# Medical Ethics:
## Introduction

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# IS STUDYING MEDICAL ETHICS REALLY IMPORTANT?

- <span style="color:red">"As long as the physician is a knowledgeable and skillful clinician, ethics doesn't matter."</span>

- "Ethics is learned in the family, not in medical school."

- <span style="color:red">"Medical ethics is learned by observing how senior physicians act, not from books or lectures."</span>

- "Ethics is important, but our curriculum is already too crowded and there is no room for ethics teaching."

# WHY ARE MEDICAL ETHICS SO IMPORTANT

*\* The Main aim :*

- **Medical ethics guide physician through decision-making and through interaction and conduct with patients.**

- **Violations of medical ethics can threaten your job, medical license, or even constitute a crime.**

- **Ethics provide us with moral compass the guide us through medical situations that are not straightforward.**

# 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.

- **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.

# Why it is important:

- To know
  - Your ethical and legal considerations toward your patients, colleagues, and profession.
  - Patients' rights.
  - Ethical consideration in research.
  - Euthanasia.
  - Abortion.
  - Organ transplantations.
  - Newly emerging techniques as cloning, stem cell investigation…

# Definitions

*More commen*

- The difference between Ethics and Moral ⍰

- The **Greek** word **ethike** means habit, action, character.

- The **Latin** word **mos (morals)** means habit or custom. 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 .

- **Applied ethics** is the branch of ethics which consists of the analysis of specific, controversial moral issues such as abortion, animal rights, or euthanasia. It is subdivided into health care (bioethics), business (business ethics), environment (environmental ethics), …

# Traditional arrangements of the field of ethics:

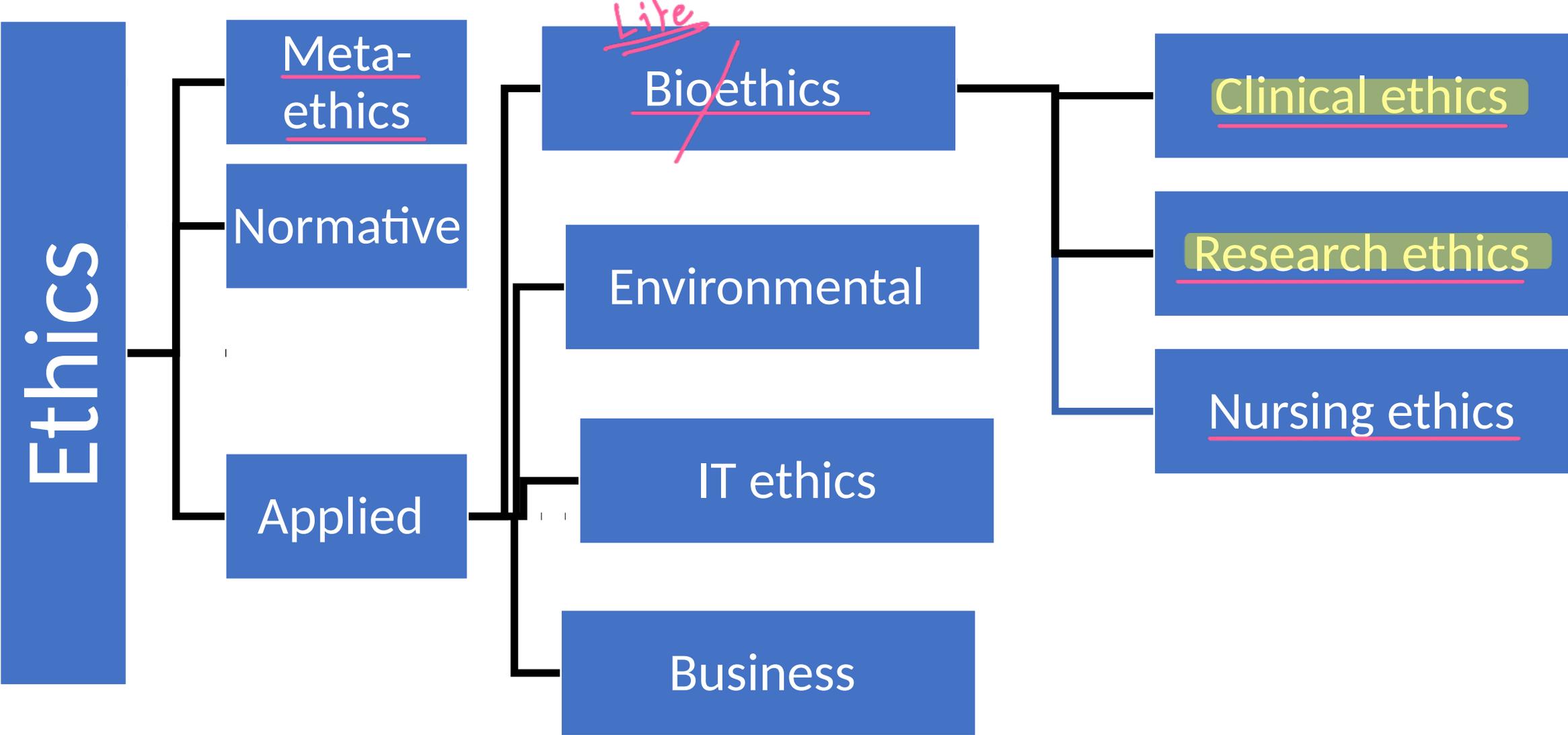*Example: when I said "This is a good gun"* →

