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Ethics Frameworks — The 4 Pillars, Made Simple

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Ethics questions come up in almost every medicine and dentistry interview. A lot of applicants try to memorise "correct" answers to ethical scenarios, which is exactly the wrong approach. Interviewers aren't looking for a right answer. They're looking for evidence that you can identify the competing values in a situation, reason through them carefully, and arrive at a considered position without shutting down the complexity.

This guide gives you the four principles that underpin almost every medical ethics question you'll ever face, explains what they mean in practice with real scenario examples, and shows you how to handle it when two or more are pulling in opposite directions.

The Four Principles

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1. Autonomy — Respecting the Patient's Right to Decide

Autonomy means that a competent adult has the right to make decisions about their own body and their own care — even decisions that a doctor disagrees with, even decisions that might cause harm to that patient.

Your job as a doctor is not to override the patient's decision but to make sure it is genuinely informed. That means ensuring they understand what's happening, what the options are, what the risks and benefits of each option are, and what happens if they choose no treatment. Once that's done, the decision is theirs.

Example scenario: A patient refuses a life-saving blood transfusion on religious grounds.

This is one of the most commonly used ethics scenarios in medicine interviews. Here's exactly how to approach it:

Step 1 — Check for capacity. Before anything else, you need to establish whether the patient actually has the capacity to make this decision. Capacity means three things: can they understand the information you've given them, can they retain it long enough to make a decision, and can they communicate that decision back to you? If yes to all three, they have capacity.

Step 2 — If they have capacity, you must respect their decision. Even if you believe the transfusion would save their life, a competent adult's refusal must be respected. However, respecting autonomy doesn't mean doing nothing — it means exploring alternatives. Are there bloodless surgical techniques available? Can you manage them with iron infusions, clotting agents, or cell salvage? Offer every clinically viable alternative that aligns with their beliefs. Document everything carefully.

Step 3 — If they don't have capacity. First check whether they have an advance directive — a written document made when they did have capacity that specifies their wishes. If they do, follow it. If not, check whether there is a power of attorney — someone legally designated to make decisions on their behalf. If neither exists, your duty shifts to acting in their best interests, which in a life-threatening situation would typically mean proceeding with the transfusion.

The key question to ask yourself: Does this patient have capacity, and have I done everything I can to ensure their decision is genuinely informed?

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2. Beneficence — Acting in the Patient's Best Interest

Beneficence means doing good — acting in a way that genuinely benefits the patient. Everything a doctor does should be aimed at helping the patient, and when there are multiple options, the one that produces the best outcome should generally be preferred.

What a doctor thinks is best and what a patient thinks is best don't always align — and when they don't, autonomy usually takes precedence for a competent adult. But when a patient lacks capacity, beneficence becomes the dominant principle.

Example scenario: An unconscious patient is brought into A&E and requires emergency surgery, but there is no next of kin available and no advance directive.

You cannot ask this patient what they want — they have no capacity at this moment. There is no one legally authorised to make decisions on their behalf. What do you do?

Beneficence guides you here. You act in their best interests. In an emergency situation where delay would likely cause serious harm or death, the standard approach is to proceed with the treatment necessary to preserve life and prevent serious deterioration. This isn't overriding autonomy — it's acting reasonably on behalf of someone who cannot currently exercise it.

If time allows, you should try to establish whether the patient has any previously expressed wishes — does anyone know their views? Is there anything in their medical records? But in a genuine emergency, beneficence permits you to act without consent to save a life.

The key question to ask yourself: Am I genuinely acting in this patient's best interest, or am I being influenced by something else — time pressure, convenience, or my own discomfort with the situation?

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3. Non-Maleficence — Do No Harm

Non-maleficence is often misunderstood. It does not mean doctors should never do anything that causes harm — almost every medical intervention carries some risk. It means that the harm you might cause must be proportionate to the benefit you're trying to achieve, and that you should never expose a patient to unnecessary risk.

Example scenario: A patient with mild, manageable anxiety asks you to prescribe a strong benzodiazepine because they've read about it online and want it specifically.

