BUSHRA BIBI

ID 13445

DT 8th SEMESTER

SUBJECT : MEDICAL BIOETHICS

1. What do you know about patient autonomy? Explain why patient autonomy play an important role in medical bioethics?
* Ans. patient autonomy refers to the patient right to make

 decisions for themselves according to their own system

 Of morals and beliefs.

* Patient education and informed consent are important
* Confidentiality loosely fits under the umbrella of autonomy.
* IMPORTANT ROLE OF PATIENT AUTONOMY IN MEDICAL BIOETHICS.
* The right of patients to make decisions about their medical care without their health care provider trying to influence the decision. 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.
1. What is the importance of confidentiality and when can

confidentiality be breached? Give some examples.

Ans: when a patient discloses information to their doctor, the

 doctor pledges not to disclose this information to a third

 party in the future’’

* Cornerstone of trust between doctor and patient

 Ensures trust to permit doctors to perform clinical

 Examination.

* Obligation for doctors to not disclose information, passed from patients.

 Increase patient trust in the profession, enabling

 Further disclosures in the future

IMPORTANCE OF CONFIDENTIALITY

FOUR PILLARS

AUTONOMY---- Patient gets to decide who has access to

 their personal information.

IMPLIED PROMISE---- Patients assume doctors will

 Maintain their confidentiality.

VIRTUE ETHICS---- patient assumes virtuous doctor would

 not breach confidentiality.

CONSEQUENTIALISTIC---- breaching confidentiality would

 result in loss of patient trust.

WHEN CAN CONFIDENTIALITY BE BREACHED

1. Disclosure in public Interests

Prevent serious harm to third party (e.g. informing partner of HIV positive patient)

Prevent serious crime (e.g. terrorist attack)

Informing DVLA to patient unsafe to drive due to medical conditions.

1. Disclosure to statutory bodies

Communicable disease reporting

Birth, death, termination of pregnancy

Court order

1. When patient consents to breach

e.g. insurance medicals

1. Within healthcare teams

Where patients have consented for treatment, information can be shared amongst clinicians, nursing staff etc. within healthcare teams.

Patient should be informed such information will be shared. should patients wish to restrict disclosure, this should be respected.

EXAMPLES OF BREACHES:

PAPER:

Lab requisitions, test results or other confidential communication mailed to the incorrect patient.

Discharge paperwork handed to the wrong patient.

Paperwork containing PHI left In public areas (cafeteria, rest rooms, parking lots)

 VERBAL:

 Discussing a patient’s medical information in a public area.

 Discussing a patient’s medical information in front of

 Others without the patient’s permission to communicate.

1. What is the difference between beneficence and

 nonmaleficence? Give some example.

 Ans: BENEFICIENCE:

* Is a value in which the provider takes actions or

 recommends courses that are in the patient’s best

 interest

* It is not coercing or manipulating the patient into making a decision against their values, even though it may objectively be the best decision for their health.
* It is not euthanasia.
* Keep the individual patient in mind – beneficence is not the same in all situations.
* When patient autonomy is compromised (e.g. incapacity ) beneficence must be the guiding ethic.

NONMALEFICENCE:

* Is closely related to beneficence. It is abstaining from any action that may bring harm to the patient.
* “Do no harm” beneficence is what you do, maleficence is what you don’t do.
* Refusing to prescribe opioids when deems not necessary.
* Nonmaleficence and beneficence can conflict: patient or proxy input can help.

EXAMPLES OF BENEFICENCE AND NONMALEFICENCE.

* Non- maleficence.

This means that nurses must do no harm intentionally. Nurses must provide a standard of care which avoiding risk or minimizing it, as it relates to medical competence. An example of nurses demonstrating this principle includes avoiding negligent care of a patient.

* Beneficence:

Involves balancing the benefits of treatment against the risks and costs involved, whereas nonmaleficence means avoiding the causation of harm. E.g. it may be necessary to provide treatment that is not desired in order to prevent the development of a future, more serious health problem.

1. Explain veracity? Truth telling is an important principle of medical bioethics. Give some examples.

 Ans. VERACITY:

 Is honesty the most important part of truth telling is

 revealing all pertinent details of a patient’s to them, as

 well as the risks and benefits of a procedure, and their

 prognosis. It also includes informing a patient of any

 mistakes that have been made in their care.

* Critical element of ensuring informed consent
* 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 ability to provide inform consent.

EXAMPLES OF VERACITY:

Use veracity in a sentence. Noun the definition of veracity is truthfulness or accuracy.

An example of veracity is the historical correctness of a biography; the veracity of the story. The verifiable facts in an honest environmental report are an example of veracity.

1. Explains some models of doctor patient relationship.

Ans. four models of doctor patient relationship

* Deliberative
* Interpretive
* Paternalistic
* Informative

 DELIBERATIVE MODEL

* Discussion of patients values, by doctor, to clarify and challenge them.
* Doctors tries to challenge patients views, and attempts to steer patient towards values doctors believes is in the patients best interest.
* Concept is that of doctor as a friend.

INTERPRATIVE MODEL

* Doctor discusses patient management, in order to clarify patient values , and promote patient understanding of the consequence of their decisions.
* Development of deliberative model.

 Respects patient autonomy by informing patient

 rather than manipulation of their views.

* Doctor is seen as an advisor

 INFORMATIVE MODEL

* Doctor provides patient with facts regarding treatment
* Patient makes decision based upon these facts provided, and doctor follows through with patients plan

 Informed patient decision

* Increased patient autonomy, potentially decreased beneficence.

 Patient may not make a decision that is in their

 best interest

 opposite to paternalistic model

* Concept is that of doctor as an expert

 PATERNALISTIC

* Similar relationship as father and child, hence paternalism

 Father overriding decision of child

* Doctor has the patients best interests in mind, and overrides the patient choice.

 May be appropriate in emergencies where

 patient cannot voice wishes.

* This is in contrast to ethical principle of autonomy

 Much in favor of ethical principle of

 beneficence.

 Allows for uncertain patient to “allow the doctor

 To decide what’s best”

* Doctor seen as a father figure.
1. What is euthanasia? Why it is major issue in bioethics?

Ans. EUTHANASIA:

 Euthanasia refers to the act of purposefully ending a

 Life to eliminate untreatable suffering. It brings up

 The question of what constitutes a life worth

 Preserving and what lengths should be taken to

 Preserve said life. Supporters 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. However opponents view life as

 sacred and fear a slippery slope into allowing

 treatable patients to die of their own well.

Why is euthanasia major issue in bioethics:

 Euthanasia can only be considered an ethical option if

 Is it an expression of the person’s autonomy. It is

 argued that any undue influence in the patient’s will- such

 as a treatable depression-undermines the concept of

 voluntary euthanasia.

 A person who undergoes euthanasia usually has an

 Incurable condition voluntary euthanasia or assisted

 Suicide can lead to imprisonment of up to 14 years. The

 Issue has been at the centre of very heated debates for

 many years and is surrounded by religious, ethical and

 practical consideration.