

4 BASIC PRINCIPLES OF MEDICAL ETHICS AND THEIR ISSUES IN PRACTICE

I chose the topic of four medical ethical principles because I am interested in what ethical principles should be followed. Personally, I do not work in the healthcare or social field. However, I supported my mother who was fighting a pancreatic cancer - an incurable disease. I provided her with all care at home thanks to the hospice service.

This experience taught me a lot and the behaviour of most doctors in this situation really surprised me, which is why I would like to comment on the individual principles as well as my personal experience that I will never forget. I also notice doctors' approach to non-self-sufficient patients due to the fact that after my mum's death I am the one who takes care of my sister with a severe disability with which I visit the doctors very often.

I personally believe that if these principles were really followed, hospitalization and doctors' visits would not be an ordeal in most cases, and some patients would even come to their doctor for a check-up earlier. The prevention could detect the disease earlier and thus save their lives.

My goal is to describe four ethical principles in medicine according to available professional sources and add my own experience.

The principle of nonmaleficence

This principle simply tells us that if the doctor is not able to treat well, at least he does not harm. The cause may be an inappropriately selected therapy or a bad diagnosis, a poorly performed surgical procedure, an unsuitable environment in a medical facility, unnecessarily excessive pain, etc. Another example, which is difficult to prove, includes the long-term systematic administration of drugs that cause addiction, and the doctor is aware of that (cf. Ptáček & Bartůněk, 2015).

From my own experience, I can describe how my mum struggled with incredible pain where no painkillers or plasters worked. Even though the doctors prescribed remedies her pain only worsened. After that a wonderful doctor told us a sentence that I will never forget. "We'll prescribe morphine, I don't treat by using pain." Mum was quickly relieved and could live pain-free life for a while again. However, for weeks she was unnecessarily exposed to excessive pain which the doctors ignored.

If there is damage done to the patient in terms of treatment, we are talking about so-called iatropathogenic damage. In our country, the depersonalization of the patient occurs, which is one of the possibilities of iatropathogenic damage. The truth is that the patient needs to confide in the doctor his life situation, worries and pain caused by the disease. However, this situation requires the doctor's sensitivity and receptivity. In reality, we are getting an attitude from the medical staff that we should not stall any longer and continue our journey (cf. Kick & Taupitz, 2003).

I believe that each of us has encountered such depersonalization of the patient at least once, we feel like a nuisance to the doctors, and we feel that they are mainly trying to get rid of us quickly. There can be several reasons - underfunded health care, less empathetic people working as doctors and other medical staff, lack of communication skills or ethical rules during studies, understaffing, fatigue, lack of information, etc.

Despite all that, there are surely doctors in the right place. I have experience with confiding in my doctor about my worries and he not only listened to me, but also tried to help me as well. It is also important for me as nonprofessional to be able to discuss my illness, the treatment process, and at the same time find out how it works in given medical field. As I am a very curious person, I consider it a wonderful opportunity to discuss a certain issue in more detail with an expert.

This principle of nonmaleficence can also be heard in the Hippocratic Oath, where it is said that the doctor should not harm the patient by his actions - the entire provision of health care should be in the interest of the patient and should not neglect his needs or fail to ensure his safety (cf. A Train Education, 2022).

The principle of beneficence

The principle of beneficence says that we should always ensure the benefit of patients. In other words, to take steps in order to create good for other present patients as well. However, the line between doing good for the patient and for those around him is very thin in reality. A very controversial topic is whether to ensure patient's right for the benefit at the expense of other patients (cf. Munzarová, 2005).

As an example, I can mention an aggressive individual with post-traumatic disorder who refuses treatment and attends therapy. This person can be dangerous to those around him, but at the same time, he has the right to decide how to deal with his life and thus his treatment. Still, a failure to respect this right is less serious than the possible consequences of his behaviour towards the environment.

Another example is given when the patient refuses a medical procedure and therefore does not see what is right for him. In this way, it puts the doctor in a position of moral dilemma. In contrast to the previous principle, where both the doctor and the patient are aware of the harm, with this principle there can often be situations where the patient or the doctor see the benefit in a completely different way. The only possible solution here is to listen and talk to the patient to find out how everyone imagines the good (cf. Kick & Taupitz, 2003).

The authors post the following statement on their website A Train Education: „A beneficial decision can only be objective if the same decision would be made regardless of who was making it" (A Train Education, 2022). I think this statement pretty much defines the second principle of beneficence.

The principle of respect for autonomy

“Each person is the best judge of his own intentions and interests. It is a form of free activity in which the individual determines his way of acting in accordance with his own plans and his choice, his preferences, wishes, values and ideals. Autonomy presupposes the ability to consider and distinguish between individual alternatives and the ability to carry out one's own plan that one has set out. (...) In the context of medical ethics, it primarily refers to the patient's right to self-determination, evidenced by informed consent to all actions” (Munzarová, 2005, p. 44; own translation).

Therefore, the doctor must take into account the patient's independence and dignity in every procedure, and this respect is shown precisely by the patient's consent. The patient feels much

better when he can make decisions for himself in difficult situations, and this possibility should not be denied to him.