- <u>Meta-ethics</u> (nature of right or good, nature and justification of ethical issues)


- Normative ethics ( standards, principles)


- <u>Applied ethics</u> (actual application of ethical principles to particular situation)

# Normative Ethics v Meta Ethics

| Normative Ethics | Meta Ethics |
|---|---|
| Deals with what things are right or wrong. They help people to understand what is right and moral and what is wrong and immoral. They tell people what to do and what not to do. 'This is a good gun' – is the gun morally good? | Deals with what it means to claim that something is right or wrong. It is like a foreign language you have to understand what the word means to understand what is being said. 'This is a good gun' – what do we mean by using the word good. (Is it good because it fulfils its purpose or because I approve of it? |

# Definitions:

- What is Bioethics?

- It is derived from Greek bio- life and ethicos moral.

- The science/art that aims at identification, analysis, and resolution 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 the identification, analysis, and resolution of moral problems that arise in the healthcare of individual patients.

# Ethics

- Meta-ethics
- Normative
- Applied
  - Bioethics *Life*
    - Clinical ethics
    - Research ethics
    - Nursing ethics
  - Environmental
  - IT ethics
  - Business

# Ethical versus legal obligations

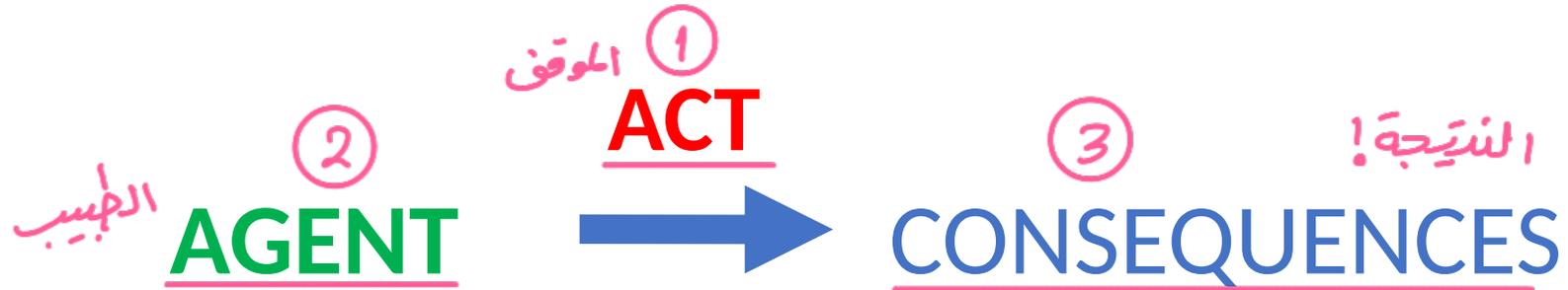| Parameters of Comparison | Legal المتشريع لقانون | Ethical لا خلاقيات |
|---|---|---|
| Basis | Based on law | Based on principles |
| Effect of nonadherence | Not adhering is punishable. | Not adhering is not punishable. |
| Scope of choice | Lawfully mandatory | Voluntary |
| Form | Have written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

