

Medical Ethics

Ethics deals with the right choices of conduct considering all the circumstances. It deals with the distinction between what is considered right or wrong at a given time in a given culture. Medical ethics is concerned with the obligations of the doctors and the hospital to the patient along with other health professionals and society. Ethics is not static, applicable for all times. What was considered good ethics a hundred years ago may not be considered so today. Ethical conduct must be accompanied by an understanding of the patient's culture and local constraints so that treatment is not only scientifically accurate but also humane.

A number of deplorable abuses of human subjects in research, medical interventions without informed consent, experimentation in concentration camps in World War II, along with salutary advances in medicine and medical technology and societal changes, led to the rapid evolution of bioethics from one concerned about professional conduct and codes to its present status with an extensive scope that includes research ethics, public health ethics, organizational ethics, and clinical ethics.

In order to understand medical law and ethics, it is helpful to understand the differences between law and ethics. A law is defined as a rule of conduct or action prescribed or formally recognized as binding or enforced by a controlling authority such as local state or federal governments. Ethics is considered a standard of behavior and a concept of right and wrong beyond what the legal consideration in any given situation. Moral values serve as a basis for ethical conduct. legally, medical ethics are not enforceable by law, but are defended by the state medical council.

Fritz Jahr (1895–1953), the German teacher and theologian, for the first time in history, in an article from 1927, used the term 'bio-ethics'. In his article titled "Bio-Ethics: A Review of the Ethical Relationships of Humans to Animals and Plants", Jahr redefined moral obligations towards human and nonhuman forms of life and outlined the concept of bioethics as an academic discipline, principle, and virtue. He derived the word Bio-Ethik out of 'bios' (the Greek word for life) and 'ethics', therefore associating ethics primarily with life (not just of humans, but also of animals and plants). It was later popularised by the American biochemist **Van Rensselaer Potter** (1911–2001) to indicate 'global ethics'.

Potter had coined the term 'bioethics' by combining 'biological science' with 'ethics'.

The Hippocratic Oath, the declaration of Geneva, International Code of Medical Ethics, Declaration of Helsinki provide moral guidance to the physicians.

THE BASIC PRINCIPLES OF BIOETHICS

There are 16 principles of bioethics pertaining to all aspects of scientific work. Section II of the Universal Declaration on Bioethics and Human Rights states important substantive principles relating to bioethics, such as:

1. Respect for human dignity, human rights and fundamental freedoms (Article 3.1).
2. Priority of the interests and welfare of the individual should have priority over the sole interest of science or society (Article 3.2).
3. Beneficence and nonmaleficence (Article 4).
4. Autonomy and individual responsibility (Article 5).
5. Informed consent (Article 6).
6. Special protection of persons without the capacity to consent (Article 7).
7. Respect for human vulnerability and personal integrity (Article 8).
8. Privacy and confidentiality (Article 9).
9. Equality, justice and equity (Article 10).
10. Nondiscrimination and nonstigmatisation (Article 11).
11. Respect for cultural diversity and pluralism (Article 12).
12. Solidarity and cooperation (Article 13).
13. Social responsibility and health (Article 14).
14. Sharing of benefits (Article 15).
15. Protection of future generations (Article 16).
16. Protection of the environment, the biosphere and biodiversity (Article 17).

FOUR BASIC PRINCIPLES OF MEDICAL ETHICS

The four basic principles or the four pillars of medical ethics, when evaluating the merits and difficulties of medical procedures are:

1. Autonomy

2. Beneficence
3. Nonmaleficence (do no harm)
4. Justice.

Some also include consent in this list of health care ethics.

However, ethical values are not limited to just these four principles. There are many more related important issues such as patient empowerment, confidentiality, informed consent, communication, counseling and documentation, don't run down peers, don't hide ignorance and equity (treat everyone as per the need). Ethics in medical practice is a measure of honesty, transparency, responsibility and accountability and is inseparable from medical competence.

These principles form the basis of clinical judgment and decision-making when confronted with moral problems in the medical field.

