

Medical Ethics: Introduction

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Objects

- To define the **Medical Ethics**.
- Is it really **important**?
- To understand the **theories** of Ethics.
- To apply the **ethical principle**.



Primum non nocere

- **Latin phrase means (Above all, don not harm).**
- **The most shameful act in medicine, apart from killing the patient, is to cause harm to a patient who is suffering from a self limited disease.**
- *Good intentions towards patients are **not** enough ... Knowledge and sense of responsibility are more important.*

3 words

Mean?
Is there
difference?



Ethics and Morals

- The word “Morals” and “Ethics” originally meant much same thing (habits, customs):
- **Ethics** came from “Greek” while **Morals** came from “Latin”.
- Both words refer to the **general area of right and wrongs** in the theory and practice of human behavior.
- **Morals** refer to **standards of behavior** held or followed by individuals and groups.
- **Ethics** refer to the **science** or study of morals and its activity in the academic context.

Ethical versus legal obligations

Parameters of Comparison	Legal	Ethical
Basis	Based on law	Based on principles
Effect of nonadherence	Not adhering is punishable.	Not adhering is not punishable.
Scope of choice	Lawfully mandatory	Voluntary
Form	Have written records	Totally abstract form.
Governed By	Government	Individual, Legal and Professional norms

Traditional arrangements of the field of ethics:

- **Meta-ethics** (nature of right or good, nature and justification of ethical issues)
- **Normative ethics** (standards, principles): is the study of what makes actions right or wrong.
- **Applied ethics** (actual application of ethical principles to a situation).

