



Ethics in General Practice

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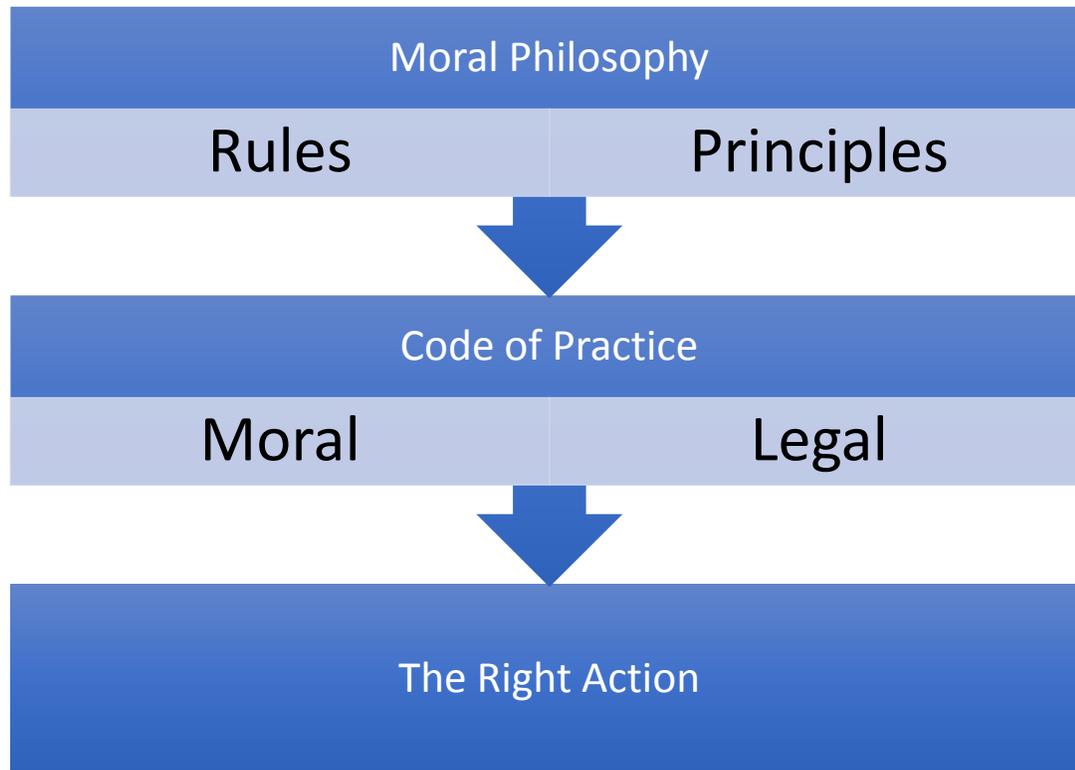
Definition

The philosophical study of the moral value of human conduct and of the *rules* and *principles* that ought to govern it.

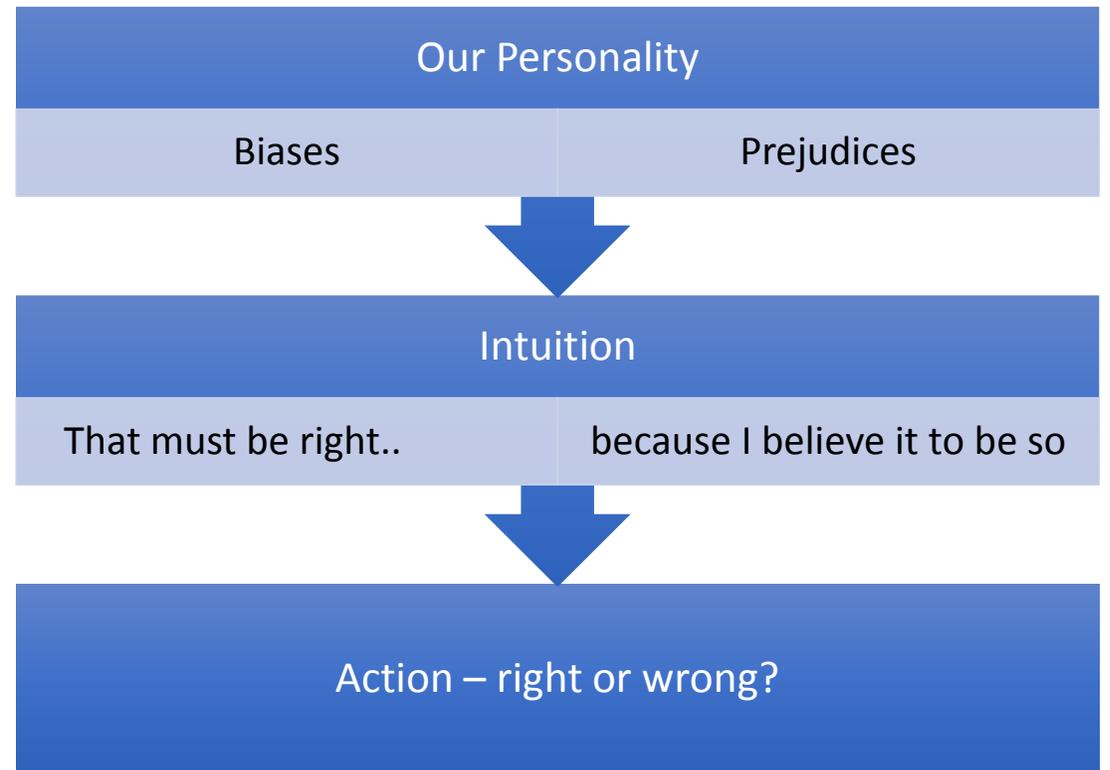
A code of behaviour considered correct especially that of a particular group, profession or individual.

