Name: Abdullah

ID: 13341

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Teacher: Sir M. Sohail

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Q:1; what do you know about patient Autonomy? Explain why patient Autonomy play an important role in Medical Bioethics.?

ANSWER:

PATIENT AUTONOMY;

Patient autonomy: 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**

According to Shine Bourne and Bush, delegating autonomy may be

... what many patients do wish for: that is to have medical care based on mutual trust between doctor and patient with the assumption that as a member of a profession the doctor will make choices in the best interests of the patient.

Respect for Autonomy Person;

- Includes for their privacy and confidentiality.
- Need to provide sufficient information For them to make informed choices.
- Truth Telling.
- To think and make decision independently.
- To communicate their wishes to health workers.

IMPORTANT ROLE IN BIOETHICS;

- **Autonomy** is people's need to perceive that they have choices, that what they are doing is of their own volition, and that they are the source of their own actions. The way managers and leaders frame information and situations either promotes the likelihood that a person will perceive **autonomy** or undermines it..
- Patient autonomy is a fundamental principle of professional medical ethics. The ability to recognize and foster it, and its various dimensions, is widely considered an **important** clinical competency for physicians. ... The objective of paternalism, like that of **autonomy**, is the good of the same moral agent, the **patient**
- In **medical** practice **autonomy** is usually expressed as the right of competent adults to make informed decisions about their own **medical** care. The principle underlies the requirement to seek the consent or informed agreement of the patient before any investigation or treatment takes place.

Q 2: What is the importance of confidentiality and when can confidentiality be breached? Give some Example.?

ANSWER;

CONFIDENTIALITY;

"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
 - . Ensure trust to permit doctors to perform clinical examination.
- Obligation for doctor to not disclose information Passed from patient.
 - . Increase patient trust in the professor enabling further disclosure in the future.

IMPORTANCE OF CONFIDENTIALITY:

• Four Pillars:

- 1. Autonomy_ Patient gets to decide who has access to their personal information.
- 2. Implied Promise patient assume doctor will maintain their confidentiality.
- 3. Virtue Ethics_ Patient assumes virtues Doctor would not breach confidentiality.
- 4. Consequentialist Breaking confidential would result in loss of patient trust.

WHEN CAN CONFIDENTIALITY BE BREACHED;

1: When Patient Consents to breach.

E.g.; Insurance medicals.

2: within Health care teams.

- . Where patients can be shared amongst clinicians, nursing staff etc within health care teams.
- . Patient should be informed such information will be shared. Should patient wish to restrict disclosure, this should be respected.

3: Disclosure in public Interest;

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

- . Prevent serious crime (e g; Terrorists attack)
- . Informing DULA to patient unsafe to drive due to medical condition.

4: Disclosure to statutory bodies;

- . Communicable disease reporting.
- . Birth, Death, Termination of pregnancy
- . Court Order.

Examples of Confidentiality

- Sharing client information with a third party without permission or the authority to do so. Using **confidential** information for your own personal gain (or someone else's) Leaving personal or sensitive information accessible to others (for **example** on an unsecure computer or mobile device)
- Examples of breaches of confidentiality include: copying data from a work computer or server onto a hard drive or USB before the end the employment. disclosing information from a former employer to a new employer. sending emails from a work email account to a personal email address.

Q 3; What is the difference between beneficence and nonmaleficence? Give some example?

ANSWER;

BENEFICENCE:

Is a value in which the provider takes actions or recommends courses that are in the patient 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 (in most states)
- 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 ethics.

NONMALEFICENCE;

Is closely related to beneficence. It is abstaining from any action that may bring harm to the patient. "Don't Harm"

- Beneficence is what you do, maleficence is what you don't do
- Refusing to prescribe opioids when deemed not necessary.
- Nonmaleficence and beneficence can conflict; patient or proxy input can help.

The principal of double effect; unintended medical consequences are acceptable if the intended consequences are legitimate and the harm is proportionately smaller than the benefit.

