An introduction to Medical Ethics

A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.

Medical ethics is applied moral values in medical practice. It covers the entire discipline of medical practice.

In resolving conflicts involving medical ethics the values of the medical community and the values of the individual patient, family and society at large need to be respected.

Principles of medical ethics

A physician must recognize responsibility towards patients as well as society.

The American Medical Association in the AMA's House of Delegates June 17, 2001 adopted these basic principles, though not laws, but standards of conduct which define the essentials of honorable behavior for the physician are:

a) **Dedication:** A physician shall be dedicated to providing competent

Dr. Fred Simon Oommen*

medical care, with compassion and respect for human dignity and rights.

- b) **Honesty:** A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
- c) **Law abiding:** A physician shall respect the law and also recognize responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
- d) **Confidentiality:** A physician shall respect the rights of patients, colleagues and other health professionals and shall safeguard patient confidence and privacy within the constraints of the law.
- e) **Excellence:** A physician shall continue to study, apply and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients,

^{*} The author is Chief Medical Officer, HAL, Bangalore

colleagues and the public, obtain consultation and use the talents of other health professionals when indicated.

- f) **Professional freedom:** A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.
- g) **Duty to the community:** A physician shall recognize responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.
- h) **Patient care first:** A physician shall, while caring for a patient, regard responsibility to the patient as paramount.
- i) No discrimination in selection and care of patients: A physician shall support access to medical care for all people.

Values in Medical Ethics

Some of the values that commonly apply to medical ethics discussions are:

- Beneficence (*Salus aegroti suprema lex.*) a practitioner should act in the best interest of the patient.
- Non-maleficence (*primum non nocere*).
 "first, do no harm"
- Autonomy (*Voluntas aegroti suprema lex.*) the patient has the right to refuse or choose their treatment.

- Justice concerns the distribution of scarce health resources, and the decision of who gets what treatment.
- Dignity the patient (and the person treating the patient) have the right to dignity.
- Truthfulness and honesty the concept of informed consent has increased in importance since the historical events of the Nuremberg trials and Tuskegee Syphilis Study

Values such as these provide a useful framework for understanding conflicts in ethical values. Often these conflicts involve the patient, family and the health care providers. Conflicts can also arise between health care providers or among family members. For example when patients refuse life-saving blood transfusion or when essential medical history is concealed, ethical conflicts could arise.

In some countries, as in the United Kingdom, the parent body, The General Medical Council, provides clear guidance in the form of its 'Good Medical Practice' statement. In India the Indian Medical Council has laid down the Code of Medical Ethics that covers all aspects of Holistc Medical Healthcare services by the practitioners.

The Oath

The code of Medical Ethics and practice in India and in almost all countries has the foundation of the Oath by Hippocrates that was first recorded in the year 400 B.C. and translated by Francis Adams.

The Oath by Hippocrates is as follows :

"I SWEAR by Apollo the physician, and Aesculapius, and Health, and All-heal, and all the gods and goddesses, that, according to my ability and judgment, I will keep this Oath and this stipulation- to reckon him who taught me this Art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the Art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practice my Art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and, further from the seduction of females or males, of freemen and slaves. Whatever, in connection with my professional practice or not, in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times! But should I trespass and violate this Oath, may the reverse be my lot!"

Basics of Medical Ethics

Some aspects of Medical Ethics that need to be highlighted are Informed consent, Importance of communication, Cultural concerns, Ethics Committees, Sexual relationships, Vendor relationships, Treatment of family members, Self-referral and Futility.

Informed consent

Informed Consent in ethics is important with rising medical negligence appeals in the court of law. There needs to be transparency in medical practice. The patient and the relatives have a right to know and understand the medical care offered by the treating physician.

Importance of communication

Many ethical conflicts can be traced back to lack of communication. Communication breakdowns can lead to disagreements and strong feelings. These breakdowns could be solved with open lines of communication.

Ethics Committees

Many times, simple communication is not enough to resolve a conflict and a Hospital Ethics Committee is convened to decide a complex matter. The Ethics Committee should monitor the health care provided in all documentation and research done.

Cultural concerns

Cultural differences can create difficult medical ethics problems. Spiritual or magical beliefs about the origins of disease, alternate holistic medical practice as in Homeopathy, Ayurvedics practice, the role of Yoga in medical care, etc. need to be respected when offering Allopathic treatment.

Self-referral

Doctors who receive income from referring patients for medical tests have been shown to refer more patients for medical tests, which is considered as unethical practice.

Vendor relationships

Studies show that doctors can be influenced by drug company inducements, including gifts and food.³ Industry-sponsored Continuing Medical Education (CME) programs influence prescribing patterns.⁴ Many patients surveyed in one study agreed that physician gifts from drug companies influence prescribing practices. This again is considered an unethical practice.

Treatment of family members

Many doctors treat their family members. Doctors who do so must be vigilant not to create conflicts of interest.

Sexual relationships

Sexual relationships between doctors and patients can create ethical conflicts, since sexual consent may conflict with the fiduciary responsibility of the physician. It is estimated that between 2% and 9% of doctors have violated this rule based on a study in the early 1990s.

Futility

Advanced directives include living wills and durable powers of attorney for healthcare. In many cases, the "expressed wishes" of the patient are documented in these directives, and this provides a framework to guide members and family health care professionals in decision making, when the patient is incapacitated. Undocumented expressed wishes can also help guide decision making, in the absence of advanced directives. "Substituted judgement" is the concept that a family member can give consent for treatment if the patient is unable (or unwilling) to give consent himself. The key question for the decision making surrogate is not, "What would you like to do," but instead, "What do you think the patient would want in this situation."

References

- 1. Swedlow A, Johnson G, Smithline N, Milstein A (1992). "Increased costs and rates of use in the California workers' compensation system as a result of self-referral by physicians". N Engl J Med 327 (21): 1502-6. PMID 1406882.
- 2. (1998) "Ethics Manual. Fourth edition. American College of Physicians". Ann Intern Med 128 (7): 576-94. PMID 9518406.
- Giildal D, Semin S (2000). "The influences of Drug Companies' advertising programs on physicians". Int J Health Serv 30 (3): 585-95. PMID 11109183.
- 4. Wazana A (2000). "Physicians and the pharmaceutical industry: is a gift ever just a gift?". JAMA 283 (3): 373-80. PMID 10647801.
- 5. Blake R, Early E. "Patients' attitudes about gifts to physicians from pharmaceutical companies". J Am Board Fam Pract 8 (6): 457-64. PMID 8585404.
- [1] LA Times, "Drug money withdrawals: Medical schools review rules on pharmaceutical freebies," posted 2/12/07, accessed 3/ 6/07]
- La Puma J, Stocking C, La Voie D, Darling C (1991). "When physicians treat members of their own families. Practices in a community hospital". N Engl J Med 325 (18): 1290-4. PMID 1922224.
- La Puma J, Priest E (1992). "Is there a doctor in the house? An analysis of the practice of physicians' treating their own families". JAMA 267 (13): 1810-2. PMID 1545466.
- 9. Gartrell N, Milliken N, Goodson W, Thiemann S, Lo B (1992). "Physician-patient sexual contact. Prevalence and problems". West J Med 157 (2): 139-43. PMID 1441462.
- 10. Wikipedia, the free encyclopedia