Doing the right thing

Ethical Practice



Intuitive Practice





Benefits

better, individual patient care

range of options broader

reduction of inflexibility

impartiality

defence

paternalistic → partnership

public trust in profession

pass the CSA

4 Moral theories

Virtue

Duty

Utility

Rights

4 Moral theories

Virtue

Aristotle – people with good character traits make good decisions

Duty

Kant – doing what is needed to be virtuous; mutual respect – people as 'ends' not 'means'

Utility

Jeremy Bentham & John Stuart Mill – actions are judged by their outcomes; greatest good for greater number

Rights

Modern – justified claims on others; positive / negative, moral / legal

4 Ethical Principles

Autonomy

Beneficence

Non-maleficence

Justice

4 Ethical Principles

Autonomy

the capacity of people to make their own decisions

Beneficence

do good
act in the patient's 'best interest'

Non-maleficence

do no harm
'primum non nocere'

Justice

distributive
fairness



Joe

Joe has been seeing you over the past few months for prescriptions for Sertraline and psychological support after he was released from prison. He has told you that he was sentenced for rape. Now he has met a new partner and feels that he no longer need to take an antidepressant. He then asks if he can have a prescription for 'Viagra' as his new relationship is 'reaching that stage'.



Maddy & her mother Gwen

On an out-of-hours home visit late one evening, you are met on the doorstep by the patient's daughter Maddy, who pulls the front door almost shut behind her. You know from the triage notes that her 85-year-old mother Gwen has a CA125 of 204 and is awaiting a two-week-wait appointment with a gynaecologist. Tonight she is feeling very weak.

Maddy says quietly, "My mother gets very frightened about things. If there's something serious, please could you tell me, not her?"

Crystal

Crystal is a 54-year-old woman who you are called to see at home because she has refused transfer to hospital after her son called a 999 ambulance, which is still outside the building. Inside her flat you find Crystal, her son, and three other younger relatives. Assessing Crystal you discover that she has consolidation of her left lower lobe, pleuritic chest pain, oxygen at 89% and a respiratory rate of 22. You advise her that admission is appropriate, but she is adamant in her refusal. When you ask her why, she says it's 'because there are strange people in hospitals.' At which point, all her young relatives say that Crystal is 'always like this' and is very awkward. The Mental Health Team are seeing her regularly at home but she declines treatment. You fear that Crystal is putting her life at risk and phone the on call Social Worker to see if Crystal can be 'Sectioned', but the Social Worker is not interested in helping.



Linus

Linus was asked to have an NHS Health Check when he registered. He booked an appointment and was seen by the Practice Nurse, who took his blood pressure and a blood sample. A few weeks later you receive a letter of complaint from Linus. As a result of his blood pressure being recorded as slightly high, and his cholesterol also being slightly high, he has found that his application for life assurance to cover his mortgage is being weighed with a higher premium. He claims that he was not informed of the possible consequences of having the Health Check and that he had not consented to a blood test.



