

Medical Ethics in Contemporary Clinical Practice

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This review article describes and analyzes ethical issues in medical practice, particularly those issues encountered by physicians in their relationships with their patients. These relationships often involve ethical conflicts between 2 or more interests, which physicians need to recognize and resolve. The article deals with 4 topics in clinical practice in which ethical conflicts occur: physicians' duty of confidentiality in a digital environment, their responsibilities for dealing with abuses of the human rights of patients, their role in clinical research, and their relationships with commercial enterprises. The ethical policies of the World Medical Association provide the basis for determining appropriate physician conduct on these matters. The article concludes with reflections on the need for international standards of medical ethics. [*J Chin Med Assoc* 2005;68(11):495–499]

Key Words: medical ethics, physician-patient relationship, research ethics, World Medical Association

Introduction

At all times and in all cultures, ethics has been at the heart of medicine. Medical ethics guides physicians in their relationships with patients, colleagues and society in general. It provides standards of behavior and decision-making that enable physicians to know what is expected of them by their colleagues, their patients and society in general. It also sheds light on major social issues that affect the practice of medicine, such as abortion, organ transplantation, euthanasia and medical research.

There are considerable variations in medical ethics from one country to another, inasmuch as ethics is grounded in philosophy, religion and political ideology. Pioneers of Chinese medical ethics, such as Sun Ssu-Miao (581–682) and Lu Chih (754–805), drew their inspiration from Confucian, Buddhist and Taoist teachings.¹ Beginning with Song Guo-Bin (1893–1956), Chinese ethicists have integrated Confucian with Western medical ethics.² Although differences of emphasis and interpretation remain, the fundamentals of medical ethics are basically the same across cultures, as is evident in the widespread acceptance of the ethical policies of the World Medical Association (WMA).

Contemporary medical ethics deals with a large number of topics in medical practice, medical research and public policy. The focus of this article will be selected ethical issues in clinical practice, that is, those that arise from and affect physicians' relationships with patients. The topics to be treated include physicians' duty of confidentiality in a digital environment, their responsibilities for dealing with abuses of the human rights of patients, their role in clinical research, and their relationships with commercial enterprises. These topics have a common theme – the conflict between 2 or more opposing values or interests. The article will conclude with reflections on the need for international standards of medical ethics.

Confidentiality

During the past decade, the traditional medical ethical principle of confidentiality, that is, the physician's duty to protect the patient's personal health information, has come into increasing conflict with a perceived need for health information databases serving administrative, planning and research purposes. Computerization has greatly facilitated the establishment and linking of such

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databases and, thereby, has made breaches of confidentiality much easier. In response, many governments have adopted laws to regulate health databases. These laws have generated much controversy: privacy advocates complain that they are more about facilitating access to personal health information than protecting privacy, whereas administrators, researchers and some medical associations criticize the bureaucratic requirements that the laws impose on routine medical and research practices.

Genetic databases and biobanks have been of particular concern because of the sensitive nature of personal genetic information as well as its commercial value. At its 2002 General Assembly in Washington, DC, the WMA adopted a major policy statement on health databases.³ The initial impetus for this policy was a request from the Icelandic Medical Association to support its opposition to certain aspects of proposed legislation on the creation of a comprehensive genetic database in that country, particularly the provisions on consent.

Numerous national medical associations have been very active in lobbying their governments for legislation and regulations that protect patient information while facilitating its exchange for patient care and legitimate administrative and research purposes. To help their members interpret and implement the requirements of database legislation in their jurisdictions, several associations have prepared guidance documents and related tools.⁴⁻⁶

Physicians have strong reasons for preserving confidentiality. In order to receive medical care, patients have to reveal personal information to physicians and others who may be total strangers to them—information that they would not want anyone else to know. They must have good reason to trust their physicians not to divulge this information. The basis of this trust is the ethical and legal standards of confidentiality that physicians and other health care professionals are expected to uphold. Without an understanding that their disclosures will be kept secret, patients may withhold personal information. This can hinder physicians in their efforts to provide effective interventions or to attain important public health goals.

Physicians also see the need for limited disclosure of their patients' health information – to other health care providers to assist in the care of the patients, to insurance companies and other agencies for reimbursement of payment for health services, and to database managers for public health, health system administration and research purposes. As a general rule, physicians should give priority to the patient's interests over those of others. Disclosure of personal

health information should protect patient confidentiality as much as possible. Where confidentiality cannot be maintained, patients should be informed about how their personal health information will be used and whether the information will be identifiable or anonymized.

Human Rights Abuses

Physicians are often among the first to be aware of violations of human rights since they are called upon to deal with the medical sequelae of torture and inhuman treatment. However, they often find themselves constrained from dealing with these violations because of pressure from the governments, military or police who authorize or commit abuses. The ethical challenge is how to protect the patient in the face of such pressure.

Physician participation in torture has long been regarded as a serious violation of medical ethics. The 1975 WMA *Declaration of Tokyo: Guidelines for Medical Doctors Concerning Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment*,⁷ forbids any such participation on the grounds that there must be “no use made of any medical knowledge contrary to the laws of humanity”.

In 1997, the WMA Assembly adopted the *Declaration of Hamburg Concerning Support for Medical Doctors Refusing to Participate in, or to Condone, the Use of Torture or Other Forms of Cruel, Inhuman or Degrading Treatment*,⁸ which called on the medical profession to actively oppose torture and to support physicians who speak out against such violations of human rights.

The 2003 WMA Assembly in Helsinki adopted a *Resolution on the Responsibility of Physicians in the Denunciation of Acts of Torture or Cruel or Inhuman or Degrading Treatment of which they are Aware*⁹ that provides specific guidance to physicians who are in this situation. In particular, physicians should guard their professional independence to determine the best interests of the patient and should observe, as far as possible, the normal ethical requirements of informed consent and confidentiality. Any breach of these requirements must be justified and must be disclosed to the patient. Physicians should report to the appropriate authorities any unjustified interference in the care of their patients, especially if fundamental human rights are being denied. The Resolution encourages national medical associations to promote laws and programs for the abolition of torture.

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