

PHYSICS -MECHANICS

Abstract

An overview of ethics and clinical ethics is presented in this review. The 4 main ethical principles, that is nonmaleficence, beneficence, autonomy, and justice, are defined and explained. Informed consent, truth-telling, and confidentiality from the principle of autonomy, and each of them is discussed. In patient care situations, there are conflicts between ethical principles (especially between beneficence and autonomy). A four-pronged systematic approach to ethical problem-solving and several illustrative cases of conflicts are presented. Comments following the cases highlight the ethical principles involved and clarify the resolution of these conflicts. A model for patient care, with caring as its central element, that integrates ethical aspects with clinical and technical expertise desired of a physician is illustrated.

Keywords: Ethics, Confidentiality, Autonomy, Informed consent, Professionalism, Integrated patient care model

Highlights of the Study

1. Main principles of ethics, that is beneficence, nonmaleficence, autonomy, and justice, are discussed.
2. Autonomy is the basis for informed consent, truth-telling, and confidentiality.
3. A model to resolve conflicts when ethical principles collide is presented.
4. Cases that highlight ethical issues and their resolution are presented.
5. A patient care model that integrates ethics, professionalism, and cognitive and technical expertise is shown.

Introduction

A defining responsibility of a practising physician is to make decisions on patient care in different settings. These decisions involve more than selecting the appropriate treatment or intervention.

Ethics is an inseparable part of clinical medicine [1] as the physician has an ethical obligation (i) to benefit the patient, (ii) to avoid or minimise harm, and to (iii) respect the values and preferences of the patient. Are physicians equipped to fulfil this ethical obligation and can their ethical skills be improved? A goal-oriented educational program [2] (Table 1) has been shown to improve learner awareness, attitudes, knowledge, moral reasoning, and confidence.

Clinical ethics and their applications

The major elements of informed consent are Beneficence, Nonmaleficence, Autonomy and justice.

Beneficence is the obligation of a physician to act for the benefit of the patient and supports a number of moral rules to protect and defend the right of others, prevent harm, remove conditions that will cause harm, help persons with disabilities, and rescue persons in danger. The principle calls for not just avoiding harm, but also to benefit patients and to promote their welfare. While physicians' beneficence conforms to moral rules, and is altruistic, it is also true that in many instances it can be considered a payback for the debt to society for education, ranks and privileges, and to the patients themselves .

Nonmaleficence is the obligation of a physician not to harm the patient. This simply stated principle supports several moral rules – do not kill, do not cause pain or suffering, do not incapacitate, do not cause offence, and do not deprive others of the goods of life. The practical application of nonmaleficence is for the physician to weigh the benefits against burdens of all interventions and treatments, to eschew those that are inappropriately burdensome, and to choose the best course of action for the patient. This is particularly important and pertinent in difficult end-of-life care decisions on withholding and withdrawing life-sustaining treatment, medically administered nutrition and hydration, and in pain and other symptom control. A physician's obligation and intention to relieve the suffering (e.g., refractory pain or dyspnea) of a patient by the use of appropriate drugs including opioids override the foreseen but unintended harmful effects or outcome.

Autonomy refers to a person's capacity to adequately self-govern their beliefs and actions. All people are in some way influenced by powers outside of themselves, through laws, their upbringing, and other influences.

Justice is generally interpreted as fair, equitable, and appropriate treatment of persons. Of the several categories of justice, the one that is most pertinent to clinical ethics is distributive justice. Distributive justice refers to the fair, equitable, and appropriate distribution of health-care resources determined by justified norms that structure the terms of social cooperation [25]. How can this be accomplished? There are different valid principles of distributive justice. These are distribution to each person (i) an equal share, (ii) according to need, (iii) according to effort, (iv) according to contribution, (v) according to merit, and (vi) according to free-market exchanges. Each principle is not exclusive, and can be, and are often combined in application. It is easy to see the difficulty in choosing, balancing, and refining these principles to form a coherent and workable solution to distribute medical resources.

Every human being of adult years and sound mind has a right to determine what shall be done with his own body.

These laws require professionals to warn an individual of prospective danger, if the professional has a special relationship with an individual, the ability to predict that harm will occur, and the ability to identify the potential victim and therefore preventing then intent to do harm, likelihood of actual harm occurring, the inability to know the identity of future sexual partners, and the likely presence of consent to engage in these behaviours.