Applied ethics

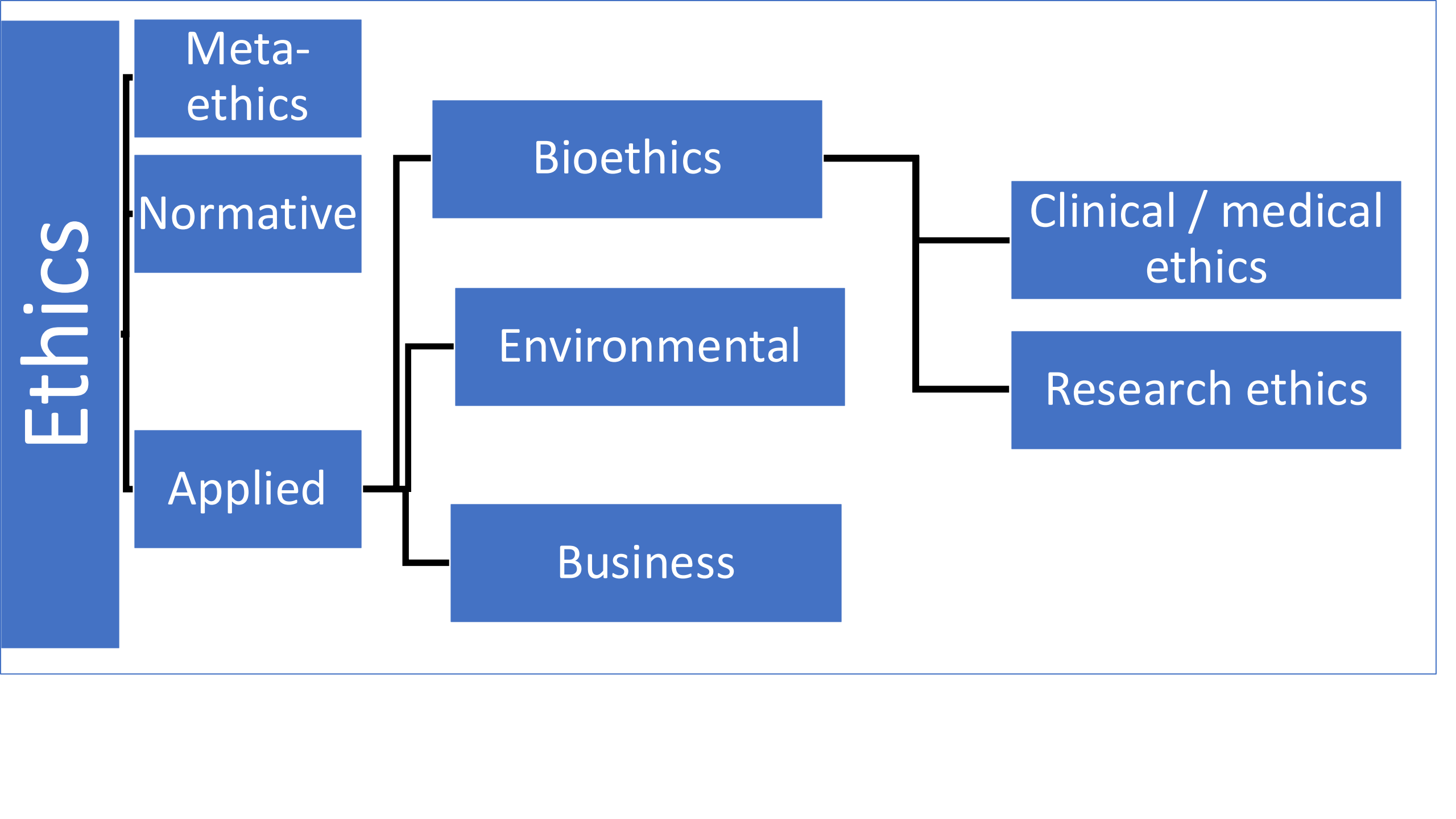


Normative ethics



Meta-ethics





Ethics

Meta-ethics

Normative

Applied

Bioethics

Environmental

Business

Clinical / medical ethics

Research ethics

Definitions:

- What is Bioethics?
- It is derived from Greek bio- life and ethics.
- The science/art that aims at studying of the ethical issues in almost any field that is related to **human life and health**.
- Medical ethics – is a system of moral principles that apply values and judgments to the **practice of medicine** . – It is the branch of bioethics that is related to study of moral problems that arise in **the healthcare of individual patients**.

IS STUDYING MEDICAL ETHICS REALLY IMPORTANT?

- “As long as the physician is an educated and skillful clinician, ethics doesn’t matter.”
- “Ethics is learned in the family, not in medical school.”
- “Medical ethics is learned by observing how senior physicians act, not from books or lectures.”
- “Ethics is important, but our curriculum is already too crowded and there is no room for ethics teaching.”

WHY ARE MEDICAL ETHICS SO IMPORTANT

- Medical ethics guide physician through decision-making and through interaction and conduct with patients.
- Ethics provide us with moral compass the guide us through medical situations that are not straightforward.
- Violations of medical ethics can threaten your job, medical license, or even constitute a crime.

