Medical Ethics

Soft Skills for Clinical Care Providers

Saleh Abbas

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Preface

When I pursued my medical education in the 1980s, medicine was presented as a discipline grounded in extensive knowledge, rigorous scientific experimentation, refined artistry and accumulated experience. Occasionally, I would hear discussions about ethics and its pivotal role in clinical care, yet ethical principles were conspicuously absent from the curriculum. On the momentous day of our graduation in July 1987, the Dean of the medical school in Baghdad convened us in a grand lecture hall to recite the Hippocratic Oath. Most of my peers had only a vague understanding of the profound obligations the oath entailed, perceiving it instead as a testament to the personal integrity of the physician. I, too, was unaware of any texts dedicated to biomedical or clinical ethics, and the subject remained enigmatic throughout my early years in the field. In the 1990s, when I relocated to New Zealand, the landscape of clinical practice had notably evolved, and ethics had become a fundamental component in the curricula of numerous medical schools worldwide. This book is crafted to serve as a comprehensive reference for the myriad ethical challenges encountered by healthcare providers, ranging from medical students to seasoned physicians across all specialties, as well as nurses and administrative executives engaged in healthcare decision-making and service provision.

Medicine is more than a mere science—it is a profoundly human act. Every clinical skill performed at the bedside, every decision made in the consultation room, and every conversation held with patients embodies not only technical precision but also profound ethical responsibility.

This book emerged from the intricate intersection of two essential dimensions of medical practice: the mastery of clinical skills and the judicious application of biomedical ethics. While clinical competence guarantees that we are capable of acting, ethics ensures that we understand: when, how and why we should act.

Drawing from vivid real-world scenarios, cutting-edge debates and evidence-based practice, this text is meticulously crafted to equip current and future healthcare professionals with the tools necessary to navigate both the procedural and moral complexities of modern medicine. It strives to bridge the gap between technical proficiency and thoughtful consideration, between the quantifiable and the meaningful.

Whether you are a medical student embarking on the journey of taking a history for the first time, a seasoned clinician reflecting on ethical quandaries in daily practice or an educator inspiring deeper dialogue among learners, I hope this book provides clarity, challenge and compassion.

In an era where healthcare is increasingly influenced by technology, systems and external pressures, may we always remember the patient as a person—and the weighty responsibility we carry as healers.

Geelong, VIC, Australia Saleh Abbas

Introduction

Throughout history, various cultures and religions have emphasised the sanctity and dignity of human life. These beliefs have influenced modern Western medicine's ethical principles. In early civilisations like Egypt, Greece and Israel, there were ethical codes condemning the taking of human life. Judaism, for instance, introduced the idea that humans are created in the image of God, emphasising the sacredness of human life. Christianity and later Islam adopted similar beliefs.

When Christianity merged with Greco-Roman culture in the fourth century CE, these ideas spread throughout Western societies, including North America. Despite the separation of religion and government in Western countries, the moral teachings of Abrahamic religions still influence healthcare policies and ethical codes. Other cultures, like the Hippocratic physicians in polytheistic societies, also valued the sanctity of human life.

Modern debates in healthcare ethics focus on when human rights should be granted, especially regarding issues like embryonic development and end-of-life care. Scientific advancements have raised questions about the timing of when a human gains rights, and cases of patients regaining consciousness challenge the determination of when a soul departs the body.

The Declaration of Geneva and the International Code of Medical Ethics, drafted after World War II, initially protected the rights of the unborn but gradually removed such language. These ethical dilemmas require balancing core principles like beneficence, patient autonomy, non-maleficence and the sanctity of human life when making morally acceptable decisions.

The Oath of Hippocrates, which outlines fundamental principles for the behaviour of physicians, originates from the fifth century BCE. These principles safeguard the rights of patients and encourage physicians to act selflessly towards them on a voluntary basis. It underwent modifications in the tenth or eleventh century AD, removing references to pagan deities. The Oath is widely employed in various forms, serving as a guideline for aspiring medical professionals as they enter medical school or upon graduation [1].

In 1803, Thomas Percival, a British physician and philosopher, published a Code of Medical Ethics that delineated professional responsibilities and ideal conduct,

particularly concerning hospitals and charitable institutions. During the inaugural meeting of the American Medical Association (AMA) in Philadelphia, PA, in 1847, two primary agenda items were the formulation of a code of ethics and the specification of minimum requirements for medical education and training. The Code of Ethics adopted at this meeting was greatly influenced by Percival's Medical Ethics [2, 3].

