

# Ethics of Patients' Care: Patient/Doctor Relationship, Managing Terminally Ill Patients

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## Outline

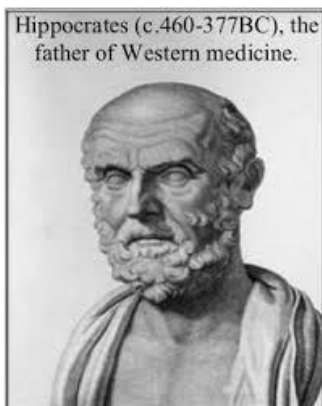
- Ethics of patient care – Hippocratic Oath
- Patient: Doctor relationship
  - Rules of engagement
- Terminal illness
  - Palliative care
  - Euthenasia
- Illustrative Cases

## Ancient history of ethics in medicine

- 2700 BC - Third Dynasty (Egypt)
  - Have an expectant attitude and trust in nature's healing
  - Be observant of the patient's condition
- 400 BC - Oath of Hippocrates (Greece)
  - Give no deadly medicines, only benefit the sick and maintain confidentiality
  - "First, do no harm!" (Hippocrates "*On Epidemics*")

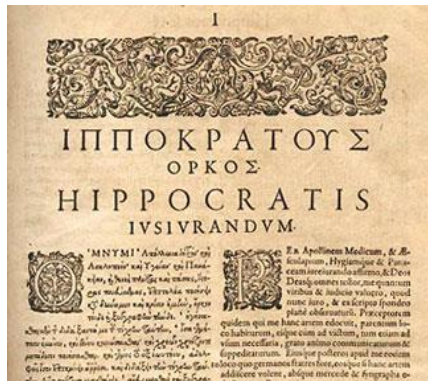
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## Hippocratic Oath



- "To hold my teacher in this art equal to my own parents;
- I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing.
- Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course.

## Hippocratic Oath contd.



- I will keep pure and holy both my life and my art.
- Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrongdoing and harm
- And whatsoever I shall see or hear in the course of my profession I will never divulge, holding such things to be holy secrets....”

## Summary of Ethical Principles from Ancient Times

- Do no harm to your patients
- Be observant, kind and respectful
- Behave morally
- Have compassion
- Do not allow a desire for profit or fame to affect your judgment
- The patient is always equal to the physician

## World Medical Association

- Declaration of Geneva (1948)- updated the Hippocratic oath for 20th century use
- International Code of Medical Ethics (1949)
- Declaration of Helsinki (1964)- ethical guidelines for research on human subjects

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### PHYSICIAN'S OATH

- I solemnly pledge myself to consecrate my life to the service of humanity ....
- The Health of my patient will be my first consideration ...
- I will not permit considerations of age, disease or disability, creed, ethnic origin, gender... to intervene between my duty and my patient;
- I will maintain the utmost respect for human life from its beginning even under threat and I will not use my medical knowledge contrary to the laws of humanity

Declaration of Geneva 1994

# Nigerian Medical Association

## CORE VALUES

High Ethical Standards

Welfare of Members

Integrity

Compassionate Service

Professionalism and Excellence

## Doctors Statistics in Nigeria

- # Doctors in Nigeria 51,428
- # Doctors required 248,572
- # Doctors in US & Europe 35,000
- # Trained annually 4,355
- # Doctors unemployed yearly 1,429
- Doctor:Patient 1:3500
- # Medical Schools 37

Tunde Ajaja; Saturday Punch Oct. 29,2016

## NMA: Fundamental Rights of Patients

- Receive treatment **without discrimination** as to race, color, religion, sex, tribal origin, source of payment, or ability to pay
- Receive considerate and respectful care in a clean and safe environment free of unnecessary restraint
- Receive emergency care if needed
- Be **informed of the name and position of the doctor** who will be in charge of your care in the hospital
- Know the name, position, and functions of any hospital staff involved in their care

## NMA: Fundamental Rights of Patients

- Receive complete information about the diagnosis, treatment and prognosis
- Receive all information necessary to give **informed consent** for any proposed procedure or treatment
- **Privacy** while in hospital and **confidentiality** of all information and records regarding care
- Participate in all decisions about treatment and discharge from hospital.

