Unit Two - Law and Order

Medical Ethics - Lecture Notes

Ethics

- Legal responsibilities are determined by law.
- Ethics are a set of principles relating to what is morally right or wrong.
- Ethics provide a standard of conduct or code of behavior.
- Health care decisions can be made based on what people believe is right and good conduct.
- Personal
 - · Your own beliefs about right and wrong.
- Professional
 - · Each profession has a code of ethics. You may lose your license/certification if you do something unethical.
- Organizational
 - · Each health care organization also has its own unique code of ethics for employees to follow.
- Health Care Ethics Committees
 - · Groups of people who give ethical advice and recommendations.

Value Indicators

- Health care workers are expected to live by values that show others respect.
 - · You show respect by treating others with dignity, demonstrating a spirit of service, performing your duties with excellence, and treating others with fairness and justice.
- Each person determines how values are reflected in his/her day-to-day actions.

Essential Values

- Dignity
 - · Be honest, truthful, trustworthy, sincere, and respectful of others.
 - · Active listening, being positive, showing understanding, and respecting all people.
- Service
 - · Respond to patients and co-workers with an understanding of their unique needs, show kindness and patience.
 - · Make comments that are positive, courteous, and helpful.
- Excellence
 - · Taking responsibility for yourself, your team's decisions, and the results.
 - · Accepting and seeking feedback to improve your performance.
 - · Learning new skills, knowledge, and behaviors that encourage continuous improvement.
- Fairness/Justice
 - · Treat all people with mutual respect.
 - · Provide the same dignity, service, and performance excellence regardless of the patient's race, beliefs, ethnic background, or financial resources.
 - · Use supplies and available resources effectively to provide <u>appropriate</u> care and a safe environment for everyone.

Personal Conduct

- Refrain from immoral, unethical, and illegal practices.
- If you observe others taking part in illegal actions, report it to the proper authorities.
- Show loyalty to patients, co-workers, and employers have a positive attitude.
- · Respect the roles of team members.
- Be sincere, honest, and caring. Treat others as you want to be treated.
- Value patient's independence and determination.

Medical Ethics/Bioethics

- The study of moral issues in the fields of medical treatment and research.
- The study of philosophical questions pertaining to the practice of medicine and health care.
- Distribution of scarce medical resources.
- The purpose/outcome is to ensure the community receives the highest standards of care and to prevent health care providers abusing the trust and power granted to them by the community.
- Ethical principles have existed to guide medical practitioners for almost 2500 years.
- 400 BC Hippocrates, the Greek physician known as the Father of Medicine.
 - · Hippocratic Oath "Do No Harm".
- First professional code of ethics was established in 1846 by the American Medical Association.
- Nuremberg Code for Research Ethics
 - · Response to gross abuses in human experimentation during war crimes trial of World War II.
- Tuskegee Study
 - 1932 study of syphilis using black males.
 - Withholding of treatment (cures) to see how the disease progressed.
 - Failure to inform men that there was a cure.

Professional Code of Ethics

- When you enter a health care occupation, learn about the code of ethics for that occupation.
- Make every effort to abide by the code so as to become a competent and ethical health care worker.
- Breaking the professional code of ethics can result in suspension or loss of license.
- Basic principles:
 - · Put the saving of life and promotion of health above all else.
 - · Make every effort to keep the patient as comfortable as possible and to preserve life whenever possible.
 - · Respect the patients' choice to die peacefully and with dignity when all options have been discussed with the patient and/or family.
 - · Treat all patients equally. Bias, prejudice, and discrimination have no place in health care.
 - · Provide for all individuals to the best of your ability.
 - · Maintain a competent level of skill consistent with your particular occupation.
 - · Stay informed and up-to-date and pursue continuing education as necessary.

