical Bag*, 28 Sept. 2016, www.medicalbag.com/business/facts-about-the-american-medical-association-ama/article/472554/.

This website gave specific information on Nathan Smith Davis, the founder of the AMA, which I included to provide further background information on the establishment and ideals of the *Code*.

“FOCUS OF '76 RIGHT TO DIE CASE.” *The New York Times*, The New York Times, 11 June 1985, www.nytimes.com/1985/06/12/nyregion/karen-ann-quinlan-31-dies-focus-of-76-right-to-die-case.html?pagewanted=all.

Shortly after Karen Ann Quinlan’s death, the *New York Times* released this article to analyze the impact her condition had on medical ethics. This article also stated the beliefs of the Quinlan family and how their religion impacted the fate of their daughter by using information from court records. I utilized this analysis to support the idea that eventually there must always be a balance between beneficence and autonomy.

“History of the Code.” *Ama-Code-of-Ethics-History*, American Medical Association, 2017, www.ama-assn.org/sites/default/files/media-browser/public/ethics/ama-code-ethics-history.pdf.

Records of the establishment, significant changes, and consolidation of the Code were listed in this file released by the AMA. I used this information to gain a better understanding of its historical significance and initial purpose.

Manesh, Shima Behnam, et al. “Ethical Issues of Transplanting Organs from Transgenic Animals into Human Beings.” *Cell Journal (Yakhteh)*, Royan Institute, 2014, www.ncbi.nlm.nih.gov/pmc/articles/PMC4204195/.

This journal entry explained the moral issues in xenotransplants and how this practice can potentially create health problems in humans. Additionally, it compared and contrasted the different options available and how they affect patient welfare.

“Origin of Our Code of Medical Ethics.” *Journal of the American Medical Association*, American Medical Association, 27 June 1896, jamanetwork.com/journals/jama/article-abstract/460816?redirect=true.

In this document, the American Medical Association answered questions about its purpose and adopted principles, along with its plans for healthcare reform, which I used to assess its short-term impacts on society.

Pellegrino, Edmund D, MD. “Percival's Medical Ethics.” *Archives of Internal Medicine*, American Medical Association, 1 Nov. 1986, jamanetwork.com/journals/jamainternalmedicine/article-abstract/607518?redirect=true.

Contrary to the widely-accepted idea that Percival’s Medical Ethics deeply influenced the AMA’s *Code of Medical Ethics*, this entry argues that Percival wrote about etiquette rather than ethics. I compared this article’s perspective to the *Code*’s principles to analyze the differences between them.

Riddick, Frank A. “The Code of Medical Ethics of the American Medical Association.” *The Ochsner Journal*, Ochsner Clinic, L.L.C. and Alton Ochsner Medical Foundation, 2003, www.ncbi.nlm.nih.gov/pmc/articles/PMC3399321/.

The abstract of this article also provides background information about the establishment of the Code, its primary ideals, and the governing laws of the CEJA demonstrating its historical significance in mediating ethical dilemmas.

“The HIPAA Privacy Rule and Adolescents: Legal Questions and Clinical Challenges.” *Guttmacher Institute*, 1 Mar. 2017, www.guttmacher.org/journals/psrh/2004/hipaa-privacy-rule-and-adolescents-legal-questions-and-clinical-challenges.

This source enabled me to further investigate the ethical challenges often encountered in pediatric care. It provided a clear outline of the rights of minors in making their own medical decisions under HIPAA, while also addressing the limits of adolescent autonomy without parental consent.

“Tissue vs. Mechanical Heart Valve.” *Heart Valve Choice*,
www.heartvalvechoice.com/tissue-vs-mechanical-heart-valve/.

By explaining the benefits of xenotransplants over synthetic material, this article enabled me to better understand the use of animal organs in medicine and their superiority to other approaches; this information argued for beneficence of patients despite their opposition to animal exploitation.

