



Medical ethics

**State Institute of Health & Family Welfare,
Jaipur**



Doctors world over are-
Regarded
Trusted

Trust may wither away,
unless conscious attempt
is made to preserve it



Trust, in fact, is shrinking, for
Decline and
Deviation from Ethics



Pure medical Professionalism

To

Medical Industrialization

Lead to

deviation from ethics

&







loss of trust

Profession

- It is a vocation or calling and implies service to Others;
- It has a distinctive knowledge base which is kept up to date;
- It determines its own standards and sets its own Examinations;
- It has a special relationship with those whom it serves – patients; and
- It has particular ethical principles

Professionalism

“Constituting those attitudes and behaviors that serve to maintain patient interest above physician Self-interest”

-  Altruism(interest of patients, not self-interest, is the rule.),
-  Accountability,
-  Excellence,
-  Duty,
-  Honor and Integrity, and
-  Respect for others.



Human social behavior is governed by.

Custom	etiquette	Ethics	Law	Morality
Mores	Professional	Prof. values	States, Statutes, legislations	Spirituality
Tradition	Courtesy	Competence	Enforcement	Religious
		Fairness	Compulsion	Good v/s bad
		Truth	Justice	Right v/s wrong
		Integrity	Judiciary	
		Goodwill	Punishment	

Medical Ethics

Ethics:

Ethics or moral philosophy is the systematic endeavour to understand moral concepts and justify moral principles and theories.

Medical etiquette

Refers to the courtesy with which a doctor should treat his colleagues

Morality and Ethics

 Moral- Latin, *mores*

 Ethics -Greek, *ethos*

Both deriving their meaning from the idea of “custom”.

There is also another Greek word *ēthos* which denotes a character feature. Aristotle called his ethics a study of character traits, in sense of virtues and vices.

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Medical Ethics:

“Deals with the moral principle that doctors should adhere to in their transaction with patient, colleagues and the state”.

Concern not only doctors but also patients and society.

The core of ME is doctor patient relationship.

Evolution of concept of ME

-  Greek : 4th century BC; “Ethikos”- means theory of living
-  Hippocratic Oath
-  Chinese code of conduct- 2nd Century BC
-  India: 2000 yrs. ago

 **Islamic code** of ethics as follows :

- ✓ Personal Character of the physician
- ✓ His obligation towards patients
- ✓ His obligations towards the community
- ✓ His obligation towards his colleagues
- ✓ His Obligations towards his assistants.

Code of Medical Ethics

- Adopted by World Medical Association – the 3rd General Assembly, London Oct 1949.
- Amended by the 22nd World Medical Assembly Sydney , Australia , August 1968
- 35th World Medical Assembly, Italy Oct. 1983
- WMA General Assembly , South Africa , Oct 2006
- American Medical Association- Standard of conduct United Kingdom , General Medical council “ Good Medical Practice “ statement.

Contemporary legal medical practices

☞ Contract (basis of patient doctor relationship)

- ✓ Voluntary,





- ✓ Quasi

☞ Law at tort(please protect yourself,) when liability of harm is on Doctor

- ✓ Negligence tort

- ✓ Intentional tort

Negligence tort

-  Duty
-  Breach
-  Causation
-  Damage

Intentional Tort

- Assault- Immediate apprehension of harm (words with supporting gestures)
- Battery- Unauthorized touching
- False imprisonment
- Defamation- Harming the repute – verbally/ written
- Invasion of privacy (giving information to unauthorized)
- Infliction of mental distress

Scope of Medical Ethics

- 👉 Development of ethical codes and guidelines
- 👉 Promotion of ethical practice
- 👉 Prevention of ethical breaches
- 👉 Recognition of ethical dilemmas
- 👉 Resolution of ethical conflicts


Components of Medical Ethics

- ➡ Physician patients relationship
- ➡ Physician: physician relationship
- ➡ Physician : health system relationship
- ➡ Physician: Society relationship

Importance of Medical Ethics








- ➡ Increasing profile\Recent press headlines
- ➡ Increase in technology- use vs abuse
- ➡ Better informed society-awareness
- ➡ Doctors in Management
- ➡ Public scrutiny-Audit, CPA

Why we need it








 “Patients are entitled to, good standards of practice and care from their doctors. Essential elements of this are professional competence, good relationships with patients and colleagues and observance of professional ethical obligations.”

