

DEFINITION OF MEDICAL ETHICS:

❖ **The origin of the word Ethics** = Greek word = "**ethos**" = **custom or habit**.

❑ **Medical Ethics (Medical Etiquettes):** (The word **etiquette** comes from the French : **etique**)

Is a system of **Moral principles** that apply values and judgments to the practice of medicine .

❑ **medical ethics** implies in clinical settings as well as work on its history, philosophy, theology, and sociology

❑ The conventional laws, customs of courtesy and the code of conduct governing the relationship between the physician with his/her professional colleagues patients and community.

❑ **Bioethics** is the study of controversial ethics brought about by advances in biology and medicine. It is also moral discernment as it relates to medical policy, practice, and research.

العالم بالطب، وهو الحاذق من الرجال، الماهر بعلمه، الذي يعالج المرضى

الطبيب لغة

هو العارف بأحوال البدن، ما يضره وما ينفعه، وكيفية جلب الصحة ودرء المفسدة، وأنواع الأمراض وأدويتها، والحاصل على إذن ولي الأمر بممارسة هذه المهنة، أو إذن من يمثله، كتنقابة الأطباء في العصر الحاضر بعد دراسة الطب بقسميه النظري والعملي

الطبيب اصطلاحاً

- بمراجعة المصنفات الفقهية وجدنا أن الفقهاء لم يستعملوا اصطلاح المسؤولية، وإنما تكلموا عن أهلية الشخص لتوقيع العقوبة عليه،
- أما في الكتب الحديثة: وجدنا تعريفات عدة للمسئولية منها: "المسئولية هي: كون المكلف مؤاخذاً بتبعات تصرفاته غير المشروعة"

المسئولية اصطلاحاً

صفات الطبيب/متعلم الطب/معلم الطب(2):

تعريف : لخلق هيئة راسخة في النفس تصدر عنها الأفعال الإرادية منها الإختيارية حسنة و سيئة تتأثر بالمحيط والتربية الحسنة

□ العوامل التي تؤثر في اخلاق الطبيب:

1. عامل الوراثة: وراثة جسمية / وراثة عقلية / وراثة خلقية
2. عامل البيئة: سئل رسول الله صلى الله عليه وسلم "من أحب عباد الله إلى الله تعالى؟ قال : أحسنهم أخلاقاً" (رواه الطبراني).

□ صفات الطبيب:

- التدافع/ الحياء/ الصدق/ الرحمة/ البعد عن الحسد والضغينة والغش والعجب والغرور والكسل والغيبة والنميمة والظلم والكذب وإفشاء السر والنفاق والبخل والأنانية والتشهير والخيانة
- أن يكون تام الخلقة و صحيح الأعضاء حسن الذكاء و جيد الروية عاقلاً ذكوراً خيراً
- أن يكون حسن الملمس طيب الرائحة نظيف اليدين و الثوب
- أن يكون سليم القلب عفيف النظر صادق اللهجة لا يخطر بباله أمور النساء و الأموال في بيوت المرضى و حتى لو كانوا أعداء
- كتوووووووووووووما لأسرار المرضى
- أن تكون رغبته في شفاء المرضى أقوى من رغبته في جمع الأموال .. و رغبته في علاج الفقراء أقوى من رغبته في معالجة الأغنياء
- أن يكون حريصاً على التعليم و المبالغة في نفع الناس
- أن يكون مأموناً ثقة على الأرواح .. لا يصف دواء قاتلاً أو دواء لا يعلمه..و لا دواء يسقط الأجنة
- يعالج عدوه بنية صادقة كما يعالج حبيبه
- عالماً صادقاً أميناً مؤتمناً فيه ذكاء العقل و سلامة التفكير حسن الخلق طيب الفعل يحب مرضاه بشوش معهم يحافظ على الحياة .. هبة الله العظمى على الأرض . أن يكون متفوقاً في دينه
- يجب أن تكون طبيباً لكل الناس.. الغني و الفقير .. العدو و الصديق

حكم تعلم و ممارسة مهنة الطب:

