

MEDICAL ETHICS IN CLINICAL PRACTICE

Asok Kumar Dutta¹

Summary

Medical ethics is important for every medical practitioner. A doctor should acquire sound knowledge on medical ethics which is very much important in clinical practice. Medical ethics is a system of moral principles that apply values and judgments to the practice of medicine. Medical ethics derive from numerous sources. Physicians face ethical dilemmas more frequently as community relies on physicians for critical services. Ethics are a useful element for solving these dilemmas. Medical ethics based on four basic principles: autonomy, beneficence, non-maleficence and justice. Physicians are expected to have higher standards than the law. The code of medical ethics provides a guide line in the context of doctor patient relationship and the society.

Key words

Medical ethics; Clinical practice; Geneva declaration.

Introduction

In the health care system doctor has got the central role. They should provide or coordinate the health care for patients by using their knowledge, skills, attitude and defined processes. Changes in the health care process brings changes in stakeholders, relationship, structures and values. The health care is now becoming a global issue rather than a local issue. The physicians must know and strictly follow the ethical principles, able to solve the ethical dilemma and provide a solution from among several correct solutions [1].

Materials and methods

Available studies and abstracts were identified through Pub Med and Medline data bases (From 2006-20016) and Cochrane data bases. Key search terms were medical ethics and clinical practice. All available studies and abstracts describing the medical ethics and clinical practice were included. The reference list of review article were also searched.

1. Professor of Medicine
Chittagong Medical College, Chittagong.

*Correspondence: Dr. Asok Kumar Dutta
Email: asokdutta@yahoo.com
Cell: 01819 316188

Discussion

Definition of Ethics and Medical Ethics

Ethics: Ethics is defined as a system of moral standards or values. Sources include religion, philosophy, law, institutions, professional codes, corporate mission statements, ethics committees, family, culture, friends, professional associates & personal experience.

Medical ethics: Medical ethics comprises a subset of moral standards or values that medical practitioner's use in the decision-making process.

Sources: In addition to those listed above medical practitioners who include physician, nurses, technicians, hospital staffs and insurance companies.

History of Medical Ethics

Various principals and values stated in numerous oaths and declarations form the basis for ethical practices in health care. In very ancient period the king of Babylon Hammurabi established some laws in code at 1700 BC. In the laws there are some rules related to medical practice. The Hippocratic Oath (460- 377 BC) has been recited by entering and newly graduated physicians over the centuries [2-5]. In Islamic revolution period 750 CE-1258 CE. Ishaq Bin Ali Rahawi wrote a book on the conduct of physician. In period of British colonialism Thomas Percival, a British physician published his book "Code of Medical Ethics" in the year 1803. In 1847 the American Medical Association was formed in order to establish a definite code of medical ethics. Modern codes is revised and replaced when ethical issues arise and create concern. Every country has issued their own medical ethics or code of medical practice which are similar to the universal ethics. The Hippocrates Oath has been updated by the Declaration of Geneva which is the basis of modern medical ethics. The Declaration of Geneva was adopted by the General Assembly of World Medical Association at Geneva in 1948 and amended in 1968,1984,1994,2005 and 2006. It is a declaration of physician's dedication to the humanitarian goals of medicine. Bangladesh Medical & Dental Council has obtained code of practice for our country.

Effects of Medical Ethics on Clinical Practice

Dealing with the ethical dilemmas includes.

Which critical patient to examine & treat first?

What sensitive patient information to divulge to a family member? Or

How to deal with a conflict?

Heterogeneity of Medical Ethics

As there are numerous stakeholders in health care system there are numerous codes of ethics. The codes differ among stakeholders, each code represents a separate interpretation, there may be more than one ethical solution and physicians must choose one right alternative instead of another right alternative.

Principles of Medical Ethics

Principles of medical ethics relies upon practice of medicine through standards of behaviour by which the physician may evaluate his/her relationship with patients, colleagues and society.

Four Principals of Medical Ethics⁶

- i) Beneficence : To act in the best interest of the patient.
- ii) Nonmal efficiency : Do not harm.
- iii) Autonomy : The patient right to refuse or choose (Consent).
- iv) Justice : Who gets what treatment on the merit of illness?

Double effect refers to two types of consequences that may be produced by a single action and in medical ethics it is usually regarded as the combined effect of beneficence and non-maleficence [7-8].

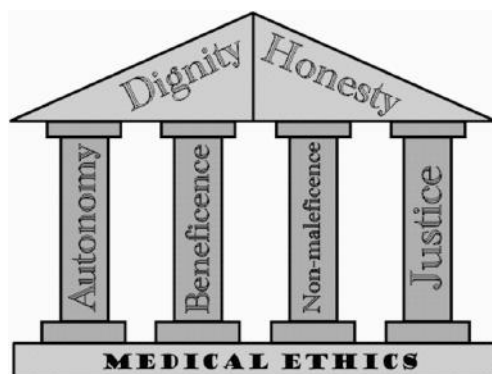


Figure 1 : Four Principles of Medical Ethics

Other values that are sometimes discussed include:

Dignity : Patient & doctor both have the right to get dignity.

