

NOSM CampMed: Ethics

What is Ethics?

Ethics is the study of morality. It helps us understand the right thing to do and how to make moral and sound decisions particularly in “tough” situations.

Key Terms:

The Four Principles of Healthcare Ethics:

1. **Autonomy:** “Every patient has the right to their own decisions regarding their healthcare journey”
2. **Beneficence:** “Healthcare professionals must act in the patient’s best interest”
3. **Non-maleficence:** “Above all, do no harm”
4. **Justice:** Everyone deserves their share of medical resources

Informed Consent: The process healthcare professionals take to educate their patient about their particular health. It involves providing information to a patient prior to receiving consent. A patient can only provide informed consent if they are competent both physically and mentally.

Ethical Viewpoints:

Deontology/ Kantian Ethics: A view held in ethics that has a clearly defined set of rules to which a person is to live by

Utilitarianism: This theory states that a person must do the activity that has the best outcome for the most amount of people

Virtues: “How can I live a good life?”

Rights: Everyone is entitled to the ethical ways defined within the legal rights



“Doing Right”: A Decision-Making Procedure for Clinical Ethics

Doing Right: A Practical Guide to Ethics for Medical Trainees and Physicians. Page 14-18.

Step 1:	<p>Recognize that a case raises an important ethical problem. <i>Ethical problems arise when there is a conflict of values or ethical principles leading to different paths of action.</i></p>
Step 2:	<p>What is the problem that has to be solved? <i>State what you believe to be the central problem. Be clear on what needs to be resolved. Once the problem is precisely identified, you will be better able to decide what resources you'll need to resolve it.</i></p>
Step 3:	<p>Determine reasonable alternative courses of action. <i>List the alternative courses of action.</i></p>
Step 4:	<p>Consider each option in relation to the fundamental ethical principles. <i>Autonomy - what are the patient's wishes and values? Consider the patient's capable wishes, beliefs, goals, hopes, and fears. If incapable, look to a substitute decision-maker.</i> <i>Beneficence - what can be done for the patient? Consider the benefits and risks of the various alternatives from the perspective of the clinician, the patient, and possibly the family, and the probable result of each one.</i> <i>Justice - is the patient receiving what is fair? Consider the patient's fundamental right to his or her fair share of medical resources as well as the interests and claims of the family, other patients, and healthcare staff.</i></p>
Step 5:	<p>Consider who should be involved and other circumstances. <i>Should you be involving the patient's loved ones? Is the patient capable of making their own decisions? Should a substitute decision maker be sought? Must you accommodate cultural needs such as involving a local healer? Consider consultations with specialists.</i> <i>Consider other circumstances such as institutional policies, professional guidelines, cultural norms, and personal or emotional factors.</i></p>
Step 6:	<p>Decide on a resolution to the problem.</p>

	<i>Weigh the factors for each alternative. Take a stand as to what you think is the right course of action. What would a "good person" do?</i>
Step 7:	Consider your position critically. <i>"Under what circumstances would I/we advocate a different course of action?" Consider the opinion of your peers, your emotional reactions, your conscience. Formulate your decision, suggest cases where your decision would not apply, decide if you are comfortable with the choice made.</i>
Step 8:	Do the right thing! <i>"All things considered"</i>

Reflective Cases: What Would You Do?

Case 1 - "Don't Tell"

You are seeing Ms. R, a 34-year-old woman, and her partner, Mr. P, for the first time. They have been trying unsuccessfully for the last five years to have their first child. As part of the workup for infertility, you need to examine each of them. After spending time talking to the couple, you ask Ms. R to disrobe in the next room, she appears nervous and hesitant. Finally, she says, "I have to be really honest with you, I had an STD when I was 19 and then again when I was 25. I have never told my partner. Please don't tell him now." This information is important in the workup of the couple's infertility.

Use the template to help guide your decision-making process. What would you do if you were put in this situation?

Case 2 - "Don't Touch My Arm!"

"Whatever you do," the 64-year-old patient, Ms. N, warned her anesthesiologist, Dr. Y, "don't touch my left arm. You'll have nothing but trouble there!" Dr. Y accepted this cryptic prohibition without seeking further clarification. Soon after Ms. N's elective surgery for a prolapsed bladder began, he lost intravenous access in her right arm. Ignoring the patient's prior stated request, he started a new IV in her left arm. The operation was completed without incident. Unfortunately, the IV in Ms. N's left arm went interstitial post-operatively. A toxic fluid leaked into the surrounding arm tissue, resulting in a significant injury to her arm. At trial, no evidence was presented of any medical reason for her left arm not to be touched. On the other hand, no evidence was offered supporting the necessity of starting an IV in that arm. Ms. N successfully sued Dr. Y for battery (non-consensual touching).

What is the rationale for this judicial ruling? What would you have done differently if you were in the operating room?