Some Medical Ethics Issues
Chapter 4

Yacoub Irshaid, MD, PhD, ABCP

College of Medicine

Reporting Unsafe or Unethical Practices

- **Medicine, with pride, is a self regulating profession.**
- **In return for the privileges accorded to it by society and the trust given to its members by their patients, the medical profession has established high standards of behavior for its members.**
- **In addition, disciplinary procedures were established to investigate accusations of misbehavior and, if necessary, to punish the wrongdoers.**
- **This system of self-regulation has often failed.**

Reporting Unsafe or Unethical Practices

- In recent years steps have been taken to make the profession more accountable, for example, by appointing lay members to regulatory authorities.
- The main requirement for self-regulation, however, is wholehearted support by physicians for its principles and their willingness to recognize and deal with unsafe and unethical practices.
- This obligation to report incompetence, impairment or misconduct of one's colleagues is emphasized in codes of medical ethics:

Reporting Unsafe or Unethical Practices

- **The WMA International Code of Medical Ethics states that "A physician shall…report to the appropriate authorities those physicians who practice unethically or incompetently or who engage in fraud or deception."**
- **The application of this principle is seldom easy.**
- **On the one hand, a physician may be tempted to attack the reputation of a colleague for unworthy personal motives, such as jealousy, or in retaliation for a perceived insult by the colleague.**

Reporting Unsafe or Unethical Practices

- A physician may also be reluctant to report a colleague's misbehavior because of friendship or sympathy.
- The consequences of reporting can be very detrimental to the one who reports, including almost certain hostility on the part of the accused and possibly other colleagues as well.
- Despite these drawbacks to reporting wrongdoing, it is a professional duty of physicians.

Reporting Unsafe or Unethical Practices

- **Not only are they responsible for maintaining the good reputation of the profession, but they are often the only ones who recognize incompetence, impairment or misconduct.**
- **However, reporting colleagues to the disciplinary authority should normally be a last resort after other alternatives have been tried and found deficient:**

1. **The first step might be to approach the colleague and say that you consider his or her behavior unsafe or unethical.**

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- If the matter can be resolved at that level, there may be no need to go farther.

2. If not, the next step might be to discuss the matter with your and/or the offender's supervisor and leave the decision about further action to that person.
3. If this tactic is not practical or does not succeed, then it may be necessary to take the final step of informing the disciplinary authority.

Relationships with Other Health Professionals

- There is a great importance of respect and equal treatment in the physician-co-worker relationship.
- In particular, the prohibition against discrimination on grounds such as “age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor” (WMA Declaration of Geneva) is applicable in dealings with all those with whom physicians interact in caring for patients and other professional activities.
- Non-discrimination is a passive characteristic of a relationship.

Relationships with Other Health Professionals

- **Respect is something more active and positive.**
- **With regard to other healthcare providers, whether physicians, nurses, auxiliary health workers, etc., it entails an appreciation of their skills and experience insofar as these can contribute to the care of patients.**
- **All healthcare providers are not equal in terms of their education and training, but they do share a basic human equality as well as similar concern for the well-being of patients.**

Relationships with Other Health Professionals

- **Sometimes there are legitimate grounds for refusing to enter or for terminating a relationship with another healthcare provider.**
- **These include lack of confidence in the ability or integrity of the other person and serious personality clashes.**
- **Distinguishing these from less worthy motives can require considerable ethical sensitivity on the physician's part.**

Cooperation

- **Medicine is, at the same time, a highly individualistic and a highly cooperative profession.**
- **On the one hand, physicians are quite possessive of ‘their’ patients.**
- **It is claimed, with good reason, that the individual physician-patient relationship is the best means of attaining the knowledge of the patient and continuity of care that are optimal for the prevention and treatment of illness.**
- **The retention of patients also benefits the physician, at least financially.**

Cooperation

- **At the same time, medicine is highly complex and specialized, thus requiring close cooperation among practitioners with different but complementary knowledge and skills.**
- **This tension between individualism and cooperation has been a recurrent theme in medical ethics.**
- **The weakening of medical paternalism has been accompanied by the disappearance of the belief that physicians ‘own’ their patients.**