# 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?
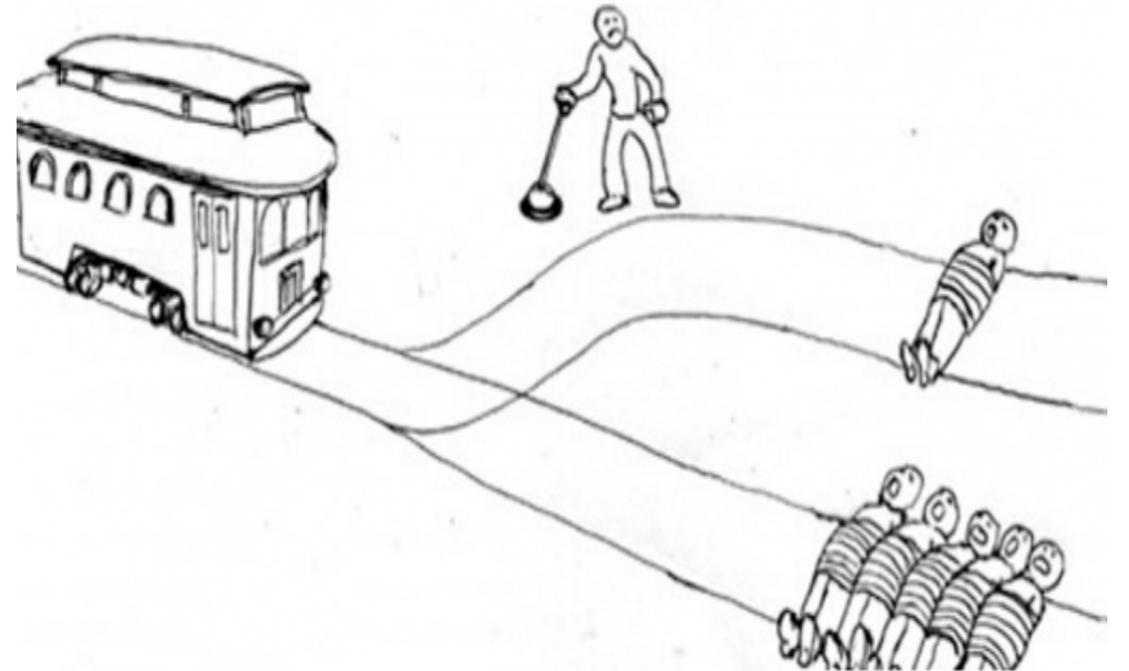
# Trolley problem

- 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 theories

① الموقف
**ACT**

② الطبيب
**AGENT** ➡ CONSEQUENCES ③ النَتيجة!

- 3 QUESITIONS MAY HELP TO ANSWER "IS THIS ETHICAL"

① - **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

*Not depend on the consequance but on the action.*

- 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.

| Theory | Main ethical points | Acts are ethically right when... | Examples from practice |
|---|---|---|---|
| **Utilitarianism (Consequentialism)** | Actions *not* morally right in themselves- they become morally right *if* they produce certain consequences | They achieve overall amount of good (or the least overall harm) for the greatest number | Patients with public health-threatening disease are quarantined for the sake of the good of the general public |
| **Deontology (Duty-based)** | Consequences are morally irrelevant, i.e., they don't determine the ethical nature of action by themselves | They follow a set of duties and rules that are applicable to anyone in the community without exceptions | Doctors are bound to "the *duty* to serve' their patients, even if there is risk attached to this duty. Doctors have the "duty to do good" for their patients |
| **Virtue-based Ethics** | Emphasizes moral character-not just moral action | The acts are done by a moral person, not just simply to be done morally | Smoking doctors cannot advise their patients not to smoke. If smoking is morally wrong, then the moral person should not do it |

# General principles of medical ethics

# 1- 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.

الموافقته طبية للمريض لا تكفي ان للدكتور الحق في اتخاذ بأي قرارات

- is the human right of a patient to control access to his/her body and what is done to him or her.

- It involves the right to choose who treats him/her, where he/she is treated, and what treatment is used.

- It also involves authorization of the treatment. It is not enough for the patient to consent to a course of treatment; he must actually authorize the physician to go ahead with the chosen treatment.

# 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) and be able to recall this information later on.

• **Disclosure**. This condition emphasizes that the information given to the patient, who is supposed to take a decision, is given in a thorough, yet __simple and understandable__ way and that the person is given the chance to have his/her questions answered in a satisfactory way.

• **V**oluntariness refers to the importance of having the __freedom__ to take these decisions without any __pressure or coercion, including__ the emotional and social pressure conveyed by other family members or the health care team.

# 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 two major ways.

1. It acts as a threshold for treatment. If a treatment causes more harm than good, then it should not be considered. This contrasts with beneficence, where we consider all valid treatment options and then rank them in order of preference.

2. We tend to use beneficence in response to a specific situation – such as determining the best treatment for a patient. In contrast, non-maleficence is a constant in clinical practice. For example, if you see a patient collapse in a corridor you have a duty to provide (or seek) medical attention to prevent injury.

# 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
  3. Unless there isn't a hospital around for miles, this is an incredibly disproportionate intervention.

# Justice

distributed justice

1. is generally interpreted as fair, reasonable, and appropriate treatment of persons.

2. We have a duty to treat all fairly, distributing the risks and benefits equally. Patients in similar situations should be offered similar care unless extenuating circumstances are involved, such as for emergency cases.