Ethics for Healthcare Providers

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Conflict of Interest

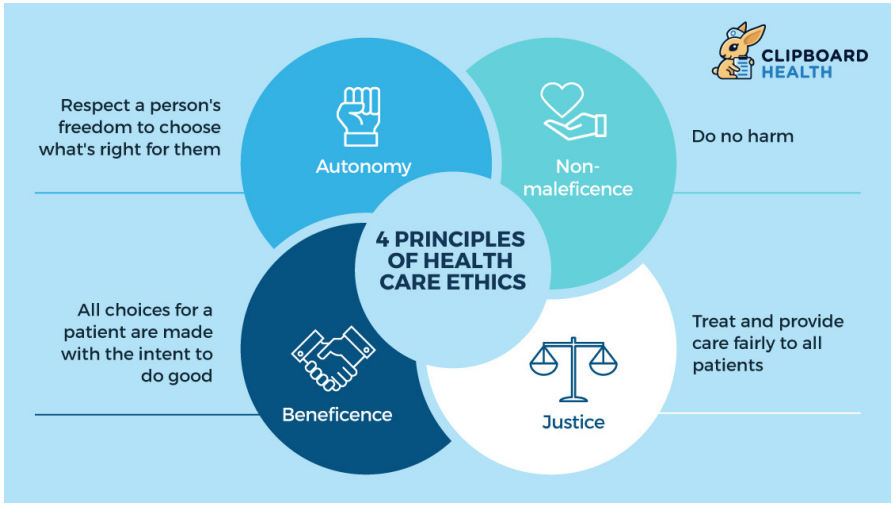
- I have no real or perceived conflict of interest that relates to this presentation

Objectives

- Define the 4 ethical principles in medicine
- List 5 ethical issues that healthcare providers face today
- Apply the ethical principles to the issues that healthcare providers face

4 Ethical Principles in Medicine

- **Autonomy** refers to the right of the patient to retain control over his or her body
- **Beneficence** states that health care providers must do all they can to benefit the patient in each situation
- **Non-Maleficence** “to do no harm.”
- **Justice** states that there should be an element of fairness in all medical decisions: fairness in decisions that burden and benefit, as well as equal distribution of scarce resources and new treatments, and for medical practitioners to uphold applicable laws and legislation when making choices.



Beneficence

- It is the obligation of healthcare professionals to act for the benefit of the patient
- Prevent harm
- Remove conditions that will cause harm
- Help persons with disabilities
- Rescue person in danger

**This principle calls for not only avoiding harm but also to benefit patients and promote their welfare

Beauchamp and Childress

- “Beneficence means not only ensuring you don’t treat a patient badly but ensuring you treat them well”

Nonmaleficence

- Obligation of healthcare works not to harm the patient
- Do not kill
- Do not cause pain or suffering
- Do not incapacitate
- Do not cause offense
- Do not deprive others of the goods of life
- Weigh the benefits against the risks and choose the best course of action for the patient
- End of life decisions

Justice

- Fair, equitable, and appropriate treatment for all patients
- *Distributive justice* refers to the fair, equitable, and appropriate distribution of healthcare resources to all
  - Allotment of scarce resources, care of uninsured patients, and allotment of time for outpatient visits
- An example: an expensive drug is chosen over an equally effective but less expensive one because it benefits the physician, financially, or in other ways

Way Back When…

- The ethical principle of paternalism was widely accepted:
  - "Doctor knows best."
  - It was assumed that they possessed the requisite knowledge, skill, and experience to know what was in a patient's best interest.
  - Patients were given little information or choice
- Many patients were denied information that would have been instrumental in planning and living their lives.

