Ethics and Medical

Philosophy

Group 4: The Principles Of

Justice and Fairness

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**INTRODUCTION**

Ethical decisions in clinical medicine (clinical ethics),

addresses ways in which professional, religious,

familial, financial, legal and institutional factors

influence clinical decisions.

 Clinical ethics also focuses on indications, and quality

of life in particular cases of patient care. It also disables

the relationship between two autonomous agents (the

physician and the patient) as the writer put it, and how

medical decisions between them is influenced by other

contextual considerations such as nurses, insurers,

friends, family and other health professionals.

The ethical task is to access the importance of these

contextual features in a particular case. Physicians often

conflicted in terms of these contextual features and their

main commitment to their individual patients, as they

believe that they should have less impact in ethical

decisions about patient care.

However, this belief is considered obsolete, as some of

these features directly affect both patients and

physicians. Although some ethical complexities that

arise in patient care can not be solved apart from

institutional reform. However, the focus of this text is

on clinical cases that arise which must be managed

ethically and medically within extant structures.

 **Professional, Inter- professional, or business**

**interests that might create conflicts of interest in the**

**clinical treatment of patients**

The ethics of medicine has traditionally directed the

physician to attend primarily to the needs of the patient.

It is clearly unethical for a physician to do anything to a

patient that is not intended to benefit the patient but

rather only to benefit the physician or some other party.

For example, a physician who performs diagnostic or

therapeutic procedures that are not indicated, under

pretense of caring for the patient but with the intent

only of collecting a fee, clearly acts unethically.

In recent years, the absorption of the once very private

relationship between physicians and patients into large

organizations that employ or contract with physicians

and that enroll and ensure patients have added a new

dimension to the physician's duties. These dimensions

may not be unethical but may create conflicts of interest

that may be unethical.

Another ethical problem is posed when multiple

responsibilities make it difficult to determine which

responsibilities have priority in a particular case, such

as when the duty to one's patient is in conflict with

duties to others.

Physicians interact with other professionals, in

particular with nurses. On occasion, nurses may believe

that a patient is not being well served by the attending

physicians. In such situations, ethicists speak of "moral

distress when one knows the right thing to do but

institutional constraints make it nearly impossible to

pursue the right course of action" (Jameton).

Relations Between Physicians and Medically Related

Business. Physicians may interact with businesses in

many ways. Their relationship with their hospitals, their

financial investments in health care activities, their

contacts with pharmaceutical industry may influence

clinical decisions.

Physician's Duty to Self and Family. Every health

professional must find the balances and compromises

that reconcile duties to patients with these personal and

familial responsibilities. Failure to manage these

relationships leads to personal distress, decline in

health, family crises, and diminished ability to care for

patients.

**Other parties other than clinicians and patients**

**which as family members, who have have an interest**

**in clinical decisions**

The primary interested parties in a clinical relationship

are the patient and the physical along with nurses and

other health professionals caring for the patient.

However, other parties may also claim a legitimate role

such as the patient’s family, hospital and managed care

administrators, public health authorities. Traditionally,

patient’s families have an interest in the care of the

patient and physicians have recognized the legitimacy of that interest. The relatives have various roles they

play in this case like the decision makers, givers of

emotional support, giving information, serving as

interpreter of the patient’s values or paying bills.

When patients and families are experiencing distress

and suffering, it often is during time when decisions

need to be made about the risky procedure or end of life

care. Family members may want medical treatment for

their loved one, while physicians or nurses may be

explaining to the family that to continue treatment most

likely would not be beneficial or futile for the patient.

When patients are weakened by disease and illness and

family members are reacting to their loved ones

suffering, decision regarding care and treatment become

challenging for everyone concerned.

**Limits imposed on patient Confidentiality by the legitimate interests of third parties**

Modern medical ethics bases this duty on respect for

autonomy of the patient, on the loyalty owed to the

patient by the physician.Patients privacy must be

respected. Confidentiality is a strict but not unlimited

ethical obligation.

Disregarding patients confidentiality would discourage

patient from revealing useful but sensitive or

embarrassing diagnostic information. Disclosure may

harm the patient or third parties as medical information

can be used to exploit patient. Blackmailing and ruining

of reputation may occur when a patient's medical

information is disclosed.

Despite the principles and rules, confidentiality is

sometimes treated rather carelessly by providers.

Medical practitioners may speak about patients in

hospital elevators, cafeteria, and even at home. Medical

records are not well secured and are accessible to many

persons.

What are the limits imposed on patients confidentiality

by legitimate interest of third parties?

Common law duty of confidentiality includes but is not

limited to;

Scans

X-rays

Test results

There is a consensus in the legislation that information

can only be disclosed if the following conditions are

met:

The patient consents to the release of information

Release occurs in connection with the administration of

health legislation

Another lawful excuse, such as public policy/interest

 **Financial factors that create conflict of interest in**

**clinical decisions.**

The term conflict of interest is often used to describe a

situation in which a person might be motivated to

actions that his/her professional role makes possible

but that are at variance with the acknowledged duties of

that role

Cost are incurred whenever medical care is provided.

