

ETHICS AND MEDICAL ETHICS



ETHICS

- ◉ Ethics is an understanding of the nature of conflicts arising from moral imperatives and how best we may deal with them. Ethics does NOT decide what is morally right or wrong; rather it considers how we should act best in the light of our duties and obligations as moral agents.

WHAT IS AN 'ETHICAL ISSUE'?

- ◉ When you have to judge what is right or wrong;
- ◉ Choosing between options;
- ◉ Deciding whether to do something or do nothing;
- ◉ Should I or shouldn't I?;
- ◉ A dilemma - making a difficult choice.

ETHICAL ISSUES IN HEALTH CARE

- ◉ We usually think of the ‘big’ issues
e.g. definition of life, what is a person, quality of life, prolonging life, ending life, human rights.
- ◉ But day to day ethical issues can involve:
 - Respecting people;
 - Treating people with dignity;
 - Treating people fairly;
 - Supporting patient’s choices.

MEDICAL ETHICS

- ◉ Clinicians have specific duties of care to their patients and to society. It is generally held that clinicians should always act in the best interest of their patients; but sometimes there is a conflict between obligations to a patient and those perceived to be owed to the community or to other patients.
- ◉ Central to modern medical ethics is a respect for **patient autonomy** and the fundamental principle of **informed consent**.

MEDICAL ETHICS

- **Medical Ethics** is a practical subject as well as a branch of moral philosophy. Ethics is an integral part of good medical practice. Ethics deals with the choices we make and our actions in relation to those choices. It deals with choices made by both clinicians and patients and the duties and obligations of clinicians to their patients.

MEDICAL ETHICS

- ◉ Medical ethics also deals with the choices made by society, the distribution of resources and access to health care and the dilemmas arising from them.
- ◉ Ethics deals with choices. Where there are no choices there is no need for ethics. How we live involves choices affecting ourselves and others with both the potential for benefit and for harm (consequences). How we feed ourselves, clothe ourselves, keep ourselves warm, travel to work etc. - all these choices have consequences for others.

MEDICAL ETHICS

- ◉ Ethics is also about duties and obligations: to whom we have duties, how extensive they are, how best they may be discharged and how we deal with conflicting duties and obligations. Patients have duties and obligations too, which is why we should respect them as moral agents. Parents have duties of care to their children; and sometimes a clinician's duty to a child patient may conflict with those of the parents, and this needs an ethical approach to resolve.

ETHICAL PRINCIPLES

- ◉ When ethical dilemmas arise the best approach is to think through these ethical principles logically and methodically:
- ◉ **Beneficence and Non-maleficence;**
- ◉ **Autonomy and Consent;**
- ◉ **Truth-telling;**
- ◉ **Confidentiality;**
- ◉ **Preservation of life;**
- ◉ **Justice.**

ETHICAL PRINCIPLES (BENEFICENCE AND NON-MALEFICENCE)

- ⦿ **Beneficence** is the act of "doing good" while **non-maleficence** is the act of "not doing bad". In practical terms, medical practitioners have an ethical responsibility to strive to do what is in the best interests of their patients. However, it is important to remember that some medical interventions may seem beneficial but may also carry with them the possibility of causing harm.

CLINICAL EXAMPLE

- ◉ A doctor has diagnosed an elderly lady with rheumatoid arthritis and wants to prescribe an NSAID to relieve the pain and reduce the inflammation. - **Beneficence**
- ◉ However, the doctor does not want the patient to develop gastrointestinal bleeding, a common side-effect of NSAIDs, especially in the elderly - **Non-maleficence**

BENEFICENCE (TO DO GOOD)

- Our actions must aim to ‘benefit’ people - health, welfare, comfort, well-being, improve a person’s potential, improve quality of life;
- Act on behalf of ‘vulnerable’ people to protect their rights;
- Prevent harm ;
- Create a safe and supportive environment;
- Help people in crises.

NON - MALEFICENCE (TO DO NO HARM)

- ⦿ do not inflict harm on people;
- ⦿ do not cause pain or suffering;
- ⦿ do not incapacitate;
- ⦿ do not cause offence;
- ⦿ do not deprive people ;
- ⦿ do not kill.



ETHICAL PRINCIPLES (AUTONOMY AND CONSENT)

- ◉ Autonomy is the right of a patient to make an informed, uncoerced decision about their own health management. If this principle is disregarded by a medical professional because he/she believes another decision would be better for the patient, then it is termed paternalism. An autonomous decision should **never** be overruled by a medical professional, but not all decisions are autonomous. For patients to have autonomy, they must have the **capacity** to receive, retain and repeat the information that is given to them, provided the information is complete and given to them in a manner that they can understand.

CLINICAL EXAMPLE

- ⦿ *A patient with breast cancer is told by her oncologist that there are two treatment options, a total mastectomy or a partial mastectomy with radiotherapy. The patient decides to have a total mastectomy -*
Autonomy
- ⦿ *An oncologist decides that a patient with breast cancer should receive a total mastectomy -*
Paternalism

ETHICAL PRINCIPLES (AUTONOMY AND CONSENT)

- ◉ **Consent** is an extension of autonomy and is of many types. **Implied consent** is when a doctor assumes that certain actions or body language from a patient imply that the patient has consented to the planned action of the doctor. **Expressed oral consent** is when a patient has verbally given the doctor permission to proceed with the intended action. **Expressed written consent** is documented evidence that the patient has, usually with a signature, given consent to a procedure. Written consent should only be obtained after oral consent. **Fully informed consent** is consent given after all the information about the procedure has been given. When possible, fully informed consent, both written and oral, should be obtained before any procedure, examination or treatment.

