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Point of View

Medical Ethics And Safeguards For Practising Doctors

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In the present scenario when the patient doctor relationship is in jeopardy due to various reasons causing real challenges to the physician physically, legally and financially I thought it is prudent to review the medical ethics and its influence on the medical profession.

Medicine has one of the first and foremost relationships. It dates back to the days when man started treating fellow human beings for pain or illnesses. In the present day when there is so much publicity about the brain death, organ donations, transport of the organs to a donor miles and miles away at rocket speed with the help of transport, police and other authorities and transplantation of the harvested organs to a needy patient, the whole sequence is displayed on television and all other media.

The scope of the article

1. To identify the four cardinal principles of medical ethics.
2. Relate the tension among the four principles of medical ethics. The ethical dilemma in following principles of medical ethics in clinical medicine.
3. Investigate the intersection of medical ethics and law.
4. Examine the ethical principles governing medical care at the end of life, the terminal stages.

The doctor patient relationship is said to be fiduciary which means there is skill, knowledge and privileges on one side and there is none of the above on the other side, but only trust that the doctor would do things best for him.

Ethical dilemma is a predicament in which there is a conflicting moral principle in which there is no clear solution or guidelines to follow.

Principles of medical ethics

1. Beneficence refers to actions only for good
2. Nonmaleficience: Doing no harm by way of treatment or interventions
3. Patients autonomy: Patient's right for self determination
4. Justice: Justice just like any other person

At times the four principles themselves may be conflicting. For example, beneficent physician may recommend some interventions which may be risky or cause harm at times and the patient may reject any intervention.

Beneficence is an action to benefit the patient, lifesaving, relieving suffering or restoring function.

1. Biomedically and physiologically benefit the patient
2. Personally benefit the patient and his family by avoiding unnecessary investigations or surgical interventions which have remote chances of success.
3. Ultimate benefit for the patient in terms of expenditure or quality outcome.

Nonmaleficence means that the intervention by the physician should not causes harm or injury. This has roots in Hippocrates oath "on to disease help but at least do no harm". This refers to verbal, physical or sexual abuse.

Nonabandonment: Abandonment is an action of leaving the patient (for whom the physician had given medical care in the past) without health care for the present time or future times. Nonabandonment is an ethical obligation for ongoing medical care for the present and future times once the physician and the patient concur to an alliance.

Conflict of interest: Physician should refrain from activities that are not in the best interest of the patient.

Impaired physician: A physician who is unable to practice because of physical or mental disablement should refrain from treating the patient. If reasonable care and skill cannot be assured in delivering health care due to aging process or illness and this fact is known to his colleague it is his ethical duty of this colleague to report the matter to authorities or medical council in the best interests of the public.

Role of double effect: The act of beneficence may at time contravene nonmaleficence. For example general anaesthesia may relieve pain but cause morbidity or even death.

Respect for patient autonomy: Patient autonomy confers the right of confirming his right for establishing his values and goals during treatment. Autonomy requires decision making capacity. Decision making capacity is the physician's determination of the patients' ability to understand his or her situation and make appropriate decision regarding treatment.

Competence is the legal determination and states that that an individual has the right to take life effecting decision. Confusion, delirium, disorientation metabolic disturbances may affect decision making capacity.

Decision making capacity depends on:
1. The ability of the patient to communicate.
2. He should understand the nature and progress of the illness, treatment options, and consequences of each.
3. The decision must be stable.

The decision must be consistent with values and goals of the patient.

The principle of patient autonomy confirms the patients right to refuse any form of treatment as a whole or in part even if it is life saving. This is confirmed by many court decisions.

Advance directive: This is a document in which the patient or a person decides the choice of treatment.

1. It may be in the form of a will.
2. It may be a durable power of attorney for health care.
3. A document appointing a health care surrogate.
4. Advance treatment specific medical care directive.

This document appointing a health care surrogate for specific directive or interest contains elements of living will and durable power of attorney for healthcare. The living will requires that the patient must be terminally ill before it takes effect.

