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Medical Ethics

Subject 5

1

Principle of Medical Ethics

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PRINCIPLES OF ETHICS



AUTONOMY



BENEFICENCE



NONMALEFICENCE



JUSTICE

Principles of Medical Ethics



- Autonomy
- Beneficence
- Non-maleficence
- Social Justice

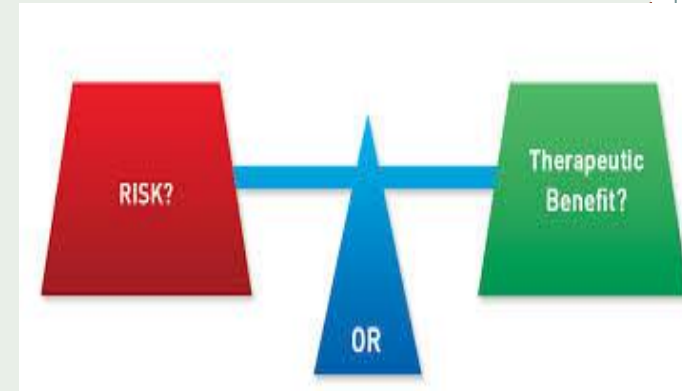
The Principle of Beneficence

BENEFICENCE

- Beneficence is an **action that is done for the benefit of others.**
- Beneficent actions can be taken to **help prevent or remove harms** or to simply **improve the situation of others.**
- Physicians are **expected to refrain from causing harm**, but they also have an obligation to help their patients.
- However, the **goal of medicine** is to promote the welfare of patients, and physicians possess skills and knowledge that enable them to assist others.

Due to the nature of the relationship between physicians and patients, **doctors do have an obligation to :**

1) prevent and **remove harms,**
2) weigh and **balance possible benefits against possible risks** of an action.



3) protecting and defending the **rights of others,**
4) rescuing persons who are in danger,
5) helping individuals with disabilities.

Examples of beneficent actions:

- ❖ Resuscitating a drowning victim,
- ❖ providing vaccinations for the general population,
- ❖ encouraging a patient to quit (stop) smoking and start an exercise program,
- ❖ talking to the community about disease prevention



1. Patient's driven constraints

- Normally **motivated by health interests**.
- **Conflicts arise when patient's aim diverge from doctor.**
- **Patients reject treatment** but they **must understand fully**, implication of their decisions.

Treatment Refusal: Doctors should consider:

- Patient's **competence**
- Enough information to be provided
- Voluntary effort

Physicians act

- Listening - Demonstrates a commitment to care & trust worthiness
- **Correct misunderstandings** and misconceptions
- Refusal is **fully informed**

2. Practitioner-driven constraint & medical responsibility

- Patients request medical services, which doctor consider unnecessary.
- Use of EBM (Evidence Based Medicine) guidelines not in the best interest for patients.

3. External constraints

- Lack of resources - e.g. waiting list for investigations, referral and treatments.
- Access to specialist's care takes a long time leading to ethical issues - eg. patients dying while waiting for treatment, paying patients(private) by passing public patients for treatment.
- Need to consider rights of others

The Principle of Nonmaleficence

The principle of nonmaleficence asserts an obligation not to inflict harm intentionally.

“first do no harm”

(if you can't do any good, don't harm)

- Physicians must **refrain from providing ineffective treatments** or acting with hate toward patients.
- it can be considered “**negligence**” if you impose a careless or unreasonable risk of harm upon another.
- This principle, however, **offers little useful guidance to physicians** since many **beneficial therapies also have serious risks**.
- The risks of treatment (Harm) must be understood considering the potential benefits.
- The relevant ethical issue is whether the benefits outweigh the burdens “calculated **risk – benefit**”



Non-Maleficence

„Cont....

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- Many consider that the main or primary consideration : is **more important not to harm your patient**, than to do them good.
- This is partly because enthusiastic practitioners are prone to **using treatment** that they **believe will do good**, without first having evaluated them adequately to **ensure they do no harm**.
- So a physician should go further **than not prescribing medications they know to be harmful** - he or she should not prescribe medications **unless s/he knows that the treatment is unlikely to be harmful**; or at the very least, that **patient understands the risks and benefits**, and that the likely benefits outweigh the likely risks.



1. Stopping a medication that is shown to be harmful.
2. Refusing to provide a treatment that is not effective.

❖ In practice, however, many treatments carry some risk of harm.

❖ In some circumstances, e.g. in desperate situations where the outcome without treatment will be fatal, 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* (further described in next section).

Double effect

- *Double effect* fo sepyt owt ot srefer consequences which may be produced by a single action.

- in medical ethics it is usually regarded as the combined effect of beneficence and non-maleficence .

- A common example of this phenomenon is the use of morphine or other analgesic in the dying patient.

Such use of morphine can have the beneficial effect of **minimizing the pain and suffering** of the patient, while simultaneously having the **maleficent effect** of hastening the fate of the patient through suppression of the respiratory system.

The Principle of Autonomy



Autonomy is a general indicator of health.

Many diseases are characterized by loss of autonomy, in various manners.

