Ethics In Healthcare Practice

Imoisili Adesua
Clinical II, Medicine, OAU, Ile-Ife.

ABSTRACT
Ethics in healthcare practice has become a growing public health concern.Ethics in any discipline are guidelines to prevent abuse or misuse of power wielded by a person or group in the practise of that profession.The code of Medical Ethics provides a suitable framework defining the doctor-patient relationship in professional, social and legal contexts.[1]The Hippocratic oath is taken by doctors being sworn into the profession, signifying responsibility to society as well as constituted authority of the medical profession.Ethical issues in Medicine include patient's autonomy, informed consent, beneficence, non-maleficience, distributive justice, and confidentiality.As professions mature and become established, they begin to create an ethical environment of shared expectations and norms for acceptable and appropriate behaviour in the practise of its duties and obligations.

INTRODUCTION
The term "ethic" is derived from the Greek word *ethos*, meaning "moral custom." An ethic, therefore, is "a principle of right or good conduct" as defined by the American Heritage Dictionary of the English Language.[2] Consequently, ethical behaviour is behaviour that corresponds to the accepted and idealized principles expressing what is considered right and wrong.

An ethical environment determines what we find acceptable or unacceptable, admirable or contemptible. It determines our conception of when things are going well and when they are going badly. It also determines our conceptions of what is due to us, and what is due from us, as we relate to others. It gives us our standards of behaviour.

A code of ethics provides a set of principles or values that govern the conduct of members of a profession while they are engaged in the practice of that profession. In other words, codes of ethics provide guidelines for making judgments about what is acceptable and desirable behaviour in a given context or in a particular relationship. On the other hand, when assessing standards, the evaluator focuses on what is done in the performance of one's role in an attempt to identify "best practice" strategies for implementing day-to-day medical practice.[2]Codes of ethics helps create consistency and lessens arbitrariness in our choices when confronted with difficult dilemmas. Ethics are stressed in all fields of medical education in order to instill socially accepted, ethical values into students.

There have been various efforts to address healthcare ethics and its practices. Ethics in healthcare however, became prominent in the media in the 1980s and 1990s when Dr. Jack Kevorkian publicized his views on the ethics of euthanasia and his role in assisting the death of more than 100 terminally ill patients.[3] Since then, the sensitive issue of a patient's right to initiate his own death, and the place of medical practitioners assisting a patient to die (euthanasia) has become a central theme in medical care ethical discourse especially as it relates to hospice care (care for the terminally ill).[3]In addition to discussions about euthanasia, other prominent ethical issues in healthcare practice include the patient's right to information, the patient's right to make choices surrounding personal care, and the ethical obligation of care by the practicing physician.

The medical profession's code of ethics is embodied in the Hippocratic Oath. This oath has historically been taken by physicians and other healthcare professionals who swear to practice medicine ethically: stating they will "first do no harm". It is widely believed to have been written by Hippocrates who is referred to as the father of western medicine or by one of his students.[4]The oath was written in Ionic Greek (late 5th century BCE). A widely used modern version of the traditional oath was penned in 1964 by Louis Lasagna, former principal of Sackler School of Graduate Biomedical Science and Academic Dean of the School of Medicine at Tufts University.[5]

The lines of the oath go thus:

I swear to fulfill, to the best of my ability and judgment, this covenant:
I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say "I know not", nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given to me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play God.

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.[6]

The oath reminds healthcare practitioners of their

obligation to their fellow humans as well as society. It emphasizes respect for human life, the art of humane treatment, and acknowledges the role of multi-disciplinary consultation in a bid to provide the best of medical care for patients. The oath also readily brings to mind ethical principles that govern clinical practice. These principles are discussed below.

ETHICAL PRINCIPLES THAT GOVERN HEALTHCARE

1. Respect for persons–this principle presumes that all persons are free and responsible and should be treated as such in proportion to their ability in the circumstances. It acknowledges that a competent patient can make his/her own decisions. It also acknowledges and respects the choice of a competent patient to refuse treatments. The practice of the principle intricately implies the respect of human dignity (that every human being should be acknowledged as an inherently valuable member of the human community) and the respect of all human rights (claims to the minimum conditions necessary for life in the community, and which allow one to fulfill one's moral responsibility in life—this right includes the right to health care).