CLINICAL EXAMPLE

- ⦿ *A patient with tonsillitis is in the ENT ENT (ear, nose and throat) ward and a doctor approaches with a syringe. The patient stretches out their left arm in the direction of the doctor. The doctor takes a sample of their blood. - Implied Consent*
- ⦿ *The doctor then asks if she/ he can take the patient's blood pressure. The patient says yes. - Expressed oral consent*
- ⦿ *Then the doctor asks the patient to consent for surgery by reading and signing a form consenting to a tonsillectomy after explaining to the patient the risks and benefits of the procedure. The patient reads and signs the document and expresses their wish to have the procedure. - Fully informed written and oral consent*

AUTONOMY AND CONSENT

- ⦿ Respect a person's right to make their own decisions;
- ⦿ Teach people to be able to make their own choices;
- ⦿ Support people in their individual choices;
- ⦿ Do not force or coerce people to do things;
- ⦿ 'Informed Consent' is an important outcome of this principle.

ETHICAL PRINCIPLES (TRUTH-TELLING)

- ◉ The ethical principle of **Truth-telling** is the process in which a doctor gives the patient all the information about their health. It allows the patient to be fully-informed and, therefore, allows for the ethical principles of autonomy and consent. A point that always needs to be considered is the fact that some patients do not want the information. Therefore it is important to ask the patient if they want to know or not. The only other (extremely rare) occasion when it is acceptable not to tell the patient the truth is when the patient may come to harm when being told, e.g. "If you tell me I have cancer I will kill myself!".

ETHICAL PRINCIPLES

(CONFIDENTIALITY)

- ◉ The ethical principle of **confidentiality** ensures that the medical information held about a patient is accessible only to those to whom the patient has given access via autonomous and full-informed consent. In order to achieve trust between medical professionals and their patients, confidentiality must be maintained. Confidentiality may be broken if information shared by the patient refers to a potential danger to public safety or if it is ordered by a court.

CLINICAL EXAMPLE

- ⦿ *A doctor informs a patient that he/ she cannot drive because of their recent diagnosis of epilepsy. The patient agrees but, when driving to work one morning, the doctor sees the person driving. The doctor **must** inform the local driving authority due to concerns regarding public safety.*

ETHICAL PRINCIPLES

(PRESERVATION OF LIFE)

- ◉ The ethical principle of **preservation of life** is a will to treat a patient's illness with the aim of prolonging life. After all, most patients want to live longer; most doctors may have joined the profession to save lives. This principle may be overruled if the patient has made a living will stating their desire not to be resuscitated.

ETHICAL PRINCIPLES (JUSTICE)

- ◉ Justice refers to the distribution of things and positions of people within society. In a medical setting, justice involves the allocation of health-care resources in a fair way. This may be an equal distribution ([egalitarianism](#)) or a maximization of the total or average welfare across the whole society ([utilitarianism](#)).

JUSTICE

- ◉ Treating people fairly;
- ◉ Not favouring some individuals/groups over others;
- ◉ Acting in a non-discriminatory / non-prejudicial way;
- ◉ Respect for peoples rights;
- ◉ Respect for the law.



ETHICAL PRINCIPLES

- ⦿ However, applying any of these principles may sometimes conflict with one or more of the others.

THE FOUR TOPIC METHOD

- ◉ The Four Topic Method is a way to provide a framework in which the clinician faced with an ethical issue analyzes the case in an objective form. The Four Topic Method developed by Jonsen, Siegler and Winslade in 1982 includes the following and is aligned with the ethical principles of Autonomy, Beneficence, Non-maleficence, Justice:
- ◉ Medical Indications (Beneficence and Non-Maleficence);
- ◉ Patient Preferences (Autonomy);
- ◉ Quality of Life (Beneficence, Non-Maleficence and Autonomy);
- ◉ Contextual Features (Justice : Loyalty and Fairness).

4 ETHICAL RULES

- ◉ Veracity - truth telling, informed consent, respect for autonomy;
- ◉ Privacy - a person's right to remain private, not to disclose information;
- ◉ Confidentiality - only sharing private information on a 'need to know basis';
- ◉ Fidelity - loyalty, maintaining the duty to care for all no matter who they are or what they may have done.

ETHICAL THEORIES

- ◉ There are two main ethical theories that apply to medical practice:
- ◉ Consequentialism refers to those moral theories which hold that the consequences of a particular action form the basis for any valid moral judgment about that action (taking the consequences of our actions into consideration).
- ◉ Deontology is an approach to ethics that focuses on the rightness or wrongness of actions themselves, as opposed to the rightness or wrongness of the consequences of those actions (basing our actions on a set of principles or duties).

CONSEQUENTIALISM

- ⦿ Actions are right or wrong according to the balance of their good and bad consequences;
- ⦿ The right act is the one that produces the best overall result;
- ⦿ Utilitarianism (what action has the greatest utility - use/benefit/positive outcome) is a type of consequentialism.

UTILITARIANISM

- ⦿ most prominent consequence-based theory;
- ⦿ based on the principle of utility;
- ⦿ actions ought to produce the maximal balance of positive value (e.g. happiness) over disvalue (e.g. harm).

MEDICAL DEONTOLOGY

- Medical Deontology refers to professional ethics of medical workers and principles of behaviour of medical personnel, directed towards maximum benefit of treatment.