## Core issues in Medical Ethics

- Ethics of the doctor-patient relationship
- Duty to maintain patient confidentiality
- The necessity of informed consent

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## Clinical ethics

- The branch of bioethics that addresses ethical issues that arise in daily clinical practice in health care institutions
- Its central purpose is to improve the process and outcomes of patients' care by helping to identify, analyze, and resolve ethical problems
- Executed in one way through the establishment of hospital ethics research committees (IRBs)

## Being a physician

- People come to physicians for help with their most pressing needs
- They allow physicians to see, touch and manipulate every part of their bodies, even the most intimate
- They do this because they trust their physicians to act in their best interests

## Being a physician...

Physicians should exemplify core values of medicine which serve as the foundation of medical ethics:

- Compassion- understanding and concern for another person's distress
- Competence- scientific, technical and ethical (knowledge, skill and attitude) **enhanced through CPDs**
- Autonomy- clinical autonomy and patient autonomy
- Respect for fundamental human rights
- **Sacrifice – self, time, money, family**



# Accountability of Physicians

To

- Themselves
- Colleagues in the medical profession
- God
- Patients
- Third parties such as hospitals and managed healthcare organizations
- Medical licensing and regulatory authorities
- Courts of law

## MDCN Disciplinary Tribunal

- Created by Medical and Dental Practitioners Act (CAP 221) Laws of the Federal Republic of Nigeria, 1990
- Members are chosen based on high standing and repute
- Decisions guided by the dictates of natural justice, equity and good conscience
- DT has the status of high court
- Complaints brought by aggrieved persons
- Parties may argue their cases or involve lawyers.

## Professionalism

- “The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head”

Sir William Osler

## Professionalism

Professional competence is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served.

—Epstein and Hundert, 2002

## Steps in Clinical Judgment

- **The diagnostic question**  
What is wrong with this patient?—taking into account medical history, physical examination, laboratory test results, etc.
- **The therapeutic question**  
What can be done for this patient?—frequently informed by the scientific evidence and which comprises the array of treatments that might help the patient
- **The prudential question**  
What should be done for this patient?—which clearly needs to involve the patient to determine the option that will work best

LM Kirk MD, 2007

## Managing patients

- Paternalism (like father)
- Technical (patient as client)
- Friendly (interest of patient matters)

# Paternalism

- To treat someone paternalistically is to treat the person in a way that ignores or discounts his/her wishes but aims at promoting the person's best interest
- Generally, paternalism in medicine is viewed as being a bad thing
- Question: What is wrong with paternalism?

## The Trouble with Paternalism

- Cases of paternalism are cases in which the principles of beneficence/non-maleficence win a fight with the principle of autonomy
- Respecting patient autonomy is widely seen as the most important element in the doctor-patient relationship today

# The Doctor-Patient Relationship

## 1. Pure Paternalism

Model = Adult-Child (Hippocrates' view?)

- Doctor as expert
- Focus is on care, but not autonomy

The physician is readily recognised and accepted as the guardian who uses his specialised knowledge and training to benefit patients, including deciding unilaterally what constitutes a benefit

# The Doctor-Patient Relationship

## 2. Technical

- Model = Contractor-client
- Doctor presents options. Patient decides.
- Maximum autonomy for patient

Assumptions:

- the physician's role in a medical encounter is no more than a passive information provider
- all competent individuals are capable of managing their own affairs and pursue their own life goals according to their own values, beliefs and experiences

# The Doctor-Patient Relationship

## 3. Friendship

- Charles Fried - doctors are "limited, special-purpose friends"
- The doctor takes on the interests of the patient
- Leaves room for both paternalism and autonomy and for varying degrees of both in particular cases
- A friend will sometimes try to talk you into doing something 'for your own good' even if that's not what you say you want.

Which model is most appropriate?

# Managing terminally ill patients

## Terminal Illnesses

- Advanced Cancer
- Late stage of dementia and other degenerative diseases
- Stroke with severe disability and/or loss of consciousness
- Terminal organ failure – heart, liver, kidneys, lungs
- HIV/AIDS
- ICU placement

## Palliative Care

A comprehensive interdisciplinary care of patients and their families facing a terminal illness or severe life-threatening condition.

