

Medical Ethics

What do we mean by “ethics”?

|“Ethics” is defined as...

1. the discipline dealing with what is good and bad and with moral duty and obligation
2. a theory or system of moral values

The Four Pillars of Medical Ethics

What do you think each “pillar” means?

- Autonomy
- Beneficence
- Non-maleficence
- Justice



The Four Pillars of Medical Ethics (cont.)

Autonomy

- Honoring the patient's right to make their own decision

Beneficence

- Providing treatment with the intent of doing good for the patient

Nonmaleficence

- To do no harm to the patient

Justice

- Fair and equitable distribution of health resources

Why do you think ethics is important in medicine?



Possible Reasons why Medical Ethics is Important

- What the doctor thinks is the best course of action may not be what the patient wants to do. This creates an ethical dilemma.
- When is it ok to perform clinical medical experiments on people? On children?
- Is it ok to withdraw life sustaining support from someone who shows no hope of recovering?



History of Medical Ethics - Nuremberg Trials

- In 1946, Nazi doctors, among other Nazi officials were tried for war crimes committed during World War II
- “Experiments” these doctors were tried for included:
 - Subjecting victims to freezing conditions to discover ways to prevent and treat hypothermia. Many victims died in the process
 - Administering bacterial infections to victims to determine the effects of sulfonamide, an antibiotic
 - Observing the effects of mustard gas on humans, and to see how to treat it
- **What ethical principles (autonomy, beneficence, non-maleficence, and/or justice) were violated?**

History of Medical Ethics - Tuskegee Syphilis Study

- Syphilis is a bacterial infection usually spread by sexual contact. Without treatment, syphilis can severely damage your heart, brain or other organs, and can be life-threatening.
- The study started in 1932 and involved 600 black men – 399 with syphilis, 201 who did not have the disease.
- The study was intended to investigate the symptoms and progression of syphilis
- The study was conducted **without** the benefit of patients' informed consent.



History of Medical Ethics - Tuskegee Syphilis Study

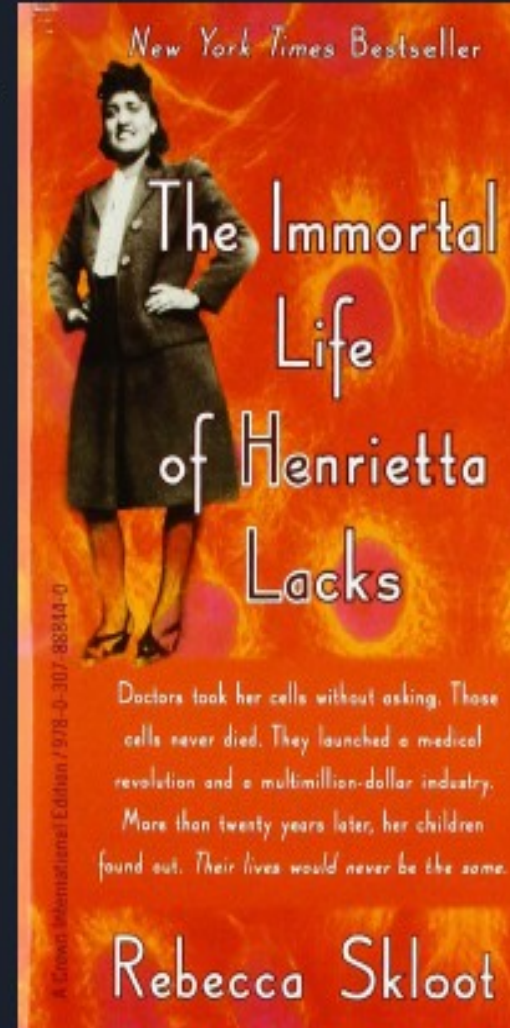
- Researchers told the men they were being treated for “bad blood” but they did not receive the proper treatment needed to cure their illness
- In exchange for taking part in the study, the men received free medical exams, free meals, and burial insurance
- Although originally projected to last **6 months**, the study actually went on for **40 years**
- In 1945, penicillin was accepted as the choice of treatment for syphilis, **yet the men were not given penicillin and the study did not end until 1972**
- **What ethical principles (autonomy, beneficence, non-maleficence, and/or justice) were violated?**



