

MEDICAL ETHICS

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DEFINITIONS

MEDICAL ETHICS

This is a code of conduct which is accepted voluntarily within the medical profession. i.e. The members pledge themselves upon their honors to keep and to be governed by it in their medical practice.

OR

This is a branch of ethics that deals with moral issues in medical practice.

INTEGRITY

Is the practice of being honest and showing a consistent and uncompromising adherence to strong moral and ethical principles and values i.e. Integrity is regarded as being honesty and truthfulness.

IMPORTANCE OF MEDICAL ETHICS

- Ethics is important in physicians interactions with society and their colleges and the conduct of medical research.
- The study of ethics prepares medical professionals to recognize difficulty situations and deal with them in a rational and principled manner.

NOTE

Ethical principles such as respect of persons informed consent and confidentiality are basic to the physician-patient relationship.

Principles of Medical Ethics

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



AUTONOMY

Involves right of the patient to make decisions on their own behalf or in the case of children the right of the individual acting in their interest (parent /guardian).

Autonomy requires need to provide sufficient information for them to make informed choices.

Autonomy includes the need to tell the truth (veracity) and to be faithful to one's commitments (fidelity)

Example

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.

BENEFICENCE

This is an obligation or duty of the practitioner to act in the best interest of the patient.

All the procedures and treatment administered to the patient should be of the best choice available and to the benefit of the patient .

CONFIDENTIALITY

This is an obligation of a medical practitioner to maintain information in strict confidence.

Its 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.

NON-MALEFICENCE/DO NO HARM

This is the duty or obligation to avoid doing harm to the patient under your care.

NOTE

when interventions undertaken by medical practitioners create a positive outcome while also potentially doing harm is known as “DOUBLE EFFECT”

Example, The use of morphine in the dying patient eases pain and suffering while hastening the demise through suppression of the respiratory system.

EQUITY/JUSTICE/FAIRNESS

This refers to the need to treat all people equally and fairly.

We should strive to provide some decent minimum level of health care for all citizens regardless of ability to pay.

CODE OF MEDICAL ETHICS

- This is a code of conduct which is accepted voluntarily within medical profession.
- The members pledge themselves upon their honors to keep and to be governed by it in their medical practice.
- It dates back to the time of the father of medicine, Hippocrates, physician born in 460 B.C. He founded the famous Hippocratic oath
- This oath was modified into Geneva Declaration after world war II by WMA in 1949, amended in 1968 and 1983

Declaration on Geneva

At the time of being admitted as a member of the medical profession; I solemnly pledge myself to consecrate my life to the service of humanity;

I will give my teachers the respect and gratitude which is their due;

I will practice my profession with conscience and dignity.

The health of my patient will be my first consideration;

I will respect the secrets which are confided in me, even after the patient has died;

I will maintain by all means in my power and the noble traditions of the medical profession;

My colleagues will be my brothers;

I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.

I will maintain the utmost respect for human life from the time of its beginning even under threat and I will not use my medical knowledge contrary to the laws of humanity;

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

CODE OF MEDICAL ETHICS

This is a code of conduct which is accepted voluntarily within medical profession

Code of conduct/medical ethics for doctors has 5 categories

- Responsibility to the patient
- Responsibility to the society
- Responsibility to colleagues
- Responsibility to the laws and the profession
- Responsibility to research

Responsibility to the patient

- The right to quality services
- The right to autonomous choice
- The right to be informed
- The right to be informed
- The right to privacy
- The right to health education
- The right to observe absolute confidentiality
- The right to receive emergency care.

Responsibility to the society

- A doctor shall ensure that no action on his or her part, or within his or her sphere of responsibility is detrimental to the interest, health or safety of the public.

Example

Notification of an outbreak e.g Ebola, covid 19,etc

Responsibility to colleagues

- Cooperate with professional colleagues
 Shall behave towards his colleagues as he would have them behave towards him.
- Shall not entice patients from his colleagues
- Report colleagues' unethical practices.