The patient is exercising their autonomy — they know what they want and they're asking for it. But prescribing this medication for their level of need would expose them to a risk of dependency and side effects that simply isn't justified by the clinical picture.
Non-maleficence says no.

The right approach here is not to dismiss the patient but to explain clearly why you aren't prescribing that specific medication, what the risks are, and what alternatives would be more appropriate for their situation — perhaps a lower-risk medication, a referral to talking therapies, or lifestyle advice. You're not overriding their autonomy by refusing to prescribe something harmful — you're fulfilling your duty not to cause unnecessary harm.

This principle also applies at a systemic level. Ordering unnecessary tests, performing procedures without clinical justification, or prescribing antibiotics when they aren't needed all fall under non-maleficence — each carries risks to the individual patient and, in the case of antibiotics, to society more broadly.

The key question to ask yourself: Is the harm I might cause proportionate to the benefit I'm trying to achieve? Am I taking on more risk than this situation justifies?

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4. Justice — Fairness in How Care Is Distributed

Justice is about fairness — specifically, fairness in how healthcare resources are allocated. Healthcare resources are finite. There are only so many hospital beds, specialist appointments, and doses of expensive medication. Justice asks how decisions about who gets what should be made, and whether those decisions are being made fairly.

This principle operates at two levels. At the individual level it means treating every patient fairly regardless of who they are. At the systemic level it means thinking about whether healthcare resources are distributed equitably across society.

Example scenario: Two patients need the same scarce medication. One is young with dependents, the other is elderly. How do you decide who gets it?

This is exactly the kind of question designed to test whether you can reason about justice carefully rather than defaulting to a gut instinct. A lot of applicants immediately say "give it to

the younger patient" — which sounds intuitive but is actually a form of age discrimination if age alone is the deciding factor.

Justice says the decision should be made on clinical grounds — who is most likely to benefit from the treatment, who has the most urgent need, whose condition will deteriorate fastest without it. Personal characteristics like age, social status, or whether someone has dependents are not clinically relevant criteria and should not drive the decision.

What you'd actually say in an interview is that this decision should follow established clinical guidelines and ideally involve a multidisciplinary team rather than one person making it alone. You'd acknowledge the difficulty of the situation without pretending there's a clean answer, and you'd show that you understand why having consistent, fair criteria matters — so that the same decision would be made regardless of which doctor happened to be on that day.

The key question to ask yourself: Is this decision fair — not just to this patient in front of me, but to others in similar situations? Is it being made on clinical grounds or am I being influenced by something that shouldn't matter?

When the Principles Conflict

The interesting ethics questions — the ones that actually come up in interviews — are the ones where two or more principles pull in different directions.

Autonomy vs Beneficence: A patient refuses a treatment you believe would help them. You have a duty to act in their best interest, but you also have a duty to respect their right to decide. For a competent adult, autonomy wins — but your duty of beneficence means you should make sure they're making a fully informed decision and that you've explored every alternative.

Autonomy vs Non-Maleficence: A patient wants a treatment you believe will harm them. If they have capacity, their choice is theirs to make. Your role is to inform clearly, document carefully, and ensure they understand the risks — not to override them.

Beneficence vs Justice: You believe a patient would benefit from a resource-intensive treatment, but allocating it to them affects what's available for others. There's no clean answer — this requires you to reason about how decisions like this should be made at a policy level, not just for the individual in front of you.

Non-Maleficence vs Justice: Withholding a treatment from one patient to preserve resources for others could be framed as causing harm to the first patient in the name of fairness. Again, genuinely difficult — and that's the point. These questions don't have neat solutions, and the best interview answers acknowledge that honestly rather than pretending otherwise.

How to Use This in an Interview

When you face an ethics scenario, don't jump straight to a conclusion. Walk through it out loud:

Which principles are relevant here? Which ones are in tension? What does each one point toward? Is there a way to honour more than one, or does one have to take priority? What would you actually do, and why is that the most defensible position?

The goal is not to have the right answer. The goal is to show that you can think through a genuinely difficult situation with care, balance and intellectual honesty — because that's exactly what good doctors do every day.
