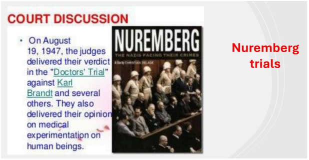
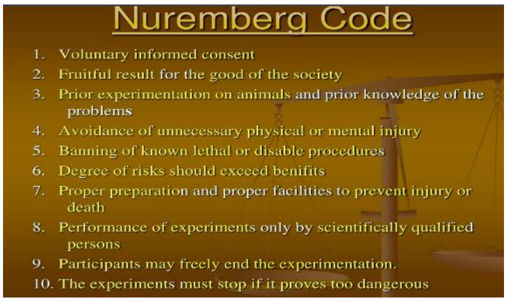
Medical ethics

- **Medical Ethics, or Bioethics** is the study of **moral issues** and **duties** arising in medical practice, research, and healthcare policy.
- It's about **guiding physicians and healthcare professionals** to do what is right for patients, society, and themselves.

- **Medical ethics also covers practical areas:** informed consent, confidentiality, end-of-life decisions, allocation of scarce resources, research ethics, emerging issues like genetic testing and AI in medicine.

- **History of medical ethics:**

Event and period	Key Features / Principles	Context / Notes
Hippocratic Oath (5th century BCE,Greece)	- **Beneficence** ("help the sick") - **Non-maleficence** ("do no harm")	Earliest structured medical ethics. Focused on **physician virtue.**
Paternalistic Model (up to mid-20th century)	- **Doctor decided what was best to the patient** - **No patient involvement or conforming** - **Diagnoses often withheld** (e.g., cancer) - **Patients expected to comply**	- Fit societal norms of the time: authority figures rarely questioned. - Reinforced in Middle East, parts of Asia, and Europe **by social hierarchies and trust in authority.**
Nuremberg Code (Post-World War II (1947)) after Nuremberg trial  COURT DISCUSSION • On August 19, 1947, the judges delivered their verdict in the "Doctors' Trial" against Karl Brandt and several others. They also delivered their opinion on medical experimentation on human beings. Nuremberg trials	 Nuremberg Code 1. Voluntary informed consent 2. Fruitful result for the good of the society 3. Prior experimentation on animals and prior knowledge of the problems 4. Avoidance of unnecessary physical or mental injury 5. Banning of known lethal or disable procedures 6. Degree of risks should exceed benifits 7. Proper preparation and proper facilities to prevent injury or death 8. Performance of experiments only by scientifically qualified persons 9. Participants may freely end the experimentation. 10. The experiments must stop if it proves too dangerous	Established international standards for **informed consent** in research after Nazi medical atrocities.
1964 – Declaration of Helsinki • In the 1960s–70s, social change, civil rights movements, and patient advocacy fueled the idea that patients should be informed and actively involved in decisions.	- Developed by **World Medical Association** - **Expanded Nuremberg Code principles** - Emphasized: **physician responsibility, risk–benefit analysis, independent ethics review, participant welfare.**	Revised multiple times: 1975, 1983, 1989, 1996, 2000, 2008, 2013
Belmont Report (in 1979 by U.S. National Commission for the protection of Human Subjects of Biomedical and Behavioral Research)	**Three pillars:** **1. Respect for Persons (Autonomy)** **- Treat individuals as autonomous**	- Created in response to unethical research (e.g., **Tuskegee Syphilis Study (1932-1972): (1932–1972), were** African American men with syphilis were deliberately left

	- **Special protection** for those with diminished autonomy (children, cognitively impaired) - **Requires informed consent** **2. Beneficence** - **Maximize benefits, minimize harm** - **Assess risk–benefit ratio** **3. Justice** - **Fair distribution of benefits and burdens** - **Avoid exploiting vulnerable groups** - **Ensure equitable subject selection**	**untreated** without informed consent, even after penicillin became available!! - Establish basic ethical principles for research involving human subjects and to guide regulations. - Influenced IRBs, Common Rule, and global guidelines. Applied in both research and clinical bioethics
Beauchamp & Childress “Four Principles” Model (1979)	- Expanded ethical thinking beyond research into clinical practice **Four principles:** **1. Autonomy** **2. Beneficence** **3. Non-maleficence** **4. Justice** - **Foundation of modern clinical bioethics worldwide.**	Default expectation is shared **decision-making and full informed consent.**
1980s–present: Modern medical ethics	- **Autonomy becomes dominant principle in Western medicine.** - **Paternalism becomes the exception rather than rule (exists in emergencies or in cultures prioritizing family decision-making over individual autonomy).**	- Emphasis on informed consent, shared decision-making, and patient-centered care.

