

Smith Seminars
Online Continuing Education
AARC-Approved for Two (2) CRCE

Medical Ethics

Objectives

1. Define medical ethics.
2. Identify the factors of medical ethics and bioethics.
3. Review the history of ethics.
4. List the principles of the medical ethics.
5. List the five traditional approaches to ethical issues.
6. Review the AARC statement of ethics and professional conduct of Respiratory Therapists.
7. List the purposes of the hospital ethics committee.
8. Identify the patient – care provider relationship.

Medical ethics: The rules or standards governing the conduct of a person or the members of a medical profession.

Ethics is a systematic reflection on and analysis of morality. Morality is social beliefs and practices about right and wrong human conduct that is so widely shared that they form a stable community consensus.

Ethics is a generic term for various ways of understanding and examining the moral life.

Ethical problems from medicine can be resolved by applying principles of moral philosophy. The objective is to make choices in ethically significant matters, by identifying, analyzing and resolving the ethical issues constructively.

Bioethics is a discipline dealing with the ethical implications of biological research and applications, especially in medicine.

Medical ethics originated in 400 BC, when Hippocrates, the Father of Medicine, developed an Oath of Medical Ethics for physicians to follow. The Hippocratic Oath has formed the basis of more recent medical oaths taken by students as they begin the practice of medicine and include:

1. honor instructors in the medical arts
2. pass on the Art only to those bound by the Oath
3. practice for the benefit of patients: “do no harm”
4. give no deadly medicine or substance to produce abortion
5. enter homes for the benefit of the sick
6. abstain from mischief and corruption
7. doctor-patient confidentiality

In 1794, Thomas Percival, an English physician, published a code of medical ethics. The Percivalian code asserted the moral authority and independence of physicians in service to others, affirmed the profession’s responsibility to care for the sick, and emphasized individual honor.

In 1947, the Nuremberg Code was a result of the post-WWII trial of 23 Nazi doctors for crimes against humanity committed in the name of research. The Nuremberg Code represents the starting point in discussions about the ethical treatment of human subjects. German doctors performed medical experiments disguised as scientific research in Nazi concentration camps where prisoners were used without concern for their welfare. The Nuremberg Code has 10 principles outlining the ethics of medical research and ensuring the rights of human subjects. The principles are:

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit,

duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonable to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.
3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results will justify the performance of the experiment.
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.
8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.
10. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgment required of him that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

The Declaration of Geneva was adopted by the World Medical Association in 1948 after the atrocities of the Nazi concentration camps. Key features of this code are:

1. service to humanity
2. respect and gratitude for instructors
3. conscience and dignity in the practice of the Art
4. dutiful attention to the health of the patient, colleagues, and traditions of the Art
5. practice in accordance with laws of humanity, respect for human life from conception
6. duty takes precedence over racial, religious, political or social prejudices

The Declaration of Helsinki, originally published in 1964, states “the well-being of the human subject should take precedence over the interest of science and society.” This code was also a response to the unethical medical experiments of the Nazis during WWII. Many of the principles are incorporated in national research regulations.

AMA Code of Ethics

The AMA Code of Ethics was adapted from the 1794 Percivalian code. This was the first code to be adopted by a national professional organization. The 2001 AMA Code of Ethics has nine articles.

Preamble

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

Principles of Medical Ethics

- I. A physician shall be dedicated 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 the 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. The 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.

Principles of Health Care Ethics

The commonly accepted principles of health care ethics include:

1. Respect for autonomy
2. Nonmaleficence
3. Beneficence
4. Confidentiality
5. Informed choice
6. Decision making capacity
7. Justice

The Principle of Respect for Autonomy

Any notion of moral decision making assumes that rational agents are involved in making informed and voluntary decisions. In health care decisions, the respect for autonomy of the patient would mean that the patient has the capacity to act intentionally, with understanding, and without controlling influences that would mitigate against a free and voluntary act. This principle is the basis for the practice of informed consent.

Autonomy is the innate right of a person to make choices affecting his or her own life and welfare free of coercion. Although there are limitations on an individual's right to exercise autonomy, for example:

1. The choice may not cause significant harm to others.
2. Limited resources may necessitate choices concerning who receives what.
3. An individual does not have an absolute right to receive, nor does a health care provider have any obligation to provide a treatment that is known to be futile for that individual.

