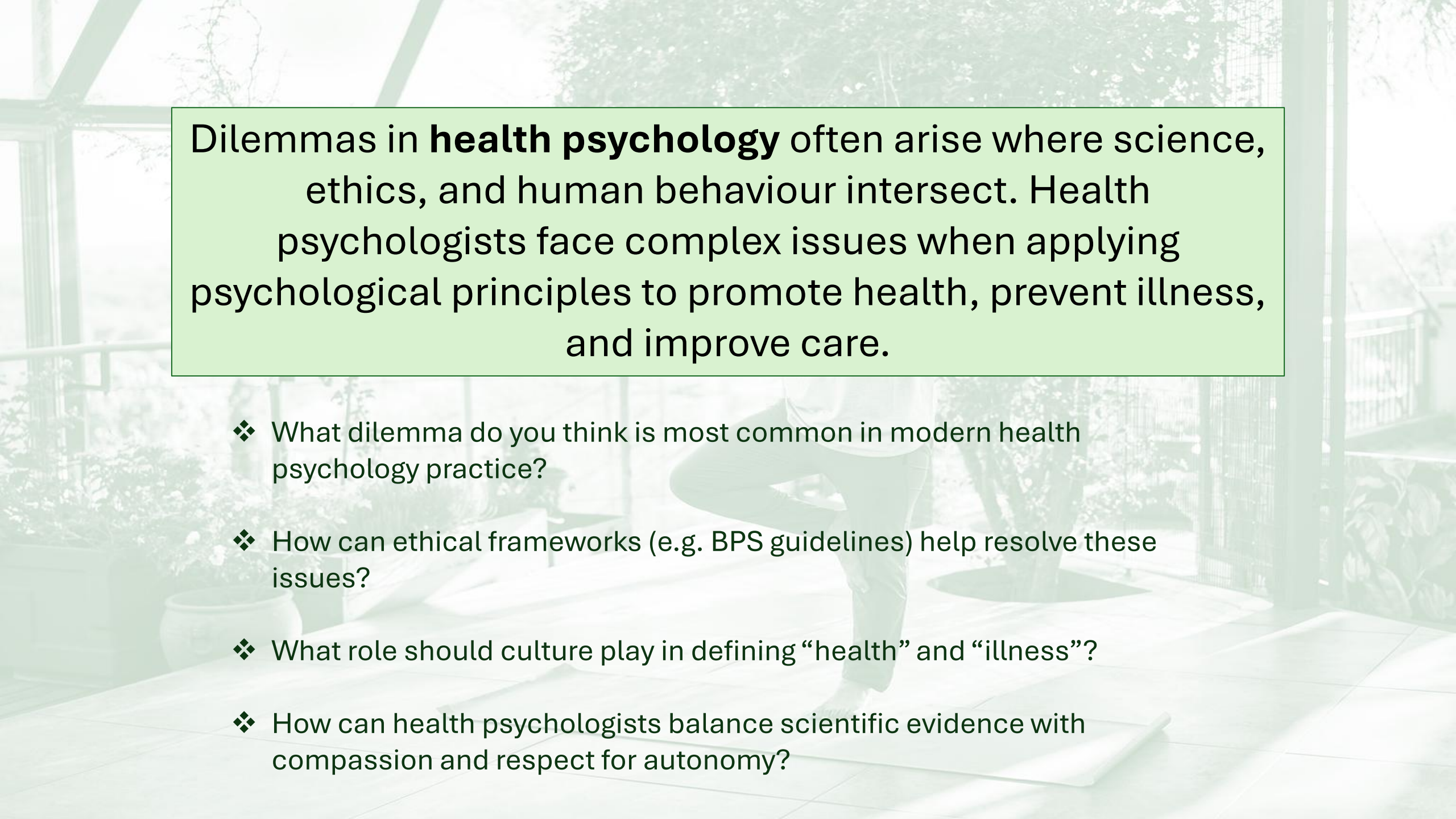




**ECPS6017:
Ethics, Values
and the
Professional Self -**

**Health Psychology
and Medical Ethics**

A person is seen from behind, performing a yoga pose on a mat in a bright room with large windows. The scene is peaceful and well-lit, with natural light streaming in. The person is wearing a light-colored top and dark pants. The room has a tiled floor and some potted plants are visible near the windows.

Dilemmas in **health psychology** often arise where science, ethics, and human behaviour intersect. Health psychologists face complex issues when applying psychological principles to promote health, prevent illness, and improve care.