From Good Medical Practice, GMC.

The moral duties of the doctor





-  Help, cure
-  Promote and protect the patient's health
-  Confidentiality
-  Protect the patient's life
-  Respect the patient's autonomy
-  Protect privacy
-  Respect the patient's dignity

The moral rights of the patient

-  High quality medical service
-  Autonomous choice
-  Decide
-  Be informed
-  Privacy
-  Health education
-  Dignity

Role of the doctor within the health service

Understanding of the:

-  Health care system
 -  Clinical responsibilities
 -  As researcher, mentor or teacher, manager
 -  Quality control
- Team work

Six principles of Medical Ethics

Beneficence	To act in the best interest of the patient
Non - Malfesance	Do no harm
Autonomy	The patient right to refuse or choose{ consent)
Justice	Who gets what treatment on the merit of illness
Dignity	Patient and doctor both have the right to dignity
Truthfulness/ Honesty	The patient deserve to know the whole truth about the illness and treatment

Beneficence and Non – Malfeasance



Think good

You may not say any thing- others can still read you

Face

Accent

Body language/ Gestures

silence may still be saying something



Talk / Say good- the words

The art of communication is the foundation of the patient doctor relationship





Do good – the acts






Write good

Beneficence and Non-Maleficance




Questions:

-  Is the patient your only concern?
(possible conflict with utility)
-  Do we always know what is good for the patient?
(patient's view may differ from ours)

Constraints on Beneficence

-  Need to respect autonomy-patient and doctor may differ re. Management
-  Need to ensure health is not bought at too high a price
-  Need to consider rights of others

Autonomy

-  Capacity to think, decide, take action
-  Mental incompetence= no autonomy
-  Autonomy –v- Paternalism

When patient not autonomous –no clash.

When patient autonomous-questionable
procedure

Truth Telling

- Increase the Knowledge Increase the Sorrows”
- If you override it you endanger doctor/patient relationship(based on trust)
- At times there are good reasons for overriding the truth telling principle
- The case for deception is founded on 3 fallacies
 - ✓ Hippocratic obligations
 - ✓ Not in a position to know the truth
 - ✓ Patients do not want the truth if the news is bad

Duties of a doctor

Compulsory duties:






- ✓ Notification of births, deaths, infectious disease and notifiable diseases and in some states industrial diseases too.
- ✓ Responsibilities to state
 - ❖ Responding to emergency military services
 - ❖ Attending accidents
 - ❖ Reporting cases of poisoning
 - ❖ Reporting unnatural death
 - ❖ Reporting cases under privileged communication

Duties of a doctor



Voluntary duties

1. Answerability and responsibility to patients
2. Medical examination
3. Surgical operation
4. Medico-legal examination (including post-mortum examination)
5. Issuing various certificates and carrying out tasks outlined under Geneva convention




Doctor patient relationship

-  Formal agreement with a serious commitment and carries the possibility of legal action if breached.
-  Implied by action of parties ,rarely expressed in formal contract terms.
-  The fact that patient does not pay for services do not affect the existence of the contract or lessen the physicians' duties, obligations , responsibilities and liabilities.
-  Doctor is not an employee of patient
-  Physical contact but even the telephonic instruction can infer relationship in courts.

Doctor patient relationship

-  Doctor Patient relationship is not established :
 - ✓ In emergency situation where the doctor has given some first aid.
 - ✓ Court of law has asked doctor to examine the person.
-  Once the relationship is established doctor can not stop treating the patient except in some circumstances like patient does not comply, wants to change doctor etc.

Consent

-  Consent -a free and voluntary agreement/ approval or permission or compliance of some act
-  Statutory legal obligation in accordance with section 13 of Indian contract act.
-  In medical, consent is most important in followings:
 - ✓ Examination of patient
 - ✓ Examination of person for medico legal and statutory purpose
 - ✓ Postmortem examination and removal of tissues and organs for transplantation.

Consent

Implied consent:





This is provided by behavior of patient and far the most common variety of consent, this does not apply to more complex procedure like rectal or vaginal examination.