National Survey of physicians

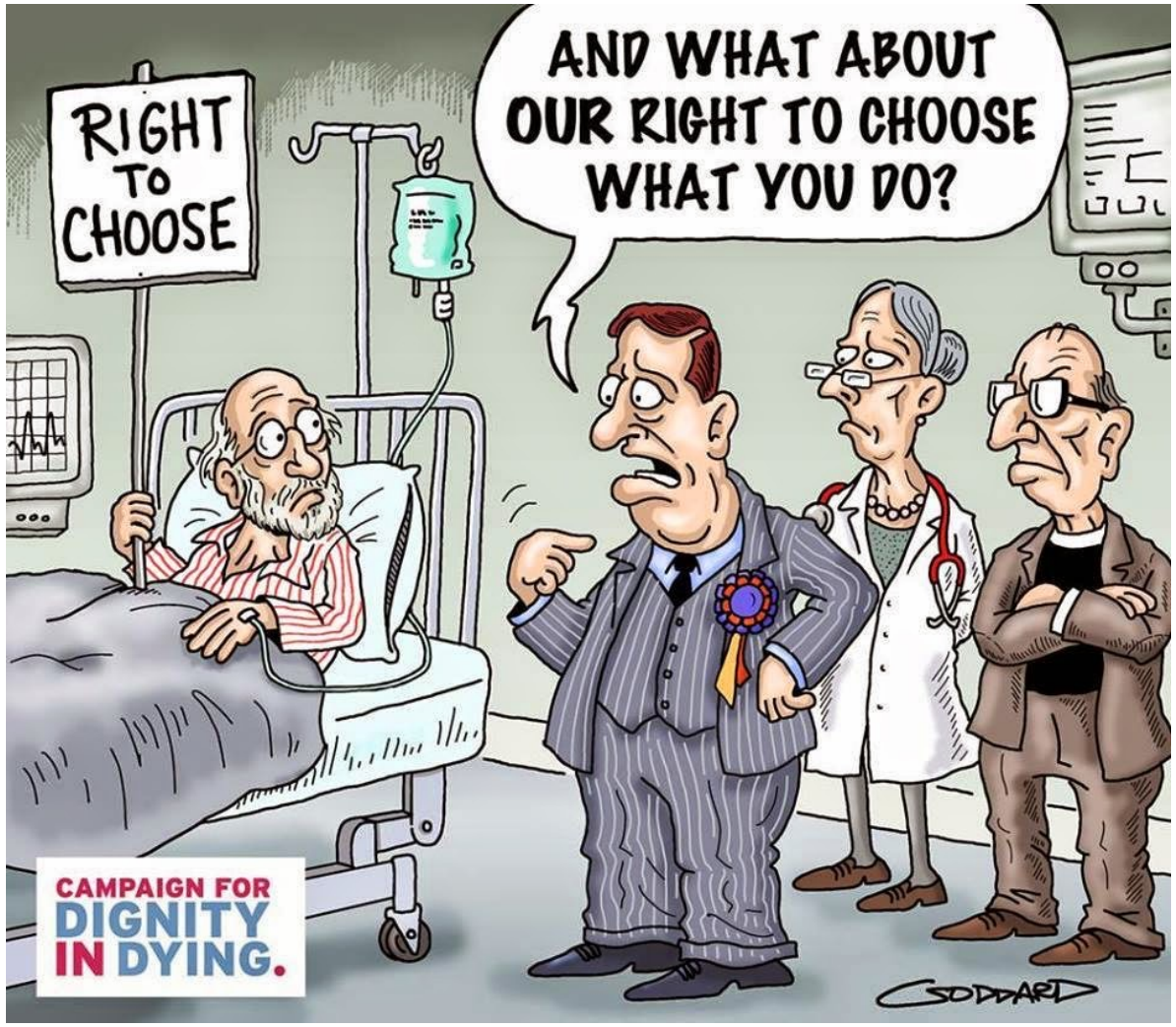
- 1961: Found that the majority of doctors (88%) reported that for ethical reasons they would not tell a patient they had cancer or other grave illnesses, for fear of the emotional toll it would take on the patient.
- 1979: 98% of surveyed physicians favored telling patients the diagnosis

In the last 40 years…

- The principle of autonomy has gained priority over paternalism.
- Autonomy shifts power and control from physicians to patients.
- Federal laws exist now:
  - protect right of patients to make their own decisions, to refuse treatment, and even to do things that others might feel are not in their best interest. It obligates providers to honor patients' advance directives, including their desire not to be resuscitated.
  - Patient Self-Determination Act

Autonomy

- Refers to the right of the patient to retain control over his or her body
- Requires both independence from controlling influences and the capacity to understand. It cannot be undermined by coercion, persuasion, and manipulation
  - ➢ Informed consent
- Patient autonomy allows for health care providers to educate the patient but does not allow the health care provider to make the decision



Informed Consent

- The process of informed consent occurs when communication between a patient and physician results in the patient's authorization or agreement to undergo a specific medical intervention
- It requires physicians to respect patients' autonomy by giving them the information needed to understand the risks and benefits of a proposed intervention, as well as the reasonable alternatives (including no intervention), so that they may make independent decisions

Ask Yourself…

- Is your patient competent to make decisions for themselves?
- Is your patient free of coercion in making decisions?