Ethics is often seen as a proscriptive or restrictive activity telling you what you cannot do. But in many cases it can be very freeing. It can affirm that you are doing the right thing. If you go through the proper ethical thought process, you'll have greater certainty that what you're doing is the right thing. Relieved of nagging doubts, you will be able to proceed more directly and more vigorously with your care plan. With advancements, ethical decisions have become more challenging. For instance, CRISPR gene editing is a genetic engineering technique in molecular biology by which the genomes of living organisms may be modified. While it may be a game changer for genetic diseases, it has raised ethical questions foremost being the extent to which CRISPR use should be permitted. Until further research can be done, the long-lasting effects or any unintended consequences remain unknown as the genome of not just one person but many future generations could be modified. Gene editing tools opens up the possibility of 'designer babies'.

Euthanasia is another very debated topic. The Hippocratic Oath puts a moral and professional duty upon a doctor to save the life of a doctor. Is it not against the medical ethics to let the patient die? Further advancement in medical science has complicated the issues, as continuous research is being done not only to cure the disease but prolonging the human life. While active euthanasia is illegal in India, the law now allows passive euthanasia or withdrawal of life support under strict guidelines.

Autonomy

The principle of autonomy indicates the right of every person to decide her own choice, including the right

to accept or reject treatment, seek another opinion, or ask for justification from the health care provider. Respecting the principle of autonomy obliges the physician to disclose medical information and treatment options that are necessary for the patient to exercise self-determination and supports informed consent, truth-telling, and confidentiality.

The principle of autonomy does not extend to persons who lack the capacity (competence) to act autonomously; examples include infants and children and incompetence due to developmental, mental or physical disorder.

Beneficence

The principle of beneficence is the obligation of physician to act for the benefit of the patient and supports a number of moral rules to protect and defend the right of others, prevent harm, remove conditions that will cause harm, help persons with disabilities, and rescue persons in danger. It is worth emphasizing that, in distinction to nonmaleficence, the language here is one of positive requirements. The principle calls for not just avoiding harm, but also to benefit patients and to promote their welfare.

Nonmaleficence

Nonmaleficence is the obligation of a physician not to harm the patient. The practical application of nonmaleficence is for the physician to weigh the benefits against burdens of all interventions and treatments, to eschew those that are inappropriately burdensome, and to choose the best course of action for the patient. This is particularly important and pertinent in difficult end-of-life care decisions on withholding and withdrawing life-sustaining treatment, medically administered nutrition and hydration, and in pain and other symptom control.

No doctor practices medicine to harm the patient. Yet, patients are exposed to some potential harm.

There are risks of side effects with the prescribed medications; there are implied risks in every intervention or procedure. While a major surgery may be uneventful, sometimes unanticipated accidents can occur even in a minor surgery, despite all care. This makes medicine "a double-edged sword". A physician's obligation and intention to relieve the suffering (e.g., refractory pain or dyspnea) of a patient by the use of appropriate drugs including opioids override the foreseen but unintended harmful effects or outcome.

The "**principle of double effect**" differentiates intended and nonintended effects of an action. The intended

effect is good and primary; however, associated with the intended effect is the necessary but bad and unintended (secondary) effect. To be morally justifiable, it must satisfy certain conditions:

- *“The action itself (independent of its consequences) must not be intrinsically wrong (it must be morally good or at least morally neutral).”*
- *The agent must intend only the good effect and not the bad effect. The bad effect can be foreseen, tolerated and permitted but must not be intended; it is therefore allowed but not sought.*
- *The bad effect must not be a means to the end of bringing about good effect, that is, the good effect must be achieved directly by the action and not by the way of the bad effect.*
- *The good result must outweigh the evil permitted, that is, there must be proportionality or favorable balance between the good and bad effects of the action.”*

Justice

Justice is generally interpreted as fair, equitable, and appropriate treatment of persons. Of the several categories of justice, the one that is most pertinent to clinical ethics is distributive justice. Distributive justice refers to the fair, equitable, and appropriate distribution of health-care resources determined by justified norms that structure the terms of social cooperation.

There are different valid principles of distributive justice. These are distribution to each person (i) an equal share, (ii) according to need, (iii) according to effort, (iv) according to contribution, (v) according to merit, and (vi) according to free-market exchanges.

Informed Consent

Consent has three components as follows: Disclosure, capacity, and voluntariness.

