

Canterbury & Thanet GPVTS Medical Ethics Workshop

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- **Visiting Senior Lecturer in Clinical Education, College of Medicine, Cardiff University**
- **Honorary Associate Dean, Kent, Surrey & Sussex Postgraduate Deanery**
- **Education Adviser to The Medical Defence Union**
- **Started my medical teaching on this scheme in 1991**

Ethics in practice

(a look back at how things have been)

- Doing a ward round with Sir Lancelot Spratt
- Consultant Surgeon, St Swithin's Hospital, London, c.1954
- (Rank Films)



Aim of programme

- **To look at:**
 - **medical ethics in practice**
 - **some ethical principles & codes**
 - **basics of consent & confidentiality**
 - **practical ethics cases**
 - **your own cases**
- **To help deal with your concerns**

The programme

1400 – 1415	Icebreakers and introduction to the Workshop
1415 – 1445	Principles of Medical Ethics and Law
1500 – 1515	Refreshments
1515 – 1545	Confidentiality: Practical exercise in pairs and report back
1545 – 1615	Medical Ethics cases: Small group discussions
1615 - 1630	Plenary report back
1630 - 1645	Workshop evaluation
1645	Close

Introductions and icebreaker

Please introduce yourself
and say what you would
like to get out of this
workshop

Defining Good Medical Ethics

What does ethics
mean to you?

Some definitions.....

- Ethics:
The science of morals;
moral principles or code (OED)
- Ethical:
Conforming to a recognised
standard (OED)
- Other definitions?
Ethics = practice/behaviour/life

The Dr Frasier Crane Definition of Ethics....

- “Ethics is what you do when no-one else is watching...”



The problem.....

- Until recently few doctors in the UK received any formal training in ethics
- Ethical dilemmas often not black and white, but shades of grey
- Common sense and conscience may not be enough

What qualities define the `ethical` doctor?

- **Competent**
- **Good communication skills**
- **Courteous/polite/trustworthy**
- **Respects patients**
- **Respects colleagues**
- **Professional in approach**
- **Up-to-date**

Some key areas



By the way...

YOU already teach ethics!

How do we teach ethics?

- Example and role modelling
- Case-based “real-life” teaching
- Through honesty
- Anecdote and experience
- Working with patients and healthcare colleagues
- Learning from students

Where and when?

- Anywhere and all the time
- Formal?
 - Lectures, seminars, tutorials
 - In practice
 - Bedside, clinic, theatre, community
- Informal?
- Over coffee, in the mess, over a meal, in the pub

Codes of Ethics



Hippocrates - can you keep a secret?

- An extract from the Hippocratic Oath, c.500 BC



Hippocrates, can you keep a secret?

“With purity and holiness I will pass my life and practice my Art.

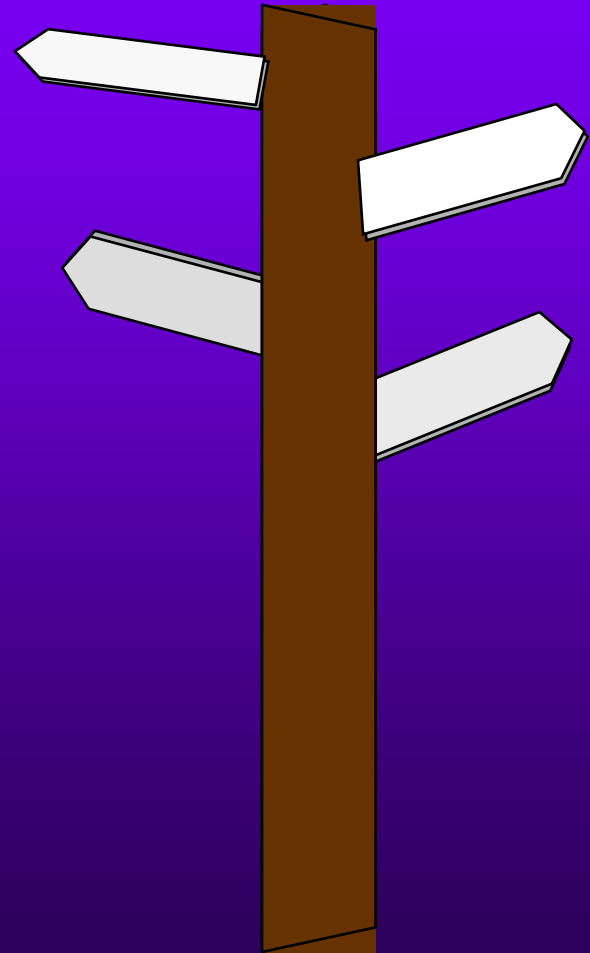
Into whatever houses I go I will enter them for the benefit of the sick and will abstain from every voluntary act of mischief and corruption, and further from the seduction of males or females, freemen or slaves.