The Principle of Nonmaleficence

The principle of Nonmaleficence requires of us that we not intentionally create a needless harm or injury to the patient, either through acts of commission or omission. We consider it negligence if one imposes a careless or unreasonable risk of harm upon another. Providing a proper standard of care that avoids or minimizes the risk of harm is supported by our commonly held moral convictions and by the laws of society. In a professional model of care one may be morally and legally blameworthy if one fails to meet the standards of care.

The legal criteria for determining negligence are as follows:

1. the professional must have a duty to the affected party
2. the professional must breach that duty
3. the affected party must experience a harm
4. the harm must be caused by the breach of duty

The principle of nonmaleficence affirms the need for medical competence. It is clear that medical mistakes occur, but this principle states a fundamental commitment on the part of health care professionals to protect their patients from harm.

The Principle of Beneficence

The meaning of this principle is the duty of health care providers to be beneficial to the patient. Also they should take positive steps to prevent and remove harm from the patient. The duties are obviously widely accepted as the proper goals of medicine.

Health care providers have a duty to seek the benefit of any or all patients. This duty can become complex if two patients need treatment at the same time. Some criteria of urgency of need might be used to decide who should be helped first.

The Principle of Confidentiality

The health care provider is obligated to avoid both deliberate and careless disclosure of information a patient explicitly or implicitly wants kept private. Trustworthy behavior of the health care provider tends to create a relationship of trust between the community and the health care professions.

The Principle of Informed Choice

This principle of informed choice requires that all reasonable possibilities for care together with the expected benefits and risks of each be explained to the patient. The patient then makes an informed choice from among the possibilities.

The Principle of Decision Making Capacity

Persons unable to manage their financial and daily life affairs may be able to understand their medical conditions, to comprehend the possibilities for treatment, benefits and risks. They may be able to make appropriate choice for themselves and their goals. This person, although legally incompetent, has decision making capacity.

Persons lacking decision making capacity fall into two categories:

1. Those who have had decision making capacity and lost it, such as brain injury, mental illness, unconsciousness, or severe Alzheimer's. A substituted judgment may be made by a person previously designated by the patient or by someone who has known them and their thinking well.

2. Those who have never had decision making capacity, such as infants, young children, or severely mentally retarded person. No one can know what the patient's preference might be, so no substituted judgment is possible.

The Principle of Justice

Justice in health care is usually defined as a form of fairness. The fair distribution of goods requires that we look at the role of entitlement. The question of distributive justice also seems to hinge on the fact that some goods and services are in short supply. Therefore some fair means of allocating scarce resources must be determined.

In general, patients who are equals should qualify for equal treatment. Our society uses a variety of factors as criteria for distributive justice, including:

1. to each person an equal share
2. to each person according to need
3. to each person according to effort
4. to each person according to contribution
5. to each person according to merit
6. to each person according to free-market exchanges

Many claim that society should provide resources to help the disadvantaged. One of the most controversial issues in modern health care is the right to health care. As a society we want to provide some decent level of health care for all patients, regardless of their ability to pay.

Five Traditional Approaches

We need to look at several accepted and commonly used philosophical approaches to ethical issues. No one of them is clearly accepted as the most worthwhile. But, each can be useful if it helps us see problems we would have otherwise overlooked. Unfortunately, each of them can also become a mental trap if it stops us from reflecting further about our ethical problems.

Deontology: Our duties to one another

The word "deontology" comes from the Greek word deon, meaning duty. This approach should appeal to those of us who appreciate logical structure. It sees ethics as a set of rules that can be followed in the same way by all of us, all of the time.

The historical roots of this system trace back to the writings of Immanuel Kant in the late 1800s. Kant believed that the rules of ethical behavior are built-in to the human mind, but that it takes work to learn to use them. Helping us to understand these innate rules better is the job of ethics.

As deontologists, our task is to uncover ethical principles that are good, organize them logically, and carry them through consistently. When we're finished, we should have a system that can be followed by any "good" person, without a lot of hesitation or rethinking.

For Kant, our ethical duties come in two forms. Absolute (or perfect) duties are ones that apply to all situations. To him, the clearest example of absolute duty was his famous Categorical Imperative. The title of this rule is a little intimidating, but the concept itself isn't difficult. Kant's highest law says that we should always make those choices we would want others to make. Kant put it this way: "I ought never to act except in such a way that I can also will that my maxim should become a universal law."