MEDICAL DEONTOLOGY

- ◉ Medical deontology includes problems of observing medical confidentiality, the problem of the extent of the medical worker's responsibility for the life and health of the patient, and problems of relationships of medical workers with each other. In accordance with medical deontology, in relation to the patient, the medical worker must pay maximum attention and apply all their knowledge in order to restore the patient to health or bring relief to him/ her in their sufferings; he/ she must convey to the patient only information about their health that will be beneficial to him/ her and establish contact between the patient and the physician.

MEDICAL DEONTOLOGY

- ⦿ A doctor must avoid conversations and discussions with colleagues, personnel in the presence of the patient, and with the patient himself/ herself concerning their illness which sometimes produce the development of iatrogenic diseases. An international code of medical ethics was ratified (1949) by the World Medical Association in Geneva.

CLINICAL EXAMPLE

- ◉ *A doctor comes out of a room after witnessing a patient suffer a distressing death. The family approach the doctor and ask if he/ she suffered. The doctor lies and says "He went peacefully".*
- ◉ **Consequentialist view** - this eases the burden of the family at a distressing time.
- ◉ **Deontologist view** - lying is fundamentally wrong and the family are entitled to know the truth.

THE DUTIES OF A DOCTOR REGISTERED WITH THE GENERAL MEDICAL COUNCIL

Patients must be able to trust doctors with their lives and well-being. To justify that trust, we as a profession have a duty to maintain a good standard of practice and care and to show respect for human life.

THE DUTIES OF A DOCTOR REGISTERED WITH THE GENERAL MEDICAL COUNCIL

In particular as a doctor you must:

- make the care of your patient your first concern;
- treat every patient politely and considerately;
- respect patients' dignity and privacy;
- listen to patients and respect their views;
- give patients information in a way they can understand;
- respect the rights of patients to be fully involved in decisions about their care;
- keep your professional knowledge and skills up to date;

THE DUTIES OF A DOCTOR REGISTERED WITH THE GENERAL MEDICAL COUNCIL

- admit the limits of your professional competence;
- be honest and trustworthy;
- respect and protect confidential information;
- make sure that your personal beliefs do not prejudice your patients' care;
- act quickly to protect patients from risk if you have good reason to believe that you or a colleague may not be fit to practice;
- avoid abusing your position as a doctor;
- work with colleagues in the ways that best serve patients' interests.

In all these matters you must never discriminate unfairly against your patients or colleagues. And you must always be prepared to justify your actions to them.

REFERENCES

Beauchamp T. and Childress J. (2001) Principles of Biomedical Ethics 5th Edition Oxford University Press

Hunt G. (1994) Ethical Issues in Nursing Routledge. London

Seedhouse D. (1998) Ethics the heart of Health Care Wiley. Winchester.

Watt H. (2000) Life and Death in Health Care Ethics Routledge. London

<http://www.iep.utm.edu/e/ethics.htm#SH2a>

<http://www.nursingethics.ca/articles.html>

<http://www.freedomtocare.org/iane.htm>

<http://www.lib.flinders.edu.au/resources/sub/healthsci/a-zlist/ethics.html>

VARIANTA ROMÂNĂ

ETHICS

- ◎ Ethics is an understanding of the nature of conflicts arising from moral imperatives and how best we may deal with them. Ethics does NOT decide what is morally right or wrong; rather it considers how we should act best in the light of our duties and obligations as moral agents.
- ◎ Etica este înțelegerea naturii conflictelor care decurg din imperativele morale și modul în care putem să le rezolvăm cel mai bine. Etica NU decide ce este corect sau greșit din punct de vedere moral; ci mai degrabă ia în considerație cum ar trebui să acționăm cel mai bine în lumina îndatoririlor și obligațiilor noastre ca agenți morali.

WHAT IS AN 'ETHICAL ISSUE'?

- ◉ When you have to judge what is right or wrong;
- ◉ Choosing between options;
- ◉ Deciding whether to do something or do nothing;
- ◉ Should I or shouldn't I?;
- ◉ A dilemma - making a difficult choice.
- ◉ Când trebuie să judecați ce este bine sau rău;
- ◉ Alegerea între opțiuni;
- ◉ Decizia de a face ceva sau de a nu face nimic;
- ◉ Ar trebui sau nu?
- ◉ O dilemă – facerea unei alegeri dificile.

ETHICAL ISSUES IN HEALTH CARE

- ◉ We usually think of the 'big' issues
e.g. definition of life, what is a person, quality of life, prolonging life, ending life, human rights.

But day to day ethical issues can involve:

- Respecting people;
- Treating people with dignity;
- Treating people fairly;
- Supporting patient's choices.

- ◉ De obicei ne gândim la problemele "mari", de ex. definirea vieții, ce este o persoană, calitatea vieții, prelungirea vieții, încheierea vieții, drepturile omului.

Dar problemele etice de zi cu zi pot implica:

- ◉ Respectarea oamenilor;
- ◉ Tratarea oamenilor cu demnitate;
- ◉ Tratarea corectă a oamenilor;
- ◉ Susținerea alegerilor pacientului.

MEDICAL ETHICS

- Clinicians have specific duties of care to their patients and to society. It is generally held that clinicians should always act in the best interest of their patients; but sometimes there is a conflict between obligations to a patient and those perceived to be owed to the community or to other patients.
- Central to modern medical ethics is a respect for **patient autonomy** and the fundamental principle of **informed consent**.
- Clinicienii au obligații specifice de îngrijire față de pacienți și față de societate. Se consideră, în general, că medicii trebuie să acționeze întotdeauna în interesul pacienților lor; dar uneori există un conflict între obligațiile față de un pacient și cele percepute a fi datorate comunității sau altor pacienți.
- Principiul central al eticii medicale moderne este respectul pentru autonomia pacientului și principiul fundamental al consimțământului informat.