The movie, Miss Evers' Boys, discusses the study

History of Medical Ethics - Henrietta Lacks

- In 1951, Henrietta Lacks visited Johns Hopkins Hospital with symptoms of vaginal bleeding
- Upon examination, there was a large, malignant tumor on her cervix
- A sample of her cancer cells retrieved during a biopsy were sent to Dr. George Gey's tissue lab
- He observed that Mrs. Lacks' cells were unlike any of the others he had ever seen: where other cells would die, Mrs. Lacks' cells doubled every 20 to 24 hours
- These cells are nicknamed "HeLa" cells. They can still be found throughout many labs in the world and are used to study the effects of toxins, drugs, hormones and viruses on the growth of cancer cells, **yet Mrs. Lacks' family never got compensated for the discovery**
- **What ethical principles (autonomy, beneficence, non-maleficence, and/or justice) were violated?**



These ethical violations along with other cases resulted in establishing medical ethics committees, review boards, and patient confidentiality laws



CASE #1

“DESIGN YOUR OWN BABY”

Activ
Go to

CRISPR/Cas9

- 2020 Nobel prize in Chemistry to Dr. Emmanuelle Charpentier and Dr. Jennifer A. Doudna
- CRISPR/Cas9 is a method of gene editing (altering DNA) which has therapeutic potential for treating genetic diseases
- The movie, “Gattaca”, is about a society where children are conceived through genetic selection to ensure they possess the best hereditary traits of their parents

Chinese scientist who produced genetically altered babies sentenced to 3 years in jail

By Dennis Normile | Dec. 30, 2019, 8:15 AM



- 
- In the future, under what circumstances should we use genomic editing?
 - For example, should we alter debilitating genetic conditions i.e. cystic fibrosis or sickle cell disease? Should we be able to change a baby's eye color?
 - Should people with more money be able to create their ideal baby?
 - What should be the limitations, if any?
 - Does this violate any ethical principles (autonomy, beneficence, non-maleficence, and/or justice)?

CASE #2
“DR. DEATH”



Physician Assisted Dying/Suicide

- The American Academy of Hospice and Palliative medicine defines Physician-Assisted Dying as “a physician providing, at the patient’s request, a prescription for a lethal dose of medication that the patient can self-administer by ingestion, with the explicit intention of ending life”
- Jack Kevorkian was a pathologist who was a proponent of euthanasia and performed physician assisted dying/suicide on patients, eventually leading to his arrest
- Certain states, like New Jersey, have Death with Dignity laws which allow a patient to undergo physician assisted dying/suicide, but require robust screening processes

The movie, “You Don’t Know Jack”, discusses Dr. Kevorkian’s life



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- Explain how physician assisted suicide relates to the ethical pillar of non-maleficence? How about autonomy? Beneficence?
 - What regulations do you think there needs to be before allowing patients to partake in physician assisted death/suicide, if any?
 - If a patient is considered “brain-dead”, could family members make this type of decision?

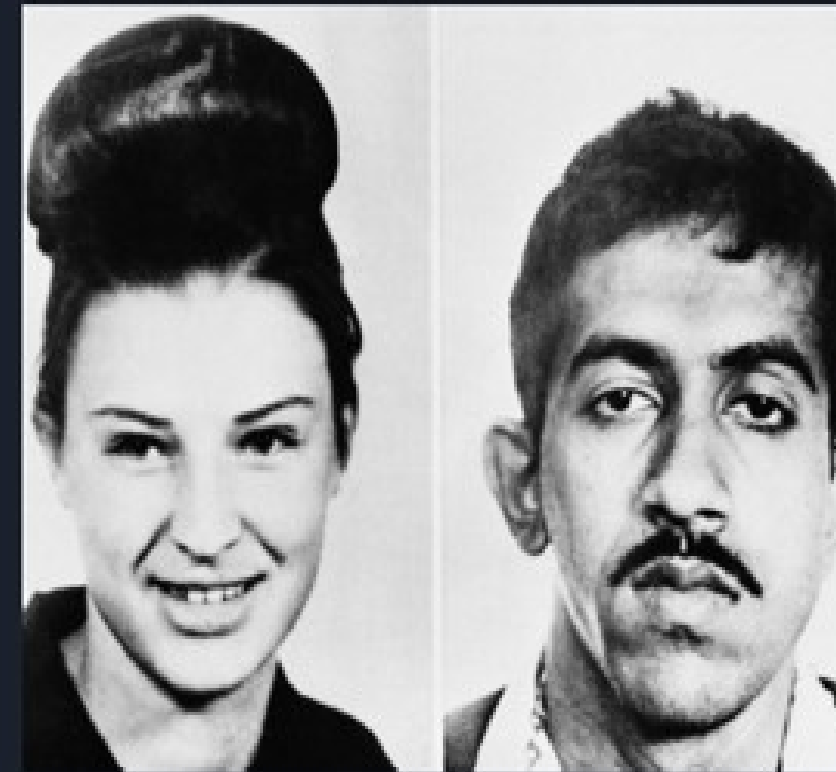
CASE #3

“Tarasoff v. Regents of the
University of California”