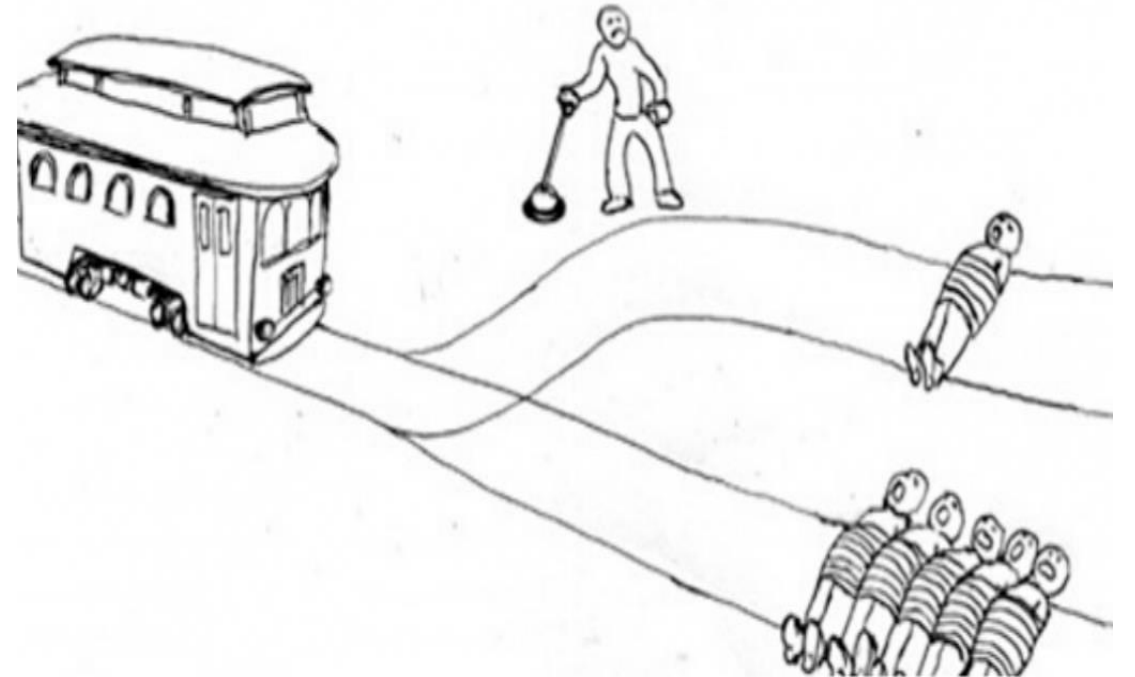
WHY ARE MEDICAL ETHICS SO IMPORTANT

- <https://neal.fun/absurd-trolley-problems/>

Trolley problem

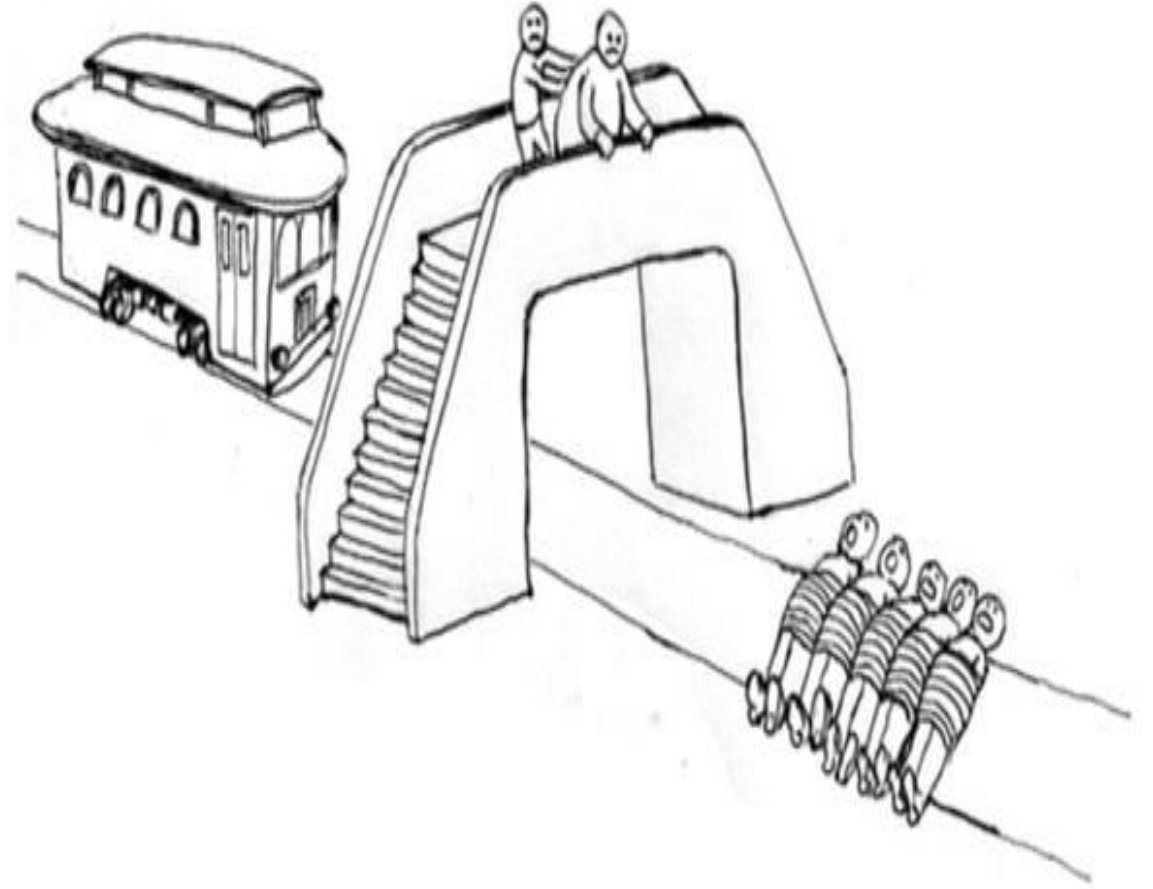
What would you do?