Cooperation

- **The traditional right of patients to ask for a second opinion has been expanded to include access to other healthcare providers who may be better able to meet their needs.**
- **According to the WMA Declaration on the Rights of the Patient, "The physician has an obligation to cooperate in the coordination of medically indicated care with other healthcare providers treating the patient."**
- **However, physicians are not to profit from this cooperation by fee-splitting.**

Cooperation

- **These restrictions on the physician's 'ownership' of patients need to be counterbalanced by other measures that are intended to safeguard the primacy of the patient-physician relationship.**
- **For example, a patient who is being treated by more than one physician, which is usually the case in a hospital, should, wherever possible, have one physician coordinating the care who can keep the patient informed about his or her overall progress and help the patient make decisions.**

Cooperation

- **Whereas relationships among physicians are governed by generally well-formulated and understood rules, relationships between physicians and other healthcare professionals are in a state of flux and there is considerable disagreement about what their respective roles should be.**
- **Many nurses, pharmacists, physiotherapists and other professionals consider themselves to be more competent in their areas of patient care than are physicians and see no reason why they should not be treated as equals to physicians.**

Cooperation

- **They favor a team approach to patient care in which the views of all caregivers are given equal consideration, and they consider themselves accountable to the patient, not to the physician.**
- **Many physicians, on the other hand, feel that even if the team approach is adopted, there has to be one person in charge, and physicians are best suited for that role given their education and experience.**

Cooperation

- **Although some physicians may resist challenges to their traditional, almost absolute, authority, it seems certain that their role will change in response to claims by both patients and other healthcare providers for greater participation in medical decision-making.**
- **Physicians will have to be able to justify their recommendations to others and persuade them to accept these recommendations.**
- **In addition to these communication skills, physicians will need to be able to resolve conflicts that arise among the different participants in the care of the patient.**

Cooperation

- **A particular challenge to cooperation in the best interests of patients results from their recourse to traditional or alternative health providers (‘healers’).**
- **Although some would consider the two approaches as complementary, in many situations they may be in conflict.**
- **Since at least some of the traditional and alternative interventions have therapeutic effects and are sought out by patients, physicians should explore ways of cooperation with their practitioners. In all such interactions the well-being of patients should be the primary consideration.**

Conflict Resolution

- Although physicians can experience many different types of conflicts with other physicians and healthcare providers, the focus here will be on conflicts about patient care.
- Ideally, healthcare decisions will reflect agreement among the patient, physicians and all others involved in the patient's care.
- However, uncertainty and diverse viewpoints can give rise to disagreement about the goals of care or the means of achieving those goals.
- Limited healthcare resources and organizational policies may also make it difficult to achieve consensus.

Conflict Resolution

- **Disagreements among healthcare providers about the goals of care and treatment or the means of achieving those goals should be clarified and resolved by the members of the healthcare team so as not to compromise their relationships with the patient.**
- **Disagreements between healthcare providers and administrators with regard to the allocation of resources should be resolved within the facility or agency and not be debated in the presence of the patient.**

Conflict Resolution

- **Since both types of conflicts are ethical in nature, their resolution can benefit from the advice of a clinical ethics committee or an ethics consultant where such resources are available.**

Conflict Resolution

The following guidelines can be useful for resolving such conflicts:

1. **Conflicts should be resolved as informally as possible, for example, through direct negotiation between the persons who disagree, moving to more formal procedures only when informal measures have been unsuccessful.**
2. **The opinions of all those directly involved should be elicited and given respectful consideration.**
3. **The informed choice of the patient, or authorized substitute decision-maker, regarding treatment should be the primary consideration in resolving disputes.**

Conflict Resolution

4. If the dispute is about which options the patient should be offered, a broader rather than a narrower range of options is usually preferable. If a preferred treatment is not available because of resource limitations, the patient should normally be informed of this.
5. If, after reasonable effort, agreement or compromise cannot be reached through dialogue, the decision of the person with the right or responsibility for making the decision should be accepted. If it is unclear or disputed who has the right or responsibility to make the decision, mediation, arbitration or adjudication should be sought.

Conflict Resolution

- **If healthcare providers cannot support the decision that prevails as a matter of professional judgement or personal morality, they should be allowed to withdraw from participation in carrying out the decision, after ensuring that the person receiving care is not at risk of harm or abandonment.**