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Editorial-1

Moral and Ethical Issues in Surgical Practice

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Morality, moral and ethical values are inculcated in an individual at personal level at home by parents and in an academic institution by his teachers and mentors. The latter thus work as role model. While ethical issues in surgical practice are governed by national statutory body like Bangladesh Medical and Dental Council and International statutory body like World Medical Association through its Helsinki Declaration. International Code of Medical Ethics declares that a "Physician shall act in the patient's best interest when providing medical care." Besides, Hippocratic Oath has always worked as a beacon light for medical profession in so far as medical ethics are concerned.

Conceptual framework of medical ethics embraces four basic principles as enunciated by American philosophers Tom Beauchamp and James Childress in 1970. These basic principles are as follows:

1. Respect for Autonomy
2. Beneficence
3. Non Maleficence
4. Justice

1. Respect for Autonomy: The respect for autonomy entails a) informed consent b) honesty as regards statement of patient's condition to relatives, colleagues and patient himself c) consent of the patient for the involvement of the surgical trainees in performance of the surgical procedure.

To obtain an informed consent from a patient about a surgical procedure, the patient should be told about the diagnosis of his disease and the reason for surgery. The patient has right to know how the proposed surgery would help him. He should be informed about the anticipated prognosis of his surgery with its probable side effects. The treating surgeon should tell the patient if there is any alternative to surgery. The patient should be made aware of the consequences of not having a surgical treatment at all.

Information outlined above will help the patient make an informed decision in favour of surgical treatment or against it. It is important for us to appreciate that surgeon himself should provide all relevant information to the patient in order that patient can make appropriate decision without any coercion. This interaction between the surgeon and the patient should take place in a room designated for the purpose in a quiet and friendly atmosphere. The surgeon should ascertain that the patient has understood everything spoken to him about his condition.

It is pertinent to realize who is competent to give consent. All adults who are compos mentis can give consent for his surgery. Patients, who are otherwise cannot give consent and as such cannot undergo an elective procedure. For emergency procedure, proxy consent from relative or care giver may be adequate as in case of a minor. However, consent of both the spouses is mandatory for surgery involving loss or impairment of sexual function as in APR (abdominoperineal resection) and procedures like Tubectomy and Vasectomy causing loss of reproductive functions.

Surgeon can however perform emergency surgery without consent on the doctrine of necessity when a patient is likely to die if surgery is not done as in case of head injury with extradural haematoma.

2. Beneficence: To provide benefit to the patient from surgical procedures the surgeon has to acquire competence in the art of surgery through rigorous training. He should be able to exercise sound judgment in the management of patients. Research and innovation in surgery and surgical technique are must. Even best contemporary surgical procedures should be subjected to constant scrutiny and be continually evaluated through research for their safety. It is essential that surgeon ensures optimal operating conditions with well-functioning equipment and illumination in the operating theatre.

3. Non Maleficence: Principle of Primum non nocere "do no harm" should be enjoined on all surgeons and surgical trainees. Research and auditing should be in place for achieving highest standard of excellence to provide efficient service to the patient at personal and institutional level.
Disclosure of and discussion on the surgical complications and adverse events should be carried out in the mortality and morbidity meeting as a routine in all hospitals. Surgeons should not ever stray into the territory of other specialist and thus avoid harm to the patients.

4. Justice: Egalitarian allocation of funds and equitable distribution of resources should be aimed at. Our health care system is highly resource strapped. Here, care and resources should be provided to the patient purely on the basis of merit of the clinical conditions of the patients regardless of their social status.
Clear distinction should be made between negligence and error of judgment in the total care of the patient. The former is punishable with financial compensation to the aggrieved patients while the latter should be dealt with leniently with emphasis on further training and experiences.
Moral and ethical issues peculiar to South East Asian region are a) self-promotion which does not conform to Hippocratic principles b) deliberate intrusion into somebody else's territory with a mercenary motive leading to poor services to the patient c) surgery without indication - the common victims of this practice being appendix, uterus and tonsil d) trade in kidney transplant e) drug abuse in exchange for gifts and foreign travels arranged by the drug companies g) conflict of interest in research h) Research involving the disadvantaged and vulnerable group of patients with funds from affluent countries with vested interest i) abuse of I.C.U. facilities specially using ventilation without definite indication only for financial gains j) ethical dilemma with end of life patients. This is a problem in our country in absence of any guidelines worked out on the basis of consensus in the surgical community. Unlike in the western country, where the clinicians issue DNR (DO NOT RESUSCITATE) orders in case of terminally ill patients, we, in our country continue with the costly but futile exercise of treatment k) Last but not the least is non-specialist unskilled medical graduates performing various surgical procedures playing havoc with patient's life.

Way out of the problem: Strict surveillance by the surgical fraternity through their society can stem this unethical practice. The national statutory bodies like BM & DC and its version in other countries of the region should be strengthened to prevent all these practices. BM & DC can issue guidelines as regards ends of life care of patients that should be followed throughout the country. The question of withholding and withdrawing treatment is a morally tricky and contentious one. Withholding and withdrawing treatment should be a tripartite decision involving patients, relatives and a team of clinicians with professionalism.
On a philosophical note, death can be viewed as an interregnum of life here and a transition to life hereafter. We, as doctors should try our best to make this transition smooth and peaceful for the patients and the relatives.

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