In practice it often happens that the patient's consent is not enough, for example, if it is a rare drug, a transplant, etc. If we do not have these resources, we cannot fulfil the patient's choice (cf. Ptáček & Bartůněk, 2020).

Still, not only this principle should be observed in social services as well. I know from my own experience that any opportunity given to my completely not self-sufficient sister to make her own decision or express freely her wishes means that she has her own value. Even though I have to do all the basic tasks for her, I always try to offer her a choice and agree with her, even when we talk about trivial things, such as when she wants to go to bed, what she wants to watch on TV, if she wants to go on a trip or to the cinema, what she wants to wear. The simple opportunity to express her attitude always puts a smile on her face. Even though she is not self-sufficient, the feeling that her surroundings perceive her is very important. This attitude should also work for example in an assistance to the elderly because even though they are not always completely self-sufficient, the choice of clothes for the next day could mean a lot to them and show that they do not have to completely rely on the help of others. If the person is completely not self-sufficient, someone else takes responsibility for the actions around the person, but the attempt to communicate with the patient should not disappear. If the patient is unable to decide for himself, his guardian or a legal representative make decisions for him in his best interest.

Simply put, every person has the right to decide for themselves how they will be treated. The patient must be aware of his or her diagnosis, the treatment and its risks, and has the right to decide for him or herself. In the case of minors and persons deprived of their legal capacity, this decision should be made by the legal representative or guardian (cf. A Train Education, 2022).

The principle of justice

Authors Kick and Taupitz talk about justice in medicine between doctors and patients or their loved ones as follows: The principle of justice lies not only in the relationship between doctor and patient, but also patients' relatives and other patients. A doctor should treat everyone equally and with respect, treat the same disease equally in each patient and distribute resources equally. For rare resources, such as new drugs on the market, the doctor should make decisions based on an assessment of the needs of individual patients or according to given criteria. The patient should also think about the health of people around him and should not deliberately harm others (cf. Kick & Taupitz, 2003).

The authors on the Western Governors University website put justice in medicine in a broader perspective: „Hippocrates related ethical principles to the individual relationship between doctor and patient. Ethical practice today must go beyond the individual and relate to the institutional and social spheres. This means that in addition to ensuring that the patient is treated fairly, the institution and staff must also be treated fairly. For example, it is not fair if the patient cannot pay and the institution has to pay for treatment that has already been provided for the benefit of the patient”(Western Governors University, 2019).

I don't have my own experience with this principle from a medical environment, so I feel that the doctors have always tried to accommodate me and find the best suitable treatment or

medication, but as a nonprofessional I cannot fully assess this. However, I must mention that in some social institutions this principle of justice is out of control. From the experience of other mothers of children with disabilities, the approach of social workers to clients changes according to the family's financial situation. If the family pays more for the services of their loved one and sponsors these facilities, the approach to the client is more pleasant than to the client, whose family cannot afford more than paying the price list. Luckily, I have not encountered such attitude in social facilities, and I am grateful for that.

Some authors add to these basic 4 ethical principles in a shortened form, such as veracity and fidelity. Veracity means that the patient has the right to the whole truth of his or her condition, not the right to know only those facts that the physician chooses to tell the patient. The principle of fidelity then consists in establishing a trusting relationship between doctor and patient, where even a mere promise is evidence of fidelity. An example is given by A Train Education on its website: „For example, if a physician promises the patient they will always be there to care for them, yet leaves the organization and joins another healthcare facility, the patient may feel the physician betrayed their loyalty" (A Train Education, 2022).

My goal was to explain 4 basic ethical principles and describe my own experiences. Executing these principles seems automatic to me, but it is different in real life. Sometimes it must be difficult to follow all the principles in a way that is not harmful to the patient. In case of a transplant where the doctors are waiting for a suitable donor and the time is really tight, the doctor knows that he is able to help the patient, the patient agrees to a possible transplant, but the resources are not available. Another scenario is when the doctor offers a transplant that would save the patient's life and the patient refuses it for some reason. The question arises whether to try to talk to the patient and make him change his decision or not to implement the benefit principle.

Although it is sometimes difficult to always follow these principles, I respect every doctor who can behave empathetically towards his patients, perceive their problems and is willing to explain the circumstances of the disease and treatment to a nonprofessional. In my opinion, a doctor is also just a person who unfortunately makes mistakes which can be fatal.

However, what really upsets me is the arrogant behaviour of some doctors who absolutely cannot admit their own mistakes. In the case of my mum, we met so many doctors who treated us inhumanely and obviously ignored these principles. It seems crazy to me to announce an incurable diagnosis and the impossibility of attending radiation therapy or chemotherapy as a "joke": "Lady, until you are not able to ride a bicycle, I won't let you undergo chemotherapy." Especially at a time when the doctor in question saw that mum's self-sufficiency had changed. My attitude towards doctors changed drastically after these experiences.

Today, I value the possibility of choosing a doctor more than ever. The experiences of loved ones and other people with a given doctor are important to me, and in case of arrogant behaviour and lack of interest towards the patient, I look for another specialist. On the other hand, I respect doctors who can follow the already mentioned principles and I happily recommend them to other people.

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