- Suppose that a trolley is running down a hill at a fast speed, heading towards five people at the bottom of the street.
- When it reaches them it will surely kill all of them.
- You notice that there is a switch next to you that could direct the trolley to a side path where there is one man standing and once you do, it will be the one man that dies.
- Would you do it?



Trolley problem

- A trolley is again running down a hill at fast speed, aimed at five people at the bottom which it will surely kill.
- However this time you are standing on a bridge with a fat man next to you. If you push the fat man off the bridge the trolley will stop but kill that fat man.
- Would you do it?



- ethical values lie at the heart of medicine.
- Imagine this situation:
 - In a cold rainy calm night, during your work shift, an ambulance came with 3 victims of road traffic accident. 2 cases have severe internal hemorrhage and must be operated immediately. However, there is only one available surgeon and limited blood for transfusion. You have to choose one patient to operate first. On what bases should you decide?

Ethical case scenario 1

A very famous 90-year-old businessman has been repeatedly admitted to the ICU after suffering from an end-stage lung cancer. In his last admission, you were the doctor in charge. He was accompanied by one of his 14 sons who told you that they have been hiding from him (and other family members) the fact that he has got cancer, and they have told him that he has a chronic chest infection that will be treated by rest and antibiotics. They asked you not to tell him, otherwise he may die of shock, and his market competitors may abuse this information to damage his financial status. Later, another son of the patient, from a different wife to that of the elder son, approached you and asked you about the diagnosis of his father.

What would you do?

Ethical case scenario 2

- A resident in her obstetrics and gynecology rotation was faced with a case of a 28-year-old pregnant woman of 13 weeks gestational age, who is already a mother of three healthy children. The woman was diagnosed with ovarian cancer stage 2. The oncologists made a recommendation to the obstetric team to terminate the pregnancy to initiate chemotherapy. The woman refused chemotherapy and insisted on continuation of pregnancy.
- What is the best decision?

- **Case scenario 3**

A 23-year-old medical student was in his last year of medical school. He was asked to perform a procedure he hadn't done before. His mentor was called away from the operating room about an urgent matter and the young student made a mistake, which led to a complication that caused the woman patient to lose her life.

- **Case scenario 4**

A 30-year-old female patient went through an aggressive chemotherapy session and hysterectomy after she was diagnosed with a rare form of cancer. Later, her oncologist told her she had been mistakenly diagnosed.

What will we study?

- Your ethical and legal considerations toward your patients, colleagues, and profession.
- Patients' rights.
- Ethical consideration in research.
- Euthanasia.
- Abortion.
- Organ transplantations.
- Professional secrecy.

Ethical theories



- 3 QUESTIONS MAY HELP TO ANSWER “IS THIS ETHICAL”
- **Consequences** of the action (utilitarian theory).
- Is the **ACT** itself ethical “deontology theory”.
- Is the acting **agent** (physician) a virtuous one.

Utilitarian theory

- Also called Teleological, Greek word, Telos, meaning end or consequence.
- Consequences alone that determine what is right or wrong.
- The greatest good for the greatest number of the community.
- Seek for the greatest aggregate welfare of the community as whole.
- Problems: how to define what is good and may sacrifice the rights of minority for the seek of happiness of majority.

Deontological theory

- Deontological theory: Non-consequentialism: Derived from the Greek word, Deon, meaning duty. Considers that some acts are right or wrong independent of their consequences.
- Looks to one's obligation to determine what is ethical and answers the question: What should I do and why should I do it?

The virtue theory (Character-based ethics)

- A right act is the action a virtuous person would do in the same circumstances, in contrast to the approach that emphasizes duties or rules (deontology) or that emphasizes the consequences of actions (consequentialism).
- Suppose it is obvious that someone in need should be helped. A utilitarian will point to the fact that the consequences of doing so will maximize well-being, a deontologist to the fact that, in doing so the agent will be acting in accordance with a moral rule such as “Do unto others as you would be done by” and a virtue ethicist to the fact that helping the person would be charitable.

