



Ethics

MEDICAL ETHICS

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Introduction



- Ethics is concerned with **moral principles, values and standards of conduct.**(WHO)
- Ethics is the study of **morality** – careful and systematic reflection on and analysis of **moral decisions and behaviour.** #
- **Morality** is the value dimension of human **decision-making and behaviour.**

- World Medical Association Manual of Medical Ethics

Introduction



- The Greek word *ethike* means **habit, action, character.**
- The Latin word *mos (morals)* means **habit or custom.**
- In simple words, Ethics is a set of philosophical beliefs and practices concerned with the distinction between right and wrong.

Introduction



- Ethics is a very large and complex field of study with **many branches** or subdivisions.
- **Medical Ethics** is the branch of ethics that deals with **moral issues in medical practice**.
- Medical ethics is closely related, but **not identical to, *bioethics (biomedical ethics)***

Introduction



- Whereas **medical ethics** focuses primarily on issues arising out of the **practice of medicine**, **bioethics** is a very broad subject that is concerned with the moral issues raised by **developments in the biological sciences** more generally.

Introduction



Medical Etiquettes:

- The conventional laws, customs of courtesy and the code of conduct governing the **relationship of the physician with his professional colleagues.**

Introduction



- In recent times medical ethics has been greatly influenced by **developments in human rights**.
- Physicians frequently have to deal with medical problems resulting from violations of human rights, such as **forced migration and torture**.

Introduction



- Medical ethics is also **closely related to law**.
- Quite often ethics prescribes higher standards of behaviour than does the law, and occasionally ethics requires that physicians disobey laws that demand unethical behaviour.

Importance of Medical Ethics



- Ethical principles such as respect for persons, informed consent and confidentiality are **basic to the physician-patient relationship**.
- **Application** of these principles in specific situations is **often problematic**, since physicians, patients, their family members and other healthcare personnel may disagree about what is the right way to act in a situation.

Importance of Medical Ethics



- The study of ethics prepares medical professionals to **recognize difficult situations** and to deal with them in a **rational and principled manner**.
- Ethics is also important **in physicians' interactions with society** and their **colleagues** and for the **conduct of medical research**.

Principles of Medical Ethics

- **A**utonomy
- **B**eneficence
- **C**onfidentiality
- **D**o no harm/ **N**on-maleficence
- **E**quity or Justice



Principles of Medical Ethics



Autonomy

- Patient has freedom of thought, intention and action when making decisions regarding health care procedures.
- For a patient to make a fully informed decision, she/he must understand all risks and benefits of the procedure and the likelihood of success.

Principles of Medical Ethics



Autonomy

- This includes the need to **tell the truth (veracity)** and to be **faithful to one's commitments (fidelity)**.

Principles of Medical Ethics



Beneficence

- The practitioner should act in “the best interest” of the patient - the procedure be provided with the intent of doing good to the patient.
- Patient’s welfare is the first consideration.

Principles of Medical Ethics



Confidentiality

- Based on **loyalty and trust**.
- **Maintain the confidentiality** of all personal, medical and treatment **information**.
- Information to be revealed for the benefit of the patient and when ethically and legally required.

Principles of Medical Ethics



Do no harm/ Non-maleficence

- **“Above all, do no harm”**
- Make sure that the procedure does not harm the patient or others in society.

Principles of Medical Ethics



- When interventions undertaken by physicians create a **positive outcome** while also potentially doing **harm** it is known as the "**double effect.**"

Eg,. the use of morphine in the dying patient. eases pain and suffering while hastening the demise through suppression of the respiratory drive.

Principles of Medical Ethics



Equity or Justice

- **Fair and equal distribution of scarce health resources**, and the decision of who gets what treatment.
- The burdens and benefits of new or experimental treatments must be distributed equally among all groups in society.

Ethical Codes



- Hippocratic Oath – 5th century BC
- Nuremberg Code -1948
- Declaration of Geneva - 1948
- Universal Declaration of Human Rights-1948
- Helsinki Declaration -1964
- International Code of Medical ethics
- Indian Medical Council (Professional Conduct, Etiquettes and Ethics) Regulations, 2002

Hippocratic Oath



- One of the **earliest** document in medical ethics – 5th century BC.
- Traditionally all **doctors recite this oath at swearing in**. It is considered sacred for its religious foundation and sanctity.



