Bioethics bases of professional activity of the doctor.

Ethical Models of Doctor-Patient Relationship

Ethical concerns over doctor-patient relationship

- Autonomy and patient choice
- Patient right Vs patient interest
- Integrity of the medical profession
- Shared decision-making in medical intervention

What constitutes a person's autonomy?

- Three aspects of autonomy

1. Freedom of thought
2. Freedom of will
3. Freedom of action

Principles of medical ethics

- Respect for patient autonomy
- Beneficence
- Non-malficence
- Justice

Autonomy and patient rights

- Which of the following are derived from the value of patient autonomy?
  1. Right to treatment
  2. Right to information
  3. Right to choices
  4. Right to privacy
  5. Right to compliant

Conflicting Values

- Paternalism:
  - The doctor should act in a way that protects or advances the patient's best interests, even if it is against the patient's will.
- Patient autonomy:
  - The doctor should help the patient to make real choice, and provide intervention under the constraints of (a) informed consent and (b) confidentiality.

Difficult cases for doctors: some examples

- Active and passive euthanasia
- Right to refuse treatment
- DNS (Do-not-resuscitate) order
- Abortion
- Experimental/risky interventions

Ethical models at a glance

- Paternalistic model
- Informative model
- Interpretive model
- Deliberative model

Paternalistic model

1. Principle
   - The doctor should make all the decisions for a patient.
2. Assumptions
   - People are not always rational/mature.
   - Experts know better about the needs of patients.
   - Qualified doctors have good will.
3. Sources
   - Hippocratic Oath; Plato.
4. Problems
   - Are the needs of patients objective? How can we be sure that doctors have good will?
5. Objection and modification
   - John Stuart Mill’s liberal principle

Informative model

1. Principle
   - The doctor should provide all the relevant information for the patient to make a decision, and provide the selected intervention on this basis.
2. Assumptions
   - A fact/value division of labor yields the best medical result.
   - What is good for a patient depends on what his/her personal values.
   - Consumerism.
3. Problems
   - What if the patient is unconscious, incompetent, and making choices totally unacceptable by our ethical standards?

The interpretive model

1. Principle
   - The doctor should help the patient to articulate his/her values through interpretation, and provide intervention which is truly wanted.
2. Assumptions
   - Patients have unconscious and inconsistent desires.
   - Their conscious decisions may not reflect their deepest values.
3. Sources
   - Sigmund Freud; hermeneutics.
4. Limitation
   - All that a doctor can do is to help the patient see his/her own desires/values more clearly, but not to criticize them.

The deliberative model

1. Principle
   - The doctor should help the patient to deliberate well through dialogue and discussion, and so develop values which are objective and truly worthy.
2. Assumptions
   - The objectivity of values.
   - The patient's good life consists not in the satisfaction of desires, but maturity and rationality.
3. Source
   - Aristotelian ethics
4. Problems
   - Is the model different from the paternalistic model? What is the difference between dialogue and persuasion?

Relating the models to ethical theories

- How are they supported by the major ethical theories?
  1. Ethical relativism
  2. Ethical egoism
  3. Utilitarianism
  4. Deontology
  5. Virtue ethics

- **Iatrogenesis** (from the Greek for "brought forth by the healer") refers to any effect on a person, resulting from any activity of one or more persons acting as healthcare professionals or promoting products or services as beneficial to health, that does not support a goal of the person affected

- Some iatrogenic effects are clearly defined and easily recognized, such as a complication following a surgical procedure (*e.g.*, lymphedema as a result of breast cancer surgery). Less obvious ones, such as complex drug interactions, may require significant investigation to identify.
- While some have advocated using 'iatrogenesis' to refer to all 'events caused by the health care delivery team', whether 'positive or negative', consensus limits use of 'iatrogenesis' to adverse, or, most broadly, to unintended outcomes.

- Causes of iatrogenesis include:
- side effects of possible drug interactions
- complications arising from a procedure or treatment
- medical error
- negligence
- unexamined instrument design
- anxiety or annoyance in the physician or treatment provider in relation to medical procedures or treatments
- unnecessary treatment for profit

- Unlike an adverse event, an iatrogenic effect is not always harmful. For example, a scar created by surgery is said to be iatrogenic even though it does not represent improper care and may not be troublesome.
- Professionals who may cause harm to patients include physicians, pharmacists, nurses, dentists, psychologists, psychiatrists, medical laboratory scientists and therapists. Iatrogenesis can also result from complementary and alternative medicine treatments.

- Examples of iatrogenesis:
- Risk associated with medical interventions
  - Adverse effects of prescription drugs
  - Over-use of drugs, (causing - for example - antibiotic resistance in bacteria)
  - Prescription drug interaction
- Medical error
- Wrong prescription, perhaps due to illegible handwriting, typos on computer.
- Negligence
- Nosocomial infections
- Faulty procedures, techniques, information, methods, or equipment.