- ❖ What dilemma do you think is most common in modern health psychology practice?
- ❖ How can ethical frameworks (e.g. BPS guidelines) help resolve these issues?
- ❖ What role should culture play in defining “health” and “illness”?
- ❖ How can health psychologists balance scientific evidence with compassion and respect for autonomy?

Recap – The role of a Health Psychologist

A **Health Psychologist** studies how psychological, behavioural, and social factors influence health, illness, and healthcare. Their goal is to promote overall well-being by understanding the connection between **mind and body**.

Health Psychologists promote health and prevent illness:

- ❖ Encourage healthy behaviours such as exercise, balanced diet, and smoking cessation.
- ❖ Design and implement behaviour-change programs (e.g., weight management, stress reduction).
- ❖ Educate the public about lifestyle factors affecting health.

Health Psychologists support people with illness

- ❖ Help patients cope with chronic or terminal illnesses (e.g., cancer, diabetes, heart disease).
- ❖ Provide emotional and psychological support during treatment and recovery.
- ❖ Teach coping strategies to manage pain, anxiety, and treatment adherence.

Health Psychologists work in healthcare settings

- ❖ Collaborate with doctors, nurses, and other professionals to improve patient care.
- ❖ Address psychological barriers to medical treatment (e.g., fear of surgery, non-compliance).
- ❖ Improve communication between patients and healthcare providers.

Health Psychologists conduct research

- ❖ Investigate how stress, personality, or social factors affect health outcomes.
- ❖ Evaluate health interventions and public health campaigns.
- ❖ Contribute to evidence-based healthcare policies and psychological theory.

They contribute to policy and public health

- ❖ Advise on policies to promote healthier communities.
- ❖ Work on national campaigns related to smoking, obesity, vaccination, or mental health.
- ❖ Focus on reducing health inequalities and improving access to care.



Health Psychologists provide education and training

Train healthcare professionals in communication and psychological awareness.

Teach coping and self-management skills to patients and caregivers.

In Summary:

Health psychologists play a crucial role in **bridging psychology and medicine**.

They aim to improve physical health by addressing the **psychological and social factors** that shape behavior, enhance recovery, and promote long-term well-being.



Public health depts, community health programmes, non-profit organisations

Promoting health and preventing illness

Hospitals, rehabilitation units, palliative care, pain management

Supporting people with illness

Hospitals, clinics, private sector, multidisciplinary teams

Working in healthcare settings

Conducting research

Universities, government agencies, academic journals, think tanks

Policy and Public Health

Department of Health, Ministry of Health, WHO, NGO`s and international agencies

Education and training

Universities, training schools, teaching hospitals, professional training workshops

Dilemma: A patient reveals they plan to stop taking life-sustaining medication.

- ❖ What are the ethical issues here?
- ❖ How would you aim to resolve this?

When a patient discloses information suggesting they might harm themselves or others, the psychologist must balance confidentiality with the obligation to protect.



Dilemma: Would you tell a patient all possible side effects of chemotherapy or would you be frugal with your description of the treatment?

- ❖ What are the ethical issues?
- ❖ What are the implications?

Some health interventions require full disclosure of risks, which might increase anxiety or deter treatment. How would you balance informed consent with potential risk of anxiety/refusing treatment?



Dilemma: You find out that a smoker with serious heart disease refuses to quit despite knowing the risks.

- ❖ What are the complications here?
- ❖ How do you proceed?

Autonomy vs. Beneficence

Respecting patients' choices even when they conflict with medical advice.



Health psychologists must consider cultural beliefs, social norms, and inequality in healthcare access.

For example, a person refuses a blood transfusion because of their religious beliefs.

What is the ethical issue?

What could you do?



Cultural or religious practices may conflict with evidence-based care.

Dilemma: Advising exercise when a patient lives in an unsafe neighbourhood and does not have the resources to obtain access to a gym.

❖ How would you address this situation?

Encouraging healthy behavioural change may be unrealistic for people lacking resources.





Then there are health inequalities...

- ❖ Psychologists face dilemmas when systemic inequalities limit how much their interventions can help marginalized groups.
- ❖ For example...



Scientific and Research Dilemmas

- ❖ These concern how research in health psychology is designed and applied.
- ❖ What ethical dilemmas can you think of that relate to research in health psychology?



Randomized Control vs. Real-World Relevance

Controlled studies may lack ecological validity.

- ❖ *Example:* How will you know that stress-reduction programs tested in the lab will have the same effects when used in hospitals.