Whatsoever I see or hear in the life of men which ought not to be spoken of abroad, I will not divulge as reckoning that all such should be secret.”

c. 500 BC

Four Principles of Ethics

- Autonomy
- Beneficence
- Non-maleficence
- Justice
 - Beauchamp & Childress



Autonomy

- Respecting the rights of a person to make decisions about their own life and health
- Respecting the right to refuse certain treatment options
- Respect for right to make informed consent, truth-telling and confidentiality is implicit

Beneficence

- Acting to benefit others
- Acting in the best interests of patients
- Balancing benefits against risks and costs

Non-maleficence

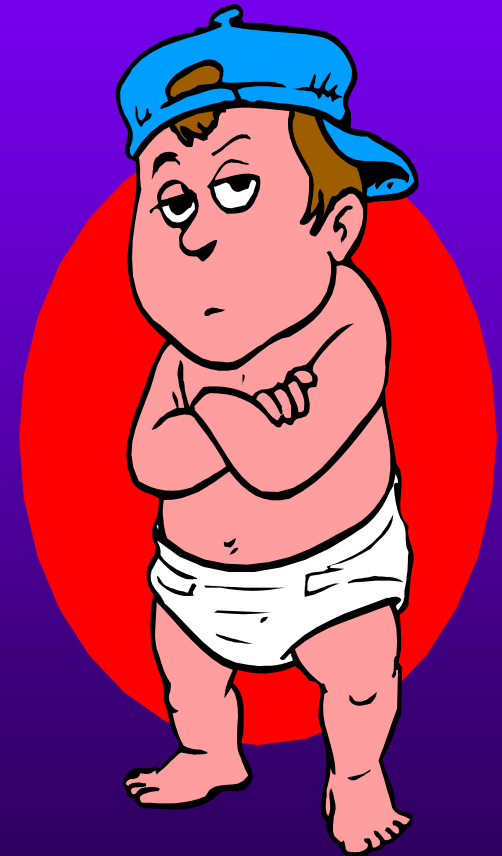
- “Above all do no harm” -
central message of Hippocratic
writings

Justice

- Might be described or interpreted as fairness, equity or accountability

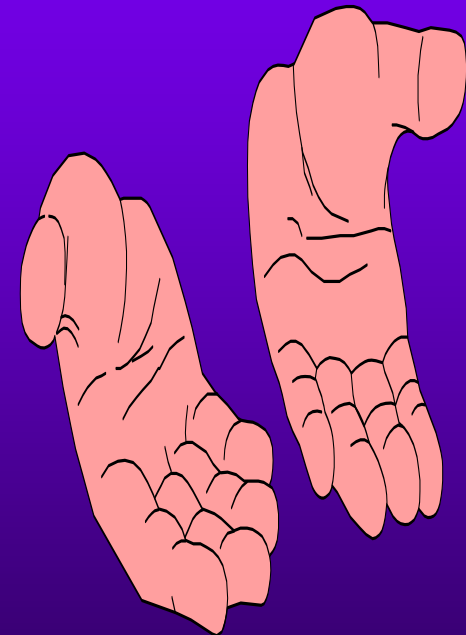
The Kindergarten Rules...