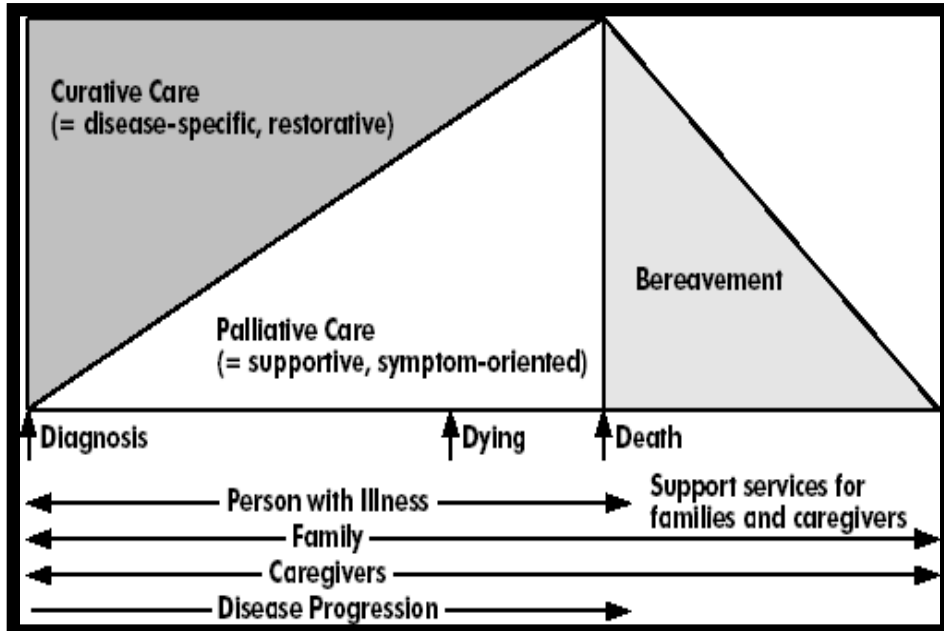
It focuses on comfort, support and human dignity.

### Ethical issues in palliative care of terminally ill patients

- Physician – patient relationship
- Truth telling
- Communication
- Resources and needs
- Prolongation and termination of life
- Euthanasia and assisted death



## Patient care through stages of illness



## BELMONT PRINCIPLES

Autonomy/Voluntariness/Confidentiality/Communication



## Justice

- Equal treatment
- Fairness
- Must be culturally appropriate

## Respect for Persons

Care is based on a philosophy that acknowledges the inherent worth of each person as a unique individual



In 1961, a study revealed that 88% of doctors routinely would not tell terminally ill cancer patients that they had cancer.

## 'Therapeutic Privilege'

- **Therapeutic Privilege:** “When a doctor decides for a seemingly capable patient that it is in the patient’s best interests not to know certain information...” (*Doing Right*, 79)

## Respect for Persons

- Autonomy – the right to decide

Types of “Order”

- DO NOT RESUSCITATE
- DNR + DO NOT TRANSFER TO A HOSPITAL
- DNR + DO NOT WORK UP FOR FEVERS
- ALL ABOVE + DO NOT TUBE FEED

## Respect for Persons

- Voluntariness: Informed consent

How important is this for the terminally ill?

When can this be overridden?

- Confidentiality

## Beneficence

## Palliative Care for the terminally ill patient:

Care provision include:

Meticulous symptom control (especially pain,  
Psychosocial and spiritual care

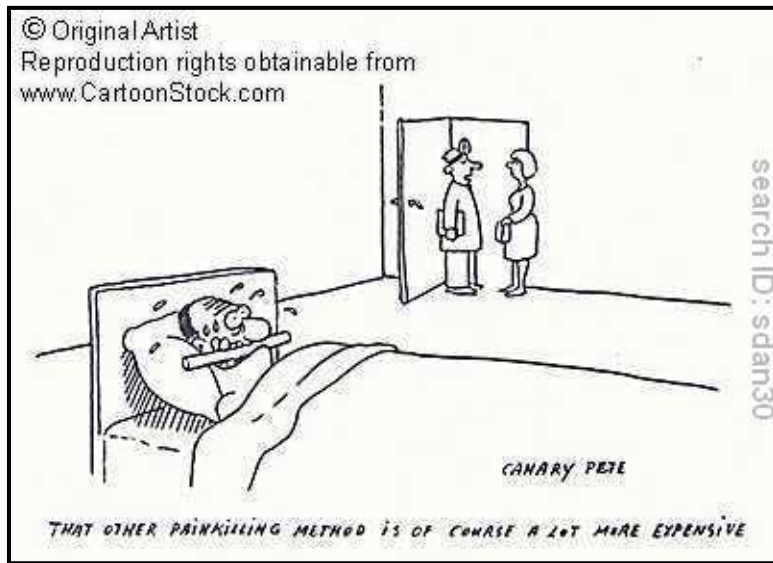
Personalized management plan

Taking care of unmet needs

- Spiritual and emotional support
- There must be no coercion

## Pain Treatment

- Liberal use of opioids  
whatever dose alleviates the pain and as frequently as possible  
Rescue medication for breakthrough pain  
Adjuncts include TCAs, AEDs, Psychostimulants and Steroids  
*Concern about side effects like Constipation*
- May be combined with alcohol – BROMPTON'S COCKTAIL



## Spiritual Care Interventions:

- Faith reaffirmation and rededication
- Spiritual life review
- Guided meditation
- Fostering hope
- Addressing spiritual pain issues