Truthfulness / Honesty : The patient deserve to know the full truth about the illness & treatment.

In privileged communication the doctor discloses the professional secrets for the purpose for the protecting the interest of the community; he will not liable to damages in case of saving life eg. when patient is committed to suicide, when the question of public health arises the doctor can inform the authority such as patient of STDs & AIDS, vehicle driver (Colour blind, night blind, deaf etc).

Scope of Medical Ethics

It includes development of ethical codes & guide lines, promotion of ethical practice, prevention of ethical breaches, recognition of ethical dilemmas and resolution of ethical conflicts.

Area of Medical Ethics

It covers :

- i) Rights & duties of medical professional.
- ii) Physician & patient relationship which includes patients right, duties of patient, fairness & equity, patient autonomy, Informed consent, nonmaleficence and professional secrecy.
- iii) Ethics & professionalism. It includes medical etiquette, professional infamous conduct, negligence / malpractices and advertising.
- iv) Special issues (Abortion, assisted contraception etc).

Rights and Duties of Physician

According to medical ethics physician is the personal who practice medicine and registered and permitted by appropriate authority. When a person become registered as physician he acquire some rights, such as right to practice medicine right to choose a patient, right to dispense medicines, right to possess and supply dangerous drugs to his patients, right to add title, descriptions etc, to the name, right to recovery fees, right for appointment in public and local hospital, right to issue medical certificates and right to give evidence as an expert.

Physicians can suffix to their names only recognized medical degrees/diplomas and membership/ honours, which confer professional knowledge or recognize any exemplary qualifications / achievements.

Components of Doctor-Patient Relationship

According to ethical view doctor-patient includes patients rights, duties of patient, fairness & equity, patient autonomy, informed consent, and non-maleficence,

Ethics and Professionalism

Etiquette: Medical etiquette is simply the implicit code that governs socially acceptable behaviour for medical practitioners. Medical ethics guides behaviour by principles, whereas medical etiquette guides behaviour by convention.

Bangladesh Medical and Dental Council

BMDC is the state medical council of Bangladesh. The council is the regulatory body of medical practice. Without permission of the council no medical education can proceed and none can practice medicine without a registration from it in the country. It was first formed under Bangladesh Medical Council Act. In 1973. The Act. was repealed in 1980 and again in 2010. The council has its office only in Dhaka. The council is headed by a president who is elected by the members of the council from amongst themselves. It acts through various committees and office of the registrar.

Conclusion

From the very ancient period ethics has been a part of medical practice. Medical ethics has developed into a well based discipline which acts as a 'bridge' between doctor and patient in clinical practice. The correct application of medical ethics in clinical practice will improve the quality of health care of patient by addressing and solving the ethical issues that arise in clinical practice. In addition to moral obligations, doctors are also bound by laws and official regulations which form the legal framework regulating medical practice. It is now a universal consensus that legal and ethical considerations are inherent and inseparable parts of good medical practice across the whole spectrum. Medical ethics is not an exact science like that of mathematics and physics and the disciplines of law and ethics in medical practice overlap in many areas and yet each has its unique

parameters and distinct focus. Medical ethics should be included in our medical course curriculum in order to gaining a crystal cut set of ethical guidelines as teaching of law and ethics in medical practice has already emerged as a core curriculum in both undergraduate and postgraduate medical education in many developed countries.

Disclosure

The author declared no competing interest.

References

1. Ethics in Clinical Practice file:///H: Medical Ethics/Ethics in Clinical Practice-Nursing Link.htm.
2. Rancich AM, Perez ML, Morales C, Gelpi RJ. Beneficence, justice and life long learning expressed in medical oaths. J Contin Educ Health Prof. 2005;25:211-220 [PubMed].
3. Orr RD, Pang N, Pellegrino ED, Siegler M. Use of the Hippocratic Oath: A review of twentieth century practice and a content analysis of oaths administered in medical schools in the U.S and Canada in 1993. J Clin Ethics. 1997;8(4):377-388[PubMed].
4. Sritharan K, Russel G, Fritz Z, et al. Medical oaths and declaration marks an explicit commitment to ethical behaviour. BMJ. 2001;323(73270):140-1441[PMC free article] [PubMed].
5. Hurwitz B, Richardson R. Swearing to care: The resurgence in medical oaths. BMJ. 1997;315(7123):1671-1674[PMC free article] [PubMed].
6. Gillon, R (1994). "Medical ethics: four principles plus attention to scope". British Medical Journal. 309:1840. Doi: 10.1136/bmj.309.6948.184.
7. Medical, Webends.com>Double effect(<http://medical.webends.com/kw/Double%20Effect>) Retrieved September 2010.
8. Page 424 in: Tefferi, Ayalew(2001). Primary hematology. Totowa, NJ: NJ: Humana Press. ISBN 0-89603-664-2[2](<https://books.google.com/books?id=vYqJoUFFM2wC &pg=PA424&Ipg>).