Shobana

You contact your patient Shobana, who has booked a telephone consultation, to discover that she attended the open access GUM clinic because she had vague pelvic discomfort and her partner had been diagnosed with non-specific urethritis. She saw a Nurse Practitioner at the clinic who prescribed four tablets of Azithromycin to be taken in one dose. One hour later, Shobana had diarrhoea, then vomiting and abdominal cramps. She is feeling a little better now, but her main worry is whether it could have harmed her baby as she is currently 14 weeks pregnant.

Duties- 'Trust me, I'm a doctor'

- beneficence & non-maleficence
- ability, competence
- BMA → GMC 1858
- compassion – not just EMB
- partnership, consent (implied / explicit)
- other clinicians, trust in profession



Duties- ‘Trust me, I’m a doctor’

Paternalism

- very sick
- over-dependency
- value judgements & value laden phrases
- unacceptable beliefs (e.g. clairvoyancy)
- elderly & justice (utilitarianism v humanity)



Where does this come from?

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



Confidentiality

Hippocratic Oath:

‘Whatever, in connection with my professional practice, or not in connection with it, 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 kept secret.’

Confidentiality

- duty of confidence – non-maleficence
- autonomy – patients can give / withhold information / consent
- justice – but not to the serious detriment of others
- patients rely on ‘Doctors don’t tell’
- consent to share information
 - implied - common e.g. referral - information that is *relevant*
 - explicit - rare e.g. operation



Confidentiality

- patient asking if it's OK for friend to come in to the consultation
- medical records
 - ownership is unimportant
 - *use* is what matters – people as 'ends' not 'means'
 - computers help autonomy – but beware of ease of display
- Cauldicott Guardian



Confidentiality – not absolute

- driving
- transmissible diseases
- fertility treatment - e.g. Lawrence & Linda + EtOH
- GP education

Screening – ‘Whose risk is it anyway?’

Autonomy – Beneficence – Non-maleficence – Justice

WHO screening principles

- the condition screened for should be an important one
- there should be an acceptable treatment for patients with the disease
- the facilities for diagnosis and treatment should be available
- there should be a recognised latent or early symptomatic stage
- there should be a suitable test or examination which has few false positives - specificity - and few false negatives - sensitivity
- the test or examination should be acceptable to the population
- the cost, including diagnosis and subsequent treatment, should be economically balanced in relation to expenditure on medical care as a whole

Matters of the mind

- the name of the disease – *nosology*
- *General Practice* is the only profession to ‘transcend the dualistic division between the mind and body’
- heartsink patients or heartsink doctors
- autonomy now v autonomy in future (use of paternalism)
- Mental Health Act – diminished autonomy



Matters of the mind

John Stuart Mill:

‘The only purpose for which power can be rightfully exercised over any member of a civilised community is to prevent harm to others. His own good, either physical or moral, is not sufficient warrant.’



Consent

- autonomy tends to trump other principles – *but not always e.g. FGM*
- doctors do things that are very odd
- capacity includes the capacity to make illogical or bizarre choices
- without undue influence
- rights can be positive or negative
- a right to know v a right not to know



Consent

Proxies

- Parents
- Guardians
- Independent Mental Capacity Advocate (IMCA) 2005
<https://www.scie.org.uk/mca/imca/>
Mental Capacity Act 2005
- The Court
- Advance Directives
<https://www.nhs.uk/Planners/end-of-life-care/Pages/advance-decision-to-refuse-treatment.aspx>



Children

- paramount is the interests of the child
- natural parent is the main proxy
- involvement of child and parent
- developing foetus has no *legal* rights...
- ...but near term there are increasing *ethical* rights
- implied / forced consent – e.g. throat examination
negotiation / coercion / bribery / physical force



Children

Capacity

Fraser (Gillick v West Norfolk, 1984)

<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/>



A good death

- acts and omissions (only blamed if duty to act exists)
- outcome and the certainty of it
- best interests
- intention



A good death

Doctrine of Double Effect

reason for acting → good effect

unintended → bad effect

Ordinary v Extraordinary treatments

‘Thou shalt not kill; but need’st not strive

Officiously to keep alive’*



The End

Thou shalt not kill; but need'st not strive
Officiously to keep alive:
Adultery it is not fit
Or safe, for women, to commit:
Thou shalt not steal; an empty feat,
When 'tis so lucrative to cheat:

Further Resources

- GMC - <https://www.gmc-uk.org/guidance/>
- DVLA - <https://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals>
- Cauldicott Guardian - <http://medicine.dundee.ac.uk/caldicott-guardian-principles>
- 4 principles - <http://www.bmj.com/content/309/6948/184?variant=full-text>