Since this idea is so close to the biblical notion of "Do unto others . . ." Kant's Imperative is sometimes called his Golden Rule. In fact, almost every culture in history has, at one time or another, voiced this ethical principle – perhaps proving that certain ethical rules are truly inborn.

Modern deontology isn't too strict about following Kant's terminology, even though his method is respected. Therefore, Kant's Categorical Imperative has been subdivided, expressing the same idea in a more manageable way. The Principle of Autonomy tells us to respect the rights of others (just as we would want them to respect ours). The Principle of Beneficence tells us to act so that our choices achieve truly good results. And the Principle of Justice urges us to treat everyone in a similar manner.

These rules are more or less universal. We should be able to follow them all of the time, regardless of the circumstances. Some ethical principles are not quite so universally applicable. These involve relative (or imperfect) duties.

Examples of relative duties are easy to come by. For instance, keeping our promises is ethically important, but it isn't hard to think of situations in which we should break a promise. Let's say we witness an accident while on our way to a birthday party. Even though we've promised to go to the party, we should stop to lend a hand, even if it means that we'll have to break our earlier promise.

Or take the general rule which states that we should tell the truth. Sometimes we still have to think twice before acting on this rule. For example, a Nazi SS squad appears at our door asking if there are any Jews in the house. Given the situation, it might be wrong (unethical) to tell the truth, even though honesty is usually right.

This is where the deontologist really earns his or her keep. It is one thing simply to list the rules of ethical behavior, but quite another to structure them in such a way that they lead us in the right direction all of the time. Obviously, a huge heap of rules won't do, and changing our priorities as we go is not acceptable either.

For example, we might agree that it is wrong to steal. But would it be morally right to steal a loaf of bread in order to save a helpless child's life? Most of us would accept that – placing the principle of respect for human life above our respect for property. But would it be morally right to steal the starving child, in order to provide a better home for it? Some of us might balk at that. When is stealing to protect human life alright? How can we organize our rules so that the same order applies to every case? Priorities are the real key to deontology.

In this approach, then, the ethicist is very important. He or she organizes ethical rules so that the rest of us can make more sense of them. In a way, the ethicist is only telling us what we already know (since the rules are built in), but the knowledge is now arranged so that it's clearer, and can be used more confidently.

In effect, deontology asks us to do the difficult work of ethics ahead of time. It says that the human mind comes with ethical principles of behavior as standard equipment. The goal of formal ethics is to organize this knowledge so that it can be understood and applied consistently by everyone.

Contract Theory: Let's make a deal

This approach is really a variation of deontology, but one that minimizes some of its drawbacks. Contract theory says that we should follow predetermined ethical rules, but that they don't have to be innate to be correct. The rules of ethics are what we agree they are, pure and simple. This ethical system has a flavor much like that of our Western legal system, making it easy for most of us to relate to. With contract theory, we agree to agree about our ethical rules and we stick to them no matter what.

Where Kant asks us to search the recesses of our ethical minds to discover inborn rules, contract theory says that the rules of ethics are a product of consensus. By living in society with each other, we automatically accept the power of the group to make rules that apply to us all. Interacting with each other, we implicitly accept mutual limits on our behavior.

But how do we avoid accidentally making bad rules or agreements? We do best by standing back, taking a rational, disinterested point of view. We eliminate our self-interest – or at least we try to. We act fairly, and with impartiality. Justice is very important to contract theory.

On a social level, contract theory is fairly clear-cut. Our society has certain rules. If we choose to live here, we must follow those rules. But in our individual dealings with each other, contract theory can be a little ambiguous. Are we expected to put every move, every possible outcome, into writing? Obviously this won't work. Instead, we pay attention to the implicit contract that occurs whenever we deal with others.

In the case of health care, for instance, patients have certain reasonable expectations of their providers. The providers also have expectations about what their patients should do. The sum of these expectations provides the basis for an implied contract of performance. In practice, this works fairly well until problems arise.

Unfortunately, when things are not going just right, contract theory has a double disadvantage. On the one hand, both parties have already adopted a legalistic, rigid mind-set. This predisposes to conflict. On the other hand, the implicit contract is usually too vague to provide much structure. This leads to confusion and misunderstanding.