Medical Ethics/Bioethics

- Modern health care advances have created many ethical dilemmas for health care providers:
 - · Distribution of scarce resources
 - · Medical research and practice
 - · Animal testing
 - · Reproductive technologies
 - · Genetic technologies
 - · End of life issues
 - · Euthanasia
 - · Medical marijuana
 - · Cloning
 - · Stem cell research
 - · Provider privacy issues (Example: Dr. with AIDS)
 - · Organ transplantation and selling
 - · Religious rights
 - · Parental rights
 - · Refusal of service based on ability to pay

Moral Dilemmas

- The Constitution of the United States of America clearly expresses a desire to promote the general welfare of its citizens.
- In health care, there are not enough resources to satisfy everyone's preferences and needs for health care.
- Priorities must be assigned which then raises many ethical questions.
- Most of us can recognize good or bad moral reasoning.
- However, it becomes more difficult for us to deal with real complicated situations such as:
 - · Is assisted suicide wrong because it helps someone to kill him/herself, and killing is wrong?
 - · Or is it wrong because it helps someone to do what he or she reasonably wants to do, and thus promotes autonomy?
- We need a framework to evaluate moral judgments and actions ethical theories.

Medical Ethics/Bioethics

- Bioethical dilemmas take into account respect for many ethical principles:
- Autonomy
 - · Capacity to have a "say-so" about your own well-being.
 - · Capacity to think, decide, and act freely and independently.
- Nonmaleficence
 - · First do no harm! Refraining from potentially harming myself or another.
- Beneficence
 - · Be of benefit; prevent harm, bring about positive good.
 - · Obligation to assist others in the furthering of their legitimate interests.

Confidentiality

- · Practice of keeping patient information within the proper bounds.
- · The most long-standing dictum in the health care code of ethics.

• <u>Distributive Justice</u>

· Equitable distribution of benefits and burdens; competition for the same resources where each party believes itself to be deserving.

Informed Consent

- · Legal requirement to obtain consent for treatment rendered.
- · This is a process, not a form.
- · Consent is the dialogue between the patient and physician in which information is shared about the proposed treatment, questions are asked & answered to the patient's satisfaction.
- · Transfer of information to a patient.

Ethical Theories

- Deontological Theories
 - · Act according to duties and rights.
- Utilitarian Theories
 - · Act according to utility or usefulness.

Ethical Analysis

- Every ethical problem is a complex collection of many circumstances.
 - · Often there are not obvious right or wrong answers.
- Four topics are used to analyze any bioethical issue:

· Medical Indications

- The diagnosis and treatment of the patient's pathological condition; the medical facts.
- Extent, seriousness, prognosis, options for treatment including risks and benefits.

· Patient Preferences

- Based on patient's own values and personal assessment of benefits and burdens.
- What does the patient want? Has the patient been provided sufficient information? Does the patient comprehend? Does the patient understand the range of options? Is the patient consenting voluntarily?
- Who has the authority to decide on behalf of the patient? Should their preference be respected – if not on what grounds?

Quality of Life

- The object of all medical intervention is to restore, maintain, or improve the quality of life of the patient.
- Who decides what quality of life means in general?
- Opens the door for prejudice and bias.

· Contextual Features

• Every medical case is embedded in a larger context of persons, institutions, financial, and social arrangements.

- Patient care is influenced, positively or negatively, by the possibilities and the constraints of that context.
- Psychological, emotional, financial, legal, scientific, educational, and religious impact.

Ethics - Example #1

- Patient comes to a physician complaining of feeling ill.
 - · Symptoms: excessive thirst, excessive urination, nausea, fatigue, mental confusion.
 - · Labs show hyperglycemia, acidosis, elevated plasma ketone concentrations.
- Physician makes diagnosis of diabetes; recommends fluid, insulin.
- Ethical Issues:
 - · Beneficence
 - The duty to perform actions that benefit the patient.
 - · Autonomy
 - Patient may be confused and reject medical attention.
 - Is the patient able to make good decisions?