General principles of medical ethics



1- Autonomy

Case:

- *A 26-year-old male has been involved in a RTA, in which he sustained blunt force trauma to his head as his head hit the front windscreen of his car. He did not lose consciousness – he is fully responsive and has no indications of neurological damage.*
- *He has a significant head wound that is bleeding continuously. This patient has refused treatment on the grounds that he feels “fine” and is refusing to have sutures to close his head wound. He would like to leave the Department.*
- *What is your opinion?*
- *Even though the best interests of this patient would be served by undergoing a CT scan and having sutures, he is an adult with full mental capacity, and so we must respect his patient autonomy in choosing to leave the Department. We cannot prevent him from leaving, and if we did it would be unlawful detainment.*

Autonomy

- This principle states that any **competent** person should be given the **freedom** to decide on any decision that is related to his/her body and/or health.
- Is the human right of a patient to control access to his/her body and what is done to him or her.

3 conditions should be fulfilled to obtain correct autonomy:

- **Capacity** usually refers to the mental competencies that are needed for a human to make rational decisions, which includes the ability to understand the information about an intended intervention (or medical condition), appreciate the risks associated with the proposed intervention (medical condition, or research).
- **Disclosure.** the information given to the patient, who is supposed to take a decision are simple and understandable. Disclosure includes **risks, benefits and alternative lines** of treatment.
- **Voluntariness** refers to the importance of having the freedom to take these decisions without any pressure the emotional and social pressure conveyed by other family members or the health care team.

CONDITIONS WHICH CHALANGED AUTONOMY:

- **Incompetent**: patient is legally unable to make rational decision. For example, under 18, patient with dementia, or mentally retarded.
- **Incapacity**: patient that is clinically unable to make rational decision as disturbed conscious level (coma).
- **Threat to** others or him/herself: psychotic patient.

Beneficence

- Beneficence means Physicians have a duty to act in the **best interest** of their patients.
- **Why Is Beneficence Important?**
 - because it ensures that healthcare professionals consider individual circumstances and remember that what is **good for one patient may not necessarily be great for another.**
- Think about these cases:
 1. *An eight-year-old child has been admitted to hospital with a significant open fracture to his left leg. The limb is deformed with significant bleeding and the patient is extremely distressed. The parents are demanding immediate action be taken. 2 options are present:*
 1. *Limb amputation to stop life threatening bleeding and avoid severe infection.*
 2. *Blood transfusion and try to stop bleeding and treat the fracture.*

Another example:

- A female aged 33 years old. She was treated from infertility and get pregnant at 22 weeks. She discovered that she has breast cancer and should start anticancer treatment which is contraindicated in pregnancy. Oncologist advised her to perform abortion. She decided to postpone treatment and continue pregnancy. What is her best interest?

Non-Maleficence

- The principle of nonmaleficence is captured by the Latin maxim, primum non nocere: “above all, do no harm.”
- Non-maleficence states that a medical practitioner has a duty to do no harm or allow harm to be caused to a **patient through neglect**.
- Is the sister to beneficence and is often considered as an inseparable pillar of ethics.
- Non-maleficence differs from beneficence in that beneficence is considered as the positive attitude while non maleficence is the negative one.

Principle of double effect

Single action – two effects : good effect and bad effect



When a treatment has both positive outcome and potential bad effects. It is known as (double effect).

1. The action itself is good or at least neutral;
2. The good effect, not the bad effect, is what is intended;
3. The good effect is not produced by the bad effect;
4. There is a proportionately grave reason for permitting the bad effect

Example: giving morphine to control pain in a terminally ill patient. Morphine may lead respiratory depression and death of the patient.

Case scenario

- A 52-year-old man collapses in the street complaining of severe acute pain in his right abdomen. A surgeon happens to be passing and examines the man, suspecting that he is on the brink of rupturing his appendix. The surgeon decides the best course of action is to remove the appendix in situ, using his trusty pen-knife.
- From **a beneficence perspective**, successful removal of the appendix in situ would certainly improve the patient's life.
- But from **a non-maleficence perspective**, let's examine the potential harms to the patient:
 1. The environment is unlikely to be sterile, so the risk of infection is extremely high
 2. The surgeon has no other clinical staff available or surgical equipment meaning that the chances of a successful operation are already lower than in normal circumstances

Justice

We have a duty to treat all fairly, distributing the risks and benefits equally.

The burdens and benefits of new or experimental treatments must be distributed equally among all groups in society.