قال تعالى: وَمَنْ أَحْيَاهَا فَكَأَنَّمَا أَحْيَا النَّاسَ جَمِيعًا ﴿٣٥﴾

- ❖ **فرض كفاية:** ممارسة الطب امر واجب و يسقط عن الكل اذا البعض و إلا أثم الكل
- ❖ جاء في "مختصر منهاج القاصدين" لابن قدامة: "فأما **فرض الكفاية** فهو كل علم لا يستغنى عنه في قوام أمور الدنيا، **كالطب** إذ هو ضروري في حاجة بقاء الأبدان على الصحة..."
- ❖ أنكر الامام الغزالي على أهل زمانه توجه جمهور متعلمهم إلى الفقه و نحوه على حين لا يوجد في بلد من بلدان المسلمين إلا طبيب ، يوكل إليه علاج المسلمين و المسلمات و توضع بين يديه الأرواح و العورات
- ❖ وحب التنسيق المحكم بين شعائر الله (فرض العين) و سائر الأعمال

❖ مع اعتباران فرضية تعلم الطب على الكفاية مبنية على وجود الحاجة إليه، والحاجة متفاوتة القدر بحسب الأحوال والأزمنة والأمكنة، وبحسب تفاوت الظروف

Definition:

- ❑ Codes of conduct in medical ethics is set of conventional principles and expectations that are considered binding on any health professional member.
- ❑ **Fundamental Principles** of Codes of Conduct in Medical Ethics are:
 - Integrity
 - Objectivity
 - Professional competence and due care
 - Confidentiality
 - Professional behaviour.
- ❑ **Origin of the codes** of originate from intergration of Hippocratic Oath, the solid historical regulations by the pioneers of medicine, National and International Code of medical ethics eg AHIMA and considering the cultural , religious and legal issues.

Helsinki Declaration:

- ❑ Set of ethical principles regarding human experimentation developed by the:
(World Medical Association in 1964)
- ❑ Undergone 6 revisions since then. Last revision in 2008.
- ❑ More specifically addressed clinical research reflecting changes in medical practice from the term '**Human Experimentation**' used in the **Nuremberg Code**.

The Declaration of Helsinki

- ❖ "The well-being of the human subject should take precedence over the interests of science and society"
- ❖ Consent should be in writing
- ❖ Use caution if participant is in dependent relationship with researcher
- ❖ Limit use of placebo
- ❖ Participants benefit from research

MEDICAL ETHICS:

Basic Principles of Medical Ethics:

□ **Autonomy**

الأستقلال الذاتي

□ **Beneficence**

الاحسان

□ **Confidentiality**

احترام السرية الخصوصية

□ **Do No Harm (Non-maleficence)**

عدم/منع الايذاء

□ **Equity and Justice**

العدالة

A- AUTONOMY:

(الحق في المعرفة و اتخاذ القرار) الأستقلال الذاتي للمريض

- Right to self-determination
- Requires decision making capacity
 - ..Lack of decision making should be proven not assumed
- Competence – legal determination
- Liberty – freedom to influence course of life/treatment
- Autonomy of the patient is essential step principle to respect in providing care of him/her

Definition:

consent which is not expressly granted by a person, but rather implicitly granted by a person's actions and the facts and circumstances of a particular situation. (or in some cases, by a person's silence or inaction)

- ❑ **it is** Invoked when true informed consent not possible
- ❑ Emergency situations when harm would result without urgently needed intervention
- ❑ **difference between implied and informed consent:**
 - ❖ **Informed consent** involves an explicit written agreement after a discussion and respects a patient's autonomy.
 - ❖ **Implied consent** is inferred and is often seen in routine or emergency situations.
- *Patients have the unequivocal right to change or withdraw consent until the medical procedure begins*

A-AUTONOMY:

1. INFORMED CONSENT

الموافقة التفصيلية

Definition::

- A process in which patients are given important information, including possible **risks and benefits**, about a medical procedure or treatment, genetic testing, or a clinical trial.
- This is to help them decide if they want to be treated, tested, or take part in the trial.
- Patients are also given any new information that might affect their decision to continue. Also called **consent process**

□ Requirements

- Decision making capacity
- Voluntariness
- Reasonable person standard

□ Present all alternatives and recommendation

□ Respect refusal All surgical and experimental procedures

- **written consent** : A **consent form** is a document that you sign in order to officially give your permission for something to happen or be done
- **Parental (Next of kin) consent**: Person-in-charge legally!

A-AUTONOMY:

CONSENTS IN MEDICAL PRACTICE :

Definition:

Literally: the consent is to agree to do or allow something ie to give permission for something to happen or to be done

BY Law:

- Consent means that a person voluntarily and wilfully agrees in response to another person's proposition.
- The person who consents must possess sufficient mental capacity.
- Consent also requires the absence of coercion, fraud or error.
- Consent is an essential constituent of a contract and a defence to a tort.

