DEFINITIONS

- **Advance Directive** ~ a legal document stating a person’s preferences for medical decisions
- **Autonomy** ~ self-directing freedom
- **Beneficence** ~ performing acts of kindness and charity
- **Breach** ~ failure to do something that was promised
- **Conflict of Interest** ~ a situation in which the duties of one relationship or position work against the duties of another relationship or position
- **Deleterious** ~ causing damage
- **EMTALA** ~ Emergency Medical Treatment and Active Labor Act; also known as the Patient Anti-Dumping Statute
- **Ethics** ~ ideas of right and wrong
- **HIPAA** ~ Health Insurance Portability and Accountability Act
- **Heterogeneity** ~ having diverse characteristics rather than similar ones
- **Kickback** ~ illegal payment made in return for referrals or promotion of certain products
- **Non-Maleficence** ~ not committing harm or evil
- **OSHA** ~ Occupational Safety and Health Administration
- **Palliative** ~ relieving symptoms without fixing or repairing the underlying condition
- **Standard Precautions** ~ recommendations issued by the Centers for Disease Control and Prevention (CDC) to decrease the risk of exposure to bloodborne pathogens in the healthcare setting

LESSON 1 ~ INTRODUCTION

OVERVIEW

Medical ethics refers to the discussion about:

- Choices and values in medical practice
- The duty of healthcare providers

It examines questions of moral right and wrong.

This course will help you:

- Understand what you should and should not do as a healthcare provider
- Do your job in an ethical way

You will learn about:

- The four basic ethical principles for healthcare providers
- Ethics around specific issues in healthcare today.

COURSE GOALS

After completing this course you will be able to:

- List the four guiding principles of medical ethics to improve patient outcomes
- Recognize ethical duties related to patient care in general
- Identify ethical duties related to patients near the end of life that will improve patient care
- List the ethical duties that providers have in relation to their medical practice, society as a whole, and other providers
COURSE OUTLINE
- **Lesson 1 ~ Introduction**: course rational and goals
- **Lesson 2 ~ Overview**: presents the four guiding principles of medical ethics
- **Lesson 3 ~ The Patient-Provider Relationship**: covers ethical duties related to patient care and the patient-provider relationship
- **Lesson 4 ~ Patients Near the End of Life**: takes a closer look at ethical duties related to patients near the end of life
- **Lesson 5 ~ Practice, Society and Colleagues**: looks at ethical duties related to medical practice, society as a whole, and colleagues

**LESSON 2 ~ OVERVIEW OF MEDICAL ETHICS**

**LEARNING OBJECTIVES**
After completing this lesson, you should be able to:
- List the four guiding principles of medical ethics
- Cite one example of how these principles might conflict

**HISTORY OF ETHICS**
Many hundreds of years ago, physicians of ancient Greece first took the Hippocratic Oath. They swore to do what was ‘...for the benefit of...patients, and abstain from whatever is deleterious and mischievous.’

Today, healthcare providers face ethical questions that were unheard of even 10 or 20 years ago. These questions have come up because of:
- Advances in medicine
- Changes in society

Because of these changes and new questions, it makes sense for healthcare providers to go back to basics. Providers must remind themselves of their basic ethical principles.

**FOUR BASIC PRINCIPLES**
The four basic concepts of medical ethics are:
- **Beneficence** ~ beneficence means that healthcare providers have a duty to:
  - Do good
  - Act in the best interest of their patients
  - Act in the best interest of society as a whole
- **Non-Maleficence** ~ non-maleficence means that healthcare providers have a duty to:
  - Do no harm to their patients
  - Do no harm to society
- **Respect for Patient Autonomy** ~ this principle means that healthcare providers have a duty to protect the patient's ability to make informed decisions about care.
- **Justice** ~ justice means that healthcare providers have a duty to be fair to the community. In particular, providers have a duty to promote fair distribution of healthcare resources.

**DILEMMAS**
Unfortunately, the four guiding principles sometimes conflict. For example, you might have a patient who needs a kidney transplant. But kidneys are a scarce resource. If your patient gets a kidney, some other patient will not get the kidney. Your job is to advocate for your patient. In doing so, you are ‘taking’ a kidney from another patient. You are indirectly ‘doing harm’ to that patient. But you must put aside non-maleficence, to act in the best interest of your patient (ie, beneficence).

The ethical conflict on the previous screen is a simple example. It has a simple answer. Other conflicts and dilemmas can be much more complex. To address ethical conflicts, you must be able to take into account:
- The guiding principles of medical ethics
- The particular situation
SUMMARY
- The four guiding principles of medical ethics are: beneficence, non-maleficence, respect for patient autonomy, and justice.
- These principles can sometimes conflict.
- To resolve conflicts, you must have a clear understanding of ethical principles. You also must take into account the circumstances of each conflict.