Expressed consent :

- ✓ Expressed either verbally or in writing
- ✓ For all major diagnostics or therapeutics procedure and general anesthesia written consent should be obtained
- ✓ Should be for specific procedure and not to be a blanket consent to cover all subsequent procedure.

Doctrine of informed consent

Should explain to patient:

-  Nature of procedure, treatment or disease.
-  Expectation of proposed procedure and likelihood of success
-  Availability , advantages, disadvantages , of reasonable alternatives and probable outcome in the absence of proposed treatment or procedure
-  About the particular known inherent risks that are material to the formation of decision about whether to accept or reject the proposed procedure or treatment.

Prerequisite for a valid consent








- Free and unconditional
- Voluntary without any fear or pressure
- Obtained in a mentally sound and conscious state
- Expressed
- Informed
- Consent of parent should be obtained for child below 12 years

Medical confidentiality

It forms a part of **Hippocratic oath** :

“whatever in connection with my professional practice or not in connection with it I see or hear in my life which ought not to be spoken of abroad, I will not divulge as reckoning that all should be kept secret”

Access to Records

-  Data Protection Act (1998)
-  What records are covered?
-  Does it matter when the record was made?
-  Who can apply?
-  Are there exemptions?
-  Must copies be given if requested?
-  Access to records of deceased patients?

Professional secrecy

Professional secrets :

- ✓ Usually any information received by doctor from a patient is confidential and should not be disclosed to any other person except by his own (patient's) consent
- ✓ This is morally and legally obligatory

Privileged communication (P.C.)

“A communication made bonafide upon any subject matter by a doctor to the concerned authority by virtue of his duty to protect the interest of the community in general or of the state is known as privileged communication”

Circumstances of P.C.

- **Absolute privilege:** doctor is asked by judge to disclose secrets in court of law or parliament.
- **Qualified privilege:** Doctor makes a statement in course of his moral or social duty to safeguard the community, must not be malicious and made only to those having interest or duty to receive it
- When the doctor has to safeguard his own duties which are mandatory to be reported to state.
- When the doctor learns, Patient has committed a crime or a criminal act is responsible for his patient's condition

Justice



How to allocate scarce healthcare resources?

1. **Medical need**
2. **Medical Benefits**
3. Social worth-discriminates against underprivileged
4. Merits/contribution to society-very contentious
5. Desert
6. **Market Forces**
7. **A lottery**



X aged 15 yrs requests the OCP



Her mum phones you the next day



Several weeks later she tells you her
boyfriend slapped her across the face



Her boyfriend is her teacher

Lord Fraser's recommendations

- The doctor should assess whether the patient understands his\her advice
- The doctor should encourage parental involvement
- The doctor should assess whether the patient is likely to have sexual intercourse without contraceptive
- The doctor should assess whether the patient's physical\mental health are likely to suffer if she does not receive advice\treatment
- The doctor must consider whether the patient's best interests require him\her to provide contraceptive advice\treatment without parental consent

Statutory body to enforce regulation: MCI

- Created in year 1933 by virtue of Indian Medical Council Act 1933
- Replaced by IMC act 1956 and further amended in 1964
- Maintains and prescribes the standards of undergraduate and post graduate medical education
- Recognize the various medical qualification
- Maintains register of medical practitioners
- Advice state councils on disciplinary matters.

Statutory body to enforce regulation

State medical council

- Maintain register of medical practitioner in their states
- Obtaining a qualification alone does not mean a doctor can start his/her practice
- After registration a distinctive number is allotted which must appear on all his professional activities.





Medical negligence

“Defined as lack of exercising reasonable care and skill by physicians for treatment of a patient leading to endangering his health and life”

■ **Legal wrong:** when the standard of medical care given to patient is considered to be of inadequate. The negligence could be civil and criminal depending upon severity.

■ **Ethical wrong:** when the professional behavior falls below which is expected from a doctor i.e. professional misconduct of infamous conduct.

Criteria to prove negligence

-  Duty of care
-  Dereliction of duty
-  Causation of damage
-  Direct causation



Common criminal negligence

- ✎ In case of death doctor can be booked under section 304 A (rash and negligent act)
- ✎ Common example of criminal negligence.
 - ✓ Amputation or removal of wrong limb or organ
 - ✓ Ligation of ducts/ vessels
 - ✓ Retaining of objects in surgical site
 - ✓ Tight plaster cast leading to gangrene
 - ✓ Transfusion or anesthetic mistakes.