5 Ethical issues in Medicine today

- Do-Not-Resuscitate Orders
- Doctor and Patient Confidentiality
- Malpractice and Negligence
- Access to Care
- Physician-Assisted Suicide

DNR Poll 1:

- 39-year-old man with chronic lung disease is admitted to the hospital with shortness of breath. He is treated but does not improve. His physicians recommend treatment with a ventilator to help him breathe temporarily. Recovery from this problem is very likely. The patient, however, refuses to be treated with a ventilator. His physician and other members of the health care team discussed this treatment with the patient upon his admission to the hospital, as well as several times throughout the hospitalization. The patient has discussed this decision with his wife many times, and she agrees that he has thoughtfully considered and rejected this treatment option. The patient does not have a living will and does not have a "pre-hospital DNR" but does request that a DNR order be entered by his physician.

DNR Poll 1:

- Should the healthcare team:
  - A) Respect patient autonomy and not initiate mechanical ventilation?
  - B) Should the healthcare team weigh the risks and benefits and intubate the patient knowing that they are choosing the best course of action and saving his life? (beneficence and nonmaleficence)

Do-Not-Resuscitate Orders

- It is an emergency rescue technique that was developed to save the life of people who are generally in good health.
- DNR orders are written instructions from a physician telling health care providers not to perform Cardiopulmonary Resuscitation (CPR).
- CPR uses bag-mask for breathing and chest compressions to restore the work of the heart and lungs when someone's heart or breathing has stopped.

DNR- Issues

- Team members do not agree regarding whether a patient should have a DNR order or not
- The patient and their family disagree about DNR
- The choice of whether or not to implement a DNR order stands between patient autonomy and the patient's medical prognosis
- The patient and family have not been informed of the DNR order by the physician and ask the nurse about what has been decided

**CPR can sometimes worsen preexisting conditions. In such cases, questioning if the degree of pain is worth the benefits can help professionals navigate severe situations that involve life or death

Beneficence, Nonmaleficence, and Autonomy

- Expected QOL with and without treatment
  - ➢Effects of no medical/surgical treatment
- Judging QOL of patient who cannot express himself/herself? Who is the judge
- Recognition of possible physician bias in judging QOL
- Rationale to forgo life-sustaining treatment(s)

DNR Poll 2:

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Conclusion

- The benefits of treatment in this case (life versus probable death) clearly outweigh the disadvantages and risks of treatment (patient discomfort, ventilator complications).
- However, the patient has full capacity to understand the risks, benefits, and consequences of his choices.
- Therefore, the physician should not force ventilator treatment for the patient and should enter a DNR order as requested

Doctor and Patient Confidentiality Poll 1:

- A 21-year-old female patient was examined by a doctor after her boyfriend was treated for venereal warts. The patient sought medical attention on two separate occasions. On the first visit, a Pap smear was performed, which was negative for human papillomavirus (HPV). On the second visit, the Pap smear was repeated, also with negative results. A medical assistant in the office was acquainted with the patient. The MA revealed information about the patient's complaint and testing to some of her friends, all of whom knew the patient. The patient found out that her medical information had been disclosed. She was eventually able to identify the source of the leak, and she subsequently brought a lawsuit against the doctor as the employer of the medical assistant

Doctor and Patient Confidentiality Poll 1:

- Is the doctor able to be sued because the MA disclosed personal information about a patient?
  - A) Yes
  - B) No

Doctor and Patient Confidentiality

- According to the AMA: Healthcare professionals have an ethical obligation to preserve the confidentiality of information gathered in association with the care of the patient
  - Patient's have to trust their healthcare provider so that they can disclose sensitive information that will allow the provider to deliver the most effective treatment
- Patients are entitled to decide whether and to whom their personal health information is disclosed.

Doctor and Patient Confidentiality-HIPPA

- HIPPA
  - The act requires physicians to protect the privacy and security of a patient's medical records.
  - It also sets forth who can see the confidential information and who cannot
  - HIPPA laws prohibit any disclosure of health information on social media channels
- Healthcare teams can share necessary medical information for the care of the patient to other health-care teams
- Healthcare teams are legally required to report gunshot wounds and sexually transmitted diseases and exceptional situations that may cause major harm to another or the patient themselves

Vicarious Liability

- Vicarious liability means a party is held responsible not for its own negligence, but for the negligence of another.
- Under respondeat superior an employer is liable for the negligent act or omission of any employee acting within the course and scope of his employment
- Respondeat superior embodies the general rule that an employer is responsible for the negligent acts or omissions of its employees.

Justice and Nonmaleficence

- Justice calls for all patients to be treated fairly and to be able to expect that their private medical information will be held in confidence. A breach of patient confidentiality goes against a physician's pledge in the Hippocratic Oath that "what I may see or hear in the course of treatment or even outside of treatment in regard to the life of patients, which on no account must be spread abroad, I will keep to myself, holding such things as reprehensible to speak about."
- When confidentiality is violated, the patient is harmed (maleficence) as is the physician-patient relationship.