LESSON 3 ~ THE PATIENT-PROVIDER RELATIONSHIP

LEARNING OBJECTIVES
After completing this lesson, you should be able to:
- Identify the imbalance of power in the patient-provider relationship
- Recognize why providers should not treat themselves or loved ones
- Recognize the provider's ethical duty to maintain patient confidentiality
- Recognize the ethical duties of the healthcare provider around informed consent
- Identify the provider's ethical duty to provide care to patients, regardless of their disease state or ability to pay

AN EQUAL RELATIONSHIP
Remember: Respect for patient autonomy means that patients have the right to make decisions about their own care. Providers must respect and protect this right. This might suggest that patients and providers are on an equal footing in their relationship.

AN UNEQUAL RELATIONSHIP
In reality, patients and providers never have an equal relationship.
- The provider has specialized knowledge and skills.
- The patient is vulnerable and dependent.

This results in an imbalance of power. This means that the provider has special duties in the relationship. At all times, the provider must:
- Act professionally
- Guide the relationship properly
- Keep the patient's welfare as top priority

RELATIONSHIP ISSUES
Specific ethical issues in the patient-provider relationship have to do with:
- The Nature of the Relationship
- Payment
- Confidentiality
- Disclosure and Informed Consent
- Medical Risk

NATURE OF THE RELATIONSHIP
In his or her relationship with patients, the healthcare provider must:
- Be competent
- Act responsibly
- Treat the patient with compassion and respect

The provider must focus on the welfare of the patient. This focus must not be affected by:
- Market forces such as healthcare coverage, drug companies, etc.
- Social pressures
- Administrative concerns

Sexual Relations ~ it is always unethical for a provider to have a sexual relationship with a current patient. This sort of relationship would be abusive due to:
- The knowledge and power of the provider
- The dependence and vulnerability of the patient
This is true even if the patient:
• Consents to the sexual contact
• Initiates the sexual contact

**Friends & Family** ~ Healthcare providers should not treat:
• Themselves
• Close friends
• Family members
• Close employees

If a provider does treat someone close, the provider or patient could end up feeling awkward or embarrassed. This could lead to:
• Incomplete medical histories
• Inadequate physical exams

In addition, providers are unlikely to be objective about loved ones. This can lead to poor medical decisions.

**PAYMENT**

Providers should be paid fairly. However, the provider’s duty to the patient comes before money. Providers have an ethical duty to care for patients, whether or not those patients can pay.

**Money** ~ the ethical duty to care for patients, regardless of payment, is reflected in U.S. law. Under EMTALA, hospitals that participate in Medicare and have emergency departments must provide emergency services to patients. This is true whether or not the patient can pay.

**CONFIDENTIALITY**

Confidentiality is a critical part of medical care. By protecting the confidentiality of patients, healthcare providers:
- Respect and uphold patient privacy rights
- Encourage patients to talk about medical issues openly and honestly
- Prevent health-related discrimination against their patients

**Exceptions** ~ patient confidentiality is not absolute. A provider may have a duty to breach confidentiality when there is a conflict between:
• Patient autonomy ~ the right of the patient to control his or her own health information; and
• Non-maleficence ~ protecting the patient or others from harm

For example, a provider may have a duty to inform a patient's sexual partner that the patient is HIV-positive.

The following are other examples of situations in which it may be necessary to reveal patient information:
• A patient threatens serious self-harm or harm to someone else.
• The patient is a suspected victim of child abuse or neglect.
• The information relates to a crime.
• The patient is a healthcare provider, and has a condition that makes him or her a danger to patients.
• The patient is not fit to drive.

Before revealing patient information, be sure to check state and local law. Review HIPAA guidelines for allowed disclosures of protected health information.

If you decide to go forward with a disclosure:
• Talk to the patient first, if possible. Ask for the patient's consent. Ideally, the patient will consent to the disclosure. If not, it is still okay to reveal the information, if you have determined that it is legal and ethical to do so.
• Disclose the information in a way that minimizes any harm to the patient.
• Follow state and federal guidelines for disclosing the information.
It is NEVER okay to violate patient confidentiality by discussing protected information in a public place, such as the hospital cafeteria.

**DISCLOSURE & INFORMED CONSENT**

Patient autonomy means that patients must get good information about their:
- Health status
- Healthcare choices

‘Good information’ means all the information needed to make informed decisions about care. This includes the risks and benefits of each treatment option. The ability to make informed decisions because of receiving good information is informed consent. Patients must give informed consent for any treatment. To be sure to give good information to patients, always talk to patients:
- In terms the patient can understand
- At a pace comfortable for the patient

**Conflicts** — the provider's duty to give good information may sometimes conflict with his or her personal beliefs. This is particularly common with reproductive rights, such as:
- Abortion
- Sterilization
- Contraception

A provider is not required to disclose information that conflicts with his or her personal beliefs. However, the provider does have a duty to refer the patient to someone who will give full disclosure.

