World Medical Association

Medical Ethics Manual

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FOREWORD

Dr. Delon Human
Secretary General
World Medical Association

It is incredible to think that although the founders of medical ethics, such as Hippocrates, published their works more than 2000 years ago, the medical profession, up until now, has not had a basic, universally used, curriculum for the teaching of medical ethics. This first WMA Ethics Manual aims to fill that void. What a privilege it is to introduce it to you!

The Manual's origin dates back to the 51st World Medical Assembly in 1999. Physicians gathered there, representing medical associations from around the world, decided, "to strongly recommend to Medical Schools worldwide that the teaching of Medical Ethics and Human Rights be included as an obligatory course in their curricula." In line with that decision, a process was started to develop a basic teaching aid on medical ethics for all medical students and physicians that would be based on WMA policies, but not be a policy document itself. This Manual, therefore, is the result of a comprehensive global developmental and consultative process, guided and coordinated by the WMA Ethics Unit.

Modern healthcare has given rise to extremely complex and multifaceted ethical dilemmas. All too often physicians are unprepared to manage these competently. This publication is specifically structured to reinforce and strengthen the ethical mindset and practice of physicians and provide tools to find ethical solutions to these dilemmas. It is not a list of "rights and wrongs" but an attempt to sensitise the conscience of the physician, which is the basis for all sound and ethical decision-making. To this end, you will find several case studies in the book, which are intended to

foster individual ethical reflection as well as discussion within team settings.

As physicians, we know what a privilege it is to be involved in the patient-physician relationship, a unique relationship which facilitates an exchange of scientific knowledge and care within a framework of ethics and trust. The Manual is structured to address issues related to the different relationships in which physicians are involved, but at the core will always be the patient-physician relationship. In recent times, this relationship has come under pressure due to resource constraints and other factors, and this Manual shows the necessity of strengthening this bond through ethical practice.

Finally, a word on the centrality of the patient in any discussion on medical ethics. Most medical associations acknowledge in their foundational policies that ethically, the best interests of the individual patient should be the first consideration in any decision on care. This WMA Ethics Manual will only serve its purpose well if it helps prepare medical students and physicians to better navigate through the many ethical challenges we face in our daily practice and find effective ways **TO PUT THE PATIENT FIRST.**

INTRODUCTION

WHAT IS MEDICAL ETHICS?

Consider the following medical cases, which could have taken place in almost any country:

1. Dr. P, an experienced and skilled surgeon, is about to finish night duty at a medium-sized community hospital. A young woman is brought to the hospital by her mother, who leaves immediately after telling the intake nurse that she has to look after her other children. The patient is bleeding vaginally and is in a great deal of pain. Dr. P examines her and decides that she has had either a miscarriage or a self-induced abortion. He does a quick dilatation and curettage and tells the nurse to ask the patient whether she can afford to stay in the hospital until it is safe for her to be discharged. Dr. Q comes in to replace Dr. P, who goes home without having spoken to the patient.

2. Dr. S is becoming increasingly frustrated with patients who come to her either before or after consulting another health practitioner for the same ailment. She considers this to be a waste of health resources as well as counter-productive for the health of the patients. She decides to tell these patients that she will no longer treat them if they continue to see other practitioners for the same ailment. She intends to approach her national medical association to lobby the government to prevent this form of misallocation of healthcare resources.

3. Dr. C, a newly appointed *anaesthetist** in a city hospital, is alarmed by the behaviour of the senior surgeon in the operating room. The surgeon uses out-of-date techniques that prolong operations and result in greater post-operative pain and longer recovery times. Moreover, he makes frequent crude jokes about

* Words written in *italics* are defined in the glossary (Appendix A).

the patients that obviously bother the assisting nurses. As a more junior staff member, Dr. C is reluctant to criticize the surgeon personally or to report him to higher authorities. However, he feels that he must do something to improve the situation.

4. Dr. R, a general practitioner in a small rural town, is approached by a contract research organization (C.R.O.) to participate in a clinical trial of a new non-steroidal anti-inflammatory drug (NSAID) for osteoarthritis. She is offered a sum of money for each patient that she enrols in the trial. The C.R.O. representative assures her that the trial has received all the necessary approvals, including one from an ethics review committee. Dr. R has never participated in a trial before and is pleased to have this opportunity, especially with the extra money. She accepts without inquiring further about the scientific or ethical aspects of the trial.

Each of these case studies invites ethical reflection. They raise questions about *physician* **behaviour** and **decision-making** – not scientific or technical questions such as how to treat diabetes or how to perform a double bypass, but questions about *values*, rights and responsibilities. Physicians face these kinds of questions just as often as scientific and technical ones.

In medical practice, no matter what the specialty or the setting, some questions are much easier to answer than others. Setting a simple fracture and suturing a simple laceration pose few challenges to physicians who are accustomed to performing these procedures. At the other end of the spectrum, there can be great uncertainty or disagreement about how to treat some diseases, even common ones such as tuberculosis and hypertension. Likewise, ethical questions in medicine are not all equally challenging. Some are relatively easy to answer, mainly because there is a well-developed *consensus* on the right way to act in the situation (for example, the

physician should always ask for a patient's consent to serve as a research subject). Others are much more difficult, especially those for which no consensus has developed or where all the alternatives have drawbacks (for example, rationing of scarce healthcare resources).

