



EDITORIAL

ETHICS FOR THE PHYSICIAN AND ETHICS IN THE MANAGEMENT OF THE TERMINALLY ILL PATIENT

By

Ahmed Okasha

WHO Collaborating Center, For Research and Training in Mental Health, Institute of Psychiatry, Ain Shams University

Medicine is both an art and a science. Science is a co-twin of virtue. Art is a method of catharsis to purify the soul. Until one century ago, medicine and religion were practiced by the religious healer. In ancient Egypt medicine and religious beliefs were practiced by the priest.

The practice of medicine was considered a holy and respectful endeavor and they used to consider the healing physician as a Demigod.

Regrettably, medical practice in the era of globalization has become a trade and business manipulated by a third party namely the medical insurance which has marginalized the relationship between patient and physician and the human factor is gradually waning. Medical schools in Egypt are neglecting the curriculum of medical ethics such that graduates know nothing about ethical medical standards. This review will summarize in paragraphs, the medical ethical criteria adopted by physician's world-wide hoping

it can give some clarification to the medical reader.

The following principles adopted by the world and Medical Associations including America 2002 are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

- I. A physician shall be decided to providing competent medical care, with compassion and respect for human dignity and rights.
- II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
- III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

- IV. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.
- V. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.
- VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.
- VII. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.
- VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.
- IX. A physician shall support access to medical care for all people.

GENERAL OBLIGATION OF THE PHYSICIAN

- A physician’s paramount duty is to protect and promote the health and well-being of the persons he attends to, both individually and collectively, and must practice his profession in a manner which respects the life, dignity and liberty of the individual.
- A physician must discharge his professional obligations with competence, integrity and loyalty.
- A physician must practice his profession in accordance with scientific principles.
- A physician must disregard any interference which does not respect his professional independence.
- A physician must ensure that the person he employs or with whom he is associated in the

practice of his profession complies with this Code.

- A physician must not allow another person to perform, in his name, acts which, if performed by him, would place him in contravention of this Code, the Medical Act, the Professional Code and the regulations ensuing there from.
- A physician, in the practice of his profession, must not consult a charlatan, nor collaborate in any way whatsoever with him.
- A physician must refrain from taking part in a concerted action of a nature that would endanger the health or safety of a clientele or population.
- A physician must promote measures of education and information in the field in which he practices.
- A physician must, as far as he is able, contribute to the development of the profession by sharing his knowledge and experience, notably with his colleagues, with residents and medical students, and by his participation in activities, courses, and periods of continuing training and evaluation.

THE PHYSICIAN’S DUTIES AND OBLIGATIONS TOWARD THE PATIENT, THE PUBLIC AND THE PROFESSION

QUALITY OF THE PROFESSIONAL RELATIONSHIP

- A physician’s physical, mental and emotional behavior toward all persons with whom he comes into contact in the practice of his profession, particularly toward all patients, must be beyond reproach.
- A physician must seek to establish and maintain with his patient a relationship of mutual trust and refrain from practicing his profession in an impersonal manner.
- A physician may put an end to a therapeutic relationship when there is reasonable and just cause to do so, particularly when the normal conditions required to establish and maintain

mutual trust are absent, or if such trust no longer exists.

- Inducement on the part of the patient to perform illegal, unjust or fraudulent acts constitutes a reasonable and just cause.
- A physician, in order to maintain professional secrecy,
 1. Must keep confidential the information obtained in the practice of his profession.
 2. Must refrain from holding or participating in indiscreet conversations concerning a patient or the services rendered him or from revealing that a person has called upon his services.
 3. Must take reasonable means with respect to the person with whom he works to maintain professional secrecy.
 4. Must not use information of a confidential nature to the prejudice of a patient.
 5. May not divulge facts or confidences which have come to his personal attention, except when the patient or the law authorizes him to do so, or when there are compelling and just grounds related to the health and safety of the patient or others.
 6. May not reveal a serious or fatal prognosis to a patient's family if the patient forbids him from so doing.
- A physician must refrain from taking advantage of the professional relationship established with the person to whom he is providing services.
- More specifically, the physician must for the duration of the professional relationship established with the person to whom he is providing services, refrain from having sexual relations with that person or making improper gestures or remarks of a sexual nature.
- A physician may not refuse to examine or treat a patient solely for reasons related to the nature of the patient's deficiency or illness, or because of the race, color, sex, civil status, age, religion, ethnic or national origin, or social condition of

the patient, or for reasons of sexual orientation, morality, political convictions, or language; he may, however, refer the patient to another physician if he deems it to be in the patient's medical interest.

- A physician must where his personal convictions prevent him from prescribing or providing professional services that may be appropriate acquaint his patient with such convictions; he must also advise him of the possibility of not receiving such professional services.
- The physician must then offer to help the patient find another physician.
- A physician must not interfere in the personal affairs of his patient in matters unrelated to the field of health.
- A physician must acknowledge the patient's right to consult a colleague, another professional or any other competent person. He must not, by any means, interfere with the patient's freedom of choice.
- A physician must, when issuing a prescription, respect the patient's right to have it filled at the place and by the person of his choice.
- A physician must, except in an emergency, obtain voluntary and informed consent from the patient or his legal representative before undertaking an examination, investigation, treatment or research.