Patients have the right to refuse treatment for any reason. The reason might not make sense to the provider. This does not matter. The patient still has the right to refuse treatment. In this case, the provider needs to make sure that the patient understands the risks of refusing treatment. The provider then has an ethical duty to try to understand the patient's viewpoint. If the provider is able to respect the patient's decision, it is ethical for the provider to continue to work with the patient. If the provider cannot respect the patient's decision, the ethical thing to do is to refer the patient to a new provider.

**Errors** — providers have an ethical duty to inform patients of errors in their care. If errors are not disclosed, this puts the trust of the patient and society at risk. By contrast, disclosing errors makes it possible to:
- Prevent similar errors in the future
- Compensate injured parties

**MEDICAL RISK**

Working with certain patients puts providers at risk of serious infection. For example, providers are at risk when they work with patients who have:
- Hepatitis C
- AIDS
- Drug-resistant TB

Providers have an ethical duty to care for all patients. It is unethical to refuse to treat certain patients because of their disease state.

When working with high-risk patients, providers can and should expect their workplace to limit their risk through proper infection control. For example, OSHA’s Bloodborne Pathogens Standards requires healthcare facilities to limit the worker’s risk of exposure to bloodborne pathogens. Providers also need to take responsibility for their own protection by following:
- Standard Precautions with all patients
- Other appropriate isolation precautions for patients with specific diagnosed or suspected diseases
Post-Exposure ~ providers who may have been exposed to certain infections have an ethical duty to be tested. They should do so voluntarily. Providers with certain infections should remove themselves from direct patient care, if their risk of infecting patients is too high.

SUMMARY
- Healthcare providers must be competent, responsible, and respectful in their relationship with patients.
- Healthcare providers must focus on the welfare of the patient. The patient’s welfare must not be sacrificed to other concerns.
- It is unethical for a provider to have sexual contact with a patient.
- Providers should not treat themselves or people close to them.
- Providers should be paid fairly for their services. If a patient cannot pay, the patient's health takes priority over payment.
- Confidentiality is a critical part of healthcare.
- Patients have the right to receive good information about their health status and healthcare choices. They have a right to refuse treatment. If a provider's personal beliefs conflict with full disclosure or the patient's right to refuse treatment, the ethical choice is to refer the patient to a new provider.
- Providers have an ethical duty to inform patients of errors in their care.
- It is unethical to refuse to treat certain patients because of their disease state.
- Providers with certain infections should remove themselves from direct patient care, if their risk of infecting patients is too high.

LESSON 4 ~ PATIENTS NEAR THE END OF LIFE
LEARNING OBJECTIVES
After completing this lesson, you should be able to:
- Define palliative care
- Identify ethical issues related to end-of-life care
- List ethical duties of the healthcare provider related to end-of-life care

BACKGROUND
In the past, terminally ill or permanently unconscious patients tended to die quickly. This happened because they were unable to eat or drink, or they developed other complications. Advances in medicine have made it possible to keep these patients alive for longer than ever before. This forces patients, families, and healthcare providers to face difficult ethical issues related to:
- How to provide end-of-life care
- When life should end

ETHICAL ISSUES
Specific ethical issues have to do with:
- Palliative Care
- End-of-Life Treatment Decisions
- Withdrawing Treatment
- Organ Donation
- Assisted Suicide and Euthanasia

PALLIATIVE CARE
Patients near the end of life may need palliative care. The goal of palliative care is not to cure the patient. The goal is to provide comfort. As a healthcare provider, you have an ethical duty to:
- Understand the importance of palliative care.
- Be prepared to address all of the needs of patients near the end of life. These patients may need physical comfort. They also have psychosocial and spiritual needs.
- Stay up-to-date on the legality and ethics of using high-dose opiates for control of physical pain.
END-OF-LIFE TREATMENT DECISIONS

Remember: Patients have the right to refuse treatment. This includes the right to refuse life-sustaining treatment near the end of life. Patients who are unable to make or communicate healthcare decisions do not lose the right to refuse treatment. Treatment decisions for these patients should follow the patient's advance directive:

- **Living Will** ~ a living will is a legal document describing what medical care a patient wants at the end of life. It takes effect when a terminally ill patient is no longer able to make or communicate healthcare decisions. A living will should address: life support, tube feeding, DNR/DNI orders, withholding treatment, palliative care, and organ donation.

- **Medical Power of Attorney** ~ a medical power of attorney (POA) is a legal document granting the power to make healthcare decisions. It is also known as durable power of attorney for healthcare. This power becomes active if the patient loses the ability to make or communicate his or her own decisions.

