

ETHICS IN PRACTICE

"All medical decisions are ethical decisions, or at least....
they involve an ethical component in addition to the
scientific or clinical aspects of the problem"

(Brody 1981)

Everyday we make numerous ethical decisions. Some are based on well known legal or professional codes, e.g. prescribing contraception to the under 16's, but most lack such clarity, e.g. how much information do I tell the patient about the side effects of a course of antibiotics? The possession of a clear understanding of the principles of ethics, and how they affect management, is vital for the active General Practitioner.

ETHICS is the study of rational and moral processes for determining the best course of action in the face of conflicting choices.

All doctors need skills to enable them to recognise these dilemmas, analyse them, arrive at sound conclusions and take appropriate actions. We may respond intuitively but this may be inconsistent and not the result of a thorough analysis, especially with more complex issues. Our interventions may be for the better or for the worse and if we aspire to provide the best care to our patients we need to consider the underlying fundamental ethical principles and use them whenever we have to solve problems

FUNDAMENTAL ETHICAL PRINCIPLES

JUSTICE (OR EQUITY)

RESPECT FOR PERSONS

BENEFICENCE

JUSTICE (OR EQUITY)

This principle demands that no person is discriminated against on the grounds of age, sex, race or social or economic standing. It ensures that the vulnerable (for whatever reason and in whatever situation) will not be disadvantaged, whether it is an individual or a group.

RESPECT FOR PERSONS

This has four inter-related components:

* ① **RESPECT FOR AUTONOMY**

A patient must be allowed to control their destiny. Even if consciousness or intellect is impaired and is not capable of exerting such control, autonomy is altered but **NOT** absent. In these situations care must be taken to ensure that actions on patient's behalf do not offend their known desires or wishes.

* ② **INFORMED CONSENT**

An individual must have the opportunity to make a **REAL** decision about any course of action that they are going to undertake or will be undertaken on their behalf. This requires the "necessary information" being available to make the decision - what this constitutes is difficult. In the UK the duty to provide information has been limited to "what a responsible body of medical men" would provide unless there is a significant risk associated with the treatment, when the patient should be informed of that risk. The requirement to obtain informed consent is also part of respect for autonomy.

* ③ **TRUTH-TELLING**

This is related intimately to autonomy and to informed consent. It does not mean that the person has to be told every detail if they have not expressed a desire to know this, e.g. when bad news is given.

* ④ **RESPECT FOR CONFIDENTIALITY**

A patient "owns" the information given to the doctor in confidence.

BENEFICENCE

This is assumed to encompass both doing good for the patient (**BENEFICENCE**) and not doing harm (**NON-MALEFICENCE**). Although these notions are complementary they can also be contradictory - in some situations these principles may conflict with each other and a balance has to be struck between them. For example, conflict arises when considering the benefits and side-effects of treatment. The balance of these conflicts will depend on the patient, the severity of the illness and the expected adverse reaction.

The concept of beneficence can be widened to encompass the duty to inform and educate, enhancing the patient's ability to continue to care for themselves.

ETHICS IN CONTEXT

In clinical medicine, ethical problems do not exist in isolation. Whenever the ethical dimension of a problem is under consideration it is important to be aware of the PATIENT, the DOCTOR and SOCIETY.

THE PATIENT

The patient rather than the ethics of the situation should be the major consideration. Each situation is unique and there can be no general solution for all situations. The risk - benefit equation will be different for each patient with every treatment option.

THE DOCTOR

Like patients, each doctor has their own unique set of values determined by their social and cultural background. It is important to be aware how these values affect decision making and that the patient is not disadvantaged by them.

SOCIETY

Ethical problem solving does not occur in isolation since we are all bound by the Society in which we live. We need to consider the Laws and Professional Codes that are currently in place.

FURTHER READING

ETHICS.THE HEART OF HEALTH CARE
DAVID SEEDHOUSE
J WILEY 1988

SOLVING ETHICAL PROBLEMS

There is not necessarily a "correct" analysis and decision to apply to a problem but by ensuring that the above ethical principles are considered for *ALL* problems we can know that we are acting with the greatest moral endeavour.

HOW CAN WE CHOOSE AN APPROPRIATE ANALYSIS AND ACTION ?

Consider a method of ethical reasoning in which decisions between potential actions depend on the consequences of the potential actions.

STEP 1

Make sure that a dilemma exists. A *REAL* choice needs to exist between possible courses of action and there needs to be a significant difference in values between the potential actions or consequences.

STEP 2

Describe the alternative courses of action.

Consider *ALL* the persons involved

WHAT is to be done

WHO is to do it

and the conditions in which it is to be done (WHEN)

STEP 3

Evaluate the doctor's preferred course of action by examining its consequences on whoever might be affected by it. If there are no disagreements then the action is ethically acceptable. However, if there is disagreement the proposed course of action must either be modified or rejected and an alternative examined using the same criteria.

The three fundamental ethical principles (*EQUITY, AUTONOMY* and *BENEFICENCE*) should be used as guidelines to ensure that all major areas of potential ethical conflict are considered.

This process of selection, examination, modification or reselection is continued until a satisfactory course of action is produced.

ETHICS IN PRACTICE WORKSHEET

CASE 1

MR I AGED 32 UNEMPLOYED LABOURER

Mr I has a complex history, detailed to you by a social worker, who persuades you to take Mr I as a patient. Mr I hates doctors, having seen his grandmother and then his mother die, in mental hospitals, from Huntington's chorea. The social worker is deeply worried because she thinks Mr I also suffers from the disease. He has recently separated from his second wife (who lives in a different part of the country) after a stormy and violent marriage. He is living in a squalid bedsit with his 11 year old son Ian.

What ethical considerations have to be considered in your management decisions?

CASE 2

MRS M AGED 75 PENSIONER

Mrs M has been in her nursing home for the last 10 years, following the onset of mild dementia. For the last 4 years she has been bedfast, increasingly demented, not communicated with anyone and is doubly incontinent. Her relatives no longer visit her since they find it too distressing. The doctor is called since her condition has deteriorated and on examination she is pyrexial and has bilateral basal crepitations.

What factors might determine a decision not to prescribe antibiotics?

Is such a decision ethically justifiable?

CASE 3

DIANA W AGED 15

Diana W asks if she could be put on the oral contraceptive pill. Her mother had telephoned earlier to say that she did not wish her daughter to be given contraception, asking that the conversation be kept confidential.

What are the ethical and legal issues involved?

What may be your response to the mother?