QUALITY OF PRACTICE

- A physician must, in the practice of his profession, take into account his capacities limitations and the means at his disposal. He must, if the interest of his patient requires it, consult a colleague, another professional or any competent person, or direct him to one of these persons.
- A physician must refrain from practicing his profession under circumstances or in any state that could compromise the quality of his practice or his acts or the dignity of the profession.

- A physician must practice his profession in accordance with the highest possible current medical standards; to this end, he must in particular, develop, perfect and keep his knowledge and skills up to date.
- A physician who undertakes or participates in research on human beings must conform to the scientific principles and ethical standards generally recognized and justified by the nature and purpose of his research.
- A physician must make his diagnosis with the greatest care, using the most appropriate scientific methods and if necessary consulting knowledgeable sources.
- A physician must avoid omissions, procedures or acts which are unsuitable or contrary to the current information in medical science.
- A physician must not resort to insufficiently tested examinations, investigations or treatments unless they are part of a recognized research project and carried out in a recognized scientific milieu.
- A physician must, with regard to a patient who wishes to resort to insufficiently tested treatments, inform him of the lack of scientific evidence relative to such treatments, of the risks or disadvantages that could result from them as well as the advantages he may derive from the usual care, if any.
- A physician must only provide care or issue a prescription when these are medically necessary.
- A physician must refrain from providing, prescribing or permitting the obtainment, in the absence of pathology or sufficient medical reason of psychotropic substances including alcohol or any other substance producing analogous effects as well as any substance used to improve performance.
- A physician must refrain from using or stating that he uses secret substances or treatments or from promoting the dissemination thereof.
- A physician must, when performing an act requiring assistance, ensure that the person assisting him is qualified.
- A physician must not remain alone with a patient when he uses a method of examination or treatment that entails a significantly altered state of consciousness.
- A physician must not decrease the physical, mental or affective capacities of a patient except where such is required for preventive, diagnostic or therapeutic reasons.
- A physician must, as soon as possible, inform his patient or the latter's legal representative of any incident, accident or complication which is likely to have or which has had a significant impact on his state of health or personal integrity.
- A physician must inform the patient or, if the latter is unable to act, his legal representative of a fatal or grave prognosis, unless there is just cause not to do so.
- A physician must, when the death of a patient appears to him to be inevitable, act so that it occurs with dignity. He must also ensure that the patient obtains the appropriate support and relief.
- A physician must collaborate with the patient's relatives or any other person who shows a significant interest in the patient.
- A physician must refuse to collaborate or participate in any medical act not in the patient's interest as it pertains to his health.
- A physician must refuse to collaborate in any research activity where the risks to the health of subjects, healthy or ill, appear disproportionate to the potential advantages they may derive from the usual care, if any.

INTEGRITY

- A physician must refrain from guaranteeing, explicitly or implicitly, the effectiveness of examination, investigation or treatment or the cure of a disease. He or she must refrain from entering, producing or using data that he knows to be erroneous in any document,

particularly in any report, medical record or research record. A physician must refrain from issuing to any person and for any reason whatsoever a false certificate or any information, either verbal or written, which he knows to be erroneous.

- He or she may not, by whatever means, make false misleading or incomplete representations to the public or to a person having recourse to his services, particularly as to his level of competence or the scope or effectiveness of his services or of those generally provided by members or his profession.
- A physician must not knowingly conceal the negative findings of a research project in which he has taken part. He or she, in expressing medical opinions through any public information medium, must inform the public of opinions in keeping with current information in medical science on the subject and avoid any uncalled for publicity favoring a medication, product or method of investigation or treatment.
- A physician must express the appropriate caution when informing the public of a new diagnostic, investigative or treatment procedure which has not been sufficiently tested.
- A physician may not engage in, or allow the use of, by any means whatsoever, advertising in his name, about him or for his benefit that is false, incomplete, unsuitable, misleading or liable to mislead.

ACCESSIBILITY AND RATIFICATION OF RECORDS

A physician must promptly and within no more than 30 days of its receipt, respond to any request made by his patient to examine or obtain a copy of documents concerning him in any record established in his respect.

FEES

A physician must refrain from claiming fees from whoever for professional activities the cost of which has been or must be paid by a third party. A

physician must claim only those fees justified by the nature and circumstances of the professional services rendered. He or she must, without delay, advise the patient of any change in the estimated cost of services and must refrain from claiming fees for professional services not rendered.