Doctor and Patient Confidentiality Poll 2:

- A 21-year-old female patient was examined by a doctor after her boyfriend was treated for venereal warts. The patient sought medical attention on two separate occasions. On the first visit, a Pap smear was performed, which was negative for human papillomavirus (HPV). On the second visit, the Pap smear was repeated, also with negative results. A medical assistant in the office was acquainted with the patient. The MA revealed information about the patient's complaint and testing to some of her friends, all of whom knew the patient. The patient found out that her medical information had been disclosed. She was eventually able to identify the source of the leak, and she subsequently brought a lawsuit against the doctor as the employer of the medical assistant

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Conclusion

- Under the legal concept of vicarious liability, the physician employer can be held responsible for the acts of an employee that are committed in the course of employment. Even though in this case it was the medical assistant who gossiped about the patient's evaluation for an STD, both the medical assistant and the physician were liable
- The principles of Justice and nonmaleficence were violated in this situation.

Malpractice and Negligence Poll 1:

- Mr. H was diagnosed with metastatic testicular cancer. At the time of diagnosis, he declined to undergo surgery and instead underwent chemotherapy. The chemotherapy worked. 17 years later, he went to his doctor and had a check-up, as his left testicle was painful and atrophied. While there was no sign of the cancer having come back, the symptoms did lead the doctor to believe that there was a considerable chance that his left testicle held cancerous cells. The decision was made to operate and remove the testicle and, hopefully along with it, the risk of the cancer returning with a vengeance
- He underwent surgery to remove his left testicle, which was believed to have cancerous cells that may have returned after the previous years of chemotherapy
- When Mr. H woke up, the surgeon told him that there had been a mistake during the surgery – he had removed the healthy right testicle instead of the suspect left testicle

Malpractice and Negligence Poll 1:

- Is Mr. H able to sue the surgeon for malpractice and negligence?
  - A) Yes
  - B) No

Malpractice and Negligence

- Medical malpractice occurs when a hospital, doctor or other health care professional, through a negligent act or omission, causes an injury to a patient. The negligence might be the result of errors in diagnosis, treatment, aftercare or health management
- The claim must have the following characteristics:
  - A violation of the standard of care
  - An injury was caused by the negligence
  - The injury resulted in significant damages

Malpractice and Negligence Examples

- Failure to diagnose or misdiagnosis
- Misreading or ignoring laboratory results
- Unnecessary surgery
- Surgical errors or wrong site surgery
- Improper medication or dosage
- Poor follow-up or aftercare
- Premature discharge
- Disregarding or not taking appropriate patient history
- Failure to order proper testing
- Failure to recognize symptoms

Malpractice and Negligence

- Medical errors are the third leading cause of death in the U.S
- Negligence can be due to defective medical equipment, a misdiagnosis, or a delayed diagnosis
  - A patient who is harmed by defective medical equipment or products, injured in the course of a medical treatment or placed in danger because of medication errors can sue to recover their losses. Patients can also sue when health care providers fail to provide a critically needed treatment or service.
- Lines can be blurred when doctors disagree about procedures or necessary tests to provide accurate treatment

Malpractice and Negligence

- Physicians make a pledge called the “Hippocratic Oath“
  - The privilege of treating the lives and health of other human beings is a serious, even a sacred, trust.
- The principle of non-maleficence ("First, do no harm,“) is embraced by the medical profession. It may not always be possible to cure or help a patient, but a doctor should not harm a patient, especially intentionally.
- The flip side of this principle is beneficence: that is, doctors should act to help patients wherever possible.
- Physicians should also respect patients' autonomy

Malpractice and Negligence Poll 2:

- Mr. H was diagnosed with metastatic testicular cancer. At the time of diagnosis, he declined to undergo surgery and instead underwent chemotherapy. The chemotherapy worked. 17 years later, he went to his doctor and had a check-up, as his left testicle was painful and atrophied. While there was no sign of the cancer having come back, the symptoms did lead the doctor to believe that there was a considerable chance that his left testicle held cancerous cells. The decision was made to operate and remove the testicle and, hopefully along with it, the risk of the cancer returning with a vengeance
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Malpractice and Negligence Poll 2:

- Is Mr. H able to sue the surgeon for malpractice and negligence?
  - A) Yes
  - B) No

Conclusion

- This crucial error effectively robbed Mr. H's body of testosterone, as well as causing a ripple effect of other consequences, including emotional stability, fatigue, weight gain, and osteoporosis.

