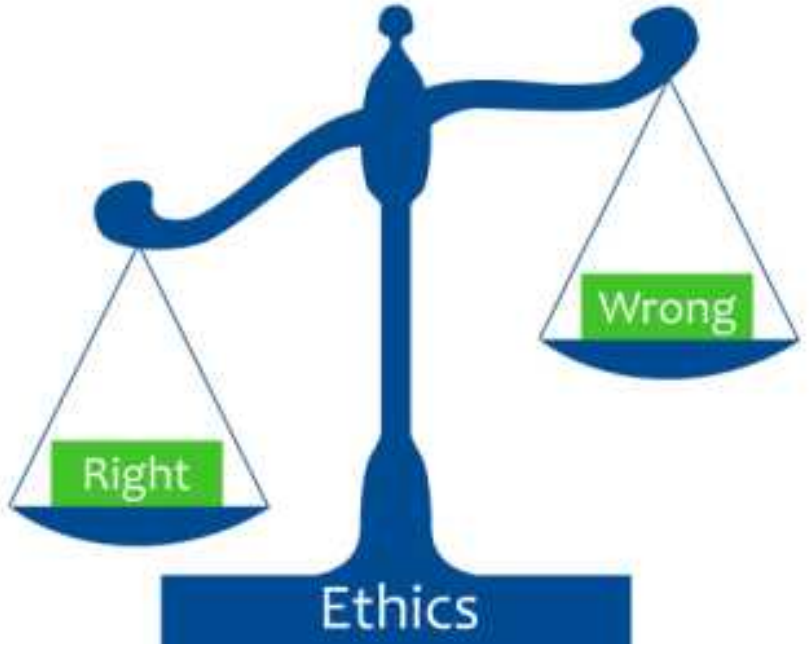
Intro in Medical Ethics

- What is medical ethics
- Basic principles
- Controversial issues
- Ethics for clinical technologists



17.6.0 Intro in Medical Ethics

Unit C 17.6 Trends in Medical Research Ethics

Module 279-17-C Regulations, Standards and Ethics

What is (Medical) Ethics ?

Ethics or **moral philosophy** is the branch of **philosophy** that deals with concepts of **right** and **wrong** conduct. It investigates the questions "What is the best way for people to live?" and "What actions are right or wrong in particular circumstances?" Ethics seeks to define concepts such as good and evil, right and wrong, virtue and vice, justice and crime.

Ethics guides (professional) behaviour in case there are no regulations or standards.

Medical ethics is a system of **moral principles** that apply values and judgments to the practice of medicine.

Bio ethics is the philosophical study of the ethical controversies brought about by advances in biology and medicine.

... there are many alternative definitions...

Moral principles in Biomedical Ethics

A common framework used in the analysis of medical ethics is the "**four principles**" approach.
It recognizes four basic moral principles, which are to be judged and **weighed against each other**, depending on the precise case. The four principles are:

- **Beneficence** – to act in the best interest of the patient.
- **Non-maleficence** – "first, do no harm“
- **Autonomy** – the patient has the right to refuse or choose their treatment.
- **Justice** – who gets what treatment (fairness and equality).

Other values that are often discussed include:

- **Respect for persons** – the patient (and the person treating the patient) have the right to be treated with dignity.
- **Truthfulness and honesty** – the patient deserves to know the whole content about the illness and treatment (including ‘informed consent’)

Values such as these do not give answers as to how to handle a particular situation, but provide a useful **framework for understanding conflicts**.

Beneficence: ‘doing good’

Beneficence means taking actions that serve the best interests of patients.

However, it is not always clear which practices do in fact help patients (e.g. in cases of cosmetic surgery, euthanasia, …) .

How should a physician decide about what is ‘good’ for the patient?

1. Understand the patient perspective
2. Address misunderstandings and concern
3. Try to persuade the patient
4. Negotiate a mutually acceptable plan of care
5. Ultimately **let the patient decide**

Non-maleficence: ‘first, do no harm’

Non-maleficence **‘first’** is based on the notion that it is more important not to harm than to do good. Be on the safe side!