MEDICAL ETHICS

- ◉ **Medical Ethics** is a practical subject as well as a branch of moral philosophy. Ethics is an integral part of good medical practice. Ethics deals with the choices we make and our actions in relation to those choices. It deals with choices made by both clinicians and patients and the duties and obligations of clinicians to their patients.
- ◉ Etica medicală este o disciplină practică, precum și o ramură a filozofiei morale. Etica este o parte integrantă a bunei practici medicale. Etica se referă la alegerile pe care le facem și la acțiunile noastre în legătură cu aceste alegeri. Ea se ocupă de alegerile făcute și de clinicieni și de pacienți și de îndatoririle și obligațiile medicilor față de pacienții lor.

MEDICAL ETHICS

- Medical ethics also deals with the choices made by society, the distribution of resources and access to health care and the dilemmas arising from them.
- Ethics deals with choices. Where there are no choices there is no need for ethics. How we live involves choices affecting ourselves and others with both the potential for benefit and for harm (consequences). How we feed ourselves, clothe ourselves, keep ourselves warm, travel to work etc. - all these choices have consequences for others.
- Etica medicală se ocupă, de asemenea, de alegerile făcute de societate, de distribuția resurselor și de accesul la îngrijiri medicale și de dilemele care decurg din acestea.
- Etica se ocupă de alegeri. În cazul în care nu există opțiuni, nu este nevoie de etică. Modul în care trăim implică alegeri care afectează pe noi înșine și pe alții atât cu potențialul de a beneficia, cât și de a dăuna (consecințele). Cum ne hrănim singuri, ne îmbrăcăm, păstrăm cald, mergem la lucru etc. - toate aceste alegeri au consecințe asupra celorlalți.

MEDICAL ETHICS

- ◉ Ethics is also about duties and obligations: to whom we have duties, how extensive they are, how best they may be discharged and how we deal with conflicting duties and obligations. Patients have duties and obligations too, which is why we should respect them as moral agents. Parents have duties of care to their children; and sometimes a clinician's duty to a child patient may conflict with those of the parents, and this needs an ethical approach to resolve.
- ◉ De asemenea, etica vizează îndatoririle și obligațiile: față de cine avem îndatoriri, cât de ample sunt, cât de bine pot fi achitate și cum ne ocupăm de datoriile și obligațiile conflictuale. Pacienții de asemenea au datorii și obligații, de aceea trebuie să-i respectăm ca agenți morali. Părinții au îndatoriri de îngrijire a copiilor lor; și uneori datoria clinicianului față de un pacient copil poate intra în conflict cu cele ale părinților, iar aceasta are nevoie de o abordare etică pentru a fi rezolvată.

ETHICAL PRINCIPLES

- ◉ When ethical dilemmas arise the best approach is to think through these ethical principles logically and methodically:
- ◉ **Beneficence and Non-maleficence;**
- ◉ **Autonomy and Consent;**
- ◉ **Truth-telling;**
- ◉ **Confidentiality;**
- ◉ **Preservation of life;**
- ◉ **Justice.**
- ◉ Atunci când apar dileme etice, cea mai bună abordare este aceea de a gândi prin aceste principii etice logic și metodic:
- ◉ Binefacerea și nefacerea de rău;
- ◉ Autonomie și consimțământ;
- ◉ Spunerea adevărului;
- ◉ Confidențialitatea;
- ◉ Păstrarea vieții;
- ◉ Justiție.

ETHICAL PRINCIPLES (BENEFICENCE AND NON-MALEFICENCE)

- ◉ **Beneficence** is the act of "doing good" while **non-maleficence** is the act of "not doing bad". In practical terms, medical practitioners have an ethical responsibility to strive to do what is in the best interests of their patients. However, it is important to remember that some medical interventions may seem beneficial but may also carry with them the possibility of causing harm.
- ◉ Binefacerea este actul de "a face bine", în timp ce nefacerea de rău este actul "a nu face rău". În termeni practici, lucrătorii medicali au responsabilitatea etică de a se strădui să facă ceea ce este în interesul pacienților lor. Cu toate acestea, este important să rețineți că unele intervenții medicale pot părea benefice, dar pot prezenta, de asemenea, și posibilitatea de a le face rău.

CLINICAL EXAMPLE

- ◉ *A doctor has diagnosed an elderly lady with rheumatoid arthritis and wants to prescribe an NSAID (Nonsteroidal Antiinflammatory Drugs) to relieve the pain and reduce the inflammation - **Beneficence.***
- ◉ *However, the doctor does not want the patient to develop gastrointestinal bleeding, a common side-effect of NSAIDs (Nonsteroidal Antiinflammatory Drugs), especially in the elderly - **Non-maleficence***
- ◉ Un medic a diagnosticat o doamnă în vârstă cu poliartrită reumatoidă și dorește să prescrie AINS (antiinflamatorii nesteroidiene) pentru ameliorarea durerii și reducerea inflamației. – Facere de bine.
- ◉ Cu toate acestea, medicul nu dorește ca pacientul să dezvolte sângerări gastrointestinale, un efect secundar comun al AINS (antiinflamatorii nesteroidiene), în special la vârstnici – Nefacere de rău.