This principle negates the practice of paternalism in medical practice. Paternalism holds that the physicians could, in the interest of the patient, exercise a considerable degree of discretion over the entire treatment and cure process. It touches on the sensitive issue of the doctor's right to withhold information (known in medical circles as "therapeutic privilege"), knowledge of which may prove inimical to the entire medical procedure being given to the patient. In some instances, the principle of paternalism also gives room for the physician to decide for and on behalf of the patient or his immediate family. Paternalism makes the doctor assume that 'the doctor knows best', an arrogant stance by all considerations.[7] Unfortunately, the inherent imbalance in a doctor-patient relationship due to disparity in education, information about the patient's condition and treatment options, places the patient in a vulnerable position with the potential for exploitation. Also, acting for the patient's best interest may not necessarily mean the act is considered beneficial by the patient as such act of paternalism may not have taken into consideration the full ramification and understanding of the patient's true needs, situation and circumstances. Often, the decision is made based on medical facts alone. In effect, where patients are empowered with due information, a competent patient can assume the responsibility of making appropriate decision about his/her health based on their personal understanding of their need within the context of their real life situation. The continued practice of paternalistic medicine is unethical and negates the principle of respect for patient autonomy and informed patient choice. The idea of the paternalistic physician making decisions about diagnosis, investigation, and treatment in the patient's best interests, and the patient accepting these decisions without question, is no longer tenable.

Current medical practice emphasizes a patient-centred approach. This practice aligns well with the principle that emphasizes respect for person and recognition of the individual's autonomy. There is a growing public expectation that patients will be fully informed about their illness and the options for treatment, and be fully involved in decisions about their health care. The onus is now on the doctor to be able to provide the needed information that will enhance the capacity of the patient to make the right decision about their health care need. This therefore places a lot of responsibility on the doctor to keep up to date with evidence based medical practice as he may be liable for not being able to provide appropriate comprehensive information that informs patient's choice. In addition, the doctor should be capable of presenting available research evidence to patients in a way to enable them make decisions about their health care.This enhances their autonomy as they can possibly use the information provided in conjunction with other information that is more specific to them as an individual to make health care choices.[8]

Few public health interventions are justified exclusively or even primarily on unmediated, classic paternalistic grounds. One of these is the provision of public water fluoridation that has been criticized as forced medication.[9] In more recent times, there has been discussions of child circumcision for the prevention of HIV infection in communities where male circumcision is not the norm as a practice that infringes on the right of choice of the child due to a paternalistic approach to public health care decision making.

2. Informed Consent – This medical ethical guideline basically relates to the autonomy of the patient to choose or decline a medical procedure, a potentially harmful investigation or treatment. It augments the practice of the principle of respect for persons. In practice, a medical procedure should not be performed on a patient without the patient being informed and adequate measures being taken to ensure the patient understands the reason for the procedure, the risks and benefits associated with taking the procedure. Prior to surgery, patients or the family surrogate are usually presented with a form to

fill. The form should have details of the surgery in addition to the verbal discussions about the purpose, risks and benefits associated with the surgical procedure. Signing the form indicates that permission is given by the patient to go ahead with the procedure and that the patient has full knowledge of the potential risks. The surgeon is liable where forms are given for signatures without due explanation of procedures, Also, forms that explicitly request for signatures that gives surgeons the license to extend the scope of surgeries at their discretion are no longer tenable before the court of law.

3. Beneficence - Another major principle of medical ethics refers to the actions taken by a medical professional that are considered to be in the best interest of the patient. This ethical value is sometimes in conflict with the autonomy of the patient. The physician may feel that a certain treatment is necessary for the patient's well being, but the patient denies the advised treatment. This actually comes up rather frequently in practice. Usually the patient's autonomy supersedes the physician's wishes where the patient is adjudged mentally competent, and understands the pros and cons of the proposed treatment.