> The Hippocratic Oath (c. 400 BC) incorporates the obligations of non-maleficence and beneficence: "I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous". [1, 3]

American Medical Association Principles of Medical Ethics (1957)

These principles serve as guidelines to assist physicians, both individually and collectively, in upholding a high standard of ethical conduct. They are not legal statutes but rather standards against which a physician can assess the appropriateness of their actions in their interactions with patients, colleagues, allied professionals, and the general public.

Section 1: The primary objective of the medical profession is to provide service to humanity while fully respecting human dignity. Physicians should earn the trust of the patients under their care, offering each patient a comprehensive service.

Section 2: Physicians should continually strive to enhance their medical knowledge and skills, sharing the benefits of their professional expertise with both their patients and colleagues.

Section 3: Physicians should practice a healing method based on a solid scientific foundation and should avoid professional associations with individuals who undermine this principle.

Section 4: The medical profession must protect the public and itself from physicians who exhibit moral or professional deficiencies. Physicians should abide by all relevant laws, uphold the honour and integrity of the profession, and adhere to its self-imposed ethical standards. They should promptly report any illegal or unethical behaviour by fellow professionals without hesitation.

Section 5: Physicians have the autonomy to choose their patients, but they must provide emergency assistance to the best of their ability when needed. Once a physician has accepted a patient's care, they may not abandon the patient without adequate notice, unless formally discharged. Physicians should refrain from soliciting patients.

Section 6: Physicians should not engage in agreements that compromise their independent medical judgment, professional skills, or the quality of medical care.

Section 7: In their medical practice, physicians should derive their income solely from the provision of medical services, either directly by themselves or under their supervision, to their patients. Fees charged should be fair, considering the services provided and the patient's financial situation. Physicians should neither offer nor accept commissions for patient referrals. The dispensing of drugs, remedies, or medical devices is acceptable when it is in the best interests of the patient.

Section 8: Physicians should seek consultation when requested, especially in cases of uncertainty or complexity, or when it can enhance the quality of medical care.

Section 9: Physicians must maintain patient confidentiality and should not disclose information entrusted to them during medical care unless required by law or necessary to protect the individual or community's welfare.

Section 10: The ethical principles of the medical profession imply that physicians have responsibilities not only to individual patients but also to society as a whole. Physicians should actively engage in activities aimed at improving both individual and community health and well-being, reflecting the honoured ideals of the profession [4].

In 1803, English physician Thomas Percival published "Medical Ethics", a significant work that has successively inspired modern codes of medical ethics, including the inaugural edition of the American Medical Association's ethical guidelines in 1847. Despite its undeniable impact on the codification of medical ethics principles, scholars and experts hold diverse and conflicting perspectives on the true nature of this book. In the late eighteenth century, European urbanisation driven by the industrial revolution led to challenges for the migrating population into large cities, including diseases and poverty. Enlightenment ideals of tolerance fostered a rising commitment to assisting the lower classes. This support triggered the evolution of hospitals, transforming them into institutions focused on the social dimension of public health through a process of modernisation [5].

In 1789, Manchester faces a typhus epidemic that severely impacts the hospital's functionality. To address organisational challenges, the hospital managers decide to double the staff. However, the increased personnel leads to internal conflicts, the situation was messy and filled with perplexities. By 1791, with the epidemic ongoing, disputes escalate, resulting in the closure of the ward. In response to the scandal, the hospital appoints Thomas Percival, a prominent member, to develop a code of conduct aimed at disciplining staff behaviour, the title Medical Ethics was officially born in 1803, Thomas Gisborne used the definition of "applied moral philosophy" and David Hume analysed the notion of "practical morals" to distinguish it from more abstract speculations [6]. Therefore, Medical Ethics marked a clear departure from ancient Hippocratic ethics to establish the inaugural modern Code of medical ethics. Its principles have endured unchanged to the present day.

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Chapter 1
Principles and Values

Autonomy

Respect for autonomy and respect for persons are closely intertwined, as it entails honouring the ideals, beliefs, and values of autonomous individuals. It signifies recognising the capacity and entitlement of individuals to make decisions about their own lives.

Beneficence

A principle of beneficence involves a normative statement that conveys a moral duty to act in a way that benefits others, assisting them in advancing their significant and lawful interests. This may involve averting or alleviating potential harm.

Capacity

Capacity entails the capability to provide informed consent for a specific treatment at a specific moment. A person possesses the capacity to provide informed consent for treatment or medical procedures if they: Comprehend the information provided to them regarding the treatment. Retain the pertinent information related to the decision. Evaluate or balance the relevant information essential to the decision. Effectively convey their decision [1].

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