Euthanasia

- **Active:** an active intervention to end life
- **Passive** : deliberately withholding treatment that might help a patient live longer
- **Voluntary** : euthanasia is performed following a request from a patient
- **Doctor assisted suicide** : a doctor prescribes a lethal drug which is self administered by the patient
- **Non-voluntary** : ending the life of a patient who is not capable of giving permission
- **Involuntary** : ending life against a patients will

Medical Ethics: Code

-  Declaration
-  General Duties and responsibilities
 - ✓ Character
 - ✓ Maintenance of Good Medical Practice
 - ✓ Maintenance of Medical Records
 - ✓ Display of Registration Numbers

Duties of Physician in Consultation

- **Avoid unnecessary consultation**
 - ✓ Consultation for Patient's Benefit
 - ✓ Punctuality in Consultation
- **Statement to Patient after consultation**
- **Fee and other charges- Display**
- **Name and designation on prescription**

Duties of Physician towards patients

- 👉 Do not practice if incapacitated
- 👉 Patience, Delicacy and Secrecy
- 👉 No physician shall arbitrarily refuse treatment to a patient

Responsibility to fellow physician



Conduct in consultation:


- ✓ No rivalry


Consultant not to take charge of the case

- ✓ Not criticize the referring physician

Appointment of Substitute:

- ✓ Requests another physician to attend his patients during his temporary absence from his practice.
- ✓ Consideration to the interests and reputation of the absent physician

 **Visiting another Physician's case** :When it becomes the duty of a physician occupying an official position to see and report upon an illness or injury, he should communicate to the physician in attendance so as to give him an option of being present. The medical officer / physician occupying an official position should avoid remarks upon the diagnosis or the treatment that has been adopted.

 **Dependence of Physicians on each other** : A physician should consider it as a pleasure and privilege to render gratuitous service to all physicians and their immediate family dependants.

Duties of physician to the public and to the paramedical profession

Physicians as Citizens

- ✓ As good citizen should disseminate advice on public health issues
- ✓ Co-operate with the authorities in the administration of sanitary/public health

Pharmacists / Nurses:

- ✓ recognize and promote the practice of different paramedical services

Public and Community Health

- ✓ Enlighten the public concerning quarantine regulations
- ✓ Measures for the prevention of epidemic and communicable diseases
- ✓ When an epidemic occurs a physician should not abandon his duty for fear of contracting the disease himself.

Unethical acts



Advertising, except

- ✓ Change in address
- ✓ Start of Practice & change in nature of practice
- ✓ Declaration of charges
- ✓ Proceeding on leave/ resuming



Patents and copy rights



Running own shop



Rebates and commissions



Secret Remedies







Violation of Human Rights




Euthanasia

Misconduct

-  Violation of the Regulations
-  Adultery or Improper Conduct
-  Conviction by Court of Law
-  Sex Determination Tests


Punishment and disciplinary action





-  A complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner.



Any complaint with regard to professional misconduct can be brought before the appropriate Medical Council for Disciplinary action. Upon receipt of any complaint of professional misconduct, the appropriate Medical Council would hold an enquiry and give opportunity to the registered medical practitioner to be heard in person or by pleader. If the medical practitioner is found to be guilty of committing professional misconduct, the appropriate Medical Council may award such punishment as deemed necessary or may direct the removal altogether or for a specified period, from the register of the name of the delinquent registered practitioner.

 In case the punishment of removal from the register is for a limited period, the appropriate Council may also direct that the name so removed shall be restored in the register after the expiry of the period for which the name was ordered to be removed.

 Decision on complaint against delinquent physician shall be taken within a time limit of 6 months.



-  Professional incompetence shall be judged by peer group as per guidelines prescribed by Medical Council of India
-  During the pendency of the complaint the appropriate Council may restrain the physician from performing the procedure or practice which is under scrutiny.



An innate desire

People world over still wish to see the
doctors as trustworthy and honorable

We can keep trust

-  Wish for others what you wish for yourself
-  How would you like to see a doctor if we were patients ourselves ?



Thank You

For more details log on to
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