- Removing on organ or limb that is causing disease
- Providing high dose analgesics to a hospice patient even though it may unintentionally shorten life.
- Controversial: performing an unrequited abortion to save the mothers life

Examples Of Beneficence:

- Resuscitating a drowning victim.
- Providing vaccinations for the general population.
- Encouraging a patient to
 - . Quit smoking
 - . Start an exercise program
- Treat HTN and DM

Examples of Nonmaleficence:

- Stopping a medication that is shown to be harmful.
- Refusing to provide a treatment that is not effective.

Q 4: Explain Veracity? Truth telling is an important principle of medical Bioethics Give some example.?

ANSWER;

VERACITY: Is honesty.

The most important part of truth telling is revelling all pertinent details of a patient medical conditions to them, as well as the risk(s) and benefits(s) of a procedure and their prognosis (if known). It also includes informing a patient of any mistake that have been that have been made in their care.

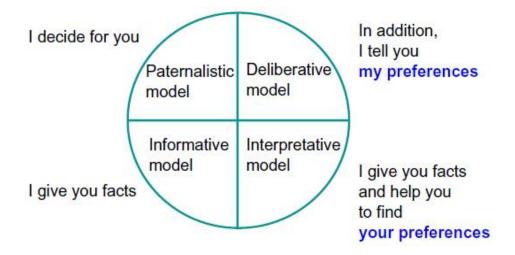
- Critical element of ensuring informed consent
- It is not telling a patient information that they tell you they don't want to hear.
- It is ok to first ask a patient if they want to hear their prognosis.
- It is ok to delay telling a patient their diagnosis until they are ready it, although it should never be delayed if it may compromised the ability to provide informed unsent.

Example;

Truth telling in Bioethics is related to that of informed consent as it involves paternalism concern against the autonomy interest of patients for genuinely good reasons A physical may wonder whether it is best to tell the complete truth to patients.

Q 5; Explain some models of Doctor Patient relationship?

ANSWER



For Models Of Doctor Patient relationship exist:

- 1: Deliberative
- 2: Paternalistic
- **3: Interpretive**
- 4: Informative

1: **DELIBERATE MODEL**;

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

2: PATERNALISTIC MODEL;

• 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 contrast to ethical principle of autonomy
 - . Much in favour of ethical principle of beneficence
 - . Allow for uncertain patient to allow "allow the doctor to decide what's best"
- Doctor Seen as a Father Figure.

3: INTERPRETIVE 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
 - . Respect patient Autonomy by informing patient rather than manipulating of their views
- Doctor seen as an Adviser.

4: INFORMATIVE MODEL:

- Doctor provides patient with facts regarding treatment.
- Patient makes decision based upon these facts provided, and doctor follows through with the patients plan.
 - . Inform patient decision.
- Increase patient Autonomy, potentially decreased beneficence.

- . Patient may not make a decision that is in their best interests
- . Opposite to paternalistic model

•	Concept is that of doctor as an expert.

Q 6; What is Euthanasia? Why is it a major issue in bioethics? ANSWER;

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 way. However opponents view life as scared and fear a slippery slope into allowing treatable patients to die of their own well.

There are 4 main types of euthanasia, i.e.

1: ACTIVE:

Active euthanasia involves "the direct administration of a lethal substance to the patient by another party with merciful intent"

2: PASSIVE::

Passive euthanasia is "withholding or withdrawing of life-sustaining treatment either at the request of the patient or when prolonging life is considered futile."

3:INDIRECT:

Indirect euthanasia refers to the prescription of painkillers that may be fatal in an attempt to relieve suffering.

4: PHYSICIAN-ASSISTED SUICIDE:

suicide refers to a medical professional aiding a patient in terminating their life upon the patient's request.

MAJOR ISSUES OF EUTHANASIA IN BIOETHICS;

- Psychological factors that cause people to think of **euthanasia** include depression, fearing loss of control or dignity, feeling a burden, or dislike of being dependent.
- **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**.
- This is an **ethical issue** because it is controversial it is about life and death decisions. ... **Euthanasia** means 'a good death' (1) and it is concerned with a person's right to choose to end their own life (and get help to do so) if they choose.

THE END.