Access to Care Poll 1:

- A 74-year-old woman, with multiple comorbidities, residing in an assisted living facility, is brought to the ED with shortness of breath and malaise. Over the past 4 days she had been experiencing dry cough, lack of appetite, and tiredness; 2 days earlier, she stopped eating and started having a low-grade fever. A test for COVID-19 undertaken by the assisted living facility was returned positive on the morning of the ED visit. She, a retired nurse, is a widow; both of her grown children live out-of-state. She is visibly tiring and needs to be intubated.
- Another patient is brought in at the same time. He is a 22-year-old homeless man, who has had symptoms of "flu" for a week. In the past 2 days, his symptoms worsened. He eventually was found unconscious on the street by someone who called 911. He has been previously healthy except being homeless. He is a non-smoker and uses alcohol/drugs rarely. He is single, and his parents and sibling live hundreds of miles away. He is found to need intubation as well upon arrival to the ER.
- The problem: There is only one ventilator left in the hospital

Access to Care Poll 1:

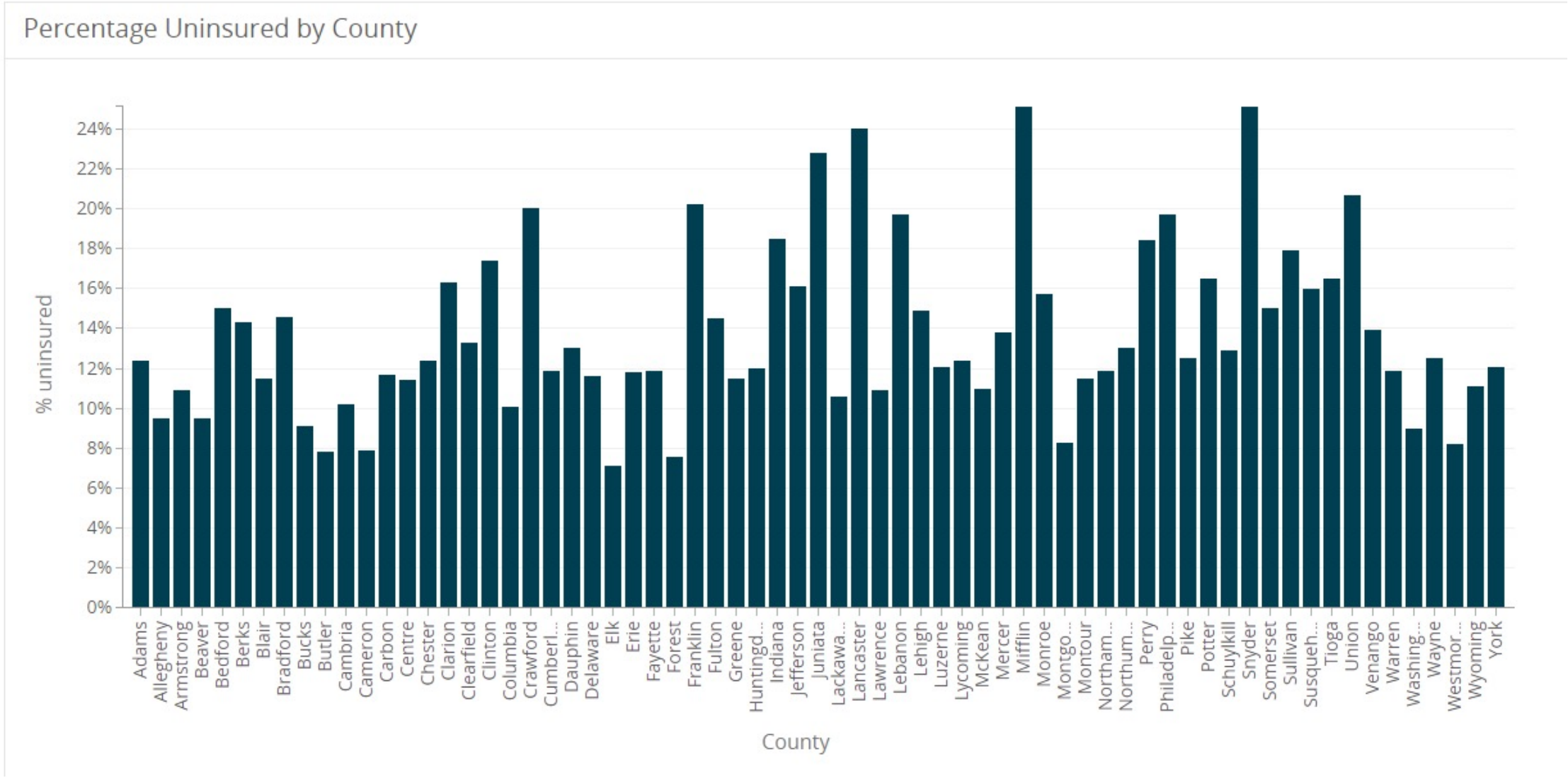
- Who should be intubated and put on the ventilator:
  - A) The 22 year old homeless student
  - B) The 74 year old woman