HIPPOCRATIC OATH



SWEAR by Apollo the physician and Asclepius and Hygieia and Panacea, invoking all the gods and goddesses to be my witnesses, that I will fulfil this Oath and this written covenant to the best of my powers and of my judgment. I will look upon him who shall have taught me this art even as on mine own parents; I will share with him my substance, and supply his necessities if he be in need; I will regard his offspring even as my own brethren, and will teach them this art, if they desire to learn it, without fee or covenant.

I WILL IMPART it by precept, by lecture and by all other manner of teaching, not only to my own sons but also to the sons of him who has taught me, and to disciples bound by covenant and oath according to the law of the physicians but to none other.

THE REGIMEN I adopt shall be for the benefit of the patients to the best of my power and judgment, not for their injury or for any wrongful purpose. I will not give a deadly drug to any one, though it be asked of me, nor will I lead the way in such counsel; and likewise I will not give a woman a pessary to procure abortion. But I will keep my life and my art in purity and holiness. I will not use the knife, not even, verily, on sufferers from stone, but I will give place to such as are craftsmen therein.

WHATSOEVER HOUSE I enter, I will enter for the benefit of the sick, refraining from all voluntary wrongdoing and corruption, especially seduction of male or female, bond or free.

WHATSOEVER THINGS I see or hear concerning the life of men, in my attendance on the sick or even apart from my attendance, which ought not to be blabbed abroad, I will keep silence on them, counting such things to be as religious secrets.

IF I FULFIL this oath and confound it not, be it mine to enjoy life and art alike, with good repute among all men for all time to come; but may the contrary befall me if I transgress and violate my oath.

Nuremberg Code - 1948



The Nuremberg Code

- **Voluntary informed consent**
- **Likelihood of some good resulting**
- **Based on prior research (animal models)**
- **Avoidance of physical or psychological injury or harm**
- **Benefits should outweigh risks**
- **Proper experience of researcher**
- **Right to withdraw consent**
- **Research must stop if harm is resulting**

(no specific mention of children, unconscious people, or others who may not be competent to give consent)

Declaration of Geneva



- Adopted at World Medical Association General Assembly in 1948.
- Amended in 1968, 1984, 1994, 2005 and 2006.
- Declaration of **physicians' dedication to the humanitarian goals of medicine.**

THE WORLD MEDICAL ASSOCIATION DECLARATION OF GENEVA

At the time of being admitted as a member of the medical profession:

I SOLEMNLY PLEDGE to consecrate my life to the service of humanity;

I WILL GIVE to my teachers the respect and gratitude that is their due;

I WILL PRACTISE my profession with conscience and dignity;

THE HEALTH OF MY PATIENT will be my first consideration;

I WILL RESPECT the secrets that are confided in me, even after the patient has died;

I WILL MAINTAIN by all the means in my power, the honour and the noble traditions of the medical profession;

MY COLLEAGUES will be my sisters and brothers;

I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;

I WILL MAINTAIN the utmost respect for human life;

I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;

I MAKE THESE PROMISES solemnly, freely and upon my honour.

Helsinki Declaration



- Set of ethical principles regarding **human experimentation** developed by the World Medical Association in **1964**.
- Undergone 6 revisions since then. Last revision in 2008.
- More specifically addressed **clinical research, reflecting changes** in medical practice from the term 'Human Experimentation' used in the Nuremberg Code.



The Declaration of Helsinki

- ❖ “The well-being of the human subject should take precedence over the interests of science and society”
- ❖ Consent should be in writing
- ❖ Use caution if participant is in dependent relationship with researcher
- ❖ Limit use of placebo
- ❖ Participants benefit from research

International Code of Medical Ethics -2006



- Given by World Medical Association
- The code applies **both in peace and war.**
- It codifies the **duties of physician in general, duties to patients and colleagues.**

MCI Regulations - 2002



- The Medical Council of India notified the “Indian Medical Council (Professional Conduct, Etiquettes and Ethics) Regulations, 2002” on **11 March 2002**.
- Last amended in 2010.

