

Overview of Ethics of Clinical Care and Ethical Dilemmas

Morenike Oluwatoyin Folayan
Obafemi Awolowo University, Ile-
Ife



Objectives of session

- Discuss the ethical principles of clinical care and service provision for patients.
- Identify ethical dilemmas in clinical practice and how to deal with them.



The ethics of patient care

- The principles of ethics governing patients care are universal. These principles are reflected in the following subthemes to be discussed today:
 - Individual autonomy and informed patient choice
 - Distributive justice in commissioning care
 - Beneficence and non maleficence
 - Fidelity





First ethical principle

Respect for autonomy and informed patient choice



Respect for autonomy and informed patient choice

- The move away from paternalism health care to a focus on patient autonomy, informed consent, and shared decision making is usually accompanied by increased patient access to information about treatments.



Respect for autonomy and informed patient choice – 2

- If the autonomy of patients is to be respected, they must be given information that enables them to make choices that are consistent with how they wish to live their life.
- Evidence based medicine would seem to be a powerful force for enhancing patient autonomy.



Competency and capacity

- A patient who is able to make medical decisions is considered to possess capacity.
- A patient who is not mentally or psychologically able to make medical decisions is considered to lack capacity.
- Competency and capacity to make decision is critical to making decision about autonomy.



Competency and capacity - 2

Three things to assess for competency:

- Understanding of information provided about the disease, its consequences, diagnosis and treatment. Physician needs to test comprehension by asking patients to rephrase the information provided.
- Patients should be able to discuss in accordance with their own values. Here, the physician might ask patients what is most important to them in making their decision.



Competency and capacity - 3

- Patients should be able to communicate consistent choices regarding their decisions. Here the physician might determine patients' choices at different times to test consistency.



Surrogacy

- Physicians look for surrogates to help make decisions when patients lack capacity to decide especially for children.
- It is sometimes difficult to determine the "best" surrogate.
- Typically it is a person who has the best interest of the patient at heart and who is acquainted with the patient's past expressions, wishes, and values so that the surrogate can make the same decision the patient would make were (s)he able.



Surrogacy - 2

- The best surrogate is not necessarily a close family member.
- It is the duty of the physician in consultation with the health care team and other family members to determine the proper surrogate.
- Patients may sometimes communicate who the proper surrogate is.



Evidence for use in decision making

- You should acquire counselling skills in using evidence derived from research outcomes to inform patient care taking cognisance of individual patient's bio-psychosocial situation. Yet respecting the right of patient to a full spectrum of information to help make autonomous decisions.





Second ethical principle

Distributive Justice



Distributive justice

- The principle of distributive justice implies that medical care should be equitably accessible to all persons who needs it irrespective of gender, age , socioeconomic status, race, religion, tribe or sexual orientation.
- Clinicians need to continuously be sensitive to the need to be non-discriminatory with health service provision.



Distributive justice - 2

- A critical issue that informs access to health care is finance. where health care access does not take cognisance of disparity in financial capacity of the population, economic favoritism occurs.
- Distributive justice require that the less priviledge should at least, be able to access public health care . There are many innovative solutions possible.



Third principle

Beneficence and nonmaleficence



Beneficience and nonmaleficience

- The principle of beneficience and nonmaleficience acknowledges that the welfare of the patient is central to care.
- Evidence based medicine has the potential to improve patient care, prevent harm, and promote patient health and autonomy.



The reality on the field

- Health professionals' understanding of both harm to and benefit for a patient can differ sharply from that of the patient.
- Different patients take different views about what constitutes a harm and a benefit, and it is implausible to maintain that the notions of benefit and harm are objectively independent of the patient's judgment.



The reality on the field - 2


- The big dilemma about this issue comes with the discussion around physician-assisted suicide.
- Medical practitioners have long worried that patients who forgo life-sustaining treatment with the intention of dying are killing themselves and that health professionals are assisting in their suicide.
- There is now a consensus in law and biomedical ethics that it is never a moral violation to withhold or withdraw a treatment that has been validly refused.



The reality on the field - 3

- This problem has been replaced by another: Is it harmful or beneficial to help a competent patient who has requested a hastened death?
- In addition to vexed questions about the purported distinction between killing and letting die, the issue presses the question of what counts as a benefit and what counts as a harm.





Fourth ethical principle

Fidelity



Fidelity

- The doctor-patient relationship has been defined, through rules of ethics and rules of law, as a fiduciary one, as a relationship founded in trust. When a patient seeks a physician's help and the physician agrees to give that help, a special covenant is made.



Fidelity - 2

- The patient agrees to take the physician into her confidence, to reveal to him even the most secret and intimate information related to her health. The physician, in turn, agrees to honor that trust, and to become the patient's advocate in all matters related to her health, placing her interests above all others - including his own personal or financial concerns.



Concept of rights in medical care



Human rights and medical care

- Right to medical treatment
- Right of refusal of treatment in accordance with the law, and receive information about the consequences of refusal
- Right to information
- Right to choices



Other rights

- Right to privacy (handling of the individual during consultations) and confidentiality (handling of medical records) including access to medical records on demand.
- Participate in the development and implementation in the plan of care
- Be treated with respect and dignity



Other rights

- Be informed about condition and its cause(s), the implications for non-treatment, treatment options, and the possible results and side effects of treatment
- Receive quality health care without discrimination because of race, creed, gender, religion, national origin, or source of payment.



Other rights

- Guaranteed personal safety
- Know the identity of the person treating the patient, as well as any relationship between professionals and agencies involved in the treatment
- Informed consent for all procedures.



Other rights of patients

- Information about hospital charges.
- Consultation and communication.
- Right to make complaints without the fear of retaliation or compromise of access or quality of care. Hospitals therefore need to make provision for how patients can make complaints and how they can get feedback on their complaints had been addressed.



Ethical dilemmas



ETHICAL DILEMMA

- Ethical dilemma occurs when a choice warrants violation of one rule over another and priority is not certain. This strains the inner being of authentic agents.
- It is not mere opinion differences, not patient's religious convictions vs. standard practice, not conflict with ease, popularity or pleasure and not conflict with immoral norms or laws!



Examples of cases that can cause ethical dilemmas

End of life issue

- Right to self de-termination (and its limits?), Ethics of regular treatments; Resource allocation; Euthanasia.
- These dilemmas are influenced by technology, economy, medical, social, cultural, legal and bioethical considerations.



Examples of cases that can cause ethical dilemmas

Intended effects and merely foreseen effects

Would you give morphine which is potentially fatal to a patient with brain and chest metastases?

- What are your considerations?
- Why is it moral if it is?
- How is this different from assisted suicide/euthanasia?
- How can this concept be abused in similar or even disparate settings?



Dealing with ethical dilemmas

- Recognise ethical dilemmas
- Identify what is causing the conflict
- Critically review and see if ethical principles and theories do not help.
- Consult with other helpful and fairly authoritative sources including the patient concerned or **APPROPRIATE OTHERS.**



Dealing with ethical dilemmas - 2

- Use relevant Professional Guidance and relevant laws.
- Refer issue to MDCN and other international medical guidance committees, local hospital or similar ethics committees
- **READ, THINK AND CHOOSE CRITICALLY** and seek assistance when uncertain about interpretations.
- **IF ALL ELSE FAILS, SEEK COURT DECLARATION.**
- **AVOID NON-ETHICS COMPLICATIONS**



Thank you for listening

You can contact me via:

toyinukpong@yahoo.co.uk

