

Ethics and Ethical Conflicts in Contemporary Medical Practice

Every field of human enterprise is bound and governed by certain ethics and moral principles and our profession is no exception. In fact, at all times and in all cultures, ethics has been at the heart of medicine. The exponents of medicine are expected to practice and stick to these virtues more than any other professional. The past few years witnessed rapid strides in the development of medical science in every sphere but at the same time it converted 'medical ethics' in to a dispensable commodity. However, mass commercialization of health sector and increasing consumer activism has once again brought the focus back to ethics and values in medical practice.

WHAT IS MORAL AND ETHICAL?

In very simple terms, what you feel good after is moral. Both moral and ethics are invariably interchangeable. Moreover, moral is used for personal innate qualities and behavioral pattern whereas ethics is used in professional reference.

WHAT DO WE MEAN BY MEDICAL ETHICS IN CLINICAL PRACTICE

There are considerable variations in medical ethics from one country to another, in as much as ethics is grounded in philosophy, religion and political ideology. Although differences of emphasis and interpretation do exist, the fundamentals of medical ethics are basically the same across all cultures. Medical ethics guides physicians in their relationships with patients, colleagues and society in general. It provides standards of behavior and decision-making that enables practitioners to know what is expected of them by their patients, their colleagues and the society. The following sermon of Sir William Osler sums up the entire issue quite succinctly, "the critical sense and skeptical attitude of the Hippocratic school laid the foundations of modern medicine on broad lines, and we owe first, the emancipation of medicine from the shackles of

priest craft and of caste; secondly, the conception of medicine as an art based on accurate observation, and as a science, an integral part of the science of man and of nature; thirdly, the high moral ideals, expressed in that most "memorable of human documents" (Gomprez), the Hippocratic oath; and fourthly, the conception and realization of medicine as a profession of a cultivated gentleman".

MAJOR AREAS OF MEDICAL CONFLICT

Contemporary medical ethics deals with a large number of issues concerned with medical practice, medical research and public welfare. Apart from duties and obligations of a clinician toward their patients, there are other issues like confidentiality, consent and human right abuses, their role in clinical research, and their relationship with commercial enterprises. In all these areas, there are conflicts between two or more opposing values or interests.

THE HUMANE PHYSICIAN

A clinician is expected to possess certain moral values like compassion, respect and encompassing integrity toward his patient. The clinician must be willing to take time to explain all aspects of patient's illness to them. They should possess an attitude of being non-judgmental with patients who have different lifestyles, attitudes and values. Clinicians should remain alert to their own reactions to such situations which evoke strong negative (and occasionally strongly positive) emotional responses. They should consciously monitor and control their behavior so that the patients' best interest remains the principal motivation for their actions at all times. And lastly, as Harrison quotes, "the physician must never become as absorbed in the disease as to forget the patient who is its victim."

RELATIONSHIP WITH COLLEAGUES

One should avoid the temptation and the tendency of criticizing their colleagues in front of the patients. One should strive for respectful and fair working relationship with their colleagues. Try to be good in a particular field, but acknowledge the excellence of

your colleagues in other areas and collaborate with them. Sir William Osler said, "From the day you begin practice never under any circumstances listen to a tale told to the detriment of a brother practitioner. Never let your tongue say a slighting word of a colleague."

CONFIDENTIALITY, CONSENT, AND HUMAN RIGHT ABUSES

During the past decade, the traditional medical ethical principle of confidentiality, that is, the physician's duty to protect the patient's personal health information, has come in increasing conflict with a perceived need for health information databases serving administrative, planning and research purposes. Computerization has greatly facilitated the establishment and linking of such databases and, thereby, has made breaches of confidentiality much easier. This scenario is rapidly evolving in major cities and bound to create an ethical dilemma for the treating physician. Physicians have strong reasons for preserving confidentiality. Patients must have good reason to trust their physicians not to divulge this information. The basis of this trust is the ethical and legal standards of confidentiality that physicians and other health care professionals are expected to uphold. As a general rule, physicians should give priority to the patient's interests over those of others.

