Clinical Ethics

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Abstract

Nowadays medical science is being intervened by hybridization and progress in research alongwith application of information technology. Today patients are better informed; litigation is more common; physicians have to be aware of the cost implications of their treatment for society; they have to juggle obligations to the hospital, the health region and the government. Ethics is not the only discipline that deals with these issues: the law and theology also prescribe certain behaviors. Law is concerned with rules enacted by a certain society and that have effect within geographical boundaries. Traditional approaches to medical ethics quote the fundamentals of bioethics including patient autonomy , Beneficence, Non-maleficence and justice. Nowadays informed consent and confidentiality are two important underlined approaches are added.

Keywords: *clinical ethics, autonomy , Beneficence, Non-maleficence, justice*

Introduction

Nowadays relevance and need of ethical issues is prominently underlined due to changes in clinical practice and approach of healthcare practice.[1] Our medical science is being intervened by hybridization and progress in research alongwith applications of information technology. Today patients are better informed; litigation is more common; physicians have to be aware of the cost implications of their treatment for society; they have to juggle obligations to the hospital, the health region and the government.[2]

Ethics deals with right and wrong conduct, with what we ought to do and what we should refrain from doing. Medical ethics concerns how to handle moral problems arising out of the care of patients; often clinical decisions must consider more than just the patient's medical condition. Ethics is not the only discipline that deals with these issues: the law and theology also prescribe certain behaviors. Law is concerned with rules enacted by a certain society and that have effect within geographical boundaries.

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First, be aware of a distinction between ethical arguments that are based on set principles ("lying is always morally wrong", or "our religion forbids it"), which is called "principlism" and arguments of a more flexible nature in which the circumstances of a case influence the decision. This is called **casuistry**, or case-based argument. [3] Here, theory plays a lesser role, and judgments are reached by referring to paradigms or 'pure cases' that illustrate accepted appropriate ways of acting. This is also how the law works, and you may see a parallel with the difference between deductive and inductive reasoning. Religious tenets differ from ethical principles in the source of their authority: they are based on the word of God as interpreted by believers, rather than on a process of reasoning.[4]

Traditional approaches to medical ethics quote the following fundamentals of bioethics.

1. Always respect for patient autonomy . Autonomy refers to the capacity to think, decide and act on one's own free initiative. Physicians and family members therefore should help the patient come to their own decision by providing full information; they should also uphold a competent, adult patient's decision, even if it appears medically wrong.[4]

2. Beneficence: promoting what is best for the patient. The general moral principle of doing good to others is focused by the lens of being in a professional caring relationship. The definition of 'what is best' may

derive from the health professional's judgment or the patient's wishes (see Autonomy); these are generally in agreement, but may diverge. Beneficence implies consideration of the patient's pain; their physical and mental suffering; the risk of disability and death; and their quality of life. At times, beneficence can imply not intervening, if the benefit of therapy would be minimal.[4]

3. Non-maleficence: First do no harm. In most cases of treating sick patients this adds little to the beneficence principle. But most treatments involve some degree of risk or have side-effects, so this principle reminds us to ponder the possibility of doing harm, especially when you cannot cure. May there be harmful consequences of labelling this patient as having bipolar disorder? In dealing with healthy people (e.g., preventive care, immunizations), do the benefits outweigh the potential harms? Remember that medicine has a long history of doing harm. In the 18th and early 19th century, surgery was highly lethal and giving birth in hospital led to higher maternal mortality than home births. Such problems are not entirely a matter of the past: the recent outbreaks of C. difficile in Quebec hospitals had killed 100 patients by early 2004, and the problem continues. For historical material on the dangers of medicine, see a web site on Victorian British medicine.[4]

4. Justice. Resources are limited; you cannot cure everybody and so priorities must be set (hence the notion of triage). In allocating care, the Justice principle holds that patients in similar situations should have access to the same care, and that in allocating resources to one group we should assess the impact of this choice on others. In effect, is what the patient is asking for fair? Will it lead to a burden to others (such as the family caregivers)? While your primary duty is to your patient, others will be affected by your decisions and there may be a tension between beneficence, autonomy and justice.[4]

5. Confidentiality : forms a cornerstone of the doctor-patient relationship; it implies respecting the patient's privacy, encouraging them to seek care and preventing discrimination on the basis of their medical condition. In order to protect the trust between doctor and patient, the physician should not release personal medical information without the patient's consent. Like other ethical duties, however, confidentiality is not absolute. It can be necessary to override privacy in the interests of public health, as in contact tracing for partners of a patient with a sexually transmitted disease. Note that you are legally obligated to report a possibly HIV infected patient to the public health authorities. However, this should always be done in a way that minimizes harm to the patient.[5]

6. Informed Consent: follows from the principle of patient autonomy, and consent is required before you may provide care. "No medical intervention done for any purpose - whether diagnostic, investigational, cosmetic, palliative, or therapeutic - should take place unless the patient has consented to it" . Informed consent also serves as a significant protection to you against possible litigation.

For consent to be 'informed' the patient must receive a full description of the procedure, its risks and benefits, the prognosis with and without treatment, and alternative treatments. The patient must have the mental competence to comprehend the information, and must give specific authorization for the doctor to proceed with the plan.[6,7]

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