Responsibility to the laws and the profession

- Uphold law, honor, dignity and ethical principles.
- Not engaging in activities which discredit the profession.
- Must be registered to practice

UNETHICAL CONDUCT

- Self advertising by doctors, unless permitted by the laws of the country.
- Paying or receiving fee to procure referral of patient or prescribing a product for patients.
- Divulging discoveries of new techniques or treatment through non-professional channels.
- Not issue certificate to cases he has not personally verified.
- Drug addiction
- Divulging into sexual intercourse with patients and patient's attendant

Responsibility to research

- Not to participate in research that is not conforming with nationally and internationally accepted guidelines

GAZETTED DISCIPLINARY MEASURES

1. Warning
2. Suspension from some activities
3. Interdiction
4. Retirement in public interest
5. Dismissal

CONFIDENTIALITY, PRIVACY AND DISCLOSURE

Respect for confidentiality is firmly established in codes of medical ethics

Hippocratic oath

“whatever in connection with my professional practice, or not in connection with it, I see or hear in the life of men, which ought not to be spoken of abroad, I will not divulge as reckoning that all such should be kept secret”

DEFINITION(COFIDENTIALITY)

- It is a foundation of trust in doctor-patient relationship
- A person puts trust and confidence in another to act in good faith for his best interest fiduciary relationship
- Privileged communication intended only for the knowledge of a particular person - confidential communication
- Keep private information secret or undisclosed
- children, elderly, mentally disabled and the dead all have the same right to confidentiality

Why is it important?

- Naturally all humans desire privacy
- Fear of social embarrassment or disapproval
- Fear of discrimination and stigmatization
- Information may be misused against patient
- Builds confidence and open communication
- Demonstrates doctor's fidelity to the patient
- Respects patient's privacy, dignity and individuality
- Medical confidentiality respects patient autonomy
- Right to determine with whom, when and how much of personal medical information is shared

Principles of disclosure

- Medical confidentiality is not absolute
- Disclosure may be required by proper authorities.
- They need to know only what is required or relevant.
- Reasons for disclosure should be documented in the medical records
- The patient must be informed that such disclosure is required
- Should be done with patient's consent
- The reason should be for benefit of the patient
- Disclosure may be aimed at preventing harm to others
- When the disclosure is required by Law
- May be for medical research, clinical audit, and for purposes of registries maintenance.

- Should be attempted at all times possible
- Patient understands nature & effects of disclosure
- Reports to 3rd parties (insurance, employer,) must always be with consent - written consent.
- Consent should be written, in original form and addressed to a named doctor.

Disclosure for Patient's Benefit

- In times of emergency
- Patient is incompetent
- Implied consent when care is shared among professionals - only necessary information for effective care of patient may be disclosed.
- For the benefit of patients care
- To prevent harm to patient - epilepsy, child abuse

Disclosure Required by Law

- Order of court - medical litigation, coroner's court, criminal cases and compensation.
- Public health risk - Infectious Diseases Act
- Recruitment in armed forces.

Disclosure for medical Audit, Research, Registeries

- Approved by ethics committee
- Ensure no harm to patient
- Delink patient's identifiable data
- Registries operated under principle of medical confidentiality
- Where feasible get consent or inform patient

Medical Certificates

- Medical certificates patient's regarding for claiming for benefits .
- Doctor hands the information to the patient - marked Private & Confidential.

Ethical dilemmas/Special situations

- Maids Employment examination.
- Electronics Medical Records

A culture of Professionalism

- Loose talks in the corridors and lift gossips
- Doctors not to look at medical record of patient who is not in their care.
- Nurses, secretaries and attendants.
- Conversation of information about patients on telephone & faxes
- Confidentiality consciousness always

IN SUMMARY

- All medical information that doctors acquire as part of the professional practice is subject to the Duty of Confidentiality
- Confidentiality is not absolute
- Disclosure should only occur with consent, for benefit of patient or with just grounds for disclosure

CONSENT

DEFINITION

Consent is the agreement to a treatment or procedure .

Informed consent is the process by which a fully informed patient can participate in choices about her/his care.