The physician should guard their professional independence to determine the best interests of the patient and should observe the normal ethical requirements of informed consent and confidentiality. These issues are much more relevant when dealing with behavioral and psychosocial problems related with adolescents. Additionally, physicians are expected to uphold other basic human rights of their patients and colleagues including the right to life, to freedom from discrimination, to freedom of opinion and expression, to equal access to public health services and to medical care.

ETHICAL CONFLICT IN MEDICAL RESEARCH

A basic familiarity with research methods is essential for competent medical practice. The most common method of research for practicing physicians is the clinical trial. The rapid increase in

recent years in the number of ongoing trials has required funding and enrolling ever-larger numbers of patients to meet the statistical requirements of the trials.

Although participation in research is valuable experience for physicians, there are potential problems that must be recognized and avoided. In the first place, the physician's role in the physician-patient relationship is different from the researcher's role in the researcher-research subject relationship, even if the physician and the researcher are the same person. The physician's primary responsibility is the health and well-being of the patient, whereas the researcher's primary responsibility is the generation of knowledge, which may or may not contribute to the research subject's health and well-being. Thus, there is a potential for conflict between the two roles. When this occurs, the physician-role must take precedence over the researcher-role.

Another potential problem in combining these two roles is conflict of interest. Medical research is a well funded enterprise, and physicians are sometimes offered considerable rewards for participating. These can include cash payments for enrolling research subjects, equipment such as computers to transmit the research data, invitations to conferences to discuss the research findings, and co-authorship of publications on the results of the research. The physician's interest in obtaining these benefits can sometimes conflict with the duty to provide the patient with the best available treatment. It can also conflict with the right of the patient to receive all the necessary information to make a fully informed decision as to whether or not to participate in a research study. All these potential conflicts should be declared.

ETHICAL CONFLICT WITH COMMERCIAL ENTERPRISES

There is a big paradox in our profession. The manufacturer can not sell the product directly. The user can not purchase the medicine at his will. Here comes the role of the prescribing doctor. In order to win the favor of practitioners, pharmaceutical companies frequently offer gifts and other benefits that range from free promotional samples to travel and accommodation at educational events to

excessive remuneration for research activities. A common underlying motive for such company largesse is to convince the practitioner to prescribe or use the company's products, which may not be the best ones for his patients. Practitioners are then faced with a conflict between their own interests and those of the company, on the one hand, and the interests of the patients, and perhaps of third-party funding, on the other.

The physician must give priority to the patient in any conflicts of interest. This requires maintaining professional and clinical independence from commercial interests and ensuring that relationships with companies do not lead to any action that is not in the best interests of the patient. In particular, physicians should not rely solely on pharmaceutical company representatives or industry sponsored promotional events for their knowledge of medicinal products, and they should not ask their patients to take part in industry-sponsored research studies unless the study fulfils all the ethical requirements.

LAST BUT NOT THE LEAST

Ethics in medical practice are described in detail since the times of Hippocrates. Their relevance is still not lost. In fact in an era when medical science is

making rapid progress in many unexplored unconventional arena such as gene therapy, organ transplantation, fetal therapy *etc.*, the need to review ethical requirement is all the more great. There is an urgent need to develop ethical guidelines in all the evolving specialties of modern medical science. Further, to prevent ethical conflicts from arising, and to help physicians deal with them when they do occur, academic associations and organizations need to develop and review policies and guidelines, including our esteemed IAP. We plan to introduce an ethical awareness program from this year.

In every conference and subspecialty symposium, we should have some discussion on ethical aspects of bringing any new intervention and development in to public domain and clinical practice. However, in the end, we should never forget the dictum of great Indian saint, Mother Teresa, "Medicine is a mission. It is not a profession and it is not a business."

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