Those cost are paid by patients, their families, by public

or private insurers or they are subsidized by institutions

or individuals. Methods of payment are complex

involve many parties. This complexity provides many

opportunities for conflict of interest and other unfair

manipulations.

The ethical question for practitioners and institutions is

how financial arrangements should influence medical

decisions in particular cases. How should the legitimate

interest of third parties health care institutions,

insurance companies, labor unions, corporations and

government be factored into clinical decisions about

appropriate care. We have seen one example of

financial conflict of interest in the self referral case in

relations between the physicians and medically related

business required by medical indications and personal

preferences should be provided.

Patients should be informed of the cost so that they can

consider this information when deciding which course

is best for them, this approach would include for

example, a discussion of the costs of alternative

treatments that could be properly recommended for the

same treatment. Physicians rarely know the costs of

what they prescribe and order.

**Problems of allocation of scarce health resources**

**that might affect clinical decision.**

Scarce resources are distributed by various social

mechanisms. Health care in the United States has long

been allocated by market processes. The number of

physicians, the location of their practices, the ability of

the person to pay, and the different perceptions of

medical need. These factors and many others result in

medical resources being allocated in certain ways.

 In recent years, the question has been raised whether

medical resources should be allocated by explicit

criteria. For example, the state of Oregon established

priorities according to which particular treatments for

particular disease conditions would be reimbursed by

Medicaid. This questions belongs to the ethics of health

policy and is not discussed in the book. However, any

such policy will have effects at the clinical level.

Whether physicians should make allocation decision by

balancing societal efficiency against the interests of

individual patients will then become a topic for

consideration. This is sometimes called ‘’bedside

rationing’’. The question raised by the attending about

bedside rationing is challenging and provocative. In ourview, bedside rationing is not appropriate or ethical.

Clinical decisions should be made on the basis of

medical indications patients preferences, and the quality

of life rather than on societal use of resources unless

clear policy guide lines are present, as they are for

transplantation.

**Religious issues that might influence clinical**

**decisions**

Religion influencing on a patient care is expected. It

offers powerful perspective on suffering loss and death.

Some have their faith on religious belief some on

cultural tradition. And because of this it plays a vital

role in health care. However physicians have their own

belief and don’t let it influence their practices. Catholics

and Judaism have extensive teaching about health and

medicine that dictate or prohibit them from some cares

 The place of religion in clinical ethics is complex

Case

Mr. Mr. a 66 year old man just had a whipped procedure

for pancreatic cancer .his recovery has been difficult

and 2 weeks after he remain in the hospital. His family.

Wife and 5 adult children are present. They are devoted

Christian. Dr k the surgeon who has no religious

affiliation is asked to pray with them. Mr. M.rs son

shows dr k an article about medical literature claiming

patient who pray more have quicker recovery he

reiterates the family invitation to common prayer

**Recommendation**

It reveals tension that arises between the physician

maintaining integrity and families. If Mr. K is

comfortable then allow them if permissible but if not, it

is also permissible to decline. Refrain from

depreciating comments about the quality of studies or

about the prayer in healing.

**Legal issues that might affect clinical decisions**

When ethnical conflicts occur in healthcare, legal rules

may sometimes set limit to ethical options or even

create ethnical conflicts. Example: a physician may

conscientiously believe that he has a moral duty to

assist patient to die by prescribing a medication such as

barbiturates, so that the patient may take his own life is

however prohibited medically. Assisting patient to die

is a crime for physicians.

Health professionals may sometimes feel conflicted

between the ethical duty to protect confidentiality

communication and legal duties to make required

reports to protect public health or safety. Physicians

may sometimes feel frustrated by the laws that seem

burdensome such as reporting requirements or the

elaborate restrictions of HIPAA on communication of

patient data.

Some physicians have an inordinate and uninformed

fear of liability. Some physicians are not fully aware of

the law e.g: informed consent, confidentiality, advanced

directives etc . If a legal question presents itself in aclinical ethic case, it is prudent to seek advice from

persons knowledgeable about the law in

bioethics .However, hospitals should be sure that it’s

legal counsel has this competency and that it’s risk

management division is similarly competent. The

hospital’s ethic committees should be able to identify

among its own members or elsewhere suitable advisors

about the law.

**Considerations of clinical research and education**

**that might affect clinical decision.**

Clinical research is any intervention involving human

subjects, patients or Normal volunteers performed in

accordance with a protocol designed to yield

generalizable scientific knowledge.

The most obvious clinical ethical issue is that clinical

research constitutes an intrinsic conflict of interest

when the clinical is also a researcher. A clinician-

researcher has an obligation to perform accurate

research according to protocol and these two dates may

conflict. Also, research often includes normal subjects

who are not patients of the physician-researcher.

The research protocol is usually designed as a clinical

trial in which patients are randomized between the

investigative intervention and an alternative such as

placebo or current best treatment. This randomization is

ethically justified by clinical equipoise that is option of

the relevant community of experts that in the basis of

available evidence there is no known difference between the trial interventions and alternatives. The

purpose of the research is to democrat that this

assumption is correct or wrong in favor of one or the

other treatment

Clinicians may use innovative approach in care of a

particular patient and they have to do so prudently with

solid convictions that that the newly procedure is likely

to be safe and effective.

