

CLINIQUIZ

Ethical issues in medical practice

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The practice of anesthesiology, pain & intensive care in South and South-East Asian region is being increasingly challenged in the courts of law on legal issues. The lawsuits are being filed against medical practitioners due to decline in ethical standards, increased commercialization, unnecessary diagnostic workups and in some cases even professional negligence. Yet, the number of these court cases does not represent the actual iatrogenic suffering by the patients. Lawsuits filed against doctors in the western world hugely outnumber those filed in our countries. While more and more practitioners are running towards indemnity insurance cover, a deeper understanding into medicolegal issues is the real need of time to safeguard our interests. Here are some case scenarios followed by four answers. Please select ONE which is most appropriate;

Q.1: An Anesthesiology resident prepares a research proposal for the treatment of patients with vomiting in the postoperative period. Patients were allocated to two groups where one group was treated with newly launched drug granisetron while the other group was treated with placebo. The research project was rejected by Institutional Ethical Board probably due to which of the following key principle of Medical ethics:

- a. Principle of autonomy
- b. Principle of justice
- c. Principle of non-maleficence
- d. Principle of beneficence

Q.2: Your colleague anesthetist is on emergency duty and a junior staff confidentially reports to you that he has probably consumed liquor. His reflexes seem to be sluggish and his vocalization is inappropriate. He is going to induce a case of cesarean section. You visit the emergency operation theatre to find that the feedback provided to you was correct. What would be the most appropriate step you may take in this situation:

- a. Order him to rest in retiring room and induce the patient
- b. Be within the operation theater and assist him during induction
- c. Report to your senior consultant and take over the charge of patient
- d. Do no active intervention and wait outside the

operating room for any possible help

Q.3: What is not true about informed consent:

- a. It should be in local language of patient
- b. It should provide information about disease and treatment opinion outlined
- c. It should explain significant risk & benefits associated with procedure
- d. It should provide detailed information about all the possible side effects (major and minor)

Q.4: Decision making capacity of a patient can be considered as valid in which of the following case:

- a. Cancer patient that has received opioid and sedative medications
- b. Patient is a minor (14 years) and needs emergency surgery
- c. Abortion in a mentally challenged victim of sexual assault
- d. Patient of endogenous depression

Q.5: In emergency room, a patient with history of depression is admitted following intake of lethal overdose of sedative, with a written instruction asking not to be resuscitated. What would be the most appropriate action for medical personnel in this setting:

- a. Do not resuscitate the patient as per her written directive

- b. Resuscitate the patient considering her mental ill-health while writing the directive
- c. Resuscitate the patient considering it as a moral duty of a doctor
- d. Both B & C are correct
- e.

Q.6: If there are 'Do Not Resuscitate' (DNR) orders for any patient, what are the treatment modalities which should be withheld:

- a. Chemotherapy and antibiotics
- b. Inotropes
- c. Intubation and cardiac massage
- d. All of the above

Q.7: If a lawsuit of malpractice is filed against the doctor, the patient needs to prove all of the following elements of negligence except:

- a. Causation
- b. Ignorance
- c. Damages
- d. Breach in duty of doctor

Q.8: An anesthesiologist asks the operating room staff to administer "Effcorlin" (Hydrocortisone) intravenously to the patient undergoing surgery in spinal anesthesia. The staff overhears it as "Scoline" and proceeds with its intravenous administration leading to a painful cry and sudden muscular spasms by the patient. The anesthesiologist immediately controls ventilation, and administers general anesthesia to the patient after realizing and analyzing the facts. This mishap that occurred following the verbal instructions by anesthesiologist is best dealt by which of the ethical principle:

- a. Vicarious liability
- b. Advanced Directives
- c. Shared responsibility
- d. Every employee is accountable for his own actions

Q.9: For proving the guilt of doctor in any particular case which of the following is the weakest source of facts:

- a. The anesthesia record and notes
- b. Usual and customary practice
- c. The expert's interpretation
- d. Specific recall by witnesses