RELATIONS WITH COLLEAGUES AND OTHER PROFESSIONALS

A physician must not, in his relations with whomever in the practice of his profession, notably a colleague or member of another professional order, denigrate him, abuse his confidence, willingly mislead him, betray his good faith or use disloyal tactics. A physician must not harass, intimidate or threaten a person with whom he is connected in the practice of his profession. A physician must when of his own initiative he refers a patient to another professional, provide the latter with any information he possesses which is pertinent to the examination, investigation and treatment of that patient. A physician who accepts a request for consultation from a physician must promptly provide the latter with the written results of his consultation and the recommendations he considers appropriate. He may also, if he deems it necessary, provide another health professional who refers a patient to him or to whom he refers a patient with any information useful to the care and services to be given to that patient. A physician must, in an emergency, assist a colleague or another health professional in the practice of his profession when the latter requests it. A physician must not take credit for work performed by a colleague or any other person.

EUTHANASIA AND THE TERMINAL PATIENT

One of the principal questions in contemporary medical ethics that leads into societal morality is the question of euthanasia. Should modern medicine do all it can to save a patient, or should quality of life issues enter into the question? What is the moral balance between preserving life and preventing a once vital human from remaining comatose, sometimes for years? Should religious beliefs prevent medical professionals from helping to ease the pain and suffering of prolonged treatment in a terminally ill patient? These are but

some of the difficult questions surrounding the debate on the subject of euthanasia. This paper will present an overview of the major issues on the subject, give both the pro and con sides of the argument, and conclude with a synthesis of the dilemmas faced by both health professionals and society at large.

One of the most difficult moral, cultural, religious, and legal issues in medical ethics is the treatment of the dying patient.

In the past few decades the dilemma has intensified for various reasons, the enormous advances in medicine and technology; the change in the patient-physician relationship from a paternalistic to an autonomous approach, the greater involvement of various professionals in treating the dying patient (specialists, nurses, social workers, students, laboratory technicians and others), economic changes due to the very expensive treatments and technologies and social changes with a significant decline in the role of the physician. We are aware that the majority of people do not want to die, on the other hand, the majority of people do not want to suffer at the end of life and they do not want their lives to be prolonged artificially.

Every person is assumed to want to continue living unless proven otherwise; in case of reasonable doubt one should err in favor of life. Every adult person is assumed to be competent unless proven otherwise. The definition of a minor is usually a person under 17 years of age.

A dying patient is defined as one who will die within six months despite medical therapy; the last two weeks of expected life are defined as the final stage.

From a philosophical point of view neither the value of life nor the principle of autonomy is an absolute value. Hence there ought to be a balance between these principles, based upon the value system of Egypt. There is a need to determine the boundaries of prolonging life versus the avoidance of unjustifiable and unwanted suffering. Decisions concerning dying patients should be based solely

on the medical condition of the patient, his or her wishes and the degree of their suffering. No other factors should be considered when deciding how to treat the dying patient. In the case of an incompetent patient at the time of the required decision, the law strikes the following balance.

Commission of acts that hasten death is prohibited, whereas commission of life-sustaining therapies is permissible. Sanctity of life overrides autonomy by prohibiting any action that intentionally and actively shortens life (i.e. active euthanasia or physician-assisted suicide), even if these acts were previously requested by the patient. On the other hands the principle of autonomy overrides sanctity of life by permitting the withholding of treatments if this was the wish of the patient.

Many laws around the world distinguish between two types of treatments. The first is continuous life-sustaining therapies (cardiac pacemaker or respirator), which cannot be stopped because this is viewed as an act that shortens life. The second is intermittent life-sustaining therapies (dialysis, chemotherapy, radiotherapy), which can be stopped if they are directly related to the dying process. Terminating intermittent or cyclic life-sustaining treatments is viewed as omitting the first or next treatment rather than committing an act of withdrawal. These decisions are founded in some legal systems where there is no obligation to actively prolong pain and suffering of a dying patient, but any action that intentionally and actively shortens life is prohibited.

Since continuing unwanted ventilatory treatment would prolong suffering, the law allows the possibility of changing the ventilator from a continuous form of treatment to an intermittent form by connecting a timer and allowing the ventilator to stop intermittently. Hence, the technology that turns the ventilator to an intermittent form of therapy defines it as an omission rather than commission. This innovative approach is also psychologically helpful to health-care providers who have problems executing the wish of the patient.

Usually laws prohibit the withholding of food and fluid from a currently incompetent dying patient for the following reasons. The value of life in such situations overrides the previous autonomous wishes of the patient which are now unknown, food and fluid are regarded as a basic need of any living being, rather than a form of treatment, socially and emotionally there is a fundamental difference between food and fluid and other life-sustaining treatments; dying of starvation and dehydration is regarded in Moslem philosophy as an indignity to life, withholding food and fluid is unrelated to the dying process and hence is regarded as a form of euthanasia.

When the patient approaches the final days of his or her life, defined by some laws as less than two weeks, it is permissible to withhold food and even fluids, if such was the clear wish of the patient before becoming incompetent. At this final stage of life, food and even fluids may cause suffering and complications.

Based upon the notion of the dignity of man and upon the moral requirement to alleviate pain and suffering, some laws require providing palliative care according to current medical standards to the patient and to his or her family palliative treatment that might unintentionally shorten life, based on the principle of double effect.

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