➢ **Some Terms:**

Ethical Term	**Definition**	**Example**
Autonomy	Respecting a patient’s right to make decisions about their own care.	A patient with cancer chooses to decline chemotherapy after being fully informed of risks and benefits.
Beneficence	It is a duty to **help patients** and promote their well-being.	A doctor recommends vaccination to prevent serious illness in a child

Non-maleficence	“**Do no harm**”—avoid interventions where harm outweighs benefit.	Avoiding unnecessary surgery that has high risk of complications with little potential benefit.
Justice .	**Fairness** in distributing healthcare resources and treating patients equally	Ensuring all eligible patients have access to a limited number of organ transplants based on medical criteria, not social status.
Reflective practice	Clinicians examine decisions, biases, and values to improve ethical judgment, especially in complex cases without a clear “right answer.”	
Informed consent	More than a signature; requires: - **Capacity** - **Adequate disclosure** - **Understanding** - **Voluntariness** - **Authorization.** Patients must understand **diagnosis, treatment options, risks, and benefits**. Communication must consider language, culture, literacy, emotional state.	A patient undergoing surgery is explained the procedure, benefits risks, alternatives, and consents voluntarily after asking questions.
Confidentiality	Protecting patient information. It can be breached if **serious risk to patient or others** (e.g., imminent harm, child abuse, certain infectious diseases). Breach must weigh benefits vs harms.	A doctor reports a case of **child abuse** to authorities while keeping other unrelated health information private.
End-of-life ethics	Concerns withholding/withdrawing treatment vs assisted dying. **Withholding or withdrawing** treatment with patient consent is generally accepted because it respects autonomy and avoids prolonging suffering. (Advanced directives, and living wills, health-care proxy assignments are important considerations)	- Withholding: Not starting dialysis in a terminal patient who refuses it. - Withdrawing: Stopping mechanical ventilation with patient or proxy consent. - Assisted dying: Physician administers a lethal dose to the pateint

⭐Ethical reasoning often requires balancing principles, context, and consequences, not just following rules.

	Active euthanasia is controversial and regulated differently by law, culture, and ethics.	

- **In research ethics:**

- Principles include respect for persons, beneficence, and justice which are embodied in the Belmont Report.

- Patients in research must have voluntary participation, protection from harm, and fair selection.

- Emphasize equipoise: research is ethical only if there’s genuine uncertainty about which treatment is better.

- **Emerging challenges:**

- genetics, reproductive technology, AI in diagnostics, resource scarcity, and global health ethics.

- For example, in genetics, testing might reveal information not just about the patient but about family members. Balancing autonomy, privacy, and potential harm is tricky.

- AI raises questions about accountability, bias, and transparency.

Cultural, legal, and religious considerations are very important for real-world clinical scenarios.

- **Clinical scenario: A young woman in Jordan has severe depression with suicidal thoughts. She wants to start electroconvulsive therapy (ECT), but her family refuses due to cultural and religious beliefs, fearing stigma and “spiritual harm.” At the same time, the law requires family consent for certain treatments in minors or young adults**