Investigative treatments should be recommended with

great caution. Their promise is often unfulfilled and their

negative effects are often underestimated At the same

time, patients may not have no other recourse and

medicine advances by these tentative steps. Physicians

should ensure that patients should see both the risks and

benefits in a realistic light. Administrators of health

plans should formulate clear policies on provision and

reimbursement for investigative procedures and

establish means of assessing such treatment.

All clinician-researcher should honor the ethics of

clinical research by adhering to the requirements of

informed consent of subjects and review of protocols by

competent bodies. Above all, they must be aware of the

intrinsic conflict of interest between their duties to their

patients and their responsibilities to the research

protocol. It might be asked whether a particular patient

who is in general an appropriate candidate for an

approved protocol should be approached because the

risk-benefit ratio is questionable. In double blind trials,

neither the doctor nor the patient knows whether the

patient is receiving that drug or a placebo. Some physicians find this situation clinically and ethically

unacceptable.

For purposes of the medical school course on history

taking and physical diagnosis, many patients provide

their histories to five or more students to allow their

bodies to be probed without complaints, it is

particularly important that when the occasional patient

refuses to participate in one or another teaching

exercise, the student and the faculty respect that and not

threaten or intimidate the patient in any way.

Any senior person who orders a student to perform a

clinical procedure assumes responsibilities for the safe

execution of the procedure and its consequences. They

should remain present when inexperienced students

make their early attempts.

Procedures involving any risk should be performed only

for diagnostic or therapeutic purposes. It should never be

done exclusively or even partially for their teaching

value. .

A surgeon insisting that a student do his first pelvic

examination in a unconscious patient is ethically

unacceptable because the patent has to consented to this

particular intimate procedure and even though

unconscious suffers an offense to dignity and a

violation of patient-physician contract.

Many teaching programs use the cadavers of newly

dead patient to teach various procedures. It is ethically

obligatory to seek consent from next of kin. This

acknowledges that we recognize and respect the special

status of the newly dead person; omitting consent is a violation of trust. Many families have religious or

cultural beliefs that should be respected

Autopsy also requires permission of the family of the

deceased. Families should be approached with particular

sensitivity.

**Issues of public health and safety that affects clinical**

**Decisions**

The objective of public health is to control

disease, safety of water and food supply,

communicable ensuring preventive care and on a recent note they deal

with bioterrorism attack and help develop plans to deal

with biologic, chemical and nuclear threats.

The questions on public health is that are there issues of

public health and safety that affect clinical decisions?

Public health intersects with clinical care at several

points e.g. the protection of public from communicable

is occasionally in conflict with the medical duty of

confidentiality.

**Case:** A worker in an industry working with potential

harmful chemical visit

the company’s physician about a persistent cough. The

physician describes a cough medicine. It is company

policy not to investigate symptoms of this sort too

aggressively until they become more serious.

**Comment**: As a “public health and safety issue”, The

company policy is unethical because it causes a person

who may be benefited by early diagnosis and treatment

to be deprived and the physician who accepts such

policy is unethically, because duties to patients are

disregarded without patient being aware of physician’s

dual role.

**Conflicts of interest within institutions and**

**organizations (e.g. hospitals) that may affect clinical**

**decisions and patient welfare**

There are a lot of conflicts of interest within

institutions and organizations which may affect clinical

decisions because professionals are often employees of

institution and these professionals may also be involved

in overseeing practices which may cause certain

conflicts of interest. These conflicts of interest within

institutions and organizations can be taken care of when

an institutions ethics is reviewed by either a committee

or members of staff to make sure that the institution has

a clear policy and program regarding their mission and

continuous quality improvement in the care of patients

in which it adheres to.

 Many of the problems and conflicts can be well

managed only within such policies and programs. These

policies are developed by committees on matters such

as management of cases on non-beneficial care. They

also review problem cases of request of family or

clinicians and use dispute resolution techniques, such as

informal negotiation or mediation, as an alternative to

litigation when conflicts arises between patients orfamilies, which would minimize the damage that could

be caused to patient’s welfare is the conflicts of interest

within institutions are not properly handled.

**In Conclusion**

Contextual features address the ways in which

professional, family, religious, financial, legal, and

institutional factors influence clinical decisions. These

factors are the context in which the clinical case occurs.

The above summary is essential to the explanation and

solution of a case in clinical ethics; Although clinical

ethics focuses on the medical indications, patient

preferences, and quality of life in a particular case of

patient care, medical decisions are not only influenced

by the preference of the physician and the patient, but

by decisions impacted on and restricted by the context

in which they take place.

The principles of justice and fairness is very crucial in

decision making pertaining every aspect of patient-

physicians relationship. Each subtopic explains the

different conflicts of interest which can arise at any

given point and summarizes the with examples , case

and comments on how these conflicts affect clinical

decisions both in a positive and negative light.