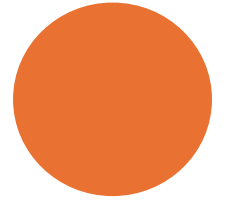


Use of Placebos

- ❖ Placebos raise ethical questions about deception.

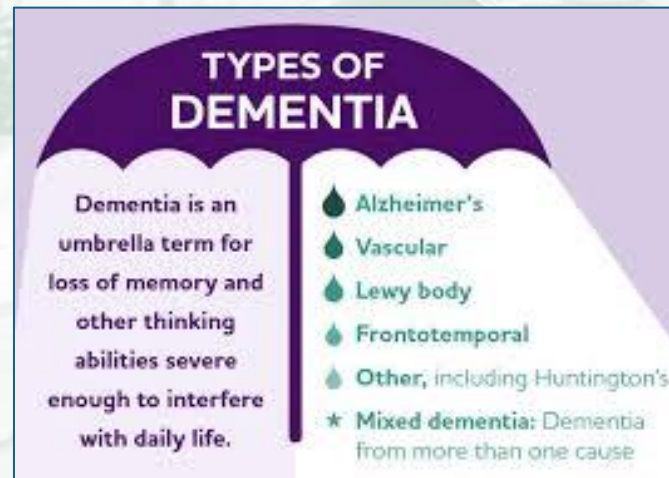
Example: Giving a sugar pill to test treatment effectiveness.

- ❖ What are the ethical concerns here?



Informed Consent in Vulnerable Populations

Research involving children, people with dementia, or the terminally ill requires special care.





Clinical and Professional Dilemmas

These arise in applied practice within healthcare teams.

Dual Roles and Boundaries

A health psychologist working within a hospital might face conflicts between supporting patients and aligning with medical staff priorities.

Resource Allocation

Limited time or funding means not all patients can get equal psychological support.

Adherence vs. Autonomy

Encouraging treatment adherence without being coercive.

Example: A diabetic patient consistently skips insulin doses.



Technological and Modern Dilemmas

Emerging with telehealth, digital monitoring, and AI.

Privacy in Digital Health Apps

Apps collecting mental health data may compromise patient privacy.

Overreliance on Technology

Automated feedback may replace human empathy and understanding. Think AI in mental health diagnoses.

Equity in Access

Digital health assumes technological literacy not all patients have.



Dilemmas in Health Psychology

The following table summarizes common dilemmas faced in health psychology, along with possible solutions and strategies to address them.

Category	Dilemma	Description	Possible Solutions / Strategies
Ethical	Confidentiality vs. Duty to Warn	Balancing patient privacy with obligation to prevent harm.	Follow ethical guidelines; disclose only when there is imminent risk; document decisions carefully.
Ethical	Informed Consent vs. Psychological Burden	Fully informing patients may increase anxiety or reduce adherence.	Use clear, compassionate communication; tailor information to patient understanding; provide emotional support.
Ethical	Autonomy vs. Beneficence	Respecting patients' freedom while promoting their health.	Encourage shared decision-making; respect patient values; focus on motivational interviewing.

Social, Cultural and Religious issues in Health Psychology

Cultural & Social	Cultural Beliefs vs. Medical Recommendations	Patient's cultural health beliefs may conflict with medical advice.	Show cultural sensitivity; integrate traditional beliefs when possible; use culturally adapted interventions.
Cultural & Social	Socioeconomic Barriers	Behaviour change advice may be unrealistic due to poverty or environment.	Offer low-cost, practical alternatives; advocate for community resources; collaborate with social workers.
Cultural & Social	Health Inequities	Systemic inequalities limit care quality or access.	Promote health equity; tailor interventions to marginalized groups; support policy advocacy.

Scientific and research-based issues in Health Psychology

Scientific & Research	Randomized Control vs. Real-World Relevance	Lab studies may not reflect real patient experiences.	Combine RCTs with qualitative research; emphasize ecological validity; test interventions in community settings.
Scientific & Research	Use of Placebos	Placebos involve deception and raise ethical concerns.	Use open-label placebos when possible; ensure informed consent includes possibility of placebo use.
Scientific & Research	Informed Consent in Vulnerable Populations	Participants may not fully understand risks or rights.	Simplify consent forms; involve guardians or ethics boards; ensure voluntary participation.

