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***Semester 8th***

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***Date 13/04/2020***

***Paper Medical Bioethics***

***Exam Mid Term***

 ***Answer no 5th***

**Doctor-Patient Relationship.**

* Four model of doctor patient relationship exist:
1. Deliberative
2. Interpretive
3. Paternalistic
4. Informative

 **Deliberative Model**

* Discussion of patients values, by doctors near explain and challenge them.
* Doctors attempts to challenge patient’s views, and attempts to steer patients to words standards doctor believes is the patient’s best interests.
* Concept is that doctor for example a friend.

 **Interpretative Model**

* Doctor discusses patient management and order to clarify patient values and promote patient understanding of the consequence of their decisions.
* Development of deliberative model.
* Respect Patient autonomy by telling patient reasonably than guidance of their views.
* Doctor is seen as an advisor.

**Paternalistic Model**

* Similar relationship as father and child later paternalism.
* Father over equine decision of child.
* Doctor has the patient’s best interests in mind, and overrides the patient’s choice.
* May be proper in emergencies where patient cannot voice wishes.
* This is contrast to ethical principle of autonomy.
* Much and kindness of ethical principle of beneficence.
* Allows for uncertain patient to allow the doctor to decide what’s best.
* Doctor seen as a father figure.

**Informative Model**

* Doctor delivers patients with about treatment.
* Patients makes decision founded upon these facts providing , and doctor following through with the patients plan.
* Informed patient decision.
* Increased patient autonomy possibly decreased beneficence.
* Patient may not make a decision that is in their best concern .
* Opposite to paternalistic model.
* Concept is that of doctor as an expert.

**Answer no 1st**

* **Autonomy** refers to the patients’ rights to make decisions for themselves to their own system of mores and beliefs.
* Patient autonomy play an important role in medical bioethics.
1. Patient education and informed permission are important basics of proper autonomy.
2. Confidentiality loosely fits under the umbrella of autonomy.
* When is autonomy challenged?
* **Incompetence –patient is officially deemed unable to make balanced decision for themselves. Often due to permanent conditions such disorder as dementia.**
* **incapacity –patient is clinically determined to be powerless to make a rational decision for themselves. May be due to transient condition such as lack of consciousness,delirium,psychosis,ect.**
* **Patient autonomy does allow for health care providers to educate the patient but does not allow the health care provider to make the decision for the patient.**

**Answer no 3rd**

* *Difference ;’;;*
* ***Beneficence,,is***

 ***value in which the provider takes achievement or recommends course that are in the patients best interest.***

* ***It is not coercing or manipulating the patient in to making a decision beside their values,even thought it may objectively be the best decision for their health .***
* ***Example:when patient autonomy is compromised (e,g incapacity ),beneficence must be the guiding ethic.***
* ***Nonmalefience:***
* Is closely connected to beneficence.it is abstention from any action that may harm to the patient.
* Beneficence is what you do ,maleficence is what you don’t do
* Nonmalefience and beneficence can battle :patient or proxy input can help .
* Example: Removing an organ or limb that is causing disease.
* Do not incapacitate others.
* Do not cause pain or suffering to others.

***Answer no 4th***

***Definition of confidentiality:***

“When a patient releases information to their doctor, the doctor initiates not to release this information to a third party in the future”.

* **Importance of confidentiality**:
* There are four importance of the confidentiality
1. Autonomy –patient gets to agree who has access to their personal information.
2. Implied promise – patients accept doctors will maintain their confidentiality.
3. Virtue Ethics—patient adopt virtuous doctor would not opening confidentiality.
4. Consequentialist—breaching confidentiality would result in loss of patient trust.

**Confidentiality be breached**

1. **When patient consent to breach**

* E.g. Insurance medicals

2. **within healthcare Teams**

* Where patient have agreed for treatment, information can be shared amongst clinicians, nursing staff etc. Within health care teams.
* Patients should be informed such information will be shared. Should patient wish to control disclosure, this should be respected.
1. **Discloser in public interests**
* Prevent serious harm to third party (e.g. In forming partner of HIV +ve patient)
* Prevent serious crime (e.g. Terrorist attack )
* In forming dvla to patient unsafe to drive due to medical condition.
1. **Disclosure to statutory bodies.**
* Contagious disease reporting.
* Birth, death, termination of pregnancy.
* Court order.

Examples: sexually transmitted disease

Child abuse

Shooting wounds

**Answer no 4th**

* **Veracity :**
* **The most important share of truth telling is see-through all related details of patients medical condition to them as well as the risk and benefits of a procedure ,and their prognosis (if known).it also includes informing a patient of any mistakes that have been made in their care.**
* **Truth telling important principle in medical bioethics:**
* **Critical elements of ensuring informed consent.**
* **It is not telling patient information that they tell you they don’t want to hear.**
* **It is ok to first ask a patient if they want to hear their prognosis.**
* **It is ok to delay telling a patient their diagnosis until they are ready to hear it, although it should never be delayed if it may compromise the capacity to provide informed consent.**
* **Examples:**
* **Being truthful to customer regarding the nature of the care they are receiving.**
* **Communicating with the client creates and understood contract to all the truth and not lie or deceive.**
* **It is never ok to lie to or deceive a patient, for any reason.**

**Answer no 6th**

* **Euthanasia :**
* **Euthanasia refers to the action of purposefully ending a life to reduce untreatable suffering.it bring up the question of what constitutes a life worth preserving and what lengths should be taken to preserves said life.**
* **Supports of euthanasia view the course of action as a relief to unnecessary suffering if a patient it going to succumb to an incurable disease either way.**
* **However, opponents view life as sacred and fear a slippery slope in to allowing treatable patients to die of their own well.**
* **Major issue in bioethics:**
* **Aboration**
* **Eugenics**
* **Human cloning**
* **Stem cell research**
* **DNR**
* **Birth control**
* **Euthanasia**
* **Cloning**
* **homosexuality**