Types:

☐ **Informed Consent**

☐ **Implied Consent**

☐ **Opt-in Consent**(in marketing): asking for someone's consent or permission before you use their data for marketing.

☐ **Opt-out Consent** (in marketing): is the process of allowing individuals to decline or withdraw from participating in a certain activity such as receiving marketing communications.

A-AUTONOMY:

DISCLOSURE OF INFORMATION الإفصاح و بيان الحالة المرضية

- Disclosure of information is the process through which physicians explain clinical information to their patient (or surrogate decision-maker) in a way that the patient or surrogate can understand.
- This process is crucial for patients to understand their clinical situation and make informed decisions about their care.
- In every scenario, especially when delivering bad news, the clinician must be sensitive, patient, empathetic, and professional.
- They must provide all relevant information and answer all questions. Disclosing medical errors can be especially difficult.
- Basic Principle of disclosure is **Truth telling** on part of physician is an integral part of patient Autonomy on the patient side but Honesty and Transparency on the physician side.

C. CONFIDENTIALITY IN HEALTHCARE:

السرية في الرعاية الصحية

- ❑ **CONFIDENTIALITY** in health care is a legal obligation that is derived from statutory and case law as well as forming part of the duty of care to a patient.

It is a requirement within **professional codes of conduct** and it must be included in employment contracts as a specific issue linked to disciplinary procedures.

- ❑ **Confidentiality is Obligation of physician to maintain information in strict confidence**

- ❑ **Confidentiality** is crucial to everyone in health care.

❖ **Disclosing confidential information (within the required limits only):**

- Criminal penalties
- Benefits of patient /society

❖ **Privacy Vs Confidentiality:**

- ❑ **Privacy** is a legal obligation to protect consumers' personal information and it is an offence to disclose information unless authorised under legislation.

- ❑ **Patient privacy (خصوصية المريض): is the patient's right to be free from interference and intrusion (?law).** This encompasses a number of aspects, including personal space (physical privacy), personal data (informational privacy), personal choices including cultural and religious affiliations (decisional privacy), and personal relationships with family members and other intimates (associational privacy).

Definition:

- Comes from two Latin words:
 - ‘Bonus’ where bene was taken to mean ‘Good’
 - ‘Fic’ where fiche was taken to mean ‘to Act or Do.’ Action done for the good of the others.
- Medically Beneficence highlights the duty of health provider to do good and take positive steps, such as prevention, removal of harm to the patient.
- In Children: Beneficence could be seen through the associated acts of kindness, charity, humanity, altruism and love.
- Beneficence is the doing of active goodness, kindness or charity including all actions intended to benefit others.
- It refers to a moral obligation to act for the benefit of others.

In Summary: Beneficence is:

- Obligation to preserve life, restore health, relieve suffering and maintain function
- To do Good
- Non-abandonment – obligation to provide ongoing care
- Conflict of interest ! – must not engage in activities that are not in patients best interest

A- AUTONOMY:

MEDICAL PATERNALISM:

Medical paternalism: أبوية طبية/مجموعة من الممارسات في الطب حيث يقرر الطبيب أنه لايفضل/ ينبغي احترام رغبات المريض

- It is an attitudes and practices in medicine in which a physician determines that a patient's wishes or choices should not be honoured.
 - These practices were current through the early to **mid 20th century**, and were characterised by a paternalistic attitude, surrogate decision-making and a lack of respect for patient autonomy.
 - It is almost exclusively undertaken with the intention of **benefiting the patient**, although this is not always the case!!
 - In the past, paternalism was considered an absolute medical necessity, However, in recent years, **paternalism has become limited!!**
- **Nowadays**, paternalistic medicine is increasingly seen as inappropriate indicating that it is **ethically unsupportable!!!**

Medical Futility:

- Medical futility means that the proposed therapy should not be performed because available data show that it will not improve the patient's medical condition.
- Medical futility remains ethically controversial for several reasons.
- Medical Futility may be Quantitative or Qualitative
- ❑ In **Quantitative Futility**, a particular treatment is capable of producing the desired result but is **extremely unlikely** to do so in the case at hand.
eg: the attempt to perform lifesaving surgery on a patient who is *in extremis* (very ill and likely to die)
- In **Qualitative Futility**: a treatment is likely to achieve a result, but it may be “lacking in purpose.”
eg: discontinuing lipid lowering medication for a nursing home patient with end-stage dementia could be justifiable under qualitative futility

“always consider the core principles of bioethics is respect for patients’ autonomy, But the wise approach is advisable!”