Utilitarianism: Weighing our choices

This system presents a balance-sheet approach to ethics – it should interest those of us who enjoy mathematics. Utilitarianism is concerned solely with the results of our choices, not our motives. As a result, this system happily avoids the headache of establishing moral definitions of right and wrong. In utilitarianism, right is what works. As an added bonus, this approach requires far less philosophical background than the others.

In any given situation, there are usually several choices we could make. Different choices lead to different results. As utilitarians, we try to foresee these results as well as we can, and make the choices that lead to the greatest overall happiness for everyone involved.

For example, let's say that we've decided to divert our funds for indigent health care into small business loans. Utilitarianism doesn't have any problem with that, as long as it can be shown that such a move results in a greater total amount of human happiness. With utilitarianism, we don't really have to deal with abstract questions of right and wrong, good and evil. We just concern ourselves with consequences. Utilitarianism basically says that doing the right thing for the wrong reason is perfectly okay. What really matters is what we accomplish, not our fine intentions.

However, utilitarianism is not totally free-wheeling. In most utilitarian systems, we are still expected to decide ahead of time which results we consider to be most productive. The difference, though, is that we do not have to justify our choices by pointing to consistent moral principles. We justify them solely by the sum total of human happiness we achieve.

Again, we try to be as objective as possible. When we ourselves fall on hard times, we should not try to overemphasize our own needs. As utilitarians, we strive for impartiality. This means considering our own happiness to be equally important to everyone else's, but not more important.

The key to being a good utilitarian is proficiency at recognizing all of our options, and accuracy in foreseeing the probable results of those choices. If we are good at predicting human behavior, we should be successful utilitarians.

The biggest advantage of utilitarianism over deontology is its flexibility. Sometimes we sense that a certain decision is best, even though we cannot quite explain why. As utilitarians, we would not have to search for abstract reasons to explain our choices. We can just point to our excellent results.

The biggest disadvantage of this approach is that it allows quite a bit of room for rationalizing bad choices. In the end, it is just too difficult to quantify and compare human values and needs. Focusing entirely on

our own priorities can actually lead to unpredictable, and sometimes arbitrary, results. Our first job as utilitarians is to list all of our possible choices, and predict what would happen in each case.

Situationalism: Love will find a way

Situationalism, based on the reflections of Josef Fletcher, was popular in the 1960s. Fletcher proposed that choices made out of unbiased love for others are good choices. In this system, the unselfish act is the highest type of ethical behavior.

Situation ethics is so named because it sees each ethical situation as being truly unique. It says that moral principles and laws that try to fit every situation only approximate what is really best. If we want to produce excellent results, we have to tailor our solutions to fit individual cases.

Fletcher's approach is said to be modeled after the teachings of the New Testament. It is often seen as a variation of utilitarianism. Like utilitarianism, situation ethics says that we occasionally need to modify our ethical choices to fit the particulars of a given case. However, situationalism is far less cold and abstract. To Fletcher, it makes no sense to call ourselves "good" simply because we follow rules or laws correctly – even if those laws are basically good. We should call ourselves good only if we consistently act out of love for others.

As situationalists, we would not willingly sacrifice the welfare of an individual for the sake of upholding a moral or legal rule. When our loving intentions dictate a choice that conflicts with the law, it is the law that must bend.

For example, let's say that our job involves destroying food surpluses from government warehouses. A passerby in need catches our attention, and we listen to her story. Although our action is technically illegal, we still decide to help out, instead of quoting our duty to uphold the law. Even so, this one decision does not mean that we have to do the same for everyone else who walks by.

We use our ethical choices to express our most loving intentions toward others. Here, ethics is the clear teacher and master of the legal system, and we do not allow rules to stand in the way of making the very best, most human decisions we are capable of.

Of course, we still have to be careful to distinguish the real needs of individuals from their perceived needs. Sometimes we all want things that are not really best for us. In situation ethics, we are not always bound to do what people want – we do what is best for them because we love them.

The most common argument against situationalism is that it allows us to justify almost any kind of behavior on the basis of a private emotion. It is just too easy to believe that we are acting out of love, when in fact we are acting out of habit or unrecognized self-interest. This is a system that is somewhat lacking in objective limits.