Durable power of attorney for health care is a document in living will which makes surrogate decision making lawful if the patient loses decision making capacity in terminally ill cases.

A treatment specific directive may prohibit certain type of treatment or interventions. For example some sections of people don't allow blood or blood products to be transfused.

Surrogate decision making: Surrogate is a person who takes the decision in the best interest of the patient previously expressed by written consent of the patient that he may accept or refrain from any interventions or treatment. All health providers at the time of admission provide information to the patient or their relatives, their right to accept or reject any form of treatment and create an advance treatment directive.

A surrogate is designated by the person before losing decision making capacity. In the absence of explicit directive either written or oral, a surrogate should use a substituted judgement i.e. what the patient would have decided if he had decision making capacity. If such substitute judgement is not possible surrogate may take judgement in the best interest of the patient. A person can designate a surrogate even when he is capable of decision making. Sometimes surrogate decision might differ from the earlier directives or views. When the physician is not able to resolve the problem the matter may be referred to a third party arbitrator for decision.

Informed consent: A planned intervention requires patient's decision making capacity, voluntariness complete and accurate information regarding the disease, treatment options, and risks. Sufficient information means the information provided is enough for a prudent person to understand the disease and suggest treatment option. Physician should give information with specific recommendation for treatment option. If the patient rejects the recommendation it should be accepted with respect.

In certain situations the physician may resort to treatment without consent. The implied consent is assumed to help the patient in emergency needs or life threatening situations. Without such interference serious harm would result. In such situations implied consent is accepted and provides legal protection.

Truth telling and the patients privilege: The physician should disclose truthful and complete information sufficient to for decision making. With holding or imparting partial information on the ground that such a disclosure might cause more harm or injury is a concern of therapeutic privilege. Such action has ethical support but may not protect physician legally always.

Medical errors: Occasionally medical errors may occur during treatment. Such errors should be honestly disclosed to the patient and this helps to retain the trust. Usually there will be an attempt on the part of the doctor to keep it a secret and to withhold it from the patient. Most of the times the honest disclosure might solve the problem.

Confidentiality: Confidentiality respects the patient's privilege to keep sensitive information passed

to the doctor professionally, in the realm of doctor patient relationship. The physician is legally and ethically bound to keep this in strict confidence. This practice dates back to days of Hippocrates oath but this rule may be overridden when such secrecy causes serious harm to persons, society at large for example infections which can become a public health issue, gunshot wounds drug trafficking etc.

Genetic information and discrimination: Potential employer or health insurance people are prohibited in discriminating persons on genetic information received by any means like requesting, requiring or purchasing.

Futility demand for nonbeneficial interventions: Futile intervention or treatment is one in which the opinion of the physician will not make any beneficial change even when repeated several times.

A situation of conflict may arise where the patient or surrogate may demand an intervention or treatment which may be legally right but not acceptable for the physician consciousness and is against the act and not against the person. There should not be any discrimination against colour, race, religion, or nation. A physician may not be doing an abortion which may not be acceptable to him but he can't refuse post operative health care.

Justice: Principles of justice refer to optimal care and skill in treating a patient. This includes medical resources and its utilizing to the needy people.

Ethical considerations relating to end stage of life: Compassionate and careful treatment of terminally ill patients is critical and difficult. The patient and close family should be given ample opportunity to talk with the physician and allowed to ask questions in an unhurried frank manner, willing to listen to all their doubts and beliefs. This produces a positive outcome as far as the physician patient relationships are concerned. Physical, emotional and spiritual support must be provided. Adequate fear control and respect for the dignity of the patient and ongoing contact with the family is critical.

Persistent vegetative state: It is a state of chronic unconsciousness remaining for several weeks characterised by sleep and wake cycles without behavioural or cerebral metabolic evidence of cognitive function or not able to respond to external stimuli in a wilful manner. In purely vegetative state patient wants artificial hydration and nutrition in addition to nursing care, the body retains cardiac and respiratory function to maintain physiological life. Many of them require artificial ventilation, hydration and nutrition and intensive medical care.