A. DECLARATION

At the time of registration, each applicant shall be given a copy of the following declaration by the Registrar concerned and the applicant shall read and agree to abide by the same:

- 1) I solemnly pledge myself to consecrate my life to service of humanity.
- 2) Even under threat, I will not use my medical knowledge contrary to the laws of Humanity.
- 3) I will maintain the utmost respect for human life from the time of conception.
- 4) I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
- 5) I will practice my profession with conscience and dignity.
- 6) The health of my patient will be my first consideration.
- 7) I will respect the secrets which are confined in me.
- 8) I will give to my teachers the respect and gratitude which is their due.
- 9) I will maintain by all means in my power, the honour and noble traditions of medical profession.
- 10) I will treat my colleagues with all respect and dignity.
- 11) I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002.

I make these promises solemnly, freely and upon my honour.

Signature

Name

Place

Address.....



Duties and responsibilities of physician in general

- Character of Physician
 - Uphold **dignity and honour** of his profession.
 - Render **service to humanity**.
 - Person with **recognized qualification** can only practice modern system of medicine.
- Maintaining **good medical practice**.
 - Render service to humanity with full respect for the dignity of profession and man.



Duties and responsibilities of physician in general

- Maintenance of Medical records
 - Maintain the medical records pertaining to his / her indoor patients for a **period of 3 years**.
 - Records to be **given within 72 hrs** (if requested by patients/legal authorities).
 - Maintain a **Register of Medical Certificates** giving full details of certificates issued.
- Display of registration numbers.
- Use of Generic names of drugs.



Duties and responsibilities of physician in general

- Highest **Quality Assurance** in patient care
- Exposure of Unethical Conduct
- Payment of Professional Services
 - Personal financial interests of a physician should not conflict with the medical interests of patients.
- Evasion of **Legal Restrictions**
 - Physician shall **observe the laws** of the country in regulating the practice of medicine.

Duties of Physician to their patients



▪ **Obligations to the sick**

- Always **respond to the calls** of the sick.
- Ailment **not within range** of experience he can refuse treatment and **refer**.

▪ **Patience, delicacy & secrecy**

- **Patience and delicacy** should characterize the physician.
- **Secrecy of patients to be maintained** except when required by laws of the state and to protect healthy individuals.

Duties of Physician to their patients



▪ **Prognosis**

- Neither exaggerate or minimize gravity of patient's condition

▪ **Do not neglect the patient**

- Physician free to choose.
- Once undertaken should not neglect the case.
- Respond to request in emergency.



Duties Of Physician in consultation

- **Avoid un-necessary consultation**
 - Consulting pathologist, radiologist or asking for lab investigation should be done judiciously .
- Consultation for **patient benefit.**
- **Punctuality** in consultation.
- **Statement to patient after consultation.**
- Treatment after consultation.
- Patient referred to specialist.
- Fees and other charges.

Responsibilities To Each Other



- Dependence of Physicians on each other
 - Should consider it as a **pleasure and privilege to render gratuitous service to all physicians** and their immediate family dependants.

- Conduct in consultation
 - **Respect** should be observed towards the **physician in-charge** of the case and no statement or remark be made.

Responsibilities To Each Other

- Consultant **not to take the charge** of the case.
- **Appointment of the substitute**
 - only when he has the capacity to discharge the additional responsibility along with his / her other duties
- Visiting another Physician's case-
 - **Avoid remarks upon the diagnosis or the treatment** that has been adopted.

Duties Of Physician To Public And Paramedical Staff

- Physicians as citizens
 - Should particularly **co-operate with the authorities** in the administration of sanitary/public health laws and regulations.
- Public and community health
 - Should enlighten the public **concerning quarantine regulations** and measures for the **prevention of epidemic and communicable diseases.**
- Pharmacists/nurses
 - Should promote and recognize their services and seek their cooperation.