Virtue theory: The ancient approach

Virtue theory should be enticing to those of us who are enthusiastic about self-help. The most famous advocate of virtue ethics was Aristotle, as handed down to us in his *Nicomachean Ethics*.

In an ethics of virtue, we focus our attention on our own personal character. Our ethical ambition is to develop inwardly, to grow in virtue, so that, in the end, we are as good as we can be. As followers of Aristotle, our first task is to reflect on the meaning of strength of character. What personal qualities are most important to us in our quest to be good? Simply listing these qualities is not enough, though. We have to understand how they work together.

Personal character is really a blend or mixture of opposites. Take consistency, for example. Although it is generally good to be consistent, we can carry this virtue to excess, becoming compulsive and myopic. Consistency needs to be balanced by flexibility. Having too much of one trait can turn a virtue into a vice.

In other words, true strength of character involves finding a middle ground between complementary elements – balancing one quality with another. This is implied in the ancient dictum of "all things in moderation." Nearly any personal characteristic can be a virtue, if balanced, or a vice, if unbalanced.

After we have thought about the human qualities that are most admirable, we need to begin developing them. In a way, this sort of ethics is like weight lifting. By methodically developing our skills, we'll eventually be able to do more and more.

An ethics of virtue is really an ethics of habit. Choices are opportunities for developing good habits. By pursuing excellence in even the most routine of situations, we will be prepared for more difficult problems. The choices we want to make, then, are the ones that will move us most surely down the path toward inner strength. In this sort of system, choices that strengthen us as individuals, that help us grow and mature, are good choices. If we are good, the ethical decisions we make are, almost by definition, good.

There is one common ethical pitfall we should warn against: namely, the practice of using different approaches in different situations. After just a little practice, it is not hard to figure out where each system shines. Succumbing to temptation, we can find ourselves changing theories like clothes. This is called ethical eclecticism, and it essentially puts us right back where we started.

We come to ethics for answers. If we have to compensate for the weaknesses of one ethical theory by substituting another one in a pinch, we should question whether we have gained anything at all. In fact, when we recognize that it is time to change theories, we are really just demonstrating that we can do better on our own.

The Personalist Approach

We have all met excellent healers, people who somehow seem to know just what to do in difficult situations. What is their secret? Are they really the most logical deontologists, or the most efficient utilitarians? Even more to the point, each of us has achieved excellent results ourselves – but maybe we are not so sure how we did it.

Which of those approaches really captures the essence of ethics at its best? Actually, all of them have one problem in common, a flaw so fundamental that it cannot be overcome. They all draw our attention away from the people we are dealing with, focusing us instead on abstract ideas.

Kantianism and contract theory direct us toward preconceived rules, utilitarianism toward specific results, situationalism toward our own feelings, and virtue theory toward our personal character. In the end, they all fail because they distract us from something that is even more important: the needs and values of the people we are dealing with.

Personalism, based on the writings of several modern French philosophers, is different. It does not ask us to be coldly rational about our responsibilities to others; it encourages us to get involved on a personal level. It also says that some of our choices are better than others, that there are right and wrong answers to our problems.

Personalism is an ethics of relationships, not rules. It says that human problems cannot be excellently solved using inflexible principles or logic. People are not machines, and they do not respond well to being treated as if they were. Personalism asks us to find creative answers to unique human problems. Our best resource here is not cold logic, but our own ability to approach other people as individuals.

How personalism works: a summary

Preparation

1. Self-reflection: identifying our own values.

Getting the observational knowledge we need

2. Identify the ethical or personal problem, as early as possible. Focus on the most pressing problems first.
3. Get the medical facts straight. Know the prognosis with and without treatment.
4. Identify the critical people. A single illness almost always affects several individuals.

Getting the relational knowledge

5. Listen. Get an understanding of the other's needs and values. Learn and profit from their experiences and insights. Communicate our own thoughts and concerns clearly.
6. Get an idea of the other person's potential for dealing with the problem. Try to locate unrecognized inner resources.

Doing the ethical work

7. Reflect again. Look for unique answers to difficult problems.
8. The easiest step: making a decision about what is best to do in this instance. These decisions are rarely, if ever, alone or in advance.
9. Stay involved: look for the opportunity to continue the work of healing.