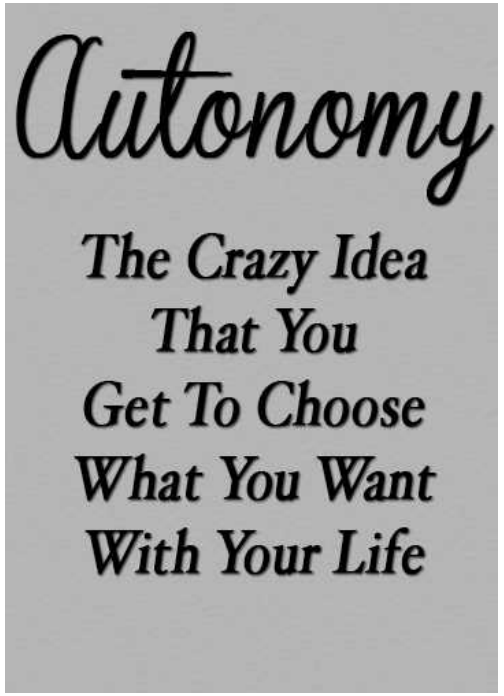
It is important to know how likely it is that a **treatment will harm** a patient. So a physician should not prescribe medications (or otherwise treat the patient) unless s/he knows that the treatment is **unlikely to be harmful**; or at the very least, that patient under-stands the risks and benefits, and that the likely **benefits outweigh the likely risks**.

In practice many treatments carry some risk of harm. In some circumstances, e.g. in desperate situations where the outcome without treatment will be grave, risky treatments that stand a high chance of harming the patient will be justified, as **the risk of not treating** is also very likely to do harm. So the principle of non-maleficence is not absolute, and balances against the principle of beneficence (doing good), as the effects of the two principles together often give rise to a double effect.

If benefit equals harm, do not intervene

Respect for autonomy

Autonomy is where the patient has the right to refuse medical treatment or choose a medical treatment. Autonomy is the basis for the requirement of '**informed consent**' regarding treatments.



Without the ethical principle of Autonomy, the principles of Non-Maleficence and Beneficence would lead to a **paternalistic approach**: the doctor decides what is 'ethical'.

Because of this principle, physicians should **disclose information** and help patients deliberate.

A person's autonomy may be justifiably **restricted** for several reasons:

- the person is **incapable** of making informed decisions. Respecting autonomy is less important than acting in the best interest of the patient.
- individual autonomy is constrained by the **needs of other individuals** or society at large.
- an individual is not free to act in ways that **violate the autonomy of other people**, harm others, or impose unfair claims on society's resources

Justice

Justice is where patients are treated **impartially**, without bias on account of gender, race, sexuality, wealth and etc. Justice focuses on who gets medical treatment with specific **scarce medical resources**.

For example, one of the first instances to allocate a scarce medical resource was in the 1960s with the availability of dialysis for people in chronic kidney failure. Since the demand exceeded the supply because dialysis was expensive and not accessible on a large scale, it meant **not all people who needed it could receive it**. So the principle of Justice was applied.

You are a physician working in an Intensive Care Unit with a capacity of five beds, four of which are occupied. You receive a call from Emergency where they have two patients needing ICU admission. The mother of one of those patients, whom you know, pleads with you to save her young son. The other patient, as you find out later is a foreigner with no relatives in the country. What would be the right action in this case?

How to set priorities for deciding whether we want CT scanners, dialysis equipment, dental chairs or theatre equipment ?

Respect for Persons and Confidentiality

Confidentiality is commonly applied to conversations between doctors and patients. This concept is commonly known as **patient-physician privilege**. Legal protections prevent physicians from revealing their discussions with patients, even under oath in court.
However, there are many exceptions to these rules. For example, many US states require physicians to report **gunshot wounds** to the police and **impaired drivers** to the Department of Motor Vehicles. Confidentiality is also challenged in cases involving the diagnosis of a **sexually transmitted disease** in a patient who refuses to reveal the diagnosis to a spouse, and in the **termination of a pregnancy** in an underage patient, without the knowledge of the patient's parents. Many states in the U.S. have laws governing parental notification in underage abortion.

Confidentiality is an important issue in **primary care ethics**, where physicians care for many patients from the same family and community, and where third parties often request information from the considerable medical database typically gathered in primary health care.

Truthfulness and Honesty

Truthfulness and Honesty builds on Autonomy to lead to '**informed consent**'

Informed consent refers to the idea that a person must be **fully informed** about and **understand** the potential benefits and risks of their choice of treatment. An uninformed person is at risk of mistakenly making a choice not reflective of his or her values or wishes.