If the patient does not have an advance directive, treatment decisions should be made based on:

- What the patient's close friends and family think the patient would have wanted
- The patient's best interests

Providers have two primary ethical duties around the patient's right to make end-of-life treatment decisions:

- To encourage all adults to complete advance directives before they near the end of life
- To respect each patient's verbal or written end-of-life decisions

WITHDRAWING TREATMENT

Withdrawing and withholding life-sustaining treatment are ethically and legally equivalent. In other words, it is ethical and legal to withhold life-sustaining treatment if a patient refuses treatment. It is also ethical and legal to discontinue treatment after starting, if the patient decides that treatment should be stopped. **Important note:** Be sure to check your facility's policies for specifics on withholding and withdrawing life-sustaining treatment.

ORGAN DONATION

Providers have a duty to make patients aware of the option to donate organs and tissues. This duty comes from the ethical principles of beneficence and justice. Ethically, the care of the donor must be kept separate from the care of the recipient. The potential donor's primary provider:

- Should not be responsible for the care of the recipient
- Should not be involved in retrieving the donor's organs and tissues

Before the potential donor is declared legally dead, any treatment to support transplantable organs should be given only if it is not expected to harm the donor.

ASSISTED SUICIDE & EUTHANASIA

The ethics of physician-assisted suicide and euthanasia continue to be controversial. Both practices are illegal in most states. In physician-assisted suicide, the provider typically writes a prescription for a lethal drug dose. The patient takes these drugs on his or her own. In euthanasia, the provider directly and deliberately gives the patient a lethal drug dose. Physician-assisted suicide and euthanasia should not be confused with:

- A patient's informed decision to refuse life-sustaining treatment
- Unintended shortening of life, as a result of using high-dose opiates for pain control

SUMMARY

- Providers have an ethical duty to stay up-to-date with palliative care options.
- Providers should encourage competent adults to complete advance directives. They must respect a patient's end-of-life treatment decisions.
- Withdrawing and withholding treatment are ethically and legally equivalent.
- Providers should help make potential donors aware of the option to donate organs and tissues.
- In physician-assisted suicide, the provider writes a prescription for a lethal drug dose. In euthanasia, the provider administers the dose.
Assisted suicide and euthanasia should not be confused with a patient's informed decision to refuse life-sustaining treatment. They also should not be confused with unintended shortening of life as a result of attempting to relieve pain.

**LESSON 5 ~ PRACTICE, SOCIETY AND COLLEAGUES**

**LEARNING OBJECTIVES**
After completing this lesson, you should be able to:
- List ethical duties related to medical practice
- Recognize the healthcare provider's duties to society
- Identify the responsibilities providers have for one another

**ETHICS OF PRACTICE**
Providers have an ethical duty to:
- Treat patients whether or not they can pay
- Provide medical services to the uninsured and underinsured
- Use resources wisely and help distribute resources fairly. This means that patients should be diagnosed and treated with as little waste, such as unnecessary tests, as possible.

**Conflict of Interest**
Providers must recognize and manage conflict of interest. It is unethical for providers to:
- Give or take fees for patient referrals
- Take commissions or kickbacks, especially from medical device or drug companies
- Refer patients to outside facilities in which they have a financial interest
- Accept individual gifts, trips, or monies from the healthcare industry

**DUTY TO SOCIETY**
Providers have the following ethical duties related to society as a whole:
- Advocate for the health and wellbeing of the public
- Report infectious diseases as required by law
- Provide the general public with accurate information about healthcare and preventive medicine
- Work to ensure that all members of the community have access to healthcare
- Serve as expert witnesses when needed, in civil and criminal legal proceedings

**Legal & Ethical Conflicts**
Providers are both ethically and legally accountable for their actions. In some cases, legal and ethical duties conflict. For example, providers have an ethical duty to refuse to take part in torture. In many countries, however, it is legal for healthcare workers to take part in torture. This shows that the law is never a substitute for ethical reasoning. If you are concerned about the possible legal consequences of your ethical decisions, consult an attorney.

**DUTY TO COLLEAGUES**
Providers have the following ethical duties related to their peers:
- Protect patients from incompetent providers
- Help colleagues who lack competency or need consultation
- Request consultation, as needed
- Work together with other providers to optimize patient care
- Be respectful of one another
- Report colleagues who have engaged in fraud or other misconduct

**SUMMARY**
- Providers have an ethical duty to treat patients, whether or not the patient can pay.
- Providers must recognize and manage conflicts of interest.
- Providers have ethical duties to the community at large.
- Providers are both ethically and legally accountable for their actions. In some cases, legal and ethical duties may conflict.
- Providers have ethical duties to and for one another.