AARC Statement of Ethics and Professional Conduct

Code of Ethics

1. The conduct of their professional activities the Respiratory Care Practitioner shall be bound by the following ethical and professional principles. The Respiratory Therapists shall:
2. Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals. Actively maintain and continually improve their professional competence, and represent it accurately.
3. Perform only those procedures or functions in which they are individually competent and which are within the scope of accepted and responsible practice.
4. Respect and protect the legal and personal right of patients they treat, including the right to informed consent and refusal of treatment.
5. Divulge no confidential information regarding any patient or family unless disclosure is required for responsible performance of duty, or required by law.
6. Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
7. Promote disease prevention and wellness.
8. Refuse to participate in illegal or unethical acts, and shall refuse to conceal illegal, unethical, or incompetent acts of others.
9. Follow sound scientific procedures and ethical principles in research.
10. Comply with state or federal laws that govern and relate to their practice.
11. Avoid any form of conduct that creates a conflict of interest and shall follow the principles of ethical business behavior.
12. Promote health care delivery through improvement of the access, efficacy, and cost of patient care.
13. Encourage and promote appropriate stewardship of resources.

Hospital Ethics Committee

There are three basis functions of the hospital ethics committee:

- I. Case review or consultation - An important function of the committee will be its role as a forum for analysis of ethical questions which arise in the care of individual patients. In most circumstances these questions concern appropriate care of patients with diminished capacity to participate in decision making regarding their care. In this role the committee will attempt to provide support and counsel to those responsible for treatment decisions including health care providers, patients, surrogates and members of the patient's family.

Case review is particularly recommended in three specific categories of decision making:

1. decisions involving significant ethical ambiguity and perplexity in which case review may provide insight into complex ethical issues;
2. decisions involving disagreement between care providers or between providers and patients/families regarding the ethical aspects of a patient's care; or
3. decisions that involve withholding or withdrawal of life-sustaining treatment which are not adequately addressed in policies and procedures.

In this role the committee will not act as a decision-making body, but will attempt to assist and to provide support to those who do have this responsibility. Its role in all such cases shall be advisory.

- II. Policy or guideline development - The committee will assist the hospital and its professional staff in the development of policies and procedures regarding recurrent ethical issues, questions or problems that arise in the care of patients. In this role the committee may provide analysis of the ethical aspects of existing or proposed policy or assist in the development of new institutional policy in areas of need.
- III. Education in the field of bioethics - In cooperation with the hospital administration, its various departments and divisions, and its medical/nursing and allied health professional staff, the committee will undertake educational efforts in clinical ethics. Depending on the availability of resources, the committee will develop or assist others in the development of lectures, seminars, workshops, courses, rounds, in-service programs and the like in clinical ethics. The aims of these educational efforts will be to provide participants with access to the language, concepts, principles and body of knowledge about ethics that they need in order to address the complex ethical dimensions of contemporary hospital practice.

An Overview of the Responsibilities of the Ethics Committees:

1. To provide consultation to the medical and professional staff, attendings, house officers, and patients/families on ethical, moral, philosophical problems and issues encountered in the course of managing inpatient and outpatient care.
2. To provide education and advice to the staff, patients, and families on case-based ethical issues, as well as on ethical medical practice standards, in the provision of inpatient and outpatient adult and pediatric health care.
3. To initiate and, on request, formulate policies on the ethical aspects of clinical care.
4. To assist in complying with ethical regulatory standards.

It is important in interacting with patients and other health care professional, the respiratory therapists have a good understanding of the basic ethical principles or guidelines, and some practice in ethical thinking.

It is equally important that the respiratory therapists understand what ethics is not. An ethical decision or choice is not synonymous with what is legal, moral, or done by one's peers. A decision or choice is legal if it complies with the applicable laws. It is moral if it complies with the laws or principles based on a particular faith system or world view, and thus may be different for different persons in the same society. What a majority of health care professionals do in a given geographical area do in a given situation

constitutes a “community standard of care;” it may or may not be ethical. Ethics is a system of thinking about choices or decisions based on widely accepted guidelines capable of working with different moral, religious, and cultural values.

