Ethical guidance for ultrasound clinicians and informaticians

Ethics = The values that guide a person’s behaviour or judgement (HPC, 2016)

## Professionalisation

*In the aim of protecting service users*

= Establishment of:

* Acceptable qualifications
* A professional body to oversea the conduct of members
* Demarcation of qualified from unqualified practioners

(Macdonald, 1995)

Australia, Canada and the USA have sonography as a regulated profession

### Standards of Professional Practice

*We need to ensure the use of ultrasound meets the highest standard possible*

We should consider:

1. Reporting
2. Image storage
3. Quality assurance

By analyzing five domains: Safety, Medico-legal, Image recording and storage, Audit, Infection control

#### Safety:

1. Only undertaken for clinical duration
2. For the required clinical reason, in the clinical area

(RCR,2014)

#### Infection control:

* Refer to local protocols
* Contact & Liase with manufacturers
* Develop protocols and logbooks
  1. Good hand washing & equipment cleaning (BMUS,2018)

#### Medico-legal:

1. Clear set of protocols
2. Referral pathways for abnormal findings
3. Ensure to include a review date

***Professional indemnity:***

Ultrasound practitioners who are statutorily registered (HCPC, NMC and others) need to have professional indemnity insurance.

Majority through their professional body

#### Image Storage:

Images obtained as part of an ultrasound examination provide a valuable record of the findings and should be used to support the final report.

Forms part of the medical record.

Linked report and image can be useful as part of an audit of practitioner accuracy and competency.

#### Audit

A holistic view of the quality of an ultrasound exam is required – clinical question answered, image quality, report – clarity, content, readability and relevance of report

### Shared decision making

Where a) clinicians and patients share the best available evidence when faced with the task of making decisions, and where b) patients are supported to consider options, to achieve informed preferences *(Elwyn, 2012)*

## Consent

Voluntary agreement given by a person to allow something to happen to them, and/or to be done to them, and/or to allow their participation in something

Fundamental right that every adult with capacity has the absolute right to determine what happens to their own body

Patient must:

* Have capacity
* Give voluntarily
* Give all the information required to make a decision

#### Valuing information the patient provides

|  |  |
| --- | --- |
| **Clinician’s Expertise** | **Patient’s Expertise** |
| Diagnosis | Experience of Illness |
| Disease Aetiology | Social Circumstances |
| Prognosis | Attitude to Risk |
| Treatment Options | Preferences |
| Outcome Probabilities | Values |

*Maskrey et al (2017)*

#### Provide information about:

1. Patient’s needs, wishes and preferences
2. Nature of condition and uncertainty of diagnosis
3. Treatment options

Ensure core information is rallied

*Patient recollection and understanding of information provided regarding risks of treatment is often very poor especially amongst older patients*

#### Valuing patient information above clinical trials

1. RCTs often
   1. Exclude patients with comorbidities
2. Guidelines describe
   1. Evidence for single conditions -> Real patients often have several comorbidities
3. Individual patients often
   1. Have different values & preferences
   2. May not cover aspects of care important to patients

## Montgomery Standard

Tell of all risks, no matter how small and you must also answer any question a patient asks , even if you ( the therapist) feels it is irrelevant

## Duty of candour

Every healthcare or medical professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress

We should therefore:

* Tell the patient (or, where appropriate, the patient’s advocate, carer or family) when something has gone wrong
* Apologise to the patient (or, where appropriate, the patient’s advocate, carer or family)
* Offer an appropriate remedy or support to put matters right (if possible)
* Explain fully to the patient (or, where appropriate, the patient’s advocate, carer or family) the short and long term effects of what has happened

(GMC, 2014)

We ought to self-report:

* Criminal convictions
* Regulatory complaints
* Disciplinary procedures
* Indemnity matters
* Health matters

### Duty of care:

A legal obligation placed on individuals and organisations and will be deemed to have been breached (by action or omission) if the reasonable standard of care has not been met

### Duty of confidence:

Arises when one person discloses information to another (e.g. patient to clinician) in circumstances where it is reasonable to expect that the information will be held in confidence. It –

1. is a legal obligation that is derived from case law;
2. is a requirement established within professional codes of conduct;
3. must be included within NHS employment contracts as a specific requirement linked to disciplinary procedures.

Information provided in confidence should not be used or disclosed in a form that might identify a patient without his or her consent.

(NHS Confidentiality Code of Practice, 2003)

### Data Protection

We must be able to demonstrate compliance with six act principles:

1. Personal data shall be processed lawfully, fairly and in a transparent
2. Personal data shall be collected for specified, explicit and legitimate purposes
3. Personal data processed must be adequate, relevant and limited to what is necessary
4. Personal data shall be accurate and, where necessary, kept up to date.
5. Personal data shall be kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed.
6. Personal data shall be processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.

NHS England (2018)