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Philosophical Analysis

Physicians' Ethical Duties: A Philosophical and Contextual Analysis

Md. Rakibul Hasan¹

¹ Department of Philosophy, University of Chittagong, Bangladesh.

Corresponding Author: Md. Rakibul Hasan;

Email: rakibhasan_cu1@gmail.com

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Abstract

Medical ethics extends beyond professional codes and clinical protocols; it is deeply rooted in moral philosophy and social context. This article examines the ethical duties of physicians through the frameworks of Kantian deontology and Mill's utilitarianism, integrated with contemporary biomedical ethics. Using real-world clinical dilemmas and contextual examples from Bangladesh, the paper analyzes tensions between autonomy, beneficence, non-maleficence, and justice (Beauchamp & Childress, 2013). It also highlights the ethical responsibilities of patients and the influence of cultural and systemic constraints on medical decision-making. The article argues that philosophical reasoning is essential for ethical medical practice and the preservation of human dignity in healthcare.

Highlights/Key Point of Article

Medical ethics goes beyond rules, grounding doctors' duties in moral philosophy and real-life context. The article uses Kant's duty-based ethics, Mill's utilitarianism, and the four principles (autonomy, beneficence, non-maleficence, justice) to explain clinical decision conflicts. It also shows how Bangladesh's culture and resource limits affect consent, confidentiality, fairness, and shared patient responsibility.

Keywords— Medical ethics, physician duty, autonomy, Kantian ethics, utilitarianism, Bangladesh

1. Introduction

Medicine is not merely a technical profession concerned with diagnosing and treating disease; it is fundamentally a moral enterprise. Physicians routinely make decisions that influence human life, dignity, suffering, and death. Their role involves not only scientific competence but also ethical responsibility toward patients, society, and humanity. In modern healthcare systems, ethical dilemmas have intensified due to rapid technological advancements, patient autonomy, limited healthcare resources, and increasing cultural diversity (Gillon, 1994). Ethical conflicts arise in situations such as end-of-life care, allocation of scarce resources, informed consent, confidentiality, and patient refusal of treatment. These dilemmas cannot be resolved solely through clinical knowledge or professional codes. They require philosophical reflection, ethical reasoning, and contextual understanding.

This article analyzes physicians' ethical duties through two major philosophical traditions: Kant's duty-based ethics and Mill's utilitarianism. It also integrates the four principles of biomedical ethics: autonomy, beneficence, non-maleficence, and justice, which form the foundation of contemporary medical ethics. By examining clinical dilemmas and contextual realities, the paper argues that ethical medical practice requires balancing moral duty, outcomes, and human dignity.

2. Ethical Foundations of Medical Practice

Physicians occupy a position of moral authority in society. Patients trust them with personal information, bodily integrity, and life itself. This trust creates ethical obligations beyond technical competence. Professional standards such as the World Medical Association's Declaration of Geneva emphasize dedication to humanity, respect for patient dignity, confidentiality, non-discrimination, and professional integrity (World Medical Association, 2017). However, these standards are rooted in deeper moral philosophy. Ethical reflection in medicine has historically drawn from two dominant traditions: deontology and consequentialism. Deontology, particularly associated with Immanuel Kant, emphasizes moral duty and respect for persons. Consequentialism, especially utilitarianism developed by John Stuart Mill, evaluates moral actions based on outcomes and overall welfare (Kant, 1785; Mill, 1863).

Modern biomedical ethics attempts to reconcile these traditions through principled reasoning. Physicians must often balance moral duty with beneficial outcomes, especially when ethical principles conflict. Understanding these philosophical foundations helps physicians navigate complex clinical dilemmas.

3. The Four Principles of Biomedical Ethics

Contemporary medical ethics is commonly structured around four foundational principles: autonomy, beneficence, non-maleficence, and justice (Beauchamp & Childress, 2013). These principles provide a practical framework for ethical decision-making.

3.1 Autonomy

Autonomy refers to respecting a patient's right to make informed decisions about their own body and medical treatment. Competent adults have the legal and moral right to accept or refuse treatment, even if refusal may lead to harm or death (Gillon, 1986). For autonomy to be meaningful, physicians must ensure that patients possess decision-making capacity, which includes understanding relevant information, appreciating consequences, reasoning logically, and communicating a choice. Informed consent is a central application of autonomy. Without genuine understanding, consent becomes ethically invalid. However, autonomy may conflict with beneficence when patients make decisions that appear harmful. Physicians must respect autonomy while providing guidance and support.

3.2 Beneficence

Beneficence obliges physicians to act in the best interest of the patient. This includes promoting well-being, preventing harm, relieving suffering, and improving quality of life. Beneficence is deeply rooted in the traditional medical commitment to care and compassion. However, determining what is "best" for a patient is not always straightforward. Patients may value quality of life over longevity or refuse certain treatments based on personal beliefs. Physicians must balance professional judgment with respect for patient values.