Most likely, in the United States, a decision arrived at through careful ethical thinking would not be in conflict with the law. There might be times when decisions may be challenged by some interpretations of the law. Since we are a society of multiple cultures and faiths, ethical thinking can be very helpful in sorting out moral and cultural ideals from those of the patients.’ This is not to suggest that health care professionals should violate their own moral judgments in their personal actions, but may indicate a need to transfer a patient’s care to someone who can in conscience honor the patient’s autonomy.

Patient – Care Provider Relationships

Potential types of relationships between patients and health care providers are commonly classified into four categories:

1. Technician – The health care provider determines what the problems are and fixes them.
2. Authoritarian – The health care provider makes choices concerning diagnosis and treatment for the patients without significant consultation with the patients on the presumption that the health care provider knows what is best.
3. Contractual – The health care provider agrees with the patients to provide certain services and it is mutually understood that the rendering of such services discharges his or her duty to the patients.
4. Fiduciary – A relationship of trust in which the patient counts on the health care provider to care about and care for them with expertise, honesty, on-going commitment, and sensitivity to the patient as an individual with unique circumstances and goals.

Additional principles may apply to disclosure of mistakes, and medical diagnostic and treatment information.

Honesty includes:

1. truth telling
2. avoiding deception
3. avoiding misrepresentation
4. avoiding nondisclosure

Keeping secrets – This includes non-medical facts learned through the health care provider–patient relationship, which the patient does not want to become known.

Keeping promises – This is a particularly relative principle, not absolute because promises made by others are not binding. Also, even one’s own promises, may be subsequently judged unwise, if they were made in a moment of misjudgment, without sufficient information, or without sufficient analysis of information. may be broken for the benefit of the patient. Honesty requires disclosure, trust recommends an apology, but the major lesson here is to make promises judiciously.

Treating all equally in terms of care and respect.

Avoid conflicts of interest

Avoid using one’s professional position to pressure or take advantage of a patient in any way.

Be willing to confront an impaired colleague in order to protect patients from potential harm.

Ethics is a system of thinking about difficult decisions. Ethical principles help us to avoid leaving important considerations out of the decision making process. In certain situations there often can be tension between two principles. The health care professional and patient must determine if one or another

of the principles should be breeched. Ethical principles should be broken only for compelling reasons which would be convincing in other cases where the same set of circumstances occur.

For most of us, the motives that pushed us to become healers were strong and worthwhile. We wanted to develop personal skills that reinforced the best qualities we found in ourselves. We were more interested in people than in science or money. The healing professions are one of the best places to pursue this kind of inner growth.

Unfortunately, distractions are frequent and powerful. It's easy to lose track of what were once clear and positive goals. Recentering our attention on fundamentals can be essential to our work.

Healers routinely deal with the most private and sensitive of human problems. Outside the healing role, this kind of involvement might be considered meddling; but in a professional context, it's part of a job well done.

The healer's calling, then, can be an opportunity, an invitation, to be with people at critical times in their lives. Even before a crisis comes up, the invitation can still be there: "If I need help, I know I can turn to you." It's this invitation that provides the basis for the healing relationship. But it's important to remember that we don't really invite ourselves in -- the call to personal relationship isn't a right that is ours because we've spent years preparing for it. The invitation really comes from our patients: until they open the door, the relationship can't begin. This invitation is a very personal one. It isn't based just on technical expertise or training; it's founded on a confidence in us as individuals. That's why a technical error can usually be overlooked or forgiven, but a lapse of concern often can't be. It's finally this confidence that makes our work a privilege.

Sometimes patients sense this privilege even more clearly than we do. That's why their expectations can be so high; it's also part of the reason that the health care system is in such a state of flux. Patients balk at impersonal, mechanical health care -- and they should.

Healing professionals should be experts at achieving strong and meaningful personal relationships with others. They should be experts at human relationship. Unfortunately, much of our training takes the willingness to get involved for granted -- so much so that we sometimes overlook it, too.

Ethics really makes sense in this kind of setting. It rounds out the knowledge we need for working with people as people, not just as biological organisms. It helps us find meaningful answers to problems we may never have encountered before. It helps us succeed.

Ethics is sometimes presented as a collection of abstract questions or issues (e.g., death and dying, patients' rights, resource allocation, and so on). But having neat, logical answers to general questions isn't really the goal of health care ethics. Meeting the needs of our patients is.

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