Unethical Acts

- Advertising
 - Patent and Copy rights
 - Running an open shop and Appliances by Phy
 - Rebates and Commissi
 - Secret Remedies
 - Human Rights
 - Euthanasia
- Practicing euthanasia shall constitute unethical conduct.
 - However on specific occasion, the question of withdrawing supporting devices to sustain cardio-pulmonary function even after brain death, shall be decided only by a team of doctors and not merely by the treating physician alone

Misconduct

- Violation of regulations
- Adultery or improper conduct
- Conviction in court of law
- Sex determination test
- Signing false professional certificates, reports & other documents



Any registered practitioner who is shown to have signed or given under his name and authority any certificate, notification, report or document which is untrue, misleading or improper, is liable to have his name deleted from the Register

Punishment & Disciplinary Action



- Complaint is first heard by **appropriate medical council**.
- During the enquiry the full **opportunity is given to registered medical practitioner** to be heard in person or by pleader.
- The decision has to be taken within **6 months**.
- Appropriate medical council gives decision according to the case.
- During the **pendency** of the complaint the appropriate council **may restrain the physician** from performing the procedure or practice which is under scrutiny.

Punishment & Disciplinary Action



- Complaints heard by Medical Council of India (MCI) - as an apex body
- If appropriate medical council's decision is not acceptable, the petitioner or the RMP may then appeal to MCI within 60 days from the date of receipt of the order.
- If no action is taken by appropriate medical council within 6 months, then the case may be directly appealed to MCI.

Punishment & Disciplinary Action



- The punishment given by the appropriate medical council or MCI includes:
 - **Warning**
 - **Reprimand** – official action
 - **Cancellation of registration**
 - Temporary – for specific period of time.
 - Permanent

Public health ethics



Key issues in public health ethics

Disparities in health status, access to health care and to the benefits of medical research

Responding to the threat of infectious diseases

International cooperation in health monitoring and surveillance

Public health ethics



Key issues in public health ethics

Participation, transparency, and accountability

Exploitation of individuals in low-income countries

Health Promotion

Public Health Ethics



General Moral Considerations

- **Providing Benefits.**
- Avoiding, preventing, and **removing harms.**
- Producing **maximal balance of benefits** over harms and other costs.
- Distributing benefits and burdens fairly (**Distributive Justice**) and ensuring **public participation.**

Public Health Ethics



- Respecting autonomous choices and actions, including liberty of action.
- Protecting privacy and confidentiality.
- Keeping promises and commitments.
- Disclosing information as well as speaking honestly and truthfully.
- Building and maintaining trust.

Ethical principles in public health



- Harm Principle
- Principle of least restrictive means
- Reciprocatory Principle
- Transparency Principle

Harm Principle



- “The only purpose for which power can be rightfully exercised over any member of a civilized community ,against his/her will, is to **prevent harm to others**. His/her own good, either physical or moral, is not a sufficient warrant”

Least Restrictive Means



- A variety of means exist to achieve public health ends.
- Education, facilitation and discussion should precede coercive methods.
- More coercive methods should be employed only when less coercive methods have failed.
- This principle has been enshrined in the **Siracusa principles**, a set of internationally agreed upon legal principles that establish the justified conditions for the restriction of civil liberty.

Reciprocatory Principle



- Complying with public health requests may impose **burdens on individuals** – need to compensate.
- Society must be prepared to facilitate individuals and communities in their efforts to discharge their duties.

Transparency Principle



- Manner and the context in which decisions are made.
- All legitimate **stakeholders should be involved** in the decision making process, have equal input into deliberations.
- Decision making manner- **clear and accountable.**

Research ethics



- Fair Subject Selection
- Favorable risk-Benefit ratio-

Any **risks must be balanced by the benefits** to subjects, and/or the important new knowledge society will gain.

- Independent review –

A group of people who are **not connected to the research** are required to give it an **independent review**.

Research ethics



- Informed consent –
 - Subject must be **competent**.
 - The researcher must give a **full disclosure**.
 - Subjects **must understand what the researcher tells them**.
 - The subject’s decision to participate must be **voluntary**.
- Respect for enrolled Subject

ICMR guidelines -2006



- The statement of Ethical Guidelines for Biomedical Research on Human Participants shall be known as **the ICMR Code** and shall consist of the following:-
 - (a) Statement of **General** Principles on Research using Human Participants in Biomedical Research
 - (b) Statement of **Specific** Principles on Research using Human Participants in specific areas of Biomedical Research

Ethical Guidelines for Biomedical Research



All institutions in the country which carry out any form of biomedical research involving human beings should follow these guidelines in letter and spirit to protect safety and well being of all individuals.

