

Lec2: Introduction into Medical Ethics

1- Ethics

The study of moral principles driving medical decisions. These principles are in commonality throughout different societies. There can be societies of different religions and beliefs yet will share a common core, namely, **wanting to be good doctor**.

Key principles:

- There are 4 pillars of medical ethics:
 - Beneficence
 - ◆ **Do [the greatest] good to the patient**
 - Non-maleficence
 - ◆ **Do no harm to the patient**

Wouldn't these 2 in conflict?

Yes but both share a common goal. Their conflict steer your ethical wheel to the direction most in favour for patient well being.

- Autonomy
 - **The right of the patient to make choices in regards to his given healthcare.**
 - But he should make it out of an **informed decision!**

Informed decision

In regards to the choices the patient have, he should be informed in full **honesty, truthfulness** and **transparency** of:

- Indication: Why are we going to do it ?
- Contraindication: Why we shouldn't do it ?
- What are the benefits ?
- What are the risks ?
- What are other alternatives ?
 - The bigger picture should be very clear to him and delivered with full honesty and transparency!
 - You must not overly do it or try to convince the patient of certain choice or else things can readily enter **consumerism**. You must give him the choices equally in tone and the way you deliver it.
 - ◆ If you are afraid of bias, request someone of higher expertise in the matter. Always and always; Limit bias!

- For instance;

- Patient comes to you with Multi-vessel coronary artery disease; Possible choices;
 - Open HS
 - Multiple stenting
 - Medical therapy

- You need to communicate the risks, why to do it, what the benefit, alternatives, etc.
 - Problem: It takes time. But quality communication is key regardless.

- ◆ مثلاً الأسلوب بفرق هالمريض لو حكيتله إما حنفتح صدرك وحنعالجك بس حتتوقع شهر أو كم دوا وخلص فأنت هون كأنك معطيه حرية الخيار بس بالجوهر مافي خيار.... هالأسلوب غلط

But there are cases in which the patient can't give informed consent. Here; Either one of 2 is used;

- Power of attorney; Legal document allowing someone to make decisions on behalf of another
- Next of kin; The closest living relative to the patient is unable to make the decision.
 - You must be familiar with the law in the country you are residing in. It's variable.
 - ◆ United States: Wife =>Children while
 - ◆ Jordan: Father and mother is more prioritised
- You need to be careful here; Confidentiality here can be easily compromised and if this happened; The autonomy of the patient is compromised!
 - Ex: 70y lady came to the ER with small bowel obstruction, was diagnosed with Small bowel cancer => The bigger family told you: She isn't realising what's going on, she isn't alert. What would you do?
 - ◆ **YOU MUST TELL HER!** => Conflicts would happen but you must migrate the risk using your communication skills and remember!
 - Competence is compromised only in the following cases:
 - ◆ Minors
 - ◆ Next to kin > Parents; But if it's a life-saving measure then the **autonomy is overridden** and you are legally obligated to save the minor patient!
 - ◆ Mentally ill [Severe depression or schizophrenia] > Power of attorney or Next to kin

- ◆ Prisoned
- **When can confidentiality be overridden?**
 - ◆ When patient comes in with serious commutable disease say ebola and he said don't tell anyone? His confidentiality must be broken in favour of the bigger community!
 - ◆ You aren't only a physician of individuals but also of society! And also you need through communication skills to migrate the risks by explaining it to the patient, you need to be truthful and tell them what's going on in a **nice way**. With **no lying!**

- Justice

- Is tricky. Why?
 - ◆ You need fair and just treatment but there are many dimensions to take into account.
 - ◆ Equality? = This isn't justice. 2 Patient come to ER: URI and ST elevation MI, is it justice to give them both the same focus? No.
 - ◆ Medically insured vs Non-Medically-Insured patient = There shouldn't be any difference in treatment given to both them and if there is then you made it out of a financial sense not of an upright ethical medical sense.
- Dilemma related to justice:

Q: You are presented with:

1- 90y demented, advanced COPD, stage 3 Cancer, septic shock respiratory depression, mechanical ventilator, need intubation, cardiac support device

VS

2- 50 patients who require simple antibiotics, costs lesser than the 90y man.

What would be the most ethical thing to do?

A: You need to assess the futility of treatment to make the decision! Refer to pillars of ethics. If the 90y patient's family is present, communicate this to them. And after this may you make the decision.

All of this to show you ethics is system-based thinking!

The rest of ethical behaviour:

- Dignity
- Honesty
- Veracity

Ethical thinking process [points]

- Take each principles and let them fight
- Hard paternalisms; Physicians making decisions on behalf of the patient without their consent generally justifying it as it's in the patient's best interests.
- Soft paternalism
 - ◆ Giving the patient the autonomy but as if you are there's only one way or another!
 - ◆ In other words cornering the patient into one choice without directly overriding his autonomy.
 - ◆ ممكن نفتح صدرك ونعالجك بس تتوقع شهر او ممكن بكم شبكة وخلص
 - ◆ Refer to ethics committee if you can't migrate the dilemmas yourself; For ex: Conflict between next of kin!
 - ◆ You need to know general policies and guidelines of the hospital you are in!