- **Disclosure:** This refers to the provision of relevant information by the clinician and its comprehension by the patient.
- **Capacity:** This refers to the patient's ability to understand the relevant information and to appreciate those consequences of his or her decision that might reasonably be foreseen.
- **Voluntariness:** This refers to the patient's right to come to a decision freely, without force, coercion or manipulation.

UNESCO bioethics principles state that any medical intervention- for therapeutic or preventive purposes- must only be undertaken after full information and

freely given consent. The participant should be free to withdraw at any time without loss or prejudice.

Not getting a patient's informed consent for a procedure, another clearly ethical problem, is also an important element in a malpractice complaint. Physicians who do not get informed consent can be liable for malpractice, even if the procedure meets all the standards of clinical care.

PRIVACY AND CONFIDENTIALITY

Privacy is the right of an individual to permit access to his body, thoughts or feelings. In medical practice, the patient expects a private space where she can share information as well as permit access to her body. The right of the patient to privacy enjoins upon the clinician, to provide confidentiality. Confidentiality means that privately shared information will not be disclosed to anyone else without the patients' consent. The right to privacy and the confidentiality of health information protect autonomy or self-determination.

Physicians often consult the ethical codes of their professional. These codes cannot take the place of ethical decisions in situations in which a variety of competing factors are involved, but they can provide direction for decision-makers. Also, professional codes by doctors' own organizations can help convince them that a particular ethical decision makes sense.

Doctors may also look to their hospitals' ethics committees for answers, but these committees aren't intended to be the final authorities on medical ethics. These committees are educators and work in an advisory capacity. Their role is to develop specific hospital policies, educate staff about clinical ethics, and oversee ethical consultants on staff.

So, who is the ultimate arbiter of clinical medical ethics? It is the individual caregiver, working in concert with the patient. Caregivers' ethical decisions go hand-in-hand with their clinical and technical decisions. Getting the ethics right depends on the integrity of the caregiver.

NMC CODE OF MEDICAL ETHICS

The NMC states that its code of ethics is not intended to establish legal or clinical standards in practice but to provide a set of ethical guidelines according to which the doctor is expected to practice as a medical professional. Ethical guidelines must be differentiated from laws, as ethical standards expected of the medical professional may sometimes exceed legal requirements.

CODE OF ETHICS

"The registered medical practitioner

1. *Must provide care for the patient with compassion and respect, keeping the best interest of the patient in mind at all times.*
2. *Should be respectful of the patient's rights and opinion, communicate clearly with the patient, and be honest and transparent in all professional interactions.*
3. *Must protect patient confidentiality and privacy, and treat every patient equally, without discrimination.*
4. *Shall ensure one's competency and fitness to practice, and keep up to date with advancements in medical practice. They shall consult with other health professionals, as and when required for the benefit of the patient.*
5. *Should function in accordance with the laws of the land. When there is a conflict between ethics and law, the doctor is expected to advocate for changes in the law, in the interest of patient care.*
6. *Shall be responsive to individual and community health needs, and advocate for patients and the wider community they serve in matters of health and welfare.*
7. *Must not refuse to treat a patient in case of medical emergency, nor discriminate between patients based on gender, race, religion, caste, social, economic, or cultural grounds. No patient should be abandoned.*
8. *Should practice according to his conscience and ethical guidelines, free from external pressures. They should not provide treatments that are not medically indicated, and must not participate in any act of torture.*
9. *Should promote and model the ethical standards of the profession in the work place, mindful of the moral and professional obligation owed to the patient and society who have reposed trust in the profession.*
10. *Should not hesitate to report unethical acts, fraud, incompetence, dishonesty, exploitation or misconduct on part of other health care professionals that could result in harm to the patient.*
11. *Should recognize conflict of interest situations that may arise in practice as they are detrimental to the patient and should avoid or minimize them. In such situations, the patient's interest should take precedent over any other consideration.*
12. *Should not engage in endorsement or promotion of any drug or medical product for commercial purposes or for personal gains. In sharing findings of research with peers and scientific societies, the practitioner is expected to be neutral and unbiased in the interest of science and patient care.*
13. *Should protect and minimize risk of patients who participate in medical research, conscious that the dual role as researcher-practitioner would require disclosure to patients and additional regulatory and ethical compliance.*
14. *Should ensure that professional boundaries of the doctor patient relationship are respected and not violated."*

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