NONMALEFICENCE V's BENEFICENCE

Non-maleficence and Beneficence

INSTRUCTIVE PRINCIPLE	BIOETHICAL PRINCIPLE
One ought not to inflict evil or harm	Non-maleficence
One ought to prevent evil or harm	Beneficence
One ought to remove evil or harm	Beneficence
One ought to do or promote harm	Beneficence

D. DO NO HARM (NON-MALEFICENCE):

عدم الإيذاء (درء المفسد)

- **Nonmaleficence** comes from a Latin words:

'non' to mean 'not';

'molos' from which 'mole' is taken to mean 'bad/evil' and

'foceo' from which 'fic' comes which means 'do/make'.



- **Medically:** non-maleficence means not to inflict harm which is not different from 'not doing evil or bad things' intentionally.

- ❖ **Nonmaleficence** asserts an obligation not to inflict harm intentionally. It is useful in dealing with difficult issues surroundings
- ❖ the terminally or seriously ill and injured. Some philosophers combine nonmaleficence and **BENEFACTENCE**, considering them a single principle.

Please, But You Must:

“ Do no harm, prevent harm and remove harm ”

Examples of Non-maleficence

by Gert (bioethicist)

1. Do not kill
2. Do not cause pain or suffering to other
3. Do not cause offense to others
4. Do not incapacitate others
5. Do not deprive others of the goods of life

DO-NOT-RESUSCITATE (DNR) ORDERS:

- A DNR order on a patient's file means that a doctor is not required to resuscitate a patient if their heart stops and is designed to prevent unnecessary suffering. The usual circumstances in which it is appropriate not to resuscitate are: when it will not restart the heart or breathing.
- A DNR order does not mean "do not treat." Rather, it means only that **CPR will not be attempted**
 - Is DNR autonomy?:
 - In countries where euthanasia is legal, The patient with capacity may autonomously agree to DNR. So may the legal representative
 - **Conclusion:**
DNR is an essential component of medical practice because it provides better care for terminally ill patients, and better utilization of limited resources BUT still this must follow the local regulation of health facility governed by the hospital, country, and ethical codes regulations! and the family (in case of PAS is legal)!

EUTHANASIA (Physician Assisted Suicide) :

القتل الرحيم!!

- **Euthanasia** is the practice of ending the life of a patient to limit the patient's suffering.
The patient in question would typically be terminally ill or experiencing great pain and suffering.
- The word “euthanasia” itself comes from the **Greek** words “eu” (**good**) and “thanatos” (**death**).
- **The Aim:** The aim is to end unbearable suffering with no prospect of improvement.
- Some claim that the **Ethical pillars of euthanasia** are same Principles of Medical Ethics (autonomy, beneficence, nonmaleficence, and justice!)
- ❑ **5 Types of Euthanasia:**(Patient wise: **voluntary**, **involuntary**, But Procedure wise: **Active** direct, indirect **Passive**)
- ❑ **DISCUSSION:**
- **The country laws** and Regulations addressing this issue: 
- **Physician Assisted Suicide(PAS) is legal in some countries:**
USA: Washington, Oregon, California, Colorado, Montana, Vermont, Washington, D.C.. Hawaii),
Switzerland, Germany, Japan, Netherlands, Belgium, Luxembourg, Colombia, Canada!!
- **Doctrine effect:** (العقيدة)
- **Euthenasia is not universally accepted. It is prohibited in Islam**, in many churches, religious groups, and faith organizations argue against euthanasia

E- EQUITY/EQUALITY AND JUSTICE IN HEALTH CARE:

Definition:

- ❖ **Justice** means giving each person what he or she deserves or, in more traditional terms, giving each person his or her due.
- ❖ **Justice and fairness** are closely related terms that are often today used interchangeably.
- ❖ Physicians should not make decisions regarding individuals based upon societal needs or some other aspect.