BENEFICENCE (TO DO GOOD)

- Our actions must aim to 'benefit' people - health, welfare, comfort, well-being, improve a person's potential, improve quality of life;
 - Act on behalf of 'vulnerable' people to protect their rights;
 - Prevent harm ;
 - Create a safe and supportive environment;
 - Help people in crises.
- ⦿ Acțiunile noastre trebuie să vizeze „facerea de bine” oamenilor - sănătatea, bunăstarea, confortul, starea de bine, îmbunătățirea potențialului unei persoane, îmbunătățirea calității vieții;
 - ⦿ Acționați în numele "persoanelor vulnerabile" pentru a le proteja drepturile;
 - ⦿ Preveniți răul;
 - ⦿ Creați un mediu sigur și de susținere;
 - ⦿ Ajutați oamenii în situații de criză.

NON - MALEFICENCE (TO DO NO HARM)

- ◉ do not inflict harm on people;
 - ◉ do not cause pain or suffering;
 - ◉ do not incapacitate;
 - ◉ do not cause offence;
 - ◉ do not deprive people ;
 - ◉ do not kill.
- ◉ nu dăuna oamenilor;
 - ◉ nu provoca durere sau suferință;
 - ◉ nu determina incapacitatea;
 - ◉ nu provoca ofensă;
 - ◉ nu privați oamenii;
 - ◉ nu ucide.

ETHICAL PRINCIPLES (AUTONOMY AND CONSENT)

- ◉ **Autonomy** is the right of a patient to make an informed, uncoerced decision about their own health management. If this principle is disregarded by a medical professional because he/she believes another decision would be better for the patient, then it is termed **paternalism**. An autonomous decision should **never** be overruled by a medical professional, but not all decisions are autonomous. For patients to have autonomy, they must have the **capacity** to receive, retain and repeat the information that is given to them, provided the information is complete and given to them in a manner that they can understand.
- ◉ Autonomia este dreptul unui pacient de a lua o decizie informată și neforțată cu privire la propriul management al sănătății. Dacă acest principiu este ignorat de un medic specialist deoarece acesta crede că o altă decizie ar fi mai bună pentru pacient, atunci se numește paternalism. O decizie autonomă nu ar trebui să fie niciodată respinsă de un medic, dar nu toate deciziile sunt autonome. Pentru ca pacienții să aibă autonomie, ei trebuie să aibă capacitatea de a primi, păstra și repeta informațiile care le sunt furnizate, cu condiția ca informațiile să fie complete și să le fie transmise într-o manieră pe care o pot înțelege.

CLINICAL EXAMPLE

- ⦿ *A patient with breast cancer is told by her oncologist that there are two treatment options, a total mastectomy or a partial mastectomy with radiotherapy. The patient decides to have a total mastectomy - Autonomy.*
- ⦿ *An oncologist decides that a patient with breast cancer should receive a total mastectomy - Paternalism*
- ⦿ Medicul oncolog îi spune unei paciente cu cancer mamar că există două opțiuni de tratament, o mastectomie totală sau o mastectomie parțială cu radioterapie. Pacientul decide să aibă o mastectomie totală – Autonomie.
- ⦿ Un oncolog decide că o pacientă cu cancer de sân ar trebui să fie tratată prin mastectomie totală – Paternalism.

ETHICAL PRINCIPLES (AUTONOMY AND CONSENT)

- **Consent** is an extension of autonomy and is of many types. **Implied consent** is when a doctor assumes that certain actions or body language from a patient imply that the patient has consented to the planned action of the doctor. **Expressed oral consent** is when a patient has verbally given the doctor permission to proceed with the intended action. **Expressed written consent** is documented evidence that the patient has, usually with a signature, given consent to a procedure. Written consent should only be obtained after oral consent. **Fully informed consent** is consent given after all the information about the procedure has been given. When possible, fully informed consent, both written and oral, should be obtained before any procedure, examination or treatment.
- Consimțământul este extinderea autonomiei și este de mai multe tipuri. Consimțământul implicit este atunci când un medic presupune că anumite acțiuni sau limbajul corpului pacientului implică faptul că pacientul a consimțit la acțiunea planificată a medicului. Consimțământul exprimat oral este atunci când un pacient a dat verbal doctorului permisiunea de a continua cu acțiunea dorită. Consimțământul exprimat scris este o dovadă documentată a faptului că pacientul, de obicei, cu o semnătură, a dat consimțământul pentru o procedură. Consimțământul scris trebuie obținut numai după consimțământul oral. Consimțământul complet informat este consimțământul dat după ce au fost furnizate toate informațiile despre procedură. Atunci când este posibil, consimțământul complet informat, scris și oral, trebuie obținut înainte de orice procedură, examinare sau tratament.

CLINICAL EXAMPLE

- *A patient with tonsillitis is in the ENT (ear, nose and throat)ward and a doctor approaches with a syringe. The patient stretches out their left arm in the direction of the doctor. The doctor takes a sample of their blood. - Implied Consent*
- *The doctor then asks if she/ he can take the patient's blood pressure. The patient says yes. - Expressed oral consent*
- *Then the doctor asks the patient to consent for surgery by reading and signing a form consenting to a tonsillectomy after explaining to the patient the risks and benefits of the procedure. The patient reads and signs the document and expresses their wish to have the procedure. - Fully informed written and oral consent*
- *Un pacient cu amigdalită se află în secția ENT (ureche, nas și gât) și un doctor se apropie cu o seringă. Pacientul își întinde brațul stâng în direcția medicului. Doctorul ia o mostră din sângele acestuia. - Consimțământul implicit*
- *Doctorul întreabă apoi dacă poate măsura tensiunea arterială a pacientului. Pacientul spune da. - Consimțământul exprimat oral*
- *Apoi medicul cere pacientului să-și dea consimțământul pentru operație prin citirea și semnarea unui formular prin care pacientul dă consimțământul pentru o amigdalectomie, după ce a explicat pacientului riscurile și beneficiile procedurii. Pacientul citește și semnează documentul și își exprimă dorința de a avea procedura. - consimțământul scris și oral complet informat*