So, what exactly is ethics and how does it help physicians deal with such questions? Put simply, ethics is the study of morality – careful and systematic reflection on and analysis of moral decisions and behaviour, whether past, present or future. Morality is the value dimension of human decision-making and behaviour. The language of morality includes nouns such as 'rights', 'responsibilities' and '*virtues*' and adjectives such as 'good' and 'bad' (or 'evil'), 'right' and 'wrong', 'just' and 'unjust'. According to these definitions, ethics is primarily a matter of knowing whereas morality is a matter of doing. Their close relationship consists in the concern of ethics to provide rational criteria for people to decide or behave in some ways rather than others.

"...ethics is the study of morality – careful and systematic reflection on and analysis of moral decisions and behaviour"

Since ethics deals with all aspects of human behaviour and decision-making, it is a very large and complex field of study with many branches or subdivisions. The focus of this Manual is **medical ethics**, the branch of ethics that deals with moral issues in medical practice. Medical ethics is closely related, but not identical to, *bioethics* (*biomedical ethics*). Whereas medical ethics focuses primarily on issues arising out of the practice of medicine, bioethics is a very broad subject that is concerned with the moral issues raised by developments in the biological sciences more generally. Bioethics also differs from medical ethics insofar as it does not require the acceptance of certain traditional values

that, as we will see in Chapter Two, are fundamental to medical ethics.

As an academic discipline, medical ethics has developed its own specialized vocabulary, including many terms that have been borrowed from philosophy. This Manual does not presuppose any familiarity with philosophy in its readers, and therefore definitions of key terms are provided either where they occur in the text or in the glossary at the end of the Manual.

WHY STUDY MEDICAL ETHICS?

"As long as the physician is a knowledgeable and skilful clinician, ethics doesn't matter."

"Ethics is learned in the family, not in medical school."

"Medical ethics is learned by observing how senior physicians act, not from books or lectures."

"Ethics is important, but our curriculum is already too crowded and there is no room for ethics teaching."

These are some of the common reasons given for not assigning ethics a major role in the medical school curriculum. Each of them is partially, but only partially, valid. Increasingly throughout the world medical schools are realising that they need to provide their students with adequate time and resources for learning ethics. They have received strong encouragement to move in this direction from organizations such as the World Medical Association and the World Federation for Medical Education (cf. Appendix C).

The importance of ethics in medical education will become apparent throughout this Manual. To summarize, ethics is and always has been an essential component of medical practice. Ethical principles such as respect for persons, informed consent and confidentiality are basic to the physician-patient relationship. However, the

application of these principles in specific situations is often problematic, since physicians, patients, their family members and other healthcare personnel may disagree about what is the right way to act in a situation. The study of ethics prepares medical students to recognize difficult situations and to deal with them in a rational and principled manner. Ethics is also important in physicians' interactions with society and their colleagues and for the conduct of medical research.

"The study of ethics prepares medical students to recognize difficult situations and to deal with them in a rational and principled manner."

MEDICAL ETHICS, MEDICAL PROFESSIONALISM, HUMAN RIGHTS AND LAW

As will be seen in Chapter One, ethics has been an integral part of medicine at least since the time of Hippocrates, the fifth century B.C.E. (before the Christian era) Greek physician who is regarded as a founder of medical ethics. From Hippocrates came the concept of medicine as a **profession**, whereby physicians make a public promise that they will place the interests of their patients above their own interests (cf. Chapter Three for further explanation). The close relationship of ethics and professionalism will be evident throughout this Manual.

In recent times medical ethics has been greatly influenced by developments in **human rights**. In a *pluralistic* and multicultural world, with many different moral traditions, the major international human rights agreements can provide a foundation for medical ethics that is acceptable across national and cultural boundaries. Moreover, physicians frequently have to deal with medical problems resulting from violations of human rights, such as forced migration and torture. And they are greatly affected by the debate over whether

healthcare is a human right, since the answer to this question in any particular country determines to a large extent who has access to medical care. This Manual will give careful consideration to human rights issues as they affect medical practice.

Medical ethics is also closely related to law. In most countries there are laws that specify how physicians are required to deal with ethical issues in patient care and research. In addition, the medical licensing and regulatory officials in each country can and do punish physicians for ethical violations. But ethics and law are not identical. Quite often ethics prescribes higher standards of behaviour than does the law, and occasionally ethics requires that physicians disobey laws that demand unethical behaviour. Moreover, laws differ significantly from one country to another while ethics is applicable across national boundaries. For this reason, the focus of this Manual is on ethics rather than law.

"...often ethics prescribes higher standards of behaviour than does the law, and occasionally ethics requires that physicians disobey laws that demand unethical behaviour"

CONCLUSION

Medicine is both a science and an art. Science deals with what can be observed and measured, and a competent physician recognizes the signs of illness and disease and knows how to restore good health. But scientific medicine has its limits, particularly in regard to human individuality, culture, religion, freedom, rights and responsibilities. The art of medicine involves the application of medical science and technology to individual patients, families and communities, no two of which are identical. By far the major part of the differences among individuals, families and communities is non-physiological, and it is in recognizing and dealing with these differences that the arts, humanities and social sciences, along with ethics, play a major role. Indeed, ethics itself is enriched by the insights and data of these other disciplines; for example, a theatrical presentation of a clinical dilemma can be a more powerful stimulus for ethical reflection and analysis than a simple case description.

This Manual can provide only a basic introduction to medical ethics and some of its central issues. It is intended to give you an appreciation of the need for continual reflection on the ethical dimension of medicine, and especially on how to deal with the ethical issues that you will encounter in your own practice. A list of resources is provided in Appendix B to help you deepen your knowledge of this field.