“Could we? Should we? A discussion of bioethics”

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Objectives

1. Describe the international bioethics course
2. Define ethics and bioethics
3. Describe the ethical principles and the process of ethical problem solving
4. Discuss how bioethics is applied using sample cases
Bioethics and Human Values in Modern Healthcare Systems: The Era of “Big Data”
Program Participants

-10 countries
-12 universities
-33 medical students
-4 resident physicians
-2 students of ethics
-4 pharmacy students
-1 law student
Daily Schedule

- Faculty Lectures
- Forums
- Small group discussion
Ethics

"Ethics is the philosophical discipline that focuses on the different ways in which human beings make evaluations of "good" and "bad" and how this guides their behavior.

Therefore, the discipline intrinsically involves existing moralities, which can be defined as the systems of customs, beliefs, and knowledge which guide the behavior of individuals, groups, societies and cultures."

—Evert van Leeuwen, UMC St. Radboud, Nijmegen, The Netherlands.
Definitions

**Bioethics**
the identification, analysis and resolution of moral problems that arise in the context of the advancement of science and technology

**Clinical Ethics**
the identification, analysis and resolution of moral problems that arise in the care of a particular patient
Ethical Question

Could we?

Should we?
The ability to act does not justify the action.
Basic Principles of Ethics
Principles of Ethics

- Autonomy
- Beneficence
- Non-Maleficence
- Justice
Autonomy

- The duty to respect the patient’s wishes
- Basis of numerous other moral precepts
  - Confidentiality
  - Freedom
  - Accountability
  - Avoidance of conflict of interest
  - Informed consent
Beneficence

- The duty of performing actions that benefit the patient
- Principle emphasizes enhancing:
  - kindness
  - charity
  - welfare
- The principle elevates our acts of charities to a moral obligation
Non-maleficence

- The principle of not inflicting evil or harm to others: “Do no harm”

- Hippocratic Oath: “physician ought not to inflict pain, suffering, distress, loss of freedom, disability & death”
Justice

- The principles of distributing benefits, risks and costs fairly
- Justice & fairness used to connotate equality of treatment to each person
Ethical Problem Solving

1. Understand the problem
   - gather relevant information: scientific, cultural, sociological, psychological
   - review problem and proposed course of action as well as alternative courses
   - identify the ethical issues and any conflicts

2. Identify the parties involved
   - The patient, family, community, health personnel
   - What values do the parties involve hold and what are their priorities
3. Identify the ethical components involved
   - prioritize the ethical principles
   - categorize any problems, questions and issues within the principles

4. Clarify all the possible solutions
   - It is important to be open-minded and consider different points of view
   - Poor decision making often occurs as a result of bias and ignorance
Ethical Problem Solving

5. Reach a solution
   ● And be able to communicate decisions to all involved parties
   ● Carrying out a process of reasoning helps one express and justify ethical decisions and actions

- Many hospitals have ethics committees who can help the provider approach a problem.
Ethics in Pediatric Practice

Informed Consent

Autonomy
Informed Consent in Children

- Informed consent requires:
  - physician disclosed relevant information
  - patient is competent to make health care decision
  - patient understanding of the information
  - Voluntary, uncoerced, patient decision

- These capacities gradually and progressively are acquired with time.
  - No patient participation possible in small children
  - Full patient decision capacity in competent adults
  - Informed **assent** is a bridge between the two

- Physicians should seek assent from pediatric patients and listen to and respond to their concerns and questions.
Autonomy in Children

-Autonomy in adults is of great importance and the physician should respect the patient’s right to make their own medical decisions

-This basic principle is usually not available to pediatric patients as they cannot make decisions due to their lack of mental development
  - This is reflected in the laws of most countries

-Children gradually become more autonomous as they mature and understand the world around them and their medical conditions
Disastrous Deaths
“Five Days At Memorial”, a 2013 book by Sheri Fink describes what happened at Memorial Hospital in New Orleans during and after Hurricane Katrina in August 2005. The hospital was left stranded by flood water and without services. Transportation by helicopter and boats was scarce.