Patient Confidentiality

- Information about the patient must remain private and can be shared <u>only</u> with other members of the patient's health care team.
 - · Information obtained from patients should not be repeated or used for personal gain.
 - · Gossiping about patients is ethically wrong.
 - · A legal violation can also occur if a patient suffers personal or financial damage when confidential information is shared with others, including family members.
 - · Termination of employment will result for violating patient confidentiality.

Confidentiality - Example #2

- Wife of an Asian immigrant requests that her husband not be told that his kidney cancer is fatal.
- She explains that in her homeland, it would be considered inappropriate to burden a patient with such news.
- American surgeon feels uncomfortable withholding this information from the patient. What should she do?

Patient Rights

- Federal and state laws require health care agencies to have written policies concerning patients' rights or the factors of care that patients can expect to receive.
- Agencies expect all personnel to respect and honor these rights.
- Health care workers can face job loss, fines, and even prison if they do not follow and grant established patients' rights.
- These rights ensure the patient's safety, privacy, and well-being, and provides quality care.

Advanced Directives

• Legal directives and documents that allow individuals to state what medical treatment they want or do not want in the event that they become incapacitated and are unable to express their wishes regarding medical care.

Living Wills

- Documents that allow individuals to state what measures should or should not be taken to prolong life when their conditions are terminal (death is expected).
- Document must be signed when the individual is competent and witnessed by two adults who cannot benefit from the death.

Do-Not-Resuscitate (DNR)

- Part of a living will.
- CPR is not performed when the patient stops breathing.
- The patient is allowed to die with peace and dignity.
- This can be hard to honor sometimes, but is a legal document and must be followed.

Durable Power of Attorney (POA)

- Document that permits an individual (principal) to appoint another person (agent) to make any decisions regarding health care if the principal should become unable to make decisions.
- This includes providing or with-holding specific care or procedures; spending or with-holding funds; hiring or dismissing providers; and accessing medical records.
- POA's can be given to any qualified adult.
- Must be signed by the principal, agent, and two adult witnesses.

DNR Order - Example #3

- Do-Not-Resuscitate Orders (DNR)
 - · If a patient stops breathing or their heart stops beating, the standard of care is to perform CPR.
 - · There are situations under which CPR can be withheld.
 - If the patient understands their condition and possesses intact decision making capacity, their request should be honored.
 - It is the patient's right to refuse treatment.
- DNR's are generally suspended in the operating room.
 - · Some states advocate a "goal-directed" DNR approach.
- A surgeon's "survival statistics" will be affected people want the "best" surgeon.
- What do you do?

DNR Order - Example #4

- Paramedics & EMT's operate under the goal of keeping the patient alive until they get to a hospital.
- Consider terminally ill patients who have chosen to die at home families may panic and call 911.
- Once called, we are obligated to perform CPR until they get the patient to a hospital.
- Some state are beginning to pass laws to permit DNR's to be followed in the field.

Patient Responsibilities

- The collaborative nature of health care requires that patients and/or their families participate in their care.
- Patients have rights as well as responsibilities.
 - · Provide information about past medical history.
 - · Participate in decision-making.
 - · Ask for information and/or clarification if they do not fully understand.
 - · Inform providers if they anticipate problems in following prescribed treatment.
 - · Be aware of agencies obligation to be reasonably efficient and equitable in providing care to other patients.
 - · Provide necessary information for insurance claims and working with the agency to make payment arrangements.

Compliance - Example #5

- Non-compliant patients
 - · Patient with chronic renal failure, who abuses alcohol, fails to follow treatment plan, frequently misses dialysis appointments, and repeatedly displays disruptive behavior in the clinic when he does come for treatment.
 - · Does the physician have the right to terminate the relationship with the patient?