ELEMENTS OF INFORMED CONSENT

The patient must be **competent** to give informed consent

It must be **voluntary** and not coerced.

The patient must be provided with **information** about the procedure

Competence(mental capacity)

A person has competence if has one or more of the following

- Understanding the information relevant to the decision
- Retaining that information.
- Communicating the decision (whether by talking, using sign language, any other means).

Voluntary

It is for the patient not the doctor to determine what is the patients own best interests. Nonetheless you may wish to recommend a treatment or a course of action to patient but you must not put pressure on patients to accept your advice.

Information

Information patient must know;

- name of operation
- nature of proposed treatment
- what the operation involves
- other treatment options or alternatives
- potential complications
- risks of operation
- risk of no treatment
- special precautions required post-operatively
- benefits of treatment
- limitations of treatment

- success rate of operation
- what happens on admission
- how patient will feel after treatment
- Information include warning
- Warn of any real risk that treatment may be ineffective
- Alternative treatments should be told esp. if got choice between surgical & medical procedures

Patients legally unable to consent

Children below 18 years of age are considered minors and thus can not provide consent for medical treatment.

- Their **parents** can provide consent so long as the procedure is in the best interest of the child.
- But when a competent child of **14 years** and above rejects the procedure, this should be respected.
- Where the parents are not available, consent can be obtained from court, senior police officer or hospital administration.
- When the child under the care of teacher, baby sitter etc., only give **first aid**.

Consent During Emergency

- Where patient is unable to consent e.g. unconsciousness, a doctor is justified to carry out emergency treatment based on
 - doctrine of necessity
- It is presumed that patient would have consented to treatment as it was necessary to save his life or from serious harm

TYPES OF CONSENT

- Oral consent
- Written consent
- Co-lateral consent
- Implied consent

Oral consent

This is a process where the medical practitioner and patient have a conversation to give information and obtain consent involving NO paper form to sign.

Written consent

This is a process where the medical practitioner and patient have a conversation to give information and obtain consent involving paper form to sign.

- Written consent is needed for invasive investigations, surgical procedure or medical treatment with potentially serious side effects.
- Presence of a signed consent form does not constitute conclusive evidence of adequately informing patient.

Co-lateral consent

For patients legally unable to consent e.g. children below 18 years.

Implied consent

Implied consent means that the patients actions reflect the patients consent to treatment or procedure.

Examples;

- A patient who makes an appointment for a tetanus shot (pregnant woman) keeps the appointment and rolls up her sleeve for the doctor to give the shot is presumed to have consented to receive the shot.
- when the patient attends consultation, accepts prescription or allows Blood pressure to be taken from the arm

ETHICAL THEORIES

UTILITARIANISM

This is a theory that advocates for actions that promote/focus on good outcomes and oppose harmful outcomes .

DEONTOLOGY

It is an ethical theory that encourages use of the rules to distinguish right from wrong .

EUTHANASIA
(=ASSISTED DEATH)

What is euthanasia?

Euthanasia has been described variously, e.g.

- Mercy killing
- Assisting death
- Removing patient from suffering
- Mercy death, etc.

- The word ‘euthanasia’ is derived from two Greek words, ‘eu’ and ‘thanatos’ which together means ‘without suffering’.
- Euthanasia is legal in a few countries, e.g. in the Netherlands, in parts of Australia, and in some states in the USA.
- Euthanasia may be

- i. Passive Euthanasia

Is when someone lets another die by withdrawing treatment e.g. switching off a machine that keeping a person alive so that they die of their disease.

- i. Active Euthanasia

This is killing by active means e.g injecting a patient with lethal dose of a drug.

- For our purpose as doctors and doctors-to-be, euthanasia is defined as:

“A merciful clinical management of a patient who is terminally ill and who is experiencing intolerable and uncontrollable suffering”

- ✓ But since the days of Hippocrates, doctors have undertaken **NEVER** to destroy life deliberately.
- ❖ However, be that as it must, a doctor has no legal, moral, or ethical obligation to use drugs, techniques, or apparatus if their use can be described as “prolonging the process of dying rather than that of living”.