

A collage of overlapping papers with various ethical terms. The most prominent word is 'Ethics' in a large, bold, black serif font. Other visible words include 'Values', 'Fairness', 'Doing the Right Things', 'ards', 'y to', and 'M'. The papers are layered, creating a sense of depth and focus on the central theme of ethics.

**Ethics**

Values

Fairness

# Bioethics

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# Definition



- ▶ Ethics is the branch of philosophy which deals with moral aspects of human behavior.
- ▶ **Health ethics is primarily a field of applied ethics, the study of moral values and judgments as they apply to healthcare.**

# Medical ethics


- A group of guidelines, such as the Oath of Hippocrates, generally written by physicians, about the physician's ideal relationship to his peers and to his patients

# Medical ethics

- ▶ The basic concept of medical ethics is that the physician has a moral (and at times legal) obligation to act for the patient's good, using the most up-to-date information.
- ▶ The question is how to establish that "good," who defines it, and what are the components thereof.

A number of reasons are  
responsible for the interest  
in health ethics



- Significant technological and scientific advances and changes in clinical medicine and research have produced totally new ethical dilemmas and exacerbated old ones.
  - The change in philosophy from paternalism to autonomy in the physician–patient relationship.
  - The involvement of additional caregivers (various medical specialists, a variety of health professionals, students, administrators and investigators).
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- ▶ The involvement of society at large (through the mass communication media, courts, legislators).

# Ethics and the Law

- ▶ Ethical decisions are based on what is best for the common good and, generally, exceed what is required by law.
- ▶ Legal decisions are based on what is mandated by statutes or case law



# Important principles

- Scientific and humanistic components must be combined.
- The subjective feelings of the patient, which are based on personal, social, cultural, and economic value systems, must be considered.

# Ethics in Research

**Video: Tuskegee Syphilis Project**

# Ethics in research

In 1990, Executive Editor Dr. Marcia Angell of the *New England Journal of Medicine* reiterated the journal's position that only research conducted in accordance with the rights of human subjects would be published. The results of unethical research would not be published, regardless of scientific merit.

# Difference between research and practice

- ▶ The Belmont Report distinguished between research and practice
- ▶ *Practice includes interventions* designed to enhance the well-being of a patient through either diagnosis or treatment and that have a reasonable expectation of success.
- ▶ *Research was defined as “an activity* designed to test a hypothesis, permit conclusions to be drawn, and thereby to develop or contribute to generalizable knowledge (expressed, for example, in theories, principles, and statements of relationships).

# Institution Review Bodies (IRBs)

The IRB must

- Identify risks of the research
- Minimize risks as much as possible
- Identify probable benefits
- Evaluate the risks in relation to the benefits
- ensure that research subjects are provided with an accurate and fair description of the risks, discomforts, and anticipated benefits,




# Institution Review Bodies (IRBs)

- ▶ (6) ensure that research subjects are offered the opportunity to voluntarily accept or reject participation in the research, or discontinue participation, without coercion or fear of reprisal or deprivation of treatment to which the patient is otherwise entitled,
- ▶ (8) and (7) determine intervals of periodic review and, when necessary, determine the adequacy of mechanisms for monitoring data collection.



# Ethical Principles

1. Beneficence – a practitioner should act in the best interest of the patient.
  2. Non-maleficance – "first, do no harm".
  3. Autonomy – the patient has the right to refuse or choose their treatment.
  4. Justice – concerns the distribution of scarce health resources, and the decision of who gets what treatment (fairness and equality).
  5. Non discriminatory treatment.
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# Ethical Principles

6. Dignity – the patient (and the person treating the patient) have the right to dignity.
7. Truthfulness and honesty – the concept of informed consent has increased in importance since the historical events of the Doctors' Trial of the Nuremberg trials and Tuskegee Syphilis Study.



autonomy

justice

beneficence

non-maleficence

# Conflicts between values

For example, the principles of autonomy and beneficence clash when patients refuse life-saving blood transfusion, and truth-telling was not emphasized to a large extent before the HIV era.



# Beneficence


- The moral obligation to do good for others, and to help them in an active way.
- there are limits to the requirement that one act to help others at all times. These vary with the degree of need, the ease and ability with which the help can be rendered, and the nature of the relationship between the individual needing help and the one able to provide it.

# Autonomy

Paternalism is an approach in which the physician chooses the treatment for the patient because the physician's professional knowledge, experience and objectivity best qualify him to judge the ideal treatment for the patient.



# Autonomy

- Autonomy means that only the patient knows what is best for him and only he has the right to decide. In order to do so he/ she needs to receive from the physician all the appropriate information about his condition to permit him to make an informed decision.
  - The physician's values, and even less his professional knowledge and experience, play no role in the final decision.
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# Autonomy

Traditionally, the physician's role was viewed as giving "orders" to nurses and to patients (e.g. order-entry, physician orders, etc.). In the atmosphere of autonomy, physicians must use a different language such as advise, recommendation, etc.

# Drawbacks of autonomy

- ▶ The main criticism of pure autonomy is that the physician has little influence on the patient's decision, which is often based on a lack of full understanding of his condition.
- Such a decision may cause unnecessary and avoidable harm to the patient

# Autonomy

- ▶ Respect for autonomy is the basis for informed consent and advance directives.
- Individuals' capacity for informed decision making may come into question during resolution of conflicts between Autonomy and Beneficence.