3.3 Non-maleficence

Non-maleficence, commonly summarized as "do no harm," requires physicians to avoid unnecessary harm or injury. Medical interventions often involve risks, side effects, and pain. Ethical practice requires minimizing harm while pursuing therapeutic benefit. Conflicts frequently arise between beneficence and non-maleficence. For example, a life-saving surgery may involve serious risk. Physicians must carefully weigh potential benefits against possible harm.

3.4 Justice

Justice concerns fairness in healthcare, including equal treatment, non-discrimination, and fair distribution of resources. Healthcare systems often face scarcity of resources such as ICU beds, ventilators, and medications. Ethical decision-making must consider fairness and societal welfare. Justice also involves addressing social inequalities that affect health outcomes. Physicians have ethical responsibility not only to individual patients but also to broader society.

4. Kantian Ethics and the Physician's Duty

Immanuel Kant's moral philosophy is grounded in duty rather than consequences. According to Kant, actions are morally right when performed out of respect for moral law, not for personal gain or favorable outcomes (Kant, 1785). Central to

Kantian ethics is the principle that human beings must always be treated as ends in themselves, never merely as means.

In medical ethics, this implies that physicians must respect patient dignity and autonomy, even when doing so conflicts with medical judgment. For example, a competent terminally ill patient may refuse life-prolonging treatment. From a Kantian perspective, forcing treatment would violate the patient's autonomy and dignity.

Kantian ethics also emphasizes duty for its own sake. A physician treating a poor patient without expectation of payment fulfills moral duty independent of personal benefit. This approach promotes respect, honesty, and moral integrity in medical practice.

However, strict adherence to duty may sometimes conflict with practical outcomes. For instance, respecting autonomy may lead to outcomes that appear harmful. Therefore, Kantian ethics must often be balanced with other considerations.

5. Utilitarian Ethics in Healthcare

John Stuart Mill's utilitarianism evaluates moral actions based on their consequences, aiming to maximize overall happiness or well-being (Mill, 1863). In healthcare, utilitarian reasoning becomes particularly relevant when resources are limited or decisions affect multiple individuals. For example, during a pandemic, allocating a scarce ventilator to the patient with the highest survival probability may maximize overall benefit. Utilitarian reasoning supports policies that improve population health, vaccination programs, and public health interventions. Mill's harm principle also supports patient autonomy. Individuals should be free to make their own decisions unless those decisions harm others (Mill, 1859). Thus, competent patients may refuse treatment unless their decision poses risk to public health. Utilitarianism, however, may sometimes justify sacrificing individual interests for collective benefit, raising concerns about fairness and human dignity. Ethical medical practice must therefore balance utilitarian outcomes with respect for individual rights.

6. Moral Conflict and Ethical Decision-Making

Ethical dilemmas often arise when principles conflict. For example, a patient refusing life-saving treatment creates tension between autonomy and beneficence. Physicians must navigate such conflicts carefully.

A structured approach to ethical decision-making includes:

1. Identifying relevant clinical facts
2. Recognizing conflicting ethical principles
3. Exploring possible alternatives
4. Evaluating options using ethical theories
5. Making a justified and compassionate decision (Jonsen et al., 2015)

Balancing Kantian respect for persons with utilitarian concern for outcomes often leads to ethically sound solutions. Ethical reasoning must remain flexible and context-sensitive.

7. Moral Conflict and Ethical Decision-Making

Ethical medical practice is shaped by social, cultural, and systemic realities. In many healthcare systems, especially in developing contexts, challenges include resource constraints, patient–doctor power imbalance, limited health literacy, and cultural beliefs. Common ethical issues include inadequate informed consent, breaches of confidentiality, and unequal access to healthcare. Emergency treatment without proper consent may reflect beneficence but violate autonomy, potentially undermining trust. Healthcare institutions must address systemic inequalities and promote ethical standards. Ethical practice requires both individual moral commitment and institutional support.

8. The Ethical Role of Patients

Ethical responsibility in healthcare is shared between physicians and patients. Patients must provide accurate medical history, follow treatment plans, and make informed lifestyle choices. Concealing relevant information may lead to harm and undermine trust. Mutual trust, honesty, and cooperation are essential for ethical healthcare relationships.

9. Communication, Culture, and Consent

Effective communication is essential for ethical medical practice. Informed consent requires that patients genuinely understand risks, benefits, and alternatives (Gillon, 1994). Cultural sensitivity is equally important. Patients' beliefs, values, and social context influence medical decisions. Clear communication and cultural competence help reconcile ethical principles with social realities while preserving dignity and autonomy.

10. Conclusion

Medical ethics extends beyond formal rules to thoughtful moral reasoning. Physicians must balance duty, outcomes, and respect for human dignity. Kantian ethics emphasizes moral duty and respect for persons, while utilitarianism highlights outcomes and collective welfare. Ethical practice also requires contextual awareness, communication, and shared responsibility between physicians and patients. Philosophical reflection ultimately transforms medicine from a technical profession into a humane and morally grounded practice

Data Availability

Not Applicable.

Conflict of Interest

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Authors' Contribution

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