

## Ethics at a Glance

### Beneficence

The principle of **beneficence** is often simply stated as an obligation to act in ways that promote good. Beauchamp and Childress (2001) expand this to include both the prevention and removal of harm as well as doing good. That is, we should act in ways that prevent harm, remove harm, and promote good.

Beneficence is not simply the opposite of nonmaleficence. Some would argue that while we always have a duty not to harm, we don't always have a duty to help. However, in health care, we have an implied duty to help by virtue of our relationship with the patient. This duty is both legally and morally grounded in that it is reasonable for patients to expect a professional caregiver to act in ways that will promote their health and well-being. On the other hand, we generally recognize a limit to the level of service and sacrifice owed to a patient by any particular health care professional (Munson 2004).

As with harm, the definition of good is difficult. As noted by Munson (2004), the sheer number of ways one might promote the welfare of another defies a complete description. In the health care context, welfare is generally seen in terms of health and physical well-being, although other welfare concerns can be raised.

For more on the principle of beneficence see:

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<http://eduserv.hscer.washington.edu/bioethics/tools/princpl.html#prin2>

Ascension Health

[http://www.ascensionhealth.org/ethics/public/key\\_principles/beneficence.asp](http://www.ascensionhealth.org/ethics/public/key_principles/beneficence.asp)