Equal and Fair:

To each person an equal share
To each person according to need
To each person according to effort
To each person according to contribution
To each person according to merit
To each person according to free-market exchanges

❑ Ethical principles of healthcare justice are the **FOUR Principles of ME**:

1. **Autonomy** – respect for the patient's right to self-determination.
2. **Beneficence** – the duty to 'do good'
3. **Non-Maleficence** – the duty to 'not do bad' Justice – to treat all people equally
4. **equitably.**

UNIFORM DETERMINATION OF DEATH⁽³⁾:

Types of Brain Injury:

□ Brain Death:

➤ Brain Stem Death:

Is a clinical syndrome defined by the absence of reflexes with pathways through the brain stem – the "stalk" of the brain which connects the spinal cord to the mid-brain, cerebellum and cerebral hemispheres.

➤ Whole Brain Death

➤ Cortical/Cerebral Brain Death

□ **Vegetative State**: Refers to plant life i.e. without locomotion)

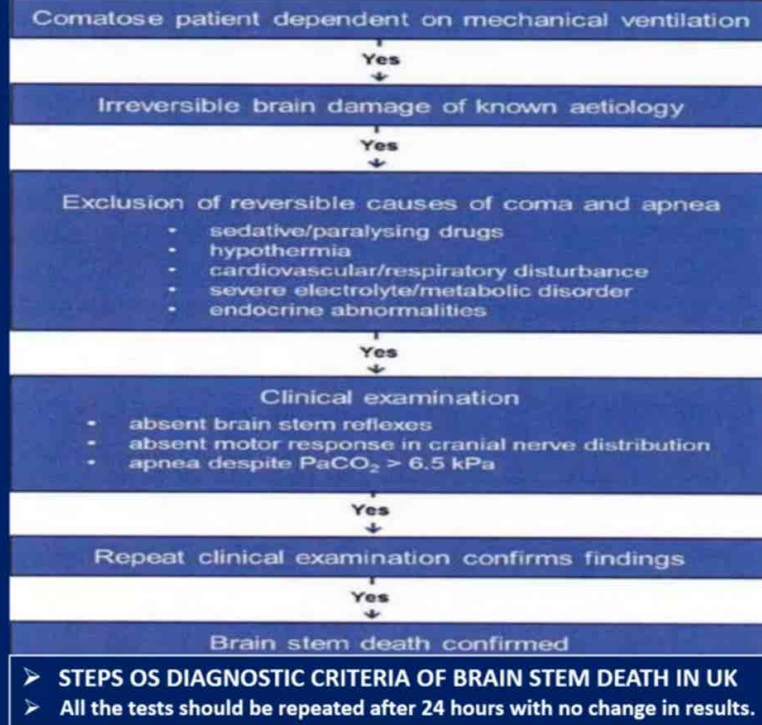
□ It is a brain injury resulting from Trauma or Diseases, where higher functions of brain are lost while the non-cognitive functions, like breathing and heart beating are retained.

□ "Eyes-opened unconsciousness"

There is a disassociation between wakefulness and awareness.

□ Locked in Syndrome

Paralyzed from head to toe, the patient, his mind intact, is imprisoned inside his own body, but unable to move or speak.



Persistent or Permanent Vegetative state (PVS):

=Unresponsive Wakefulness Syndrome (UWS):

Definition:

- A **vegetative state** is absence of responsiveness and awareness due to overwhelming dysfunction of the cerebral hemispheres, with sufficient sparing of the diencephalon and brain stem to preserve autonomic and motor reflexes and sleep-wake cycles.
- The vegetative state is **considered persistent** when it has lasted longer than **four weeks**. A permanent vegetative state describes a vegetative state that has been present for **six months if caused by a non-traumatic brain injury**, or **more than 12 months** if caused by a traumatic brain injury
- The diagnosis of persistent or permanent vegetative state (PVS) raises ethical and legal problems.
- Strict adherence to the doctrine of the sanctity of life would require carers to continue to maintain the individual, perhaps for many years.
- ❑ **Major ethical problems in PVS may occur due to:**
 - Those are: discrimination, harassment, unethical accounting, technological abuse, data privacy, health and safety, and favoritism and nepotism. Most of these are experienced in workplaces.

BRAIN DEATH₍₁₎:

Definition:

Death is an irreversible implicit biological phenomenon of living organisms and must be determined with accuracy and reproducibility by physicians.

- Greek physicians held that:
 - the **Heart** was the seat of life, the first organ to live and the first organ to die
 - **Neither respiration nor brain** function was essential for life
- **Hippocrates** held that the **Brain** was the source of reason, sensation and motion