- Don't tell fibs....
- Don't hurt each other....
- Don't tell someone else's secrets...
- Don't take things without permission
- Be kind to each other....
- And tell me if you need the loo...



Sorry seems to be the hardest word....

- Sorry is probably the word LEAST heard in medicine...
- Saying “Sorry” is NOT the same as admitting liability!
- High percentage of complaints against health professionals could have been avoided if someone had said “Sorry” ...



Confidentiality

Have You
Heard



**How is
confidentiality
most commonly
breached?**

Case Discussion 1

Breaches of Confidentiality

- Only in exceptional circumstances
- Only where justified
- Preferably with patient's knowledge

Confidentiality Checklist

- Who wants to know?
- Why do they want to know?
- Are they entitled to know?
- Has the patient given consent?
- Don't discuss clinical management where you can be overheard
- If in any doubt contact your defence organisation

How not to reply to a referral letter....

Dear Dr Jones

Thank you for referring the Burke family to me. I've met Mr Burke, I've met Mrs Burke, I've met the two little Burkes, Whitney and Britney, and I've met their pet rabbit Brian, and of all of them Brian was the most intelligent.

Yours sincerely, Dr A Payne

REFRESHMENTS

Consent & Duties of a Doctor



Principles of Consent

- **Right to consent based on ethical principle of autonomy**
- **An autonomous adult person has the right to decide what may or may NOT be done to him or her**
- **Any treatment, investigation or deliberate touching without consent may = battery**

Consent requires:

- **A competent person**
- **A voluntary decision, free from coercion, force or fraud**
- **Sufficient information – patient must be informed in `broad terms` about the nature of the procedure or treatment**

**What are the problems in
obtaining consent?**

Best Interests

- When a patient is incompetent to give consent, treatment can still be provided in his or her `best interests`
- This takes account of both medical matters and wider issues –familial, social, cultural, and spiritual

Competence and capacity

- A patient is regarded as competent if:
 - over the age 16
- and having the capacity to:
 - Comprehend and retain information
 - Believe the information
 - Weigh the information and make a decision based on the balance

Minors – under 16

- Does the patient have sufficient maturity, understanding and intelligence to comprehend what is proposed, any risks/benefits, and alternatives?
- Sometimes known in the UK as `Gillick Competence`

The Gillick Case

- In 1985 the House of Lords gave judgement in the 'Gillick case'
- This concerned a mother of 10 children from Wisbech in Cambridgeshire, Mrs Victoria Gillick, who sought an injunction against her Health Authority to ensure that none of her children would be given contraceptive or abortion advice or treatment without her prior knowledge and consent until they were aged 16
- The Law Lords held that a child under 16 could give valid consent to medical treatment without parental knowledge or agreement ... provided the child had capacity (intelligence, maturity and understanding) to give consent
- For "Gillick consent" to be valid, the child must have capacity, the proposed treatment must be in the child's best interests and every reasonable effort must be made to persuade the child to involve a parent/legal guardian
- *Gillick v West Norfolk and Wisbech AHA (1986) AC 112, [1985] 3 All ER 402, (1985) 2 BMLR 11 (HL)*

Mental Capacity Act 2005

- **Some important changes feature in this new Act, including:**
 - the establishment of the new Court of Protection (greater powers and authority)
 - the Public Guardian and
 - the appointment of Deputies
- **Explanatory notes:**
<http://www.opsi.gov.uk/acts/en2005/2005en09.htm>
- **The Act:**
<http://www.opsi.gov.uk/acts/acts2005/20050009.htm>

Case Discussion 2

in 3 small groups

Plenary Discussion



What went well today?

What could be improved?

For next week

- Please prepare a short oral presentation to discuss within a small group (maximum of 5 minutes each)
- Focus on a situation of uncertainty you have experienced, where you have been required to exercise professional discretion
- Explain the context, the situation and the resolution (if any)

**Thank you for your
attention!**

