

The Principles in Medical Ethics and Philosophy of Vulnerability

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ABOUT THE STUDY

In healthcare, vulnerability is a prevalent phenomenon. Some patients' lives are dependent on highly technological care; others face severe diagnoses and the prospect of a life with chronic disease; and still others face therapies that promise cure but may have serious side effects. And, if they are in-house patients, they must all acclimatize to an unknown and anonymous hospital environment, as well as a daily schedule dictated by the healthcare team and organizational and institutional obligations. These patients' vulnerability, in all of its forms and levels, influences their actions, feelings, beliefs, and convictions, as well as the actions and reactions of healthcare personnel. If vulnerability is classified as physical, emotional, or cognitive, it may be claimed that all of these categories can be found in healthcare. Patients are physically vulnerable due to diseases, they are emotionally distressed, and their predicament frequently includes cognitive confusion [1].

Addressing vulnerability, its forms, and its ethical relevance, then, involves addressing one of the most fundamental aspects of providing and receiving care in healthcare [2]. Given this finding, it is surprising that the concept of vulnerability does not play a significant part in medical ethics. It has found its primary application in medical research ethics, where it is used to identify specific individuals or groups of individuals who have characteristics that place them at a higher risk of being persuaded to participate in research [3]. As a result, these individuals and groups require additional safety and help. It is claimed in the following that the concept of vulnerability might enrich medical ethics beyond its application in clinical research ethics [4]. Certain approaches in medical ethics make this endeavor, and they merit renewed attention and future development. These attempts must meet two major criteria. To begin, a more complete characterization and systematization of the numerous domains of human abilities and the various ways in which these realms contain vulnerability is to be constructed, beginning with the concept of vulnerability as it is employed in research ethics. Second, the desired idea of vulnerability should avoid seeing the relationship between healthcare recipient and provider as one between a dependant and needy human on the one hand and another individual capable of offering all required assistance on

the other [5]. A proper understanding of vulnerability should allow one to recognize when and how care providers may be exposed. Philosophy is a good place to start for understanding the wide significance of vulnerability and the ways in which all human existence is marked by vulnerability. The notion is introduced primarily through theories from the phenomenological and hermeneutic traditions. Phenomenological accounts can provide an analysis of physical vulnerability as well as its emotional counterpart, whereas hermeneutic techniques can provide an explanation of cognitive vulnerability as well as its emotional counterpart [6]. Recognizing these vulnerabilities can help us gain a better understanding of the circumstances of healthcare recipients and the ethical implications of their situation. Furthermore, hermeneutic techniques can assist in explaining how healthcare providers, too, are vulnerable. While in medical ethics vulnerability is viewed as a property of specific groups that necessitates protection and measures to lessen vulnerability, vulnerability is frequently viewed as a universal feature of the human condition in philosophy. This characteristic must be regarded as unavoidable; it is presumed, and it may even be valued as valuable. Further assessing and systematizing forms and degrees of vulnerability along these lines entails distinguishing between amounts and types of vulnerability that can be considered beneficial and amounts and types of vulnerability that must be eased. Vulnerability pervades the relationship between healthcare recipients and providers, highlighting many of the ethically significant characteristics of this relationship [7].

Vulnerability encompasses physical, emotional, and cognitive aspects, allowing for the identification of ethical tasks of providing aid to patients in addition to medical assistance. Furthermore, the idea of vulnerability emphasizes the intimate relationship between physical, emotional, and cognitive events, promoting a full knowledge of the patient's position. Philosophical approaches to vulnerability can aid in the systematization of the various forms and degrees of physical, emotional, and cognitive vulnerability, as well as their relationships. Finally, this marks a substantial shift in the ethical role that vulnerability is meant to play. While vulnerability is commonly conceived of in medical ethics as a state that must be improved or overcome, evaluative cognitive vulnerability and its

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emotional implications must be maintained. Further analyzing and systematizing forms and degrees of vulnerability thus includes the task of distinguishing between amounts and types of vulnerability that can count as prerequisites for being an agent who develops and holds normative convictions, and amounts and types of vulnerability that can and have already resulted in harm.

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