2- Professionalism

Definition

- Trying to provide a **noble practice**.
- To do that, you must gain **trust** and there's always a fine line between it and it being compromised!
 - Another dimension of trust is in society not only between you and the patient. As you may know, there's a crisis of mistrust locally and internationally and its effects in patients' finances, insurance, etc are currently very apparent in society.
- From Bases to up
 - Base of professionalism
 - ◆ **Clinical competence! The ability to treat! The medical knowledge!**
 - ◆ Medical Ethics
 - ◆ Communication skills!
 - Pillars
 - ◆ **Accountability**
 - ◆ 2 Types of responsibility
 - ◆ To be Held accountable [This is not the right way]
 - ◆ Being accountable [This is the right way!]
 - ◆ You start learning from your mistakes, accept criticism, you can improve, you realise your limits and start working with together as team. **If we work together we will be so awesome!**
 - ◆ Think of the greater good! Slowly, we can make a difference!
 - ◆ **Altruism**
 - ◆ Reciprocal: You give me something I give you something in return.
 - ◆ Genetics: Motherly or fatherly instinct

- ◆ Pure: **I need to do something not because I have to but because I want to**
- ◆ Group-selected
- ◆ Why Altruism?
 - ◆ The patient would trust you more, better reputation of yours, enhanced clinical skill , satisfied patients, you are becoming easier to work in teams, the society ultimately benefits!
- ◆ How?
 - ◆ 1- You have to care! You need to have an internal feeling to care.
 - ◆ 2- Gratitude even amidst the darkness of the world. You need to look at the filled half! Because things can indeed get worse but it didn't so you need to have gratitude so you would be able to help.
 - ◆ 3- Empathy!
 - ◆ 4- Justice!
 - ◆ 5- Acceptance! It's very very important. As doctors our job isn't to judge but to treat! Your job is to be helpful and constructive and give them similar high quality to all the patients before them. Get your feelings out of the equation!
- ◆ Altruism and burn-out
 - ◆ If I'm the only one being altruistic = You need help too ! Or else you will become Burnt out = You won't help people!
 - ◆ Solution? Share your burden with other people, with your colleagues. Let other people hold it with you!
- **Excellence**
 - ◆ 6
 - ◆ Medical knowledge
 - ◆ Clinical knowledge
 - ◆ Professionalism
 - ◆ Practice based learning
 - ◆ I continuously need to improve myself
 - ◆ Memory of Dr Qais: of: R, chief of cardiology was saying to me: Qais I need to talk with you; I want to ask of you a favour; Try to pick up a project to improve yourself every year so you won't go back and will continuously improve!
 - ◆ Even your psychology will improve or else? Stalemate will happen and you will feel bad about yourself.
 - ◆ Communication
 - ◆ System based practice
 - ◆ Team work
- **Humanism**
 - ◆ Compassion
 - ◆ Empathy
 - ◆ Respect
 - ◆ Kindness
 - ◆ Integrity
 - ◆ Not only towards patients but colleagues; Allied health staff [You guys need to be kinder to each other!]
 - ◆ When we badmouth each other this hurts the trust patients have in us!
 - ◆ Ex: What kind of stupid doctor did it!
 - ◆ This expression is disastrous! Because the trust patients had in in the health institution had been lost! You haven't only removed the patient's trust in the previous Dr when you were badmouthing his last doctor, you made him even be in suspicion of you and us all!
 - ◆ Never ever badmouth any doctor or colleague ! But never lie ! Don't volunteer or initiate to make him wrong; You can alternatively say: "There are many schools; he tried to help you but unfortunately what happened....happened; التمس لأخيك عذراً; don't throw each other under the bus; don't be dishonest but be mindful of the way you deliver! Don't hurt each other at the expense of the collective trust of people have in the medical institution!!

To be truly professional :

- ◆ Honesty, Truthfulness, Transparency
- ◆ Ethical and lawful
- ◆ Appearance
 - ◆ Patient is entering a figure that he needs to trust with his life, to gain his trust, I need to make him believe I'm worth of this very invaluable asset he have: Life
 - ◆ Patient centered care
 - ◆ Patient advocacy
 - ◆ Industry based lectures: This lecture is funded by this company; Even if you are honest and given the right literature; you need to be upfront! To gain integrity
 - ◆ Patient's confidentiality.
 - ◆ Etc
- Challenges
 - ◆ Burn out and lifestyle balances
 - ◆ Solution: Collaboration and teamwork

- ◆ Ethical dilemmas
 - ◆ Solution: Ethical decision making
- ◆ Communication break down
 - ◆ **The most common cause of lawsuits!**
 - ◆ Solution: You need to spend time having proper communication
 - ◆ Excellent communication skills
 - ◆ **Verbal non-cues**; Like having eye to eye contact; You need to show him you are focusing on him; You mustn't use medical jargon!
- ◆ Professional identity
 - ◆ Professional boundaries
 - ◆ *The joking? When the emergency happened the patient loses!*
 - ◆ Ex: The resident and chief resident are joking with him; Code blue happened; All rushed to patient; One of the resident jokes with him in the emergency!; the loss of professional boundaries had affected the patient!
 - ◆ The cultural differences should be accepted and not judged! Respected
 - ◆ Wellness and self-care!
 - ◆ Professional organisations when discussing tough scenarios
 - ◆ Professional mentoring