

The role of kindness in medical ethics: balancing virtue and ethical principles

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Background to the ethics framework

The practice of medicine relies on a profound connection with people's bodies, their personal vulnerabilities and overall well-being. This intimacy must be subjected to legal as well as ethical scrutiny, restrictions and guidance to impress upon doctors and other healthcare practitioners their duty to behave competently and without reproach. Respecting patients as persons with intrinsic worth while protecting their best interests are delicately intertwined to inform our medical practice. Above all, the South African Constitution plays a principled role in overseeing these morals, with the Health Professions Council of South Africa (HPCSA) mandated to not only set the ethical standard but also to maintain it. The HPCSA's Booklet 1 (December 2021) underscores compassion as a core ethical value for good practice, alongside truthfulness, integrity, patient autonomy, and justice.¹ Compassion, empathy, and kindness, the psycho-social attributes, are at the heart of medical consultations, embodying high moral standards befitting the trusted position of doctors in society. This article explores the integration of kindness within the ethical framework of medicine.

Ethical foundations

Ethical considerations permeate medical practice, encompassing the duty to avoid harm, the obligation to inform, and the commitment to prioritise patients' best interests. The medical profession is expected to act morally in applying its specialised knowledge and skills. We are obliged to protect and promote the best interest of the patient. Bioethics must provide a clinically applicable account of that obligation. Ethics may easily be confused with medical etiquette which governs healthcare workers' conduct towards society and towards one another. Furthermore, ethics should not be confused with matters of law, religion, ethnicity, culture, family values, or personal beliefs.

Healthcare ethics revolves around a fundamental question: "What should I do in any given medical situation?" Beauchamp and Childress's four principles derived from common morality form an ethical framework that cuts across national, cultural, religious and political divisions.² These should be considered equally in every clinical case and scenario:

Beneficence: The obligation to enhance patients' well-being and maximise treatment benefits. It is simply the principle of doing good.

Non-maleficence: The duty to minimise harm to patients and to eliminate potential sources of harm.

Respect for autonomy: The imperative to respect patient self-determination, uphold intrinsic worth, dignity and sense of value, and maintain trust through truthfulness and confidentiality. Proper informed consent and patient decision-making are paramount. Paternalism plays no role in this ethical principle. Excessive coercion by a doctor can undermine the principle, but it is equally important to provide accurate information to empower the patient to make an informed, independent decision. Healthcare workers must respect their patients' choices in aligning with their beliefs, values, and preferences. This can be challenging at times. Are there limits to patient autonomy, and if so, what are they? How much should a doctor restrict choices in the pursuit of the patient's best interest? The central question is: "Where does patient autonomy intersect with medical responsibility?"

Distributive justice: The responsibility to treat all patients equitably and fairly, despite financial constraints. Thus, distributive justice encompasses the duty of healthcare professionals to treat everyone as equals and to allocate treatment benefits fairly, impartially, and in a morally sound manner. This often becomes a challenge when severe financial constraints are imposed by patients, financiers, or legal authorities on healthcare providers.

The role of kindness

Kindness, often associated with the kindred values of compassion and empathy, and regarded as a virtue within the medical profession, is a form of beneficence.³ It is rooted in a sense of kinship and concern for fellow human beings. While modern medicine emphasises technical expertise, evidence-based practice, and outcome-driven goals, kindness remains essential for building trust and patient-doctor relationships. Is it possible, though, that the scientific aspects of medical practice significantly outweigh the psycho-social dimensions, such as kindness, compassion, and empathy? These soft elements in patient care are occasionally perceived as relics of 'nostalgic professionalism'.³

Unkindness in medical practice, even in subtle forms, such as appearing busy, avoiding eye contact and focussing on reading X-rays, scans and blood test results during an interview can erode trust.⁴ Prioritising efficiency over addressing patient concerns diminishes the importance of kindness. Some expert opinion is that if kindness were a drug, the FDA would approve it for medical use.⁵ However, restoring kindness to medical care can be challenging, as moral values like kindness can be difficult to cultivate. Kindness should not be seen as a mere gesture but as genuine benevolence, aligned with the principle of equality. Accordingly, doctors and patients are moral equals.⁶ Kindness has been described as an underrated currency and is a valuable part of the business of health care.⁷

Kindness may harbour a darker side

The next question is whether kindness can have a negative impact on the four ethical principles.⁸ Kindness, when expressed, can sometimes blur the line between doing someone a favour, introducing a discretionary element that favours “my kind”. In such cases, the act of kindness for some might inadvertently result in others being excluded from its beneficence effects. It is important to be aware of the potential danger of favouritism towards a particular group. This thought process necessitates a careful examination of discretionary kindness and its potential effects on both beneficence and non-maleficence. Patients who are not recipients of this favouritism may find themselves excluded from the benefits of beneficence and even subjected to harm, violating the principles of non-maleficence. Additionally, the principle of distributive justice should be considered, as kindness-induced favouritism can negatively impact fairness and equity, potentially leading to discrimination that favours only select patients.

Another aspect of kindness to consider is its potential to be used as a justification for coercing “favoured” patients into decisions that override their autonomy, thereby infringing upon another ethical principle. Kindness can sometimes be associated with patronising behaviour, pity, or paternalism.³ Viewing kindness

in this light, it becomes evident that it can lead to injustice, wrongdoing, and even paternalistic actions. Kindness, therefore, poses specific ethical challenges that need to be carefully navigated. Physicians should strive to distribute kindness more equitably and take measures to mitigate its potential harm. When applying kindness, doctors should also consider the potential ethical dilemmas it may create. While kindness is a valuable trait in health care, it should be recognised that there is an underlying danger of discrimination that needs to be addressed.

Conclusion

Kindness is an integral part of medical ethics, serving as a building block for trust and patient-doctor relationships. However, it must be extended to all patients without favouritism, and its potential to lead to discrimination or paternalism should be carefully considered. Balancing kindness with ethical principles is essential to ensure that it enhances patient care while upholding the core values of medicine

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