**PRINCIPAL TOPICS IN MEDICAL ETHICS**

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Medical ethics is a system of moral principles that apply values and judgments to the practice of medicine

Until recently, philosophers took little interest in medical practice or physicians' codes of ethics. Since the 1960's, however, they have joined physicians, theologians, and lawyers in founding journals, research centers, hospital and medical school committees, departments, programs, and special degrees in medical ethics, primarily in North America but increasingly world-wide.

Principal topics in medical ethics include: physicians’ paternalistic deceptions and violations of patient confidentiality; the rights of patients or their surrogates to refuse life-sustaining treatments or request assistance in dying; drug experiments on children, demented or dying patients, and other incompetent or desperate patients; bias-free definitions of health, death, disease, and futility of treatment; removing viable organs from patients who are brain dead or in cardiac arrest; grounds for fetal testing, selection, and abortion; involuntary hospitalization and treatment of mentally disturbed people; conflicts of interest between physicians and their employers and third-party payers, public and private.



Values in medical ethics

Respect for autonomy- the patient has the right to refuse or choose their treatment. (*Voluntas aegroti suprema lex*.)

Beneficence- a practitioner should act in the best interest of the patient. (*Salus aegroti suprema lex*.)

Non-maleficence - "first, do no harm" (*primum non nocere*).

Justice - concerns the distribution of scarce health resources, and the decision of who gets what treatment (fairness and equality).

Other values that are sometimes discussed include:

Respect for persons - the patient (and the person treating the patient) have the right to be treated with dignity.

Truthfulness and honesty - the concept of informed consent has increased in importance since the historical events of the Doctors Trialof the Nuremberg trials and Tuskegee syphilis experiment.

Confidentiality is commonly applied to conversations between doctors and patients. This concept is commonly known as patient-physician privilege.

Legal protections prevent physicians from revealing their discussions with patients, even under oath in court.

The physician should honor the privacy of the patient and should not disclose any details of the patient without the consent.

Confidentiality is mandated in America by HIPAA laws, specifically the Privacy Rule, and various state laws, some more rigorous than HIPAA. However, numerous exceptions to the rules have been carved out over the years. For example, many states require physicians to report gunshot wounds to the police and impaired drivers to the Department of Motor Vehicles. Confidentiality is also challenged in cases involving the diagnosis of a sexually transmitted disease in a patient who refuses to reveal the diagnosis to a spouse, and in the termination of a pregnancy in an underage patient, without the knowledge of the patient's parents. Many states in the U.S. have laws governing parental notification in underage abortion.

Physicians and Patients/ family members

Traditional medical oaths and codes prescribe a physician's character, motives, and duties.

Provide information reasonable in the circumstances to patients about the reasons for the collection, use and disclosure of their personal health information.

Be aware of your patient’s rights with respect to the collection, use, disclosure and access to their personal health information; ensure that such information is recorded accurately.

Avoid public discussions or comments about patients that could reasonably be seen as revealing confidential or identifying information.

Disclose your patients' personal health information to third parties only with their consent, or as provided for by law, such as when the maintenance of confidentiality would result in a significant risk of substantial harm to others or, in the case of incompetent patients, to the patients themselves. In such cases take all reasonable steps to inform the patients that the usual requirements for confidentiality will be breached

Upon a patient’s request, provide the patient or a third party with a copy of his or her medical record, unless there is a compelling reason to believe that information contained in the record will result in substantial harm to the patient or others.

Conflicts between autonomy and beneficence/non-maleficence

Autonomy can come into conflict with beneficence when patients disagree with recommendations that healthcare professionals believe are in the patient's best interest. When the patient's interests conflict with the patient's welfare, different societies settle the conflict in a wide range of manners. In general, Western medicine defers to the wishes of a mentally competent patient to make his own decisions, even in cases where the medical team believes that he is not acting in his own best interests. However, many other societies prioritize beneficence over autonomy.

Examples include when a patient does not want a treatment because of, for example, religious or cultural views. In the case of euthanasia, the patient, or relatives of a patient, may want to end the life of the patient

The principles of autonomy and beneficence/non-maleficence may also be expanded to include effects on the relatives of patients or even the medical practitioners, the overall population and economic issues when making medical decisions.

Control and resolution

To ensure that appropriate ethical values are being applied within hospitals, effective hospital accreditation requires that ethical considerations are taken into account, for example with respect to physician integrity, conflict of interest, research ethics and organ transplantation ethics.

Guidelines

There are various ethical guidelines. For example, the Declaration of Helsinki is regarded as authoritative in human research ethics.

In the United Kingdom, General Medical Council provides clear overall modern guidance in the form of its 'Good Medical Practice' statement.

Often, simple communication is not enough to resolve a conflict, and a hospital ethics committee must convene to decide a complex matter.

These bodies are composed primarily of healthcare professionals, but may also include philosophers, lay people, and clergy - indeed, in many parts of the world their presence is considered mandatory in order to provide balance.

U.S. recommendations suggest that Research and Ethical Boards (REBs) should have five or more members, including at least one scientist, one non-scientist, and one person not affiliated with the institution.

The European Forum for Good Clinical Practice (EFGCP) suggests that REBs include two practicing physicians who share experience in biomedical research and are independent from the institution where the research is conducted; one lay person; one lawyer; and one paramedical professional, e.g. nurse or pharmacist.

The 1996 Australian Health Ethics Committee recommendations were entitled, "Membership Generally of Institutional Ethics Committees".

The assignment of philosophers or religious clerics will reflect the importance attached by the society to the basic values involved. An example from Sweden with Torbjörn Tännsjö on a couple of such committees indicates secular trends gaining influence.