AUTONOMY AND CONSENT

- ◉ Respect a person's right to make their own decisions;
 - ◉ Teach people to be able to make their own choices;
 - ◉ Support people in their individual choices;
 - ◉ Do not force or coerce people to do things;
 - ◉ 'Informed Consent' is an important outcome of this principle.
- ◉ Respectați dreptul unei persoane de a lua propriile decizii;
 - ◉ Învățați-i pe oameni să poată face propriile alegeri;
 - ◉ Sprijiniți oamenii în alegerile lor individuale;
 - ◉ Nu obligați pe cineva să facă ceva;
 - ◉ "Consimțământul informat" este un rezultat important al acestui principiu.

ETHICAL PRINCIPLES (TRUTH-TELLING)

- ◉ The ethical principle of **Truth-telling** is the process in which a doctor gives the patient all the information about their health. It allows the patient to be fully-informed and, therefore, allows for the ethical principles of autonomy and consent. A point that always needs to be considered is the fact that some patients do not want the information. Therefore it is important to ask the patient if they want to know or not. The only other (extremely rare) occasion when it is acceptable not to tell the patient the truth is when the patient may come to harm when being told, e.g. "If you tell me I have cancer I will kill myself!".
- ◉ Principiul etic de a spune adevărul este procesul prin care un medic da pacientului toate informațiile cu privire la sănătatea acestora. Acest principiu permite pacientului să fie pe deplin informat și, prin urmare, ține seamă de principiile etice ale autonomiei și consimțământului. Un aspect care trebuie întotdeauna luat în considerare este faptul că unii pacienți nu doresc informația. Prin urmare, este important să întrebați pacientul dacă dorește să știe sau nu. Singura altă ocazie (extrem de rară) când este acceptabil să nu-i spuneți pacientului adevărul este atunci când pacientul poate să se rănească atunci când i se spune, de ex. "Dacă îmi spui că am cancer, mă voi ucide!".

ETHICAL PRINCIPLES

(CONFIDENTIALITY)

- The ethical principle of **confidentiality** ensures that the medical information held about a patient is accessible only to those to whom the patient has given access via autonomous and full-informed consent. In order to achieve trust between medical professionals and their patients, confidentiality must be maintained. Confidentiality may be broken if information shared by the patient refers to a potential danger to public safety or if it is ordered by a court.
 - Principiul etic al confidențialității asigură faptul ca informațiile medicale deținute despre un pacient sunt accesibile numai celor cărora pacientul a dat acces prin acordul autonom și complet informat. Pentru a obține încredere între profesioniștii din domeniul medical și pacienții lor, trebuie păstrată confidențialitatea.
- Confidențialitatea poate fi încălcată dacă informațiile împărtășite de către pacient se referă la un potențial pericol pentru siguranța publică sau dacă acest fapt este dispus de către o instanță.

CLINICAL EXAMPLE

- ⦿ *A doctor informs a patient that he/ she cannot drive because of their recent diagnosis of epilepsy. The patient agrees but, when driving to work one morning, the doctor sees the person driving. The doctor **must** inform the local driving authority due to concerns regarding public safety.*
- ⦿ Un medic informează un pacient că nu poate conduce din cauza diagnosticului recent de epilepsie. Pacientul este de acord dar, conducând la serviciu într-o dimineață, medicul vede persoana conducând . Medicul trebuie să informeze autoritatea locală din cauza preocupărilor legate de siguranța publică.

ETHICAL PRINCIPLES

(PRESERVATION OF LIFE)

- ◉ The ethical principle of **preservation of life** is a will to treat a patient's illness with the aim of prolonging life. After all, most patients want to live longer; most doctors may have joined the profession to save lives. This principle may be overruled if the patient has made a living will stating their desire not to be resuscitated.
- ◉ Principiul etic de păstrare a vieții este voința de a trata boala unui pacient cu scopul de a-i prelungi viața. În cele din urmă, majoritatea pacienților doresc să trăiască mai mult; cei mai mulți doctori s-ar putea să se alăture profesiei pentru a salva vieți. Acest principiu poate fi anulat în cazul în care pacientul a făcut testament fiind în viață, declarând dorința de a nu fi resuscitat.

ETHICAL PRINCIPLES (JUSTICE)

- ◉ Justice refers to the distribution of things and positions of people within society. In a medical setting, justice involves the allocation of health-care resources in a fair way. This may be an equal distribution ([egalitarianism](#)) or a maximization of the total or average welfare across the whole society ([utilitarianism](#)).
- ◉ Dreptatea se referă la distribuirea lucrurilor și pozițiilor oamenilor în societate. Într-un context medical, justiția implică alocarea resurselor medicale într-un mod echitabil. Aceasta poate fi o distribuție egală (egalitarism) sau o maximizare a bunăstării totale sau medii în întreaga societate (utilitarism).

JUSTICE

- ◉ Treating people fairly;
- ◉ Not favouring some individuals/groups over others;
- ◉ Acting in a non-discriminatory / non-prejudicial way;
- ◉ Respect for peoples rights;
- ◉ Respect for the law.
- ◉ Tratarea oamenilor în mod echitabil;
- ◉ Nefavorizarea unor indivizi / grupuri în detrimentul altora;
- ◉ Acționând într-un mod nediscriminatoriu / non-prejudiciabil;
- ◉ Respectarea drepturilor oamenilor;
- ◉ Respectarea legii.