Access to Care

- According to the AMA:
  - Health care is a fundamental human good because it affects our opportunity to pursue life goals, reduces our pain and suffering, helps prevent premature loss of life, and provides information needed to plan for our lives. Society has an obligation to make access to an adequate level of care available to all its members, regardless of ability to pay.
  - Physicians should advocate for fair, informed decision making about basic health care that:
    1. Is transparent.
    2. Strives to include input from all stakeholders, including the public, throughout the process.
    3. Protects the most vulnerable patients and populations, with special attention to historically disadvantaged groups.
    4. Considers best available scientific data about the efficacy and safety of health care services.
    5. Seeks to improve health outcomes to the greatest extent possible, in keeping with principles of wise stewardship.
    6. Monitors for variations in care that cannot be explained on medical grounds to ensure that the defined threshold of basic care does not have discriminatory impact.
    7. Provides for ongoing review and adjustment in consideration of innovation in medical science and practice to ensure continued, broad public support for the defined threshold of basic care.

Access to Care

- A Kaiser report informs that one in five uninsured adults in 2017 did not seek medical care due to costs
- Emergency departments across the U.S. can charge a patient up to $900 for a routine medical service that doesn't require complex treatment, according to a year-long project focused on American healthcare prices published by Vox.
- High out-of-pocket costs can result in a system in which wealthier patients have better access to care.


Percentage Uninsured by County
% uninsured
24%
22%
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
Adams
Allegheny
Armstrong
Beaver
Bedford
Berks
Blair
Bradford
Bucks
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Tioga
Union
Venango
Warren
Washing...
Wayne
Westmor...
Wyoming
York
County

Other Limiting Factors

- Lack of health care providers in some parts of the country,
- Some providers will not accept Medicaid patients because of low reimbursement.
- Lack of transportation,
- Translators,
- Child care,
- Convenient hours
- Health literacy allowing patients to understand the importance of immunizations and other forms of preventive medicine.

According to the AMA…

When allocating scarce health care resources fairly among patients, keep with the following criteria:

1. Base allocation policies on criteria relating to medical need, including urgency of need, likelihood and anticipated duration of benefit, and change in quality of life. In limited circumstances, it may be appropriate to take into consideration the amount of resources required for successful treatment. It is not appropriate to base allocation policies on social worth, perceived obstacles to treatment, patient contribution to illness, past use of resources, or other non-medical characteristics.
2. Give first priority to those patients for whom treatment will avoid premature death or extremely poor outcomes, then to patients who will experience the greatest change in quality of life, when there are very substantial differences among patients who need access to the scarce resource(s).
3. Use an objective, flexible, transparent mechanism to determine which patients will receive the resource(s) when there are not substantial differences among patients who need access to the scarce resource(s).
4. Explain the applicable allocation policies or procedures to patients who are denied access to the scarce resource(s) and to the public.

Justice

- Physicians should only recommend necessary and evidence-based testing and treatment
- Ensure that patients receive generic medications instead of brand names
- Offer installment payments in cases in which the only alternatives seem unaffordable for the patient
- Have staff connect financially vulnerable patients to community resources
- Waive charges for the poorest patients
- Advocate for a more nuanced health insurance system that considers out-of-pocket costs, not just monthly premiums, to determine insurance affordability

Beauchamp and Childress

- Beauchamp and Childress use six material principles of justice:
  - (1) an equal share for each
  - (2) distribution according to need
  - (3) distribution according to effort
  - (4) distribution according to contribution
  - (5) distribution according to merit
  - (6) distribution according to free-market exchanges

Justice and Autonomy

- Hospitals have an obligation to be transparent about the allocation principles they apply and can be held accountable for these principles.
- Patients have a right to know which principles hospitals are applying. Based on this knowledge, they should be able to make a reasonable prediction about their own access to the network. This is also important to guarantee informed and autonomous patient choice
- Hospitals have a continuing obligation to monitor how they distribute their resources, and they have a duty to revise or adapt this distribution should it fail to meet minimally recognized standards of fairness

Access to Care Poll 2:

- A 74-year-old woman, with multiple comorbidities, residing in an assisted living facility, is brought to the ED with shortness of breath and malaise. Over the past 4 days she had been experiencing dry cough, lack of appetite, and tiredness; 2 days earlier, she stopped eating and started having a low-grade fever. A test for COVID-19 undertaken by the assisted living facility was returned positive on the morning of the ED visit. She, a retired nurse, is a widow; both of her grown children live out-of-state. She is visibly tiring and needs to be intubated.
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Access to Care Poll 2:

- Who should be intubated and put on the ventilator:
  - A) The 22 year old homeless student
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Conclusion

- There is a consensus among clinical ethics scholars, that in this situation, maximizing benefits is the dominant value in making a decision.
- Maximizing benefits can be viewed in 2 different ways; in lives saved or in life-years saved
- A subordinate consideration is giving priority to patients who have a better chance of survival and a reasonable life expectancy. The other 2 considerations are promoting and rewarding instrumental value (benefit to others) and the acuity of illness
- in the dominant value of maximizing benefits the two patients differ; in terms of life-years saved, the second patient (22-year-old man) is ahead as his life expectancy is longer. Additionally, he is more likely than the older woman, to survive mechanical ventilation, infection, and possible complications. Another supporting factor in favor of the second patient is his potential instrumental value (benefit to others) as a future physician.

Physician-Assisted Suicide Poll 1:

- Christy is a single mom who received a diagnosis of stage 4 non-smokers, small cell carcinoma. She was in good health at the time.
- She was told eventually her left lung will fill with fluid and she will start to drown in that fluid. If she goes to the hospital, they will insert a tube to drain the fluid, patch her up and send her home to wait for it to happen again. The whole process will keep repeating until she finally dies.
- She is terrified about how this will affect her daughter.
- Christy wants the option to have a prescription to take to end her dying process should the pain and suffering become unbearable

Physician-Assisted Suicide Poll 1:

- Should Chrissy be allowed to choose how and when she dies?
  - A) Yes
  - B) No