- **9 steps to do:**

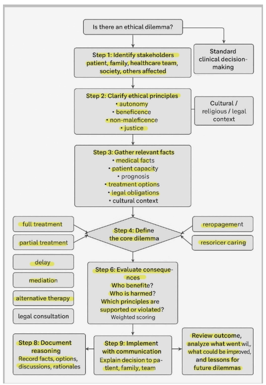
Ethical Term	**Goal**	**Details / Explanation**
1. Identify Stakeholders	Recognize all parties affected by the case to clarify responsibilities and possible harms	- **The patient** - **Her family** - **The treating psychiatrist** - **The hospital** - **Potentially society** (mental health stigma can affect policy and community perception).
2. Identify ethical principles	Determine relevant ethical considerations	- **Autonomy**: Respecting the patient's choice to receive treatment - **Beneficence:** ECT may save her life - **Non-maleficence:** ECT carries risks, but withholding it may cause harm - **Justice:** Fair treatment and access to care - Contextual guides: Cultural, religious, and legal norms may influence interpretation.
3. Gather Relevant Facts	Collect all necessary medical, social, and legal information	- **Patient capacity** and consent ability - **Medical facts:** diagnosis, prognosis, treatment options - **Risks and benefits** of each option - **Social circumstances and cultural considerations** - **Legal obligations** (family consent laws in minors/young adults) Avoid assumptions; fact-check everything.
4. Analyze the dilemma	Understand ethical conflicts and risks	- Conflict between respecting the patient's autonomy vs. family's cultural/religious authority - Legally, **family may have decision-making power depending on age and regulations** - Need to analyze all sources of harm: emotional, physical, spiritual, and societal
5. Consider alternatives	Explore possible solutions to resolve the dilemma	1. **Enhance communication with the family** (e.g., involve a cultural mediator or religious advisor to explain medical necessity) 2. **Offer psychotherapy to the patient while waiting for consent** **3. Seek legal consultation if the patient's life is at imminent risk**

6. Weigh Consequences and Moral Obligations	Analyze benefits, harms, and principle alignment	- Ask: Who benefits? Who is harmed? - Determine which ethical principle is most strongly supported or violated - Compare options to find the best balance between minimizing harm and respecting stakeholders Ethical reasoning often leads to a “best possible” solution, not a perfect one.
7. Decide and Justify	Make a decision ethically supported and justified	- Prioritize life-saving treatment - Involve the family respectfully - Document all discussions - Escalate ethically if refusal endangers the patient **- Reflective practice:** Psychiatrist must examine personal biases, cultural assumptions, and potential legal repercussions before acting
8. Documentation and Reflection	Record reasoning and learn from the case	- Document: 1) Reasoning, 2) Patient preferences, 3) Family discussions, 4) Any relevant legal considerations. - Documentation protects patients, clinicians, and institutions, and supports reflective practice - Reflective practice: Debrief after the case to learn from ethical tension and improve future decision-making.
9. Implement the decision with care and communication	Ensure ethical, transparent, and supportive execution	- Engage stakeholders in implementation - Explain reasoning clearly - Address fears and concerns - Maintain transparency throughout the process

What’s important here is that this is a model, a process for ethically navigating conflicts when medical, legal, cultural, and religious norms intersect.

This shows that: principles can guide but no dictate.

Careful deliberation, empathy, and context-specific reasoning are central.



Questions

Q1) A 24-year-old man with schizophrenia tells his psychiatrist he plans to kill his ex-girlfriend. He provides her name and address. What is the physician's best course of action?

A. **Maintain confidentiality**
B. **Call the police and warn the girlfriend**
C. **Hospitalize the patient involuntarily**
D. **Notify only the patient's family**
E. **Document the threat but take no action**

Q2) A surgeon has tremors during operations, and colleagues notice increasing errors. What is the most appropriate immediate action?

A. **Report to hospital administration**
B. **Report to the state licensing board immediately**
C. **Confront the surgeon privately**
D. **Ignore to avoid damaging reputation**
E. **Ask patients if they want a new surgeon**

Q3) A grateful patient offers her psychiatrist an expensive watch. What is the most appropriate response?

A. **Accept the gift**
B. **Decline politely and explain why**
C. **Accept but donate it to charity**
D. **Accept if the patient insists**
E. **Ignore and change the subject**

Q4) An 82-year-old with bruises and poor hygiene lives with a caregiver grandson. She is decision-capable but denies abuse. You remain suspicious. Next step?

A. **Respect her denial and do nothing**
B. **Call the grandson to discuss**
C. **Transfer care to avoid involvement**
D. **Wait for proof before acting**
E. **Report suspected elder abuse to appropriate authorities**

Answers: B,A, B **,E**

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