Patient Confidentiality

- Prosenjit Poddar was a graduate student at the University of California, Berkeley in 1967 who met Tatiana Tarasoff
- Tarasoff kissed Poddar on New Year's Eve and he interpreted the act to be a serious relationship; that view was not shared by Tarasoff
- Poddar underwent a severe emotional crisis and went to see Dr. Lawrence Moore, a psychologist
- Poddar disclosed to Dr. Moore that he was going to kill Tarasoff, which Dr. Moore reported to campus police
- On October 27, 1969, Poddar murdered Tarasoff



- What should healthcare workers do in this scenario?
- Is there another situation where you would report something your patient said?

- **Four core principles**

- Autonomy
- Beneficence
- Non-maleficence
- Justice



- Absolute right of all competent adult patients
- To make decisions about their own healthcare
- Patient has “autonomy” over their own body



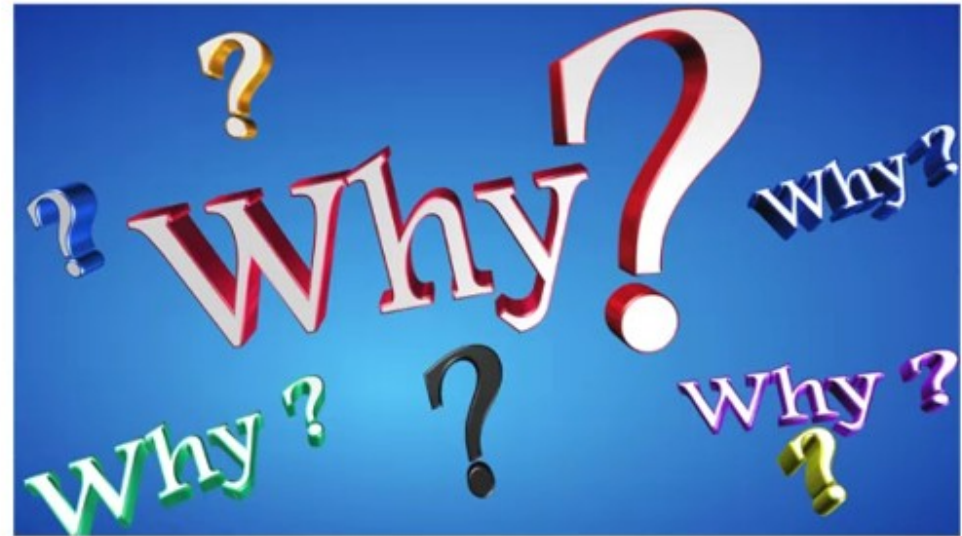
Autonomy

- Includes right to accept/not accept medical care
- Providers must respect patient decisions
- Providers must honor their preferences



Autonomy

- When patients decline medical care:
 - Okay to ask **why** they are declining
 - Avoid judging, threatening, or scolding
 - "You may die if you make this choice..."
 - "This choice is a mistake..."
 - "You should not do this..."



Pregnancy

- Pregnant women have autonomy
- **May decline treatment**
- Even if baby's health is impacted