ETHICAL PRINCIPLES

- ◉ However, applying any of these principles may sometimes conflict with one or more of the others.
- ◉ Cu toate acestea, aplicarea oricăroră dintre aceste principii poate fi uneori în conflict cu unul sau mai multe dintre celelalte.

THE FOUR TOPIC METHOD

- The Four Topic Method is a way to provide a framework in which the clinician faced with an ethical issue analyzes the case in an objective form. The Four Topic Method developed by Jonsen, Siegler and Winslade in 1982 includes the following and is aligned with the ethical principles of Autonomy, Beneficence, Non-maleficence, Justice:
 - Medical Indications (Beneficence and Non-Maleficence);
 - Patient Preferences (Autonomy);
 - Quality of Life (Beneficence, Non-Maleficence and Autonomy);
 - Contextual Features (Justice : Loyalty and Fairness).
- The Four Topic Method este o modalitate de a oferi un cadru în care clinicianul care se confruntă cu o problemă etică analizează cazul într-o formă obiectivă. The Four Topic Method elaborată de Jonsen, Siegler și Winslade în 1982 include următoarele și corespunde principiilor etice ale Autonomiei, Facerea de bine, Nefacerea de rău și Justiție:
 - Indicații medicale (Facerea de bine, Nefacerea de rău);
 - Preferințele pacientului (autonomie);
 - Calitatea vieții (Facerea de bine, Nefacerea de rău și Autonomi);
 - Caracteristici contextuale (Justiție: loialitate și corectitudine).

4 ETHICAL RULES

- ◉ **Veracity** - truth telling, informed consent, respect for autonomy;
- ◉ **Privacy** - a person's right to remain private, not to disclose information;
- ◉ **Confidentiality** - only sharing private information on a need to know basis;
- ◉ **Fidelity** - loyalty, maintaining the duty to care for all no matter who they are or what they may have done.
- ◉ Veridicitate - spunerea adevărului, consimțământul informat, respectul pentru autonomie;
- ◉ Confidențialitate - dreptul unei persoane de a rămâne privat, de a nu dezvălui informații;
- ◉ Confidențialitate - numai partajarea informațiilor private cu privire la "necesitatea cunoașterii";
- ◉ Fidelitate - loialitate, menținând datoria de a avea grijă de toți, indiferent cine sunt sau ce au făcut.

ETHICAL THEORIES

- There are two main ethical theories that apply to medical practice:
- [Consequentialism](#) refers to those moral theories which hold that the consequences of a particular action form the basis for any valid moral judgment about that action (taking the consequences of our actions into consideration).
- [Deontology](#) is an approach to [ethics](#) that focuses on the rightness or wrongness of actions themselves, as opposed to the rightness or wrongness of the consequences of those actions (basing our actions on a set of principles or duties).
- Există două teorii etice principale care se aplică în practica medicală:
- Consecințialismul se referă la acele teorii morale care susțin că consecințele unei acțiuni particulare formează baza oricărei judecăți morale valide asupra acestei acțiuni (acceptarea consecințelor acțiunilor noastre).
- Deontologia este o abordare a eticii care se axează pe corectitudinea sau incorectitudinea acțiunilor înseși, spre deosebire de corectitudinea sau incorectitudinea consecințelor acestor acțiuni (bazându-ne acțiunile pe un set de principii sau îndatoriri).

CONSEQUENTIALISM

- ⦿ Actions are right or wrong according to the balance of their good and bad consequences;
- ⦿ The right act is the one that produces the best overall result;
- ⦿ Utilitarianism (what action has the greatest utility - use/benefit/positive outcome) is a type of consequentialism.
- ⦿ Acțiunile sunt corecte sau greșite în funcție de echilibrul dintre consecințele lor bune și rele;
- ⦿ Actul potrivit este cel care produce cel mai bun rezultat per total;
- ⦿ Utilitarismul (ce acțiune are cea mai mare utilitate - utilizare / beneficiu / rezultat pozitiv) este un tip de consecințialism.

UTILITARIANISM

- ⦿ most prominent consequence-based theory;
- ⦿ based on the principle of utility;
- ⦿ actions ought to produce the maximal balance of positive value (e.g. happiness) over disvalue (e.g. harm).
- ⦿ cea mai proeminentă teorie bazată pe consecințe;
- ⦿ bazat pe principiul utilității;
- ⦿ acțiunile ar trebui să producă balanța maximă a valorii pozitive (de exemplu, fericirea) în favoarea deprecierii (de exemplu daună).

MEDICAL DEONTOLOGY

- Medical

Deontology refers to professional ethics of medical workers and principles of behaviour of medical personnel, directed towards maximum benefit of treatment.

- Deontologia

medicală se referă la etica profesională a lucrătorilor medicali și principiile de comportament ale personalului medical, orientate spre beneficiul maxim al tratamentului.

MEDICAL DEONTOLOGY

- Medical deontology includes problems of observing medical confidentiality, the problem of the extent of the medical worker's responsibility for the life and health of the patient, and problems of relationships of medical workers with each other. In accordance with medical deontology, in relation to the patient, the medical worker must pay maximum attention and apply all their knowledge in order to restore the patient to health or bring relief to him/ her in their sufferings; he/ she must convey to the patient only information about their health that will be beneficial to him/ her and establish contact between the patient and the physician.
- Deontologia medicală include probleme de respectare a confidențialității medicale, problema gradului de răspundere a lucrătorului medical pentru viața și sănătatea pacientului și problemele legate de relațiile lucrătorilor medicali între ei. În conformitate cu deontologia medicală, în raport cu pacientul, lucrătorul medical trebuie să acorde o atenție maximă și să-și aplice toate cunoștințele pentru a restabili sănătatea pacientului sau pentru ai ajuta în suferințele; medicul trebuie să transmită pacientului numai informații despre sănătatea lor care vor fi benefice pentru și vor stabili contactul dintre pacient și medic.