# Non-maleficance

- ▶ is defined as the obligation not to harm others and to remove and prevent potential harm. DO NO HARM!!
- Thus, one must not only prevent intentional harm but must also be appropriately cautious not to cause harm.



# Double effect

- Some interventions undertaken by physicians can create a positive outcome while also potentially doing harm. The combination of these two circumstances is known as the "double effect."
- The most applicable example of this phenomenon is the use of morphine in the dying patient. Such use of morphine can ease the pain and suffering of the patient, while simultaneously hastening the demise of the patient through suppression of the respiratory drive.



# implications of ethics in practice

# Informed Consent

- ▶ Uninformed agent is at risk of mistakenly making a choice not reflective of his or her values.
- The value of informed consent is closely related to the values of autonomy and truth telling.

## Other principles

- ▶ Patient Rights and Responsibilities.
- ▶ **Advance Directives:** Patients can delegate decision-making authority to another party. If the patient is incapacitated, the next-of-kin make decisions for the incapacitated patient.

# Do Not Resuscitate (DNR).

- Governed at the state level.
- Requires a physician order
- Documented in the medical record
- Requires clear policy and procedure
- Documented education of patient, family and staff
- Does not require an advance directive as a precondition

# Confidentiality



- ▶ This concept is commonly known as patient–physician privilege.
- ▶ Legal protections prevent physicians from revealing their discussions with patients, even under oath in court.



# Confidentiality

- Confidentiality is challenged in cases such as the diagnosis of a sexually transmitted disease in a patient who refuses to reveal the diagnosis to a spouse, or in the termination of a pregnancy in an underage patient, without the knowledge of the patient's parents.

# Importance of Communication

- “ethical conflicts” in medical ethics are traceable back to a lack of communication.
- Communication breakdowns between patients and their healthcare team, between family members, or between members of the medical community, can all lead to disagreements and strong feelings.

# Ethics committee

- Many times, simple communication is not enough to resolve a conflict, and a hospital ethics committee of *ad hoc nature must convene to decide a complex matter.*
- Permanent bodies, ethical boards are established to a greater extent as ethical issues tend to increase. These bodies are comprised of health care professionals, religious leaders, and lay people.

# Truth- telling

Some cultures do not place a great emphasis on informing the patient of the diagnosis, especially when cancer is the diagnosis.

# Conflict of interest

- ▶ Physicians should not allow a conflict of interest to influence medical judgment.
- In some cases, conflicts are hard to avoid, and doctors have a responsibility to avoid entering such situations.
- Unfortunately, research has shown that conflicts of interests are very common among both academic physicians and physicians in practice.



# Referral

- For example, doctors who receive income from referring patients for medical tests have been shown to refer more patients for medical tests.

# Vendor relationship

- ▶ Studies show that doctors can be influenced by drug company inducements, including gifts and food.
- Industry-sponsored Continuing Medical Education (CME) programs influence prescribing patterns.
- A growing movement among physicians is attempting to diminish the influence of pharmaceutical industry marketing upon medical practice, as evidenced by Stanford University's ban on drug company-sponsored lunches and gifts.

# Withholding and Withdrawing Treatment

- Life-sustaining treatment is any treatment that serves to prolong life without reversing the medical condition
- Clear policy and procedure
- Examples of such treatment
  - Mechanical ventilation
  - Renal dialysis
  - Artificial nutrition and hydration
  - Antibiotics
  - Blood products

# Capacity


- Patient must be:
  - Of age.
  - Able to understand the nature of the situation and the consequences of the decision.
  - Able to communicate the wishes to the caregiver.
- Capacity normally is determined by the physician

# Capacity


- Capacity is presumed unless there is a reason to question it.
- Capacity may come and go so act as close to the time of capacity as possible.



# Futile Care

- ❑ Do not abandon the patient; arrange transfer.
  - ❑ Have appropriate policies.
  - ❑ Be sure decisions are based on medical issues, not age, social status, etc.
  - ❑ Avoid court if at all possible.
  - ❑ Negotiate with the patient, surrogates, and health care providers, if necessary.
  - ❑ Use the Ethics Committee.
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# Ethics committee

- ❑ Chairperson should be well educated or trained in ethical issues.
  - ❑ Appropriate medical and clinical staff should be included.
  - ❑ There should be a clerical representative from the religious community.
  - ❑ A layperson from the community should be a member.
  - ❑ Decisions are nonbinding.
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# Ethics Committee

- The risk manager should:
  - Be a neutral party during the discussions.
  - Serve as a facilitator.
  - Act as a consultant on legal issues.
  - Develop an ethics consultation mechanism.

# Topics for Ethics Committees

- Abortion and reproductive rights
  - End-of-life or futile care
  - Quality of life
  - Advance directives
  - DNRs
  - Staff rights that conflict with patient wishes
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# Sample Question

The committee that generally is charged with oversight of investigative patient research is the:

- A. Bioethics Committee.
- B. Institutional Review Board.
- C. Utilization Review Committee.
- D. Quality Improvement Committee.



If a patient's physician and agent disagree about what course of action is best for the patient, the best course of action is to:

- A. Refer the case to the Ethics Committee.
  - B. Follow the wishes of the patient's agent.
  - C. Allow the physician to make the decision since he is ultimately liable.
  - D. Seek guidance from the appropriate court.
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*Thank You!*