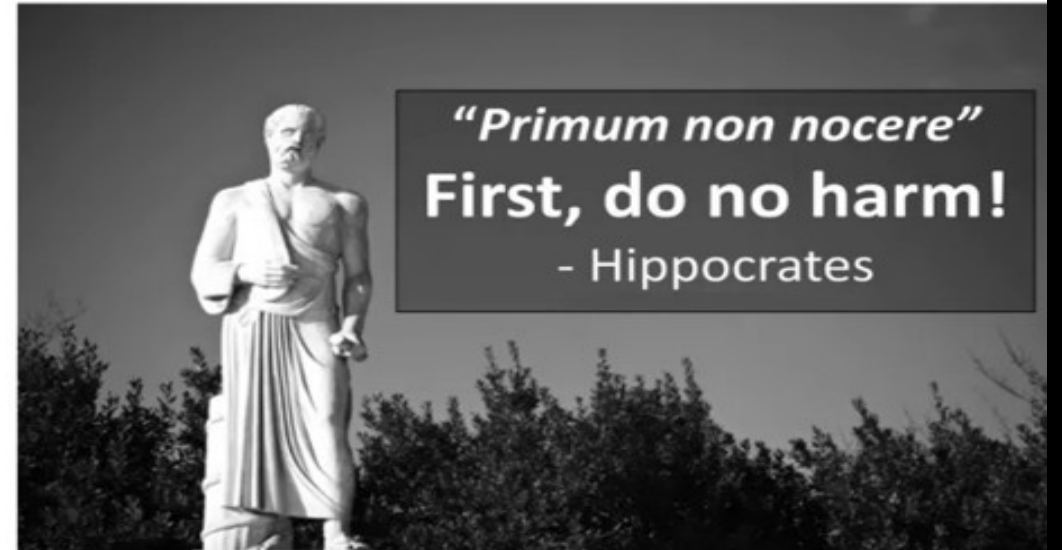


Beneficence

- Providers must act in **best interests of patients**
- Usually superseded by autonomy
 - Patients may choose to act against their interests
 - Example: Patient may decline life-saving medical care

Non-maleficence

- **Do no harm**
- Always balanced against beneficence
 - Risk versus benefits
 - Some harmful actions (surgery) are beneficial



Justice

- Treat patients fairly and equally
- Also use health resources equitably
- Triage:
 - Form of “distributive justice”
 - Care delivered fairly to all



Gifts from Patients

- No definite rules
- In general, small gifts are usually okay
- Large, excessive gifts usually not okay
 - May be viewed as given in exchange for special treatment
- Decline any gift with **questionable motive**
 - Patient wanting special treatment
 - Patient having a manic episode



Romantic Relationships

- Relationships with current patients **never okay**
- Per AMA: Sexual contact within patient-physician relationship is misconduct



Patient-Physician Relationship

- Physicians may decline to care for a patient
 - Do not have to accept all patients that request care
- Once relationship starts, cannot refuse treatment
 - Example: physician does not want to perform abortion
 - Still must assist the patient
 - **Refer to another provider**

Family and Friends

- Most medical societies recommend against giving non-emergent medical care
 - Many ethical conflicts
- Emergencies are an exception



Family of Patients

- May be present during patient encounters
- May answer for patients, disrupt interview
- Don't ask patient if they want family present
 - Patient may be afraid to say no
- Politely ask family for time alone with patient



Leaving AMA

Against Medical Advice

- **Assess decision-making capacity**
 - Patient must understand treatment options
 - Must understand consequences of decision
- **Give options for resuming care**
 - Can offer alternative treatment (e.g., outpatient meds)
 - Offer to resume care if patient desires
 - Offer follow-up care

Confidentiality

- Healthcare information is “privileged and private”
- Providers have duty to respect patient privacy
- Disclosure of patient information should be limited

Confidentiality

- Information disclosed **only with patient permission**
- Includes patient's spouse and children
 - Need patient's permission
- Includes other physicians
 - Must obtain release of information first
- Includes government authorities
 - Unless a court order is issued
- Limited exceptions

Confidentiality

Limited Exceptions

- May tell family a patient's location in ER/hospital
 - "Directory information"
 - Patient location in the facility, general health condition
 - No specific medical information
 - Disclosed if provider deems in **patient's best interest**



Confidentiality

Limited Exceptions

- May break confidentiality when **potential for harm**
 - Think: If 3rd party not warned, what will happen?
 - If definite harm → answer is usually to inform