MEDICAL DEONTOLOGY

- ◉ A doctor must avoid conversations and discussions with colleagues, personnel in the presence of the patient, and with the patient himself/ herself concerning their illness which sometimes produce the development of iatrogenic diseases. An international code of medical ethics was ratified (1949) by the World Medical Association in Geneva.
- ◉ Un medic trebuie să evite conversațiile și discuțiile cu colegii, cu personalul în prezența pacientului și cu pacientul însuși cu privire la boala lor, care uneori provoacă dezvoltarea bolilor iatrogenice. Un cod internațional de etică medicală a fost ratificat (1949) de Asociația Medicală Mondială de la Geneva.

CLINICAL EXAMPLE

- ◉ *A doctor comes out of a room after witnessing a patient suffer a distressing death. The family approach the doctor and ask if he/ she suffered. The doctor lies and says "He went peacefully".*
- ◉ Un medic iese dintr-o cameră fiind martor că un pacient suferă o moarte dureroasă. Familia abordează medicul și îl întreabă dacă pacientul a suferit. Doctorul nu spune adevărul: "A plecat în pace".
- ◉ **Consequentialist view** - this eases the burden of the family at a distressing time.
- ◉ **Deontologist view** - lying is fundamentally wrong and the family are entitled to know the truth.
- ◉ Concepția conceționalistă - aceasta ușurează povara familiei într-un moment de suferință.
- ◉ Concepția deontologică - minciuna este fundamental greșită, iar familia are dreptul să cunoască adevărul.

THE DUTIES OF A DOCTOR

REGISTERED WITH THE GENERAL

MEDICAL COUNCIL

- Patients must be able to trust doctors with their lives and well-being. To justify that trust, we as a profession have a duty to maintain a good standard of practice and care and to show respect for human life.
- Pacienții trebuie să poată avea încredere în medici în ceea ce privește viața și bunăstarea lor. Pentru a justifica această încredere, noi ca profesie avem datoria de a menține un standard bun de practică și de îngrijire și de a arăta respectul pentru viața umană.

THE DUTIES OF A DOCTOR REGISTERED WITH THE GENERAL MEDICAL COUNCIL

In particular as a doctor you must:

- make the care of your patient your first concern;
- treat every patient politely and considerately;
- respect patients' dignity and privacy;
- listen to patients and respect their views;
- give patients information in a way they can understand;
- respect the rights of patients to be fully involved in decisions about their care;
- keep your professional knowledge and skills up to date;

În special, în calitate de medic, trebuie să:

- faceți îngrijirea pacientului prima dvs. preocupare;
- tratați fiecare pacient politicos și cu grijă;
- respectați demnitatea și intimitatea pacienților;
- ascultați pacienții și respectați opiniile acestora;
- oferiți pacienților informații într-un mod pe care ei le pot înțelege;
- respectați drepturile pacienților de a se implica pe deplin în deciziile privind îngrijirea lor;
- păstrați la zi cunoștințele și abilitățile profesionale la zi ;

THE DUTIES OF A DOCTOR REGISTERED WITH THE GENERAL MEDICAL COUNCIL

- admit the limits of your professional competence;
 - be honest and trustworthy;
 - respect and protect confidential information;
 - make sure that your personal beliefs do not prejudice your patients' care;
 - act quickly to protect patients from risk if you have good reason to believe that you or a colleague may not be fit to practice;
 - avoid abusing your position as a doctor;
 - work with colleagues in the ways that best serve patients' interests.
- ⦿ recunoașteți limitele competenței dumneavoastră profesionale;
 - ⦿ Fiți sincer și demn de încredere;
 - ⦿ Respectați și protejați informațiile confidențiale;
 - ⦿ asigurați că convingerile dvs. personale nu prejudiciază îngrijirea pacienților dumneavoastră;
 - ⦿ acționați repede pentru a proteja pacienții împotriva riscului dacă aveți motive întemeiate să credeți că dumneavoastră sau un coleg s-ar putea să nu fiți pregătiți;
 - ⦿ evitați să abuzați de poziția de medic;
 - ⦿ colaborați cu colegii în modurile care servesc cel mai bine intereselor pacienților.

In all these matters you must never discriminate unfairly against your patients or colleagues. And you must always be prepared to justify your actions to them.

În toate aceste chestiuni, nu trebuie niciodată să discriminați pe nedrept pacienții sau colegii. Și trebuie să fiți întotdeauna pregătiți să vă justificați acțiunile.

REFERINȚE BIBLIOGRAFICE:

Beauchamp T. and Childress J. (2001) Principles of Biomedical Ethics 5th Edition Oxford University Press

Hunt G. (1994) Ethical Issues in Nursing Routledge. London

Seedhouse D. (1998) Ethics the heart of Health Care Wiley. Winchester.

Watt H. (2000) Life and Death in Health Care Ethics Routledge. London

<http://www.iep.utm.edu/e/ethics.htm#SH2a>

<http://www.nursingethics.ca/articles.html>

<http://www.freedomtocare.org/iane.htm>

<http://www.lib.flinders.edu.au/resources/sub/healthsci/a-zlist/ethics.html>