A converse to this discussion is non-beneficial medical care. This is a non-beneficial treatment that, in the best judgment of medical professionals, produces effects that cannot reasonably be expected to be experienced by the patient to be beneficial; or to accomplish the patient's expressed and recognized medical goals; or that will probably cause harm that will outweigh benefits.[10]An example is providing resuscitation to a patient who is irreversibly unconscious, providing radical medical treatments to patients who only require palliative care, or providing indeterminate long term treatment to patients who have limited chances of survival outside an active intensive care unit. When such decision is made about continued medical treatment not being beneficial, the final decision as to continued provision of the care is left to the patient or family surrogate to make having been provided with the medical rationale supporting the decision, the alternatives and their likely outcomes.

4. Non-Maleficience (primum non nocere, "first, do no harm") – This is a long-standing dictum in medical ethics – it is better to do no harm to the patient than to attempt to do them good. Physicians need to know the likelihood of whether a certain medication or other treatment will cause harm compared to the likelihood that it will be beneficial. Physicians are constantly making these kinds of decisions using the so-called risk/benefit ratio. These decisions are made based on judgments which could be informed by experience and/or information derived from the medical literature on the subject. However the current practice of patient centered medical care where care options are made by the patients, helps to reduce the potential for making harmful choices. The doctor is often in the position of providing all the needed information to help the patient make the risk/benefit calculation. It is important to emphasize here the need for multiple consultations in taking decisions about patients' medical care. Such consultations are often helpful as they are often enriching sources of information that help in making medical care judgments and decisions.

5. Distributive justice - the principle refers to what society owes its individual members in proportion to the individual's needs, contribution and responsibility; the resources available to the society or organization (including financial considerations); and the society's or organization's responsibility to the common good. In the context of health care, distributive justice requires that everyone receive equitable access to the basic health care necessary for living a fully human life insofar as there is a basic human right to health care. This principle implies that medical care should be equitably accessible to all persons who need it irrespective of gender, age, socioeconomic status, race, religion, tribe or sexual orientation. Justice does not imply that everyone should have equal access to the same treatment; the key idea is equity.[11]The principle also implies that society has a duty to the individual in serious need and that all individuals have duties to others in serious need. A critical issue that informs access to health care is finance. In decisions regarding the allocation of resources, such decisions should not be diminished because of the person's status or nature of illness. Distributive justice requires that the less priviledged should at least, be able to access public health care.[12]

6. Confidentiality – This is not an ethical principle in itself. However, it is a recognized code of medical practice. It is the physician's duty to keep the patients' confidence. This means the physician may not disclose any medical information revealed by a patient or discovered by a physician in connection with the treatment of a patient. This allows the patient to feel free to make a full and frank disclosure of information to the physician with the knowledge that the physician will protect the confidential nature of the information disclosed. Full disclosure on the other hand, enables the physician to diagnose conditions properly and to treat the patient appropriately. Maintaining patient confidentiality is a legal duty as well as an ethical duty: courts generally allow a cause of action for a breach of confidentiality against a

treating physician who divulges confidential medical information without proper authorization from the patient.

A breach of confidentiality is a disclosure to a third party, without patient consent or court order, of private information that the physician has learned within the patient-physician relationship. Disclosure can be oral or written, by telephone or fax, or electronically, for example, via e-mail or health information networks. Also, information contained in a patient's medical record may be released to third parties (researchers, family) only if the patient (a competent adult or an emancipated minor) has consented to such disclosure. Other parties that can consent to such disclosure are the legal guardian or parent if the patient is incompetent, a minor child, or the administrator or executor of the patient's estate if patient is deceased.

CONCLUSION

It is not possible to provide the best of care for patients without keeping abreast with evidence derivable from research.Ethics of care must synchronise patient's autonomy, beneficience and non-maleficience within the context of public health service that seeks to address inequality.Globalization has brought a realization that the challenges of promoting health and providing services are international in nature and so standard practices that have been proven best should be employed at all times.

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