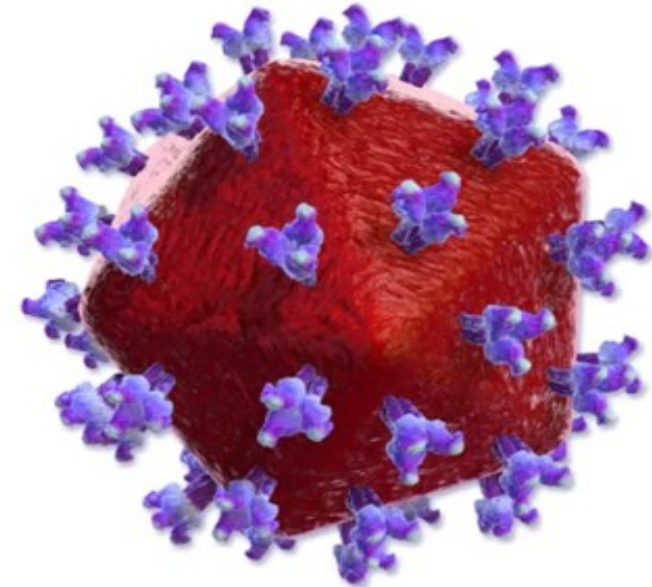
Duty to Warn and Protect

- Psychiatric patient intending **harm** to self/others
 - Suicidal patients
 - Homicidal patients
- Partners of patients with STIs

STIs

Sexually Transmitted Infections

- Duty to protect/warn **partners** of patients
 - **Partners of HIV+ patients**
 - Partners of patients with other STIs
- Only applies to sexual partners
- Does not apply to other individuals
 - Co-workers
 - Students of a teacher
 - Patients of a physician



Human Immunodeficiency Virus (HIV)

STIs

Sexually Transmitted Diseases

- Physician **may disclose STI status to partners**
- May do so without consent in special cases:
 - Reasonable effort to encourage patient to voluntarily disclose
 - Reasonable belief patient will not disclose information
 - Disclosure is necessary to protect health of partner
- Always **encourage patient to disclose first**
- Some states have partner referral services

Informed Consent

- All medical interventions require informed consent
- Patient must agree and consent to treatment
- Must inform patient about **benefits, risks, alternatives**

Informed Consent

- **Benefits**
- **Risks**
 - Must describe all major adverse effects
 - Commonly known risks do not need to be described
 - Example: choking on pill
- **Alternative treatments**
 - Other therapies
 - What could happen with no treatment



Informed Consent

- Must be in language the patient can **understand**
- Must use **trained language interpreters**
- Must be **voluntary** (not coerced)
- Patient must have **decision-making capacity**



Informed Consent

- Patients may withdraw consent at **any time**



Informed Consent

- **Every procedure** requires consent
 - Consent for one procedure does not imply consent for another
- Classic example:
 - *Mohr vs. Williams*
 - Non-life-threatening diagnosis detected in OR
 - Operation for right ear uncovered disease on left
 - Cannot operate left ear without consent
- Emergencies are an exception

Informed Consent

Exceptions

- Lack of decision-making capacity
- Emergencies
- Therapeutic privilege
- Waiver
- Minors

Emergencies

- Consent is implied in an emergency
- Classic example: unconscious trauma patient



Therapeutic Privilege

- May withhold info if disclosing would cause **dangerous psychological threat**
- Often invoked for psychiatric patients at risk of harm
- Information often temporarily withheld
- Disclosure plan put in place with family and other providers

Therapeutic Privilege

- Does not apply to distressing test results
 - Cancer diagnosis would upset patient
 - Family cannot request information be withheld
- Cannot trick patient into treatment
 - **Cannot lie to patient** to get them to agree to therapy
 - Patient autonomy most important guiding principle



Waiver

- Patient may ask provider not to disclose risks
- Waives the right to informed consent
- Provider not required to state risks over objection
- Try to understand **why** patient requests waiver

Minors

- Usually defined as person under 18 years of age
- Only parent or legal guardian may give consent
- Exceptions
 - Emergency
 - Emancipated minors
 - Special situations



Minors

Emergency Care

- Consent not required (implied)
- Care administered even if parent not present
- Care can be administered against parents' wishes
 - Classic example: Parents are Jehovah's Witnesses
 - Physician may administer blood products to child
 - Do not need court order



Emancipated Minor

- Minors can attain “legal adulthood” before 18
- Common criteria:
 - Marriage
 - Military service
 - Living separately from parents, managing own affairs
- Emancipated minors may give consent

DNI

Do Not Intubate

- Patient request to avoid mechanical ventilation
- Often given with DNR: “DNR/DNI”
- Other therapies may still be given



Documentation

- **Person performing procedure** should obtain and document patient's consent
 - Alternative: someone VERY familiar with procedure
- Often patient asked to sign form
- Act of signing not sufficient for informed consent
 - Patient must be fully informed by provider
 - Patient must have understanding
 - Legal cases have been won despite signed form



QUESTIONS?