It is mandatory that all proposals on biomedical research involving human subjects should be cleared by an appropriately constituted Institutional Ethics Committee (**IEC**)

General Principles



- Principles of **essentiality**
- Principles of **voluntariness, informed consent and community agreement**
- Principles of **non-exploitation**
- Principles of **privacy and confidentiality**
- Principles of **precaution and risk minimisation**
- Principles of **professional competence**

General Principles



- Principles of **accountability and transparency**
- Principles of the maximisation of the public interest and of **distributive justice**
- Principles of **institutional arrangements**
- Principles of **public domain**
- Principles of **totality of responsibility**
- Principles of **compliance**

Specific Principles



- Clinical Trials of Drugs, Devices, Vaccines, Diagnostic agents, Herbal Drugs
- Epidemiological Studies
- Human Genetics and Genomic Research
- Transplantation Research including Fetal tissue and Xeno- transplantation
- Assisted Reproductive Technologies

Legally valid Consent



- given by person himself if **above 12 years** of age, conscious and mentally sound (Sec. 88 IPC).
Or,
- **given by parent, guardian or friend if person is < 12 yrs. or is unconscious or is insane** (Sec. 89 IPC).
- is given **freely, voluntarily and directly.**
- is given without fear, force or fraud.
- is a **written consent.**
- non-written consent is formally documented & witnessed by two witnesses.

Institutional Ethics Committee

Basic responsibilities-

- Ensure **competent review** of proposals.
- Ensure execution **free of bias and influence.**
- Provide **advice to researchers.**

Composition-

- **8-12 members** –

1. Chairperson
2. 1-2 basic medical scientists.
3. 1-2 clinicians from various Institutes
4. One legal expert or retired judge
5. One social scientist / representative of non-governmental voluntary agency
6. One philosopher / ethicist / theologian
7. One lay person from the community
8. Member Secretary

Institutional Ethics Committee

INSTITUTIONAL ETHICS COMMITTEE, PGIMS ROHTAK

- Chairman: Vice chancellor
- Pro Vice chancellor
- Director
- Dean PGIMS
- Sh. Ram Mehar (Retd. Engineer)
- Dr. Nirmal Gulati (Ex HOD- Gynae)
- Medical Supdt. PGIMS
- Head of Dept of Law, MDU Rohtak
- Dr. Pardeep Khanna (HOD Community Medicine)
- Dr. M.C. Gupta (HOD Pharmacology)
- Dr. Pradeep Garg (Sr. Professor Surgery)-Member Secretary

Case study I

Commercial Surrogacy and Fertility tourism In India – A case Study By Kenan Institute for Ethics, Duke University, USA

A Japanese couple traveled to India in late 2007 to hire a surrogate mother to bear a child for them. They contacted Dr. Patel in Anand , Gujarat

The doctor arranged a surrogacy contract with Pritiben Mehta, a married Indian woman with children

Dr. Patel supervised the creation of an embryo from Japanese father's sperm and an egg harvested from an anonymous Indian woman.

The embryo was then implanted into Mehta's womb. In June 2008, the Japanese couple divorced, and a month later Baby Manji was born to the surrogate mother.

Although the Japanese father wanted to raise the child, his ex-wife did not.

Baby Manji had three mothers—the intended mother who had contracted for the surrogacy, the egg donor, and the gestational surrogate—yet legally she had none.

Case study II

Aruna Shanbaug case- Karnataka

In 1973, while working as a junior nurse at King Edward Memorial Hospital, Mumbai, she was sexually assaulted by a ward boy

She has been in a vegetative state since the assault

A plea for euthanasia was filed in the Supreme Court by Pinki Virani , a writer and journalist.

Case study II

On 24 January 2011, after she had been in this status for 37 years, the Supreme Court of India responded to the plea for euthanasia

The court turned down the mercy killing petition on 7 March 2011

The debate on passive and active euthanasia continues.

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Thank You!