Clinical and Professional Issues in Health Psychology

Clinical & Professional	Dual Roles and Boundaries	Conflicts between patient care and institutional pressures.	Clarify professional boundaries; seek supervision; prioritize patient welfare.
Clinical & Professional	Adherence vs. Autonomy	Encouraging adherence without coercion.	Use motivational interviewing; explore barriers; empower patient self-management.
Clinical & Professional	Resource Allocation	Limited time or funding for psychological support.	Prioritize high-need cases; advocate for more funding; use group or digital interventions efficiently.

Technology-based issues in Health Psychology

Technological & Modern	Privacy in Digital Health Apps	Patient data may be exposed or misused.	Ensure data encryption; obtain informed digital consent; choose secure platforms.
Technological & Modern	Overreliance on Technology	Tech-based tools may replace human empathy.	Use technology to complement, not replace, human care; maintain personal contact.
Technological & Modern	Equity in Access	Not all patients have access to digital tools or literacy.	Provide offline alternatives; offer training; design inclusive health technologies.

There is no doubt that Euthanasia — the act of deliberately ending a person’s life to relieve suffering — raises deep **ethical, legal, and psychological dilemmas**. In health psychology and healthcare ethics, it is one of the most debated issues because it challenges our understanding of life, death, autonomy, and professional responsibility.

Principle	Application to Euthanasia	Ethical Challenge
Autonomy (Responsibility)	Patients have the right to make decisions about their own lives, including the choice to end it.	Respecting autonomy may conflict with the duty to preserve life.
Beneficence (Competence)	Acting to relieve suffering and promote well-being.	Euthanasia may end suffering, but it also ends life — the ultimate harm from another perspective.
Non-Maleficence (Do no harm)	Healthcare providers should not cause harm.	Is prolonging suffering more harmful than helping someone die peacefully?
Justice (Integrity)	Fairness in treatment and access to care.	Could euthanasia be used unjustly or unequally (e.g., for marginalized or disabled people)?
Dignity (Respect)	Respecting the person’s sense of worth and humanity.	Some argue euthanasia preserves dignity; others see it as undermining the inherent value of life.

Arguments in favour of Euthanasia

Autonomy and Freedom of Choice

Individuals should have control over how and when they die, especially in terminal illness.

Compassion and Relief of Suffering

When pain and suffering are unbearable and irreversible, euthanasia may be seen as an act of mercy.

Quality of Life

If life is reduced to prolonged suffering without hope of recovery, ending it may uphold personal dignity.

Resource Considerations

Some argue it allows more humane and efficient use of medical resources, though this is highly controversial.

Arguments against Euthanasia

Sanctity of life

Life is inherently valuable and intentionally ending it is morally wrong regardless of circumstances.

Slippery Slope concerns

Legalizing euthanasia could lead to abuse, coercion, or expansion to non-terminal cases.

Medical ethics

The healthcare provider's role is to heal, not to kill; euthanasia may erode trust in medicine.

Patients' psychological state

Requests for euthanasia may be influenced by depression, hopelessness, or inadequate palliative care.

Alternatives exist

Palliative care and psychological support can relieve suffering without ending life.

From a Health Psychologist`s Perspective

Emotional Burden on Health Professionals

Performing or supporting euthanasia can cause moral distress, guilt, or compassion fatigue.

Impact on Families

Family members may feel relief, guilt, or moral conflict after euthanasia decisions.

Assessing Competence

Determining if the patient is mentally competent and not under external pressure is ethically complex.

Cultural and Religious Beliefs

Cultural or spiritual values strongly shape attitudes toward euthanasia, complicating ethical consensus.

Legal and Cross-Cultural Contexts

Euthanasia laws vary widely:

- ❖ **Permitted (under strict conditions):** The Netherlands, Belgium, Canada, parts of Australia, Colombia, New Zealand.
- ❖ **Assisted Suicide Legal (but not euthanasia):** Some U.S. states (e.g., Oregon, Washington).
- ❖ **Illegal:** Many Asian, African, and Middle Eastern countries, influenced by religious or moral doctrine.
- ❖ United Kingdom and France— Active euthanasia is illegal; assisting someone else to die is also criminalised.
- ❖ Poland and China — Criminal law forbids euthanasia (active killing) under its homicide and manslaughter provisions.
- ❖ Germany — Active euthanasia is prohibited as a criminal act, even though assisted suicide has been decriminalised under certain circumstances.

Active voluntary euthanasia:
a medical professional **administering**
a lethal act with the patient's
informed consent.

Assisted suicide:
(patient self-administers
the lethal act)

Passive euthanasia:
(withholding or withdrawing
life-sustaining treatment).

[A short stay in Switzerland](#)