Right to Refuse Treatment

- As part of the Patient's Bill of Rights, patients have the right to refuse treatment.
- This is true even if the patient chooses to make a "bad decision" that may result in serious disability or even death.
- Patients can make these decisions based on religious beliefs, personal preferences, or for any other reason.
- Certain circumstances may call for "forced" or legally authorized treatment against the patient's will.
- When patients refuse treatment based on religious grounds, it may be a situation that does not necessarily involve a terminal or incurable disease and does involve the prospect of full recovery.
- May become an ethical issue if parents deny the treatment to a child.

Refusing Treatment - Example #6

- Religious Beliefs
 - · Blood transfusion for a Jehovah's Witness patient?
 - · Are there other methods of treating the patient that will produce good results?
 - · Are these other methods more expensive are patients entitled to this?

Rationing of Health Care

- Rationing organ transplantation has been a difficult process as it relates to justice or fairness.
- Allocating large resource commitments to people who are very sick may not be efficient in producing good because they may be too sick to benefit from it.

- We must decide not only what is just, but also what is the right decision in producing justice, good health outcomes, and other unpredictable situations.
- There is a huge gap between the number of organs available for transplantation and the number of patients waiting for transplants.
- The shortage of organs has led to some unethical means of obtaining organs to transplant.
- U.S. has neither presumed consent or mandatory declaration of organ donation status. Voluntary donation remains the policy.
- How do we decide who gets certain resources?
 - · Personal contribution to the general welfare of society?
 - Entitlement rights?
 - · Personal contribution to the organ failure?
 - · First come, first served?
 - · Age youngest first, oldest last?

Who Gets the Heart?

- Generally the national system for the distribution of organs is based on criteria such as:
 - · Patient's place on a waiting list.
 - · Match between recipient and the donor organ.
 - · Severity of the patient's illness.
- Activity

Interdisciplinary Teams

- Quality health care depends on every professional doing his/her part.
- Each member is an important part of the interdisciplinary team.
 - · Professionals with different backgrounds, education, and interests all working together to provide quality care.
 - · We need to always respect the roles of each team member.
- All departments are responsible for quality patient care, even if they are not providing hands-on patient care.

Professional Standards

- Legal responsibilities, ethics, patients' rights, and advanced directives all help determine the type of care provided by health care workers.
- By following professional standards at all times, you can protect yourself, your employer, and the patient.
- Some of the basic professional standards are:
- Perform only those procedures for which you have been trained and are legally permitted to do.
- Use approved, correct methods while performing any procedure.
- Obtain proper authorization before performing any procedure/treatment.
- Identify the patient and obtain the patient's consent before performing any procedure/treatment.
- Observe all safety precautions.
- Keep all information confidential.

Health Occupations Professional Essentials

- Think before you speak and carefully consider everything you say.
- Treat all patients equally regardless of race, religion, social or economic status, gender, or nationality.
- Accept no tips or bribes for the care you provide.
- If any error occurs or you make a mistake, report it immediately to your supervisor.
- Behave professional in dress, language, manners, and actions.
- Remember that it is <u>your responsibility</u> to understand the legal and ethical implications of your particular health career.
- Never hesitate to ask guestions or request written policies from your employer.
- Know the regulations and guidelines, both legal and ethical, for your occupation.

Future Directions

- New genetic technologies
 - · Cloning, Human Genome Project, Gene Therapy.
- Research Ethics
 - · Human, animal subjects.
- Death & Assisted Suicide
 - · Old definition of death: absence of pulse.
 - · New definition of death: brain function.
- Reproductive Medicine
 - · Right to control both our bodies and the embryos that can be created.
 - · Abortion, birth control, rights of fetus and pregnant women.
 - · Infertility donor issues, financial compensation, unused embryos.
 - · Multiple births increasing.
 - · Use of tissues from fetuses (stem cells).
 - · Fetal genetic testing.
- Economic Issues
 - · Conflict between holding down costs and duty of health care providers to act as advocates for those in their care.
- Society vs. Individual
 - · When personal beliefs jeopardize the health of an individual who has the right to intervene?