

Ethics in Medical Practice

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Abstract

Ethics is an intrinsic part in medical practice. This review mainly focused on the ethics involved in the clinical practice. Ethics is based on the four main principles like beneficence, nonmaleficence, autonomy, and justice. These principles are well defined and explained in this review. The review also tells about the ethics principles to be followed in the pediatric practice. Especially in terms of physician – Patient relationship, decision making and end of life care among pediatric physician.

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Introduction:

Ethics is a discipline that is more concerned about morality and moral obligations. While medical ethics involves analyzing the practice of clinical medicine and scientific research related to those practices. Historically medical ethics indicates the guidelines to be followed by physicians. By the 18th and 19th century it became a more self-conscious disclosure. But nowadays medical ethics relate to the decision made between the involuntary treatment and involuntary commitment.

The Fundamental Principles of Medical Ethics:

These Principles provide a simple, accessible and culturally neutral approach to thinking about ethical issues in healthcare. These principles offer a common, basic moral analytical framework and a common, basic moral language. Though they do not provide any ordered rules, these principles can help the health care workers to make decisions when reflecting on moral issues that arise at work¹.

1. **Autonomy:** This principle states that every human being of adult years and sound mind has a right to determine what shall be done with his own body. The principle of Autonomy also depends on the capacity to think, decide, and act freely and independently on the basis of such thought and decisions.
2. **Beneficence:** The principle of beneficence explains the duty of doctors to act for the benefit of the patient. It involves protecting and defending the rights of others, preventing harm, eliminating harm-causing conditions, helping people with disabilities and putting them at risk. This principle supports a set of moral rules to save those who have been³.
3. **Non-maleficence:** Non - maleficence principle simply directs the doctors not to harm any patient. Harmlessness is considered to be the doctor's important duty. This non-maleficence principle briefly stated principle supports several moral principles-killing, causing pain and

suffering, incapacitating, insulting, and robbing others of the good things of life. *Please do no harm.*

4. **Justice:** Principle of Justice is usually understood as fair, equitable, and acceptable treatment of persons. Distributive justice is one of the most important justice in medical ethics which refers to fair, equitable, and acceptable treatment of persons⁴.
5. **Informed consent:** Informed consent is the communication between the patient and the doctor seeking permission for appropriate permission for medical care, treatment and services. It is considered to be the basic rights of the patient to get information about the treatment being provided to them. It is also important that the patient must be competent enough to make the voluntary decisions⁵.
6. **Confidentiality:** Doctors must maintain confidentiality towards their patient. They should disclose any concerned information about the patient's history or treatment without the concerned person's permission. But there is an obvious exception which is sharing medical information to the other doctors or health care teams for better treatment options. But even that requires the patient/s approval⁶.

Ethics in Pediatrics Practice:

Ethics in pediatric practice is the branch of ethics in medical ethics which concerns mainly about the moral decision made pertaining to pediatric health care. Pediatrics is the field which has complicated interpersonal interactions and more sensitive area. This

complicated interactions and sensitivity give rise to complex ethical problems⁷. Though many ethical principles have changed in the recent years there is still lack in practicing these principles. This is mainly due to the gap in the teaching of ethics in college and the ethical issues faced in the medical practice are different⁸. A study carried out by Guedert and Grosseman, 2012 observed that physicians are facing many ethical problems and these are grouped in to 5 categories namely, physician-patient relationship, end-of-life care, health professional conducts, socioeconomic issues, and health policies, and pediatric teaching⁷.

Physician-patient relationship:

The physician patient relationship is mainly based on the trust made by the patient towards the doctor. The success of the patient recovery is not only depends on the doctors clinical knowledge and technical skills but also depends on social relationship between the doctor and the patient⁹. The main ingredients in physician patient relations are communication, respect, confidentiality, professional honesty and the trust. To enhance the best communication, even in their busy schedule the doctor should sit and listen to the patient very patiently with the proper eye contact, showing attention to the patients with non-verbal signs including nodding and gestures. The doctors allow the patients to talk and make the patient to tell the complaints freely and the good communication should have the following rules called GATHER¹⁰.

G- Greeting the patients

A-Ask the complaints of the patient

T- Tell the patients about the available alternative methods

H- Help the patients to take decisions

E- Explaining the intervention to the patient

End of life care

The aim of end of life care for dying patient is to avoid the maximum suffering to the patient with respecting the desire of the patient. Though the decision is taken by the patients and the other family members, physicians has to face many ethical problems¹¹. In pediatric patients the end of life care occurs within one year and there is a systematic protocol exist to deal with terminal pediatric patient. In 2002, Netherland developed a "Groningen Protocol" which has the systematic approach to deal with the pediatric euthanasia issues in the neonatal period ¹². The "Groningen protocol" consists of five criteria to decide whether euthanasia, or in many cases withdrawal of care. This protocol will be followed to minimize the pediatric patient suffering who are born with life threatening disease like trisomy 13 with multiple anomalies ,severe brain abnormalities, severe hypoxemia during birth. The protocol consists of

1. The pediatric patients should have sure diagnosis or prognosis.
2. The patients should have hopeless or intolerable pain
3. The first two criteria should be committed by other independent doctors.
4. Informed Consent should be signed by two parents/ patients individually.
5. The procedure should be executed with standard acceptable methods¹³.

Decision making:

Decision making is the most important challenge for the physician, patient and the parents. Parents shall have all the authority

including legal and moral authority to take decision on behalf of their children¹⁴. Apart from the parts, the family members can also make a final decision but as a care taker parents has to sign the informed consent. The parents or the guardian should have four conditions to make decision in the children including

- Capable to take proper and reasonable judgments
- Have sufficient knowledge and information
- Emotionally stable
- Committed to the incompetent patient's interests.

The physician should teach the patients regarding the sufficient knowledge about the disease and particular information to take proper decision¹⁵.

Conclusion:

Ethics in medical practice is more complicated and many of the ethical problems faced by the physicians will be more specific to the work place. Teaching ethics in medical college is very vital especially in decision making process and handling the situations like end-of-life care process.

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