The process of obtaining consent, or the specific legal requirements, will vary from place to place

Patients can elect to make their own medical decisions, or can delegate decision-making authority to another party.
If the patient is **incapacitated**, laws around the world designate different processes for obtaining informed consent, typically by having a person appointed by the patient or their next of kin make decisions for them. The value of informed consent is closely related to the values of autonomy and truth telling.

Conflicts between the principles

Autonomy can come into conflict with **Beneficence** when patients disagree with recommendations that healthcare professionals believe are in the patient's best interest.

When the patient's interests conflict with the patient's welfare, different societies settle the conflict in a wide range of manners.

In general, Western medicine defers to the wishes of a mentally competent patient to make their own decisions, even in cases where the medical team believes that they are not acting in their own best interests. However, many other societies prioritize beneficence over autonomy.

- A patient in a Nursing home has no ability to find food, prepare it or bring it to her mouth, but has ability to swallow. Should she be fed?
- What, if a patient does not want a treatment because of, for example, religious or cultural views? What if parents do not want such treatment for their children?
- What, if the patient wants an ‘unnecessary’ treatment, as can be the case in **hypochondria** or with cosmetic surgery.

Controversial issue: Ending medical treatment

Modern technology has complicated the application of the Beneficence principle.

- up to what point do you use technology (e.g. a ventilator) to keep a very ill patient alive who has massive brain damage or even no brain function left.
- In some situations, it is technically possible to continue ventilating the patient for a very long time, causing the heart to continue pumping and to keep ‘the body’ alive.
- The traditional criterion for death is ‘the irreparable cessation of heartbeat, respiration and blood pressure’.
- These days, brain death is often considered death.

Controversial issue: Euthanasia

Due to modern healthcare, people sometimes get very diseased and demented. They can suffer a lot. Often, such persons want to die, but are not able to accomplish this themselves.

Is it ever allowed to help such a person dying ?

Passively (letting a patient die):

- withdrawing life support (e.g. ventilation, intravenous feeding, medical drugs)

Actively (helping a patient to die):

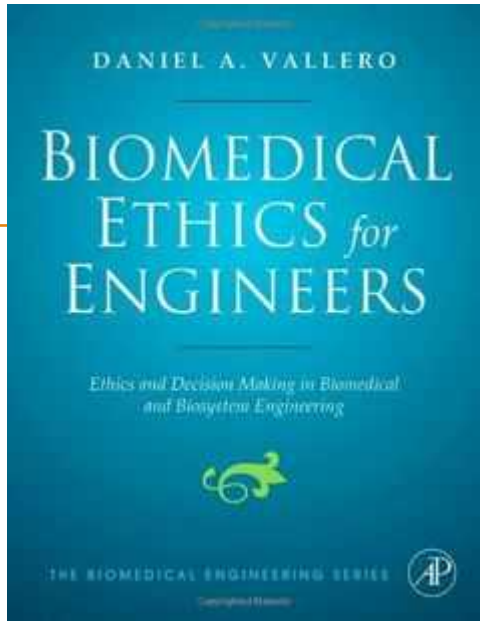
- giving a deadly injection or potion

If the answer is yes, under what conditions would that be?

Strict conditions in the Netherlands for active euthanasia include:
it should be requested repeatedly by the patient, unbearable suffering without end, two medical doctors, …

How about giving a terminally ill patient a dose of pain-killing morphine, which can be expected to hasten death ?

Ethics for Clinical Engineering Professionals



A lot of information can be found on the internet regarding Ethics for BioMedical Technologists and related professions. For example:

The American College of Clinical Engineering (ACCE) defines a clinical engineer as "A professional who supports and advances patient care by applying engineering and management skills to health care technology."

ACCE amplifies this definition in its seven-point code of ethics, as follows:

1. **Prevention of injury** in the clinical environment
2. **Accurate representation** of the clinical engineer's knowledge, level of responsibility, education, authority and experience
3. Revelation of **conflict of interest**
4. **Protection of confidential information**
5. **Improvement of patient care delivery**
6. **Cost containment** by technology utilization
7. **Promotion of the profession** of clinical engineering

"It is not ethical to allow clinical users to work with an unsafe device."

END

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