

THEORY OF ETHICS
(AND TRANSCULTURAL ASPECTS)

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TEACHING ETHICS TO STUDENTS IN
OCCUPATIONAL MEDICINE

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« OCCUPATIONAL HEALTH PROFESSIONALS MUST ALWAYS ACCEPT, AS A MATTER OF PRIME CONCERN, THE INTEREST OF THE HEALTH AND SAFETY OF THE WORKER.

AND MUST REQUEST THAT THIS CLAUSE OF ETHICS BE INCORPORATED IN THEIR CONTRACT OF EMPLOYMENT. THIS CLAUSE OF ETHICS SHOULD INCLUDE THERE RIGHT TO APPLY PROFESSIONAL STANDARDS, GUIDELINES AND CODES OF ETHICS. »

(INTERNATIONAL CODES OF ETHICS FOR OCCUPATIONAL HEALTH PROFESSIONALS.

UPDATED 2002)

THIS INTERNATIONAL CODE OF ETHICS IS NOT
REALLY COMPATIBLE WITH HOW ONE THINKS
ABOUT ETHICS

THE PROBLEM IS THAT THE SIMPLE APPLICATION
OF GOOD BEHAVIOR FALLS SHORT OF TRUE
ETHICAL REFLECTION

THEORY OF ETHICS

AMERICAN PRINCIPLES:

- RESPECT FOR AUTONOMY
 - CHARITY
 - NO HARM
 - JUSTICE

TELEOLOGICAL
UTILITARISM

FRENCH PRINCIPLES:

- RESPECT OF THE INTEGRITY OF THE BODY
- EQUITY > JUSTICE
- RESPECT FOR DIGNITY

MORE DEONTOLOGICAL

ETHICS OF CARE

THE DISTINCTION BETWEEN DIFFERENT THEORIES
OF ETHICS IS NOT REALLY USEFUL IN THE
PRACTICAL APPLICATION OF ETHICS

OCCUPATIONAL HEALTH IS PROBABLY THE
SPECIALITY WHERE A CONFLICT OF INTEREST
OCCURS MOST FREQUENTLY

DISCLOSURE OF MEDICAL INFORMATION

GENETIC TESTING IN THE WORKPLACE

SCREENING FOR ALCOHOL, DRUG ADDICTION

FRENCH CONCEPT OF APTITUDE

PROCEDURAL APPLICATION IS THE MAJOR RISK
WHICH CONTRIBUTES TO A SORT OF
INSTITUTIONAL ETHICS

CODES AND CHARTS PREVENT US TO THINK,
BECAUSE THEY PROTECT US FROM REALITY

CONCLUSION:

CODES AND CHARTS ARE USEFUL BUT FAR FROM
SUFFICIENT FOR TRUE ETHICAL REFLECTION AND
APPLICATION FOR STUDENTS