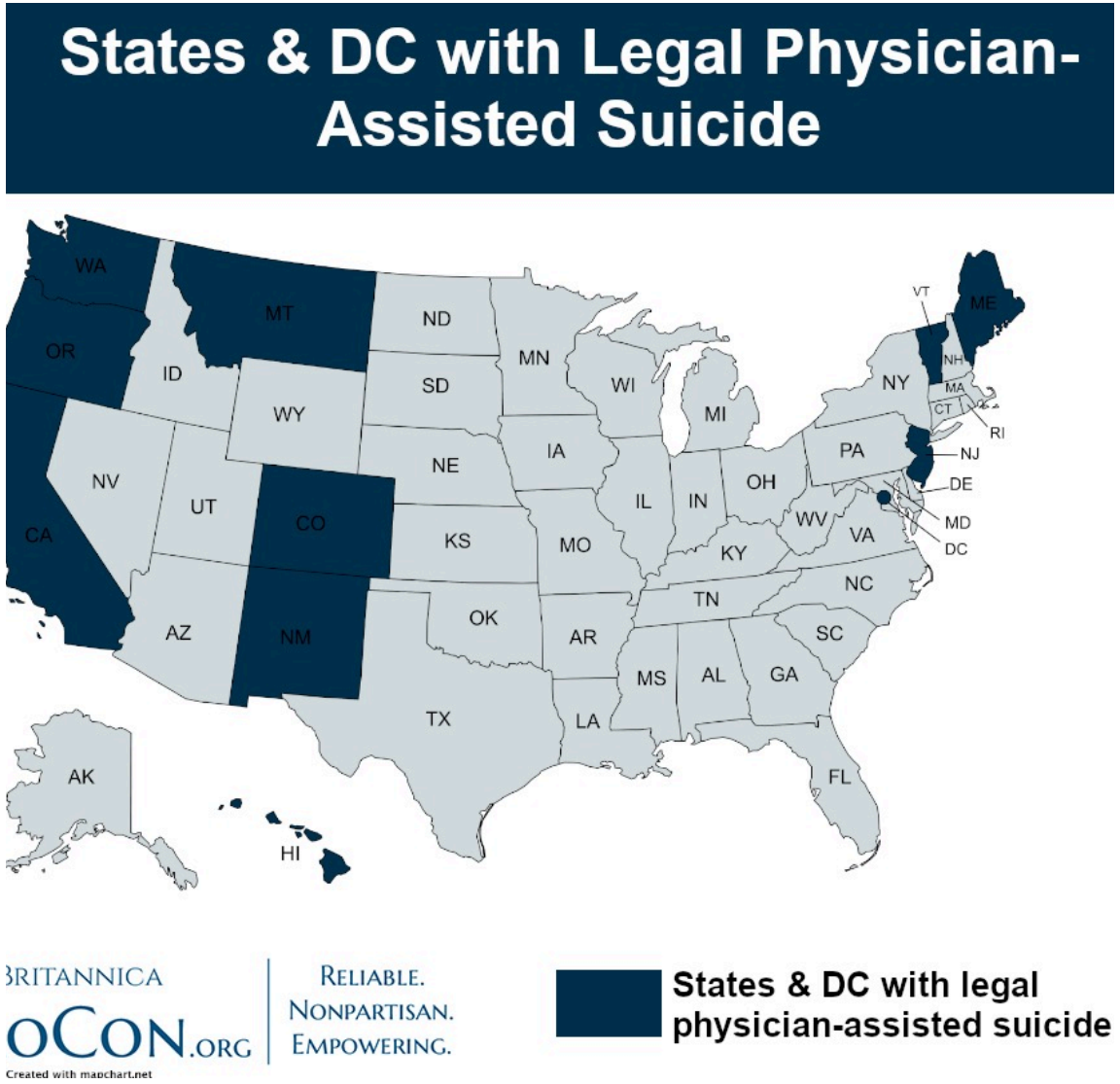
Physician-Assisted Suicide

- Physician-assisted suicide is the act of intentionally killing oneself with the aid of someone who has the knowledge to do so
- It occurs when a physician facilitates a patient's death by providing the necessary means and/or information to enable the patient to perform the life-ending act
- States that oppose the practice raise the following concerns
  - Legalizing PAS can cause pressure on terminal patients who fear their illness is a burden to their families
  - PAS is incompatible with a physician's roles as a healer and the American Medical Association's Code of Ethics

Eligibility: Physician-Assisted Dying Laws

To qualify for a prescription under physician-assisted dying laws, you must be

- A resident of one of the 5 states
- 18 years of age or older
- Mentally competent, i.e. capable of making and communicating your health care decisions
- Diagnosed with a terminal illness that will, within reasonable medical judgment, lead to death within six months.
- You must also must be able to self-administer and ingest the prescribed medication. All of these requirements must be met without exception.



American Medical Association's View of Euthanasia

- *Euthanasia is the administration of a lethal agent by another person to a patient for the purpose of relieving the patient's intolerable and incurable suffering.*
- *It is understandable, though tragic, that some patients in extreme duress—such as those suffering from a terminal, painful, debilitating illness—may come to decide that death is preferable to life.*
- *However, permitting physicians to engage in euthanasia would ultimately cause more harm than good.*
- *Euthanasia is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks. Euthanasia could readily be extended to incompetent patients and other vulnerable populations.*
- *The involvement of physicians in euthanasia heightens the significance of its ethical prohibition. The physician who performs euthanasia assumes unique responsibility for the act of ending the patient's life.*
- *Instead of engaging in euthanasia, physicians must aggressively respond to the needs of patients at the end of life. Physicians:*
- *(a) Should not abandon a patient once it is determined that a cure is impossible.*
- *(b) Must respect patient autonomy.*
- *(c) Must provide good communication and emotional support.*
- *(d) Must provide appropriate comfort care and adequate pain control.*

Nonmaleficence, Beneficence, Autonomy

- Those opposed to physician-assisted suicide think of it as unethical due to the physicians' Hippocratic Oath of "doing no harm."
- They view physician-assisted suicide as causing harm to patients, which violates the Hippocratic Oath since physician-assisted dying is not a healing proposition (nonmaleficence and beneficence)
- A patient should have the right to control the circumstances of his or her own death, and to determine how much suffering is too much. Patient autonomy.
- If a patient's pain and suffering cannot be sufficiently relieved with state-of-the-art palliative care, then the physician has an obligation to do everything within his or her power to relieve that suffering, even to the point of hastening death if there are no realistic alternatives acceptable to the patient

Physician-Assisted Suicide Poll 2:

- Christy is a single mom who received a diagnosis of stage 4 non-smokers, small cell carcinoma. She was in good health at the time.
- She was told eventually her left lung will fill with fluid and she will start to drown in that fluid. If she goes to the hospital, they will insert a tube to drain the fluid, patch her up and send her home to wait for it to happen again. The whole process will keep repeating until she finally dies.
- She is terrified about how this will affect her daughter.
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Physician-Assisted Suicide Poll 2:

- Should Chrissy be allowed to choose how and when she dies?
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Conclusion

- Christy did take advantage of hospice care, so they did what they could to keep her as comfortable as possible. Unfortunately, she had tumors throughout her brain and her liver. They did the best they could, but they couldn't stop the seizures on and off or the breakthrough pain. About a week before she passed, she wasn't able to speak at all because of the strokes causing damage – that was her second greatest fear.


QUESTIONS? COMMENTS?
CONCERNS?
GRIPES? COMPLAINTS?
WORRIES? WONDERS?
makeameme.org

Questions?

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