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KARNATAKA RADIOLOGY EDUCATION PROGRAM

CLINICAL RESEARCH – BRIDGING IMAGING & INNOVATION

SESSION – 12 – HISTORY OF BIOETHICS (1)



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MEDICAL ETHICS – EVOLUTION

Period	Key Figure/Event	Contribution/Significance
BC - Early 1900s	Development of Medical Ethics	Focus on doing good and avoiding harm in patients, humanistic treatment, defining bioethics
5th Century BC	Hippocratic Corpus	Foundation of medical systems, Hippocratic Oath as a landmark declaration of medical ethics
Born AD 129	Galen	Discussed conflicts between theory and practice, identified Hippocrates as a paradigm of medical ethics, emphasized knowledge, logic, and self-control
1600s	Thomas Sydenham	Known as "The English Hippocrates," emphasized doing good or no harm, first to describe Scarlet Fever, linked fleas to typhus, used quinine for malaria
1800s	Sir William Osler	Father of modern medicine, emphasized treating patients as human beings, advocated for nondiscriminatory medical education, blended art and science
1874	American Medical Association	Developed its first Code of Ethics
1920s	Fritz Jahr	Coined "bioethics," proposed "Bioethical Imperative," extended Kant's moral imperative to all life forms, emphasized new ethical reflection with new science and technology

MEDICAL ETHICS – EVOLUTION

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1947	Nuremberg Code	A set of research ethics principles for human experimentation. Emphasized voluntary consent, benefit to society, and minimization of risks.
1956	Willowbrook Experiments	Developmentally delayed children inoculated with hepatitis. Raised ethical concerns about experiments on children.
1932-1972	Tuskegee Syphilis Study, Terre Haute Prison Experiments, The Guatemala Experiments	Egregious violations of human rights in vulnerable populations. Highlighted the need for ethical standards in human research.
1964	Declaration of Helsinki	Developed by the World Medical Association to provide ethical guidelines for researchers and physicians to protect research subjects' health and rights.
1966	Beecher Article: Human Experimentation	Alerted the medical and scientific community to unethical human research practices in the U.S.
1968	Harvard Definition of Brain Death	Published a definition of irreversible coma as a new criterion for death, changing the previous definition based solely on cardiorespiratory failure.

MEDICAL ETHICS – EVOLUTION

Period	Key Figure/Event	Contribution/Significance
1973	National Research Act	Formalized the requirement for IRB process, created National Commission for the Protection of Human Subjects, authorized NIH & FDA to develop research regulations.
1973	Roe v. Wade Supreme Court Decision	Protected a pregnant woman's liberty to choose to terminate the pregnancy without "excessive" governmental restriction.
1973	Dax Cowart Case	Highlighted the importance of patient autonomy and rights, advocating for respect for patient wishes in medical treatment.
1975	Karen Ann Quinlan Case	NJ Supreme Court ruled in favor of removing the ventilator, symbolizing the ethical debate on life-sustaining treatment and patient rights.
1975	Recombinant DNA Advisory Committee	Developed biosafety standards and guidance for recombinant DNA experiments, addressing dual-use research of concern (DURC).
1976	Tarasoff v. Regents of the University of California	Established the duty of mental health professionals to warn individuals threatened with bodily harm by a patient.
1974-1978	President's Commission of the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research	Studied social issues related to healthcare, patient consent, human subjects research, genetic engineering, and more.

MEDICAL ETHICS – EVOLUTION

Period	Key Figure/Event	Contribution/Significance
1979	Belmont Report	Summarized ethical principles and guidelines for research involving human subjects.
		3 Core Principles: Respect for persons, beneficence, and justice.
		3 Primary Areas of Application: Informed consent, assessment of risks and benefits, selection of subjects.
1979	Principles of Biomedical Ethics (Beauchamp & Childress)	Part of common morality, "The Four Principles": respect for autonomy, beneficence, non-maleficence, justice.
		Autonomy: Individuals with capacity are self-determining and entitled to make decisions for themselves without undue pressure or coercion.
		Beneficence: Obligation to act for the benefit of others, act in the best interest of patients.
		Non-maleficence: Do not intentionally create harm or injury, fundamental commitment to protect patients from harm.
		Justice: Duty to ensure costs and benefits are fairly distributed. Per Aristotle: "Giving to each that which is due." Distributive justice: Allocate scarce resources equitably.

THANK YOU