## Spiritual Distress:

Patient symptoms	Description	Response
Fear	Of dying or of the dying process	Explain dying process
Guilt	Concern over misdeeds	Urge seeking forgiveness; Contact clergy/social worker
Sorrow/remorse	Profound sadness due to acute depression	Urge verbalization/validate feelings
Meaningless life	Life without purpose	Validate life accomplishments
Depression	Turning to wall, non-responsiveness	Talking to provide tie to humanity
Regret	Dreams unfulfilled	Life review and validation
Anger	Directed/undirected	Urge expression & express feeling
Betrayal	Punishment by God	Contact Clergy if family agrees

## Non-Maleficence



## Hippocratic Oath

“Thou shall NOT kill”

“nor strive officiously  
to keep alive”

## Euthanasia

- Physician-assisted suicide for terminally-ill people
- Those who are unable to function well
- Those with expressed concern about being a burden to family members
- liberal use of opioids/sedation
  - » sedation to unconsciousness
  - » stopping feeding and fluids

## **Is Euthanasia justified on moral grounds for the terminally ill in Nigeria?**

### Ethical Problems:

- Lack of informed consent
- Coercion or undue pressure on volunteers
- Use of vulnerable population
- Withholding information
- Withholding available treatment
- Withholding information about risks
- Putting subjects at risk
- Risks to subjects outweigh benefits
- Deception

Beecher HK (1966)

Is it ethical to carry out research on terminally-ill patients?

Illustrative Cases

## Mrs. A

- 52 year-old woman with locally advanced carcinoma of the left breast
- Responded partially to chemotherapy
- Developed pathological supracondylar fracture of the left femur 8 months later
- She had Open Reduction and Internal Fixation (ORIF) and ambulated 7 weeks post operatively

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## Mrs. A

- Five months later, she developed spinal collapse with paraplegia and mid-shaft fracture of the left humerus.
- Radiotherapy was hampered by logistic and financial difficulties
- Became immobilized, un-responsive to chemotherapy and declining further investigations and treatment.

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## Questions

- List the medical problems
- What were the hindrances to treatment?
- What Doctor: Patient relationship is ideal in the circumstance?
- What is the best approach to treatment?
- Identify ethical issues illustrated by this case

## Mrs. B

- 53year-old woman
- Had modified radical mastectomy for carcinoma of the right breast
- Followed with chemotherapy and hormonal treatment.
- 3 years later, she developed evidence of systemic disease.

## Mrs. B

- A year later, she developed cough, breathlessness, weakness and insomnia
- She had bilateral pleural effusion, tender hepatomegaly and ascites
- Investigations confirmed multiple deposits in the chest and liver
- Receiving supportive treatment presently

04 March 2004

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## Discussion

1. What are the medical problems (pathology) in this case?
2. Identify non-medical issues illustrated by this case
3. How should the physician go about managing this patient?
4. What ethical issue(s) can you identify and how should this (these) be approached?

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## Activity 2

Refer back to Mrs. A and B

- Identify new ethical issues in these cases
- How should each issue be approached?

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### **Case Study: A Treatment for Central Nervous System Conditions**

Over the past three years, Dr W, a neurosurgeon, has treated more than 500 patients with central nervous system conditions—including Amyotrophic Lateral Sclerosis, Parkinson’s disease, stroke, paraplegia, and tetraplegia—by injecting into patients’ brain or spinal cord olfactory stem cells harvested from the noses of aborted fetuses.

Dr W is convinced this intervention, which he describes to patients as “innovative therapy,” is efficacious, and he has declined to conduct a controlled clinical trial of this method.

The mothers all provide consent for the cell harvesting and do not receive payment or other compensation. Many of his current patients come from other countries to receive his treatment. Long-term follow-up data on Dr W's work remains preliminary. However, patients—particularly those with spinal injuries—whom he has contacted by e-mail several months after their operations have reported continued progress. The only adverse effect noted was some pain that accompanied restoration of feeling in some patients.

Dr W claims that the surgery stabilizes about 50% of his patients' conditions and 70% experience an improvement in the quality of their lives. His estimates are derived from videos he has taken of patients before and after surgery, as well as a survey of 142 patients he conducted, using criteria for function assessment established by a North American spinal injury association.

D. W's supporters, including the chair of a spinal neurosurgery programme at a leading North American university, have urged him to conduct double-blind trials to meet modern scientific standards; but Dr W refuses to do this, asserting that such studies would be unethical. "Even if the whole world refuses to believe me, I would not do a control test," he says. "These patients are already suffering. If we open them up just for a placebo test, it will only do them harm. We would be doing it for ourselves not for the patient."



## Question

- Would it be unethical to conduct a placebo-controlled trial, as Dr. W maintains?

## Resources and Further Readings

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## Contributions and Comments