This makes autonomy an indicator for both personal well-being, and for the well-being of the profession.

***Mental incompetency= no autonomy

Autonomy

The capacity to think ,decide and act on the bases of thought and decision freely & independently ,without let or hindrance.

It includes:

- 1- Telling the truth.
- 2- Informed consent.
- 3- Confidentiality.

The Principle of Autonomy

The patients have the right to:

- ✚ have **full information** and self determination
- ✚ free will and accord
- ✚ intentional participation in treatment
- ✚ respect and dignity maintained



Truth telling

- Increase knowledge , increase sorrows.
- If you override it you endanger doctor/patient relationship(based on trust) .
- Obligation to full and **honest disclosure** of patients' secrets or information.
- At times there are good reasons for overriding the truth telling principle :
 - patients are not in a position to know the truth.
 - patients do not want the truth if the news is bad.

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

➤ American culture rarely used truth-telling especially in medical cases, up until the 1970s.

➤ In American medicine, the principle of **informed consent** now takes priority over other ethical values, and patients are usually at least asked whether they want to know the diagnosis.

- At times there are good reasons for overriding the truth telling principle. i e., Patients do not want the truth if the news is bad.
- There has been a sudden shift in public opinion concerning the obligations of doctors to tell the truth to their patients.
- It was common practice for doctors to lie to their patients - i.e. when they believed that lying to their patients would be in their patients' best interests – but few people now regard this as acceptable.

IMPORTANCE OF TRUTH-TELLING

1. Truth is **integral to all communication** because, we depend on it to make informed decisions.
2. This is because he would not have the tools to make an informed decision; or **he would be making a decision based on false information.**
3. A commitment to truth demonstrates a **respect for persons as equals** rather than **tools to be manipulated.**
4. Truthfulness in **communication builds trust.**

The Principle of Confidentiality

- **Confidentiality** is the duty of a physician to keep the information shared with them by a patient confidential.
- This concept is commonly known as **patient-physician privilege**.
- Legal protections **prevent physicians from revealing their discussions with patients**, only in certain situations (**exceptions**).

The Principle of Confidentiality

- Based on loyalty and trust
- Maintain the confidentiality of all personal, medical and treatment information
- Information to be revealed with consent and for the benefit of the patient
- Except when ethically and legally required
- Disclosure should not be beyond what is required

Exceptions to the rules:

- many situations require physicians to report gunshot wounds to the police
- physicians is required to report 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
- when keeping confidentiality would harm others e.g child abuse

Other exceptions to Medical Confidentiality

- Patient gives written and valid consent for disclosure of information to other, relatives or participating professionals.
- Where undesirable to seek patients consent, information can be given to a close relative
- Ordered by Court
- Public interest
- Approved Research

Practical Obstacles to the Practice of Confidentiality

1. modern medical treatment often involves many **medical professionals** amongst whom **information relevant to the course of treatment must be shared.**
2. Another is that information about patients is increasingly **stored on large electronic databases**, the security of which is impossible to guarantee absolutely.

Should patients have access to their notes?

Against

- Layman unable to cope with data
- Opinions (not facts) may **cause anxiety**
- Third party information

With

- Data belongs to patient
- Accuracy improved by sharing

Informed Consent

■ **Definition:** A patient's **willing acceptance** of a medical intervention **after adequate disclosure** from their doctors of **the nature of the intervention, risks, benefits and alternative treatment options**

■ **What constitutes informed consent?**

- **Disclosure:** information to allow reasonable person to decide
- **Understanding:** comprehension of the information given
- **Voluntary:** no coercion (pressure) or incentive to accept or deny a treatment
- **Agreement:** verbal or written (preferred) to discussed intervention

Informed consent

■ **Informed consent** in ethics usually refers to the idea that a person must be **fully informed** about and **understand** the **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.

■ Patients can elect to make their own medical decisions or can **delegate decision-making authority to another party** .

■ If the patient is **incapacitated**, 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**.

In medical, consent is most important in followings:

1. Examination of patient
2. Examination of person for medico legal purpose
3. Involvement of patients in student's examinations
4. Involvement of patients in researches.
5. Postmortem examination and removal of tissues and organs for transplantation.

The Principle of Justice

- ✚ Requires that people be treated fairly.
- ✚ Actions are consistent, accountable and transparent
- ✚ not to discriminate on age, sex, religion, race, position or rank
- ✚ greater good of society
- ✚ respect of the Law
- ✚ Equity in distribution of burden & benefits

How to allocate scarce healthcare resources?

All people have **equal right** to receive treatment , but there is **unequal needs**. Resources should be distributed **according to the needs**.

***Disadvantaged groups** ((Cinderella group of population))

i.e. **children, women at childbearing age & elderly**

•**Cost –benefit analysis???**

Health center or organs transplant center
?????

Resolution of Ethical Dilemmas

- Principles
- Ethical codes
- Clinical judgment
- Reasoned analysis
- Ethical committees
- Ethical tests

- Declarations
- Oaths & Pledges
- Commonsense
- Debate
- Ethical Consults
- The Law

Thank You