Q.10: While taking informed consent the anesthesiologist provides disclosure of information

relating to the procedure e.g. side effects, minor and major complications, etc. The most ideal format of disclosure that can clarify all the queries of patient is based on which of the following principle:

- a. Prudent person test
- b. Bolam's principle
- c. Subjective person standard
- d. All of the following

ANSWERS

Ans.1 (d): Research in medical fields focuses on the principles of patient benefit (beneficence), no harm (non-maleficence), a valid reason to undertake research (justice) and respecting patient's autonomy to refuse or accept any treatment. Any patient that is undergoing suffering and needs active medical treatment will not be benefitted by a placebo, so the study was rejected on the basis of non-beneficence.

Ans. 2 (c): The situation is difficult one to manage unless your role (post and administrative powers) in the department is well-defined. The best en-route in such cases when no legal proof is present at hand against your professional colleague is to inform the situation to senior faculty/ medical superintendent etc. so that they proceed for legal proofs (breath analyzer report, etc.) and alternative arrangements in patient's benefit. Playing a passive role can endanger the life of patient, while direct conflict with colleague or taking charge of the patient without involving superior staff can invite legal complications.

Ans. 3 (d): It is not necessary to provide the details of all of the rare side effects. Instead, a tailored information, to the extent of patient's level of understanding about side effects/ complications, including frequently observed or known, is the ideal form of informed consent.

Ans. 4 (a): Although ideally patients should not receive psychoactive drugs prior to decision making, this is not always possible. For cancer patients, the level of impairment varies depending on the medication, the tolerance of the patient to the medication, and the decision to be made. Indeed, some patients have improved decision-making capacity when pain is decreased (consider at which time the parturient receiving a labor epidural may be most capable of making an informed decision.

Ans. 5 (b): Advanced directives or legal will,

requires that patient should be in sound mental condition approved by a doctor, should be above age of 18 years (variable for different countries) and should not be under influence of narcotics, sedatives or alcohol while giving his directives. The patient should be resuscitated as his written will or directives are not valid considering that the attempt for suicide is a sign of mental ill-health itself.

Ans. 6 (c): DNR orders imply that the patient should not be resuscitated (intubated & ventilated) in case of cardiac arrest. The other standard and palliative treatments and procedures are continued unless patient has specifically refused to any or all of those.

Ans.7 (b): In case of malpractice lawsuit to be successful, the patient needs to prove that the anesthesiologist owed him a particular duty, the anesthesiologist failed to fulfill his obligation (i.e. 'breach of duty'); 'Causation', i.e. a close relation exists between the anesthesiologist's acts and resultant injury; and 'damages' i.e. the actual damage resulted because of the acts of the anesthesiologist.

Ans. 8 (a): Any verbal instructions given to technical staff are to be monitored or supervised by the concerned physician himself (vicarious liability). The physician should refuse to supervise incompetent medical personnel, though it is not always possible due to institutional policy or politics. So here, it is advised that the physician should closely monitor the patient at each step and should not leave the operating room at any point of time.

Ans. 9 (b): Written records and expert's interpretation are the strongest source of evidence in any case of lawsuit. Specific recall of events that

can be counter-confirmed by other staff members is also accepted as source of facts considering the possibility of missing some events while documentation. Claims of patient care based on plea that one follows routine and customary practice and adverse events do not occur during that routine is not accepted as a strong source of facts in favor of practitioner.

Ans. 10 (a): 'Subjective person standard' tailors the information to the extent of patient's desire and is the most ideal form of disclosure. 'Bolam's principle' or the 'professional practice standard' provides disclosure to the level dictated by the practices of the local physician community. The difficulty with this standard is that it does not appear to fulfill the goal of keeping the patient at the center of decision making. 'Prudent person test' or the 'reasonable person standard' offers disclosure to the extent that would satisfy the hypothetical reasonable person, though it may sometimes lead to conflict about what patient feels important.

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