The administration implemented a kind of “reverse triage” whereby patients with greater chances of survival were tagged for earlier transfer to functioning hospitals, while patients with lesser chances of survival were tagged to be transferred later on.

This decision created a situation where some physicians injected at least 24 patients with large doses of morphine and sedatives with the alleged intention of alleviating their suffering and hastening their death.
Disastrous Deaths

On July 2006, Dr. Ana Pou, a physician who attended at LifeCare, a special unit on the seventh floor for the long term acute care of severely ill patients, was arrested and charged with the murder of four patients. In defending the charges against Dr. Pou, Attorney General Charles Fotte stated: “This is not euthanasia; this is plain and simple homicide.”
Disastrous Deaths

Do you approve of Dr. Pou’s actions in this case?

a. Yes

b. No
In favor of her actions

- These patients were suffering and she relieved their suffering by providing analgesics

- In times of disaster and scarcity of resources, difficult decisions must be made for the greater

- Other patients could benefit from resources that would have gone to those with low likelihood of survival.
Against her actions

- She did not respect the autonomy of the patients to make their own medical decisions.

- Patients may have survived if she hadn't acted.

- The utilitarian approach should not be used in medicine.

- She gave a large dose of morphine knowing it may hasten patients' death.
Case Conclusion

In 2007, a grand jury declined to indict Dr. Pou.
10 year old obese female who is 80kg, BMI of 36 (99th percentile) comes into the emergency room with symptoms of DM and was diagnosed with DM.

Family Hx:
- Maternal death at 36 from complications of DM2
- Father is 120kg with DM2 despite undergoing bypass surgery 9 month prior
- Father remarried a woman who was 220kg with DM2 and orthopaedic complications due to her weight.
- Has identical twin sisters who are 12 yo, both weigh 110kg, one also with new diagnosis DM
Childhood Obesity

Chart 7: Comparison of obesity trends (in percent) in the US in 1990 and 2010

- 1990
- 2010

Source: Data obtained from CDC
Childhood Obesity

Who is responsible for this problem?

a. parents/genetics

b. physicians/healthcare system

c. society/environment
Should the patient and her sisters be removed from this “noxious” environment and be given to other family members or to foster parents?

a. yes

b. no
The parents are at fault

- The girls may have a strong genetic predisposition for obesity and diabetes.
- The parents’ lifestyle is likely unhealthy and inactive, and the children are modeling their behavior after Stepmom and Dad.
- The parents are not following the doctors’ advice.
- The family isn’t motivated to change.
We are at fault

- Physicians are failing to counsel their patients on the dangers of obesity or healthy lifestyles. This may be due to lack of time, lack of training in how to discuss it or little reimbursement for counseling.
- Many overweight and obese patients are underinsured and unable to get the help they need.
Everyone is at fault

- Cities in the US are not designed to be walkable or bike friendly, driving and inactivity is encouraged.
- Healthy food is expensive and often not available in poor neighborhoods.
- Major food corporations marked unhealthy and sugary foods heavily to children, who become addicted.
- To be overweight and obese is the new normal weight, leading to shifting ideas of a healthy weight.
Case Conclusions

- The family left New Orleans after Hurricane Katrina, and was lost to follow up.

- As a country and as health care professionals, we are still determining the answers to these difficult questions and searching for their solutions.
The Embryo Uh-Oh

Two couples undergo IVF. Both couples become pregnant.

One couple becomes pregnant with twins, the other unfortunately has a miscarriage.

Both couples are later notified that there was a mistake and that the couples’ embryos were switched.

The couple with the miscarriage sues the other couple to get custody of the children which are biologically theirs.
The Embryo Uh-Oh

Who should get the children?

a. genetic parents

b. birth parents
In Favor of Genetic Parents

- Physical attributes of child
- Family medical history known to child
- Lack of child’s awareness of birth mother
- Genetic material as personal property
In Favor of Birth Parents

- Woman carries child through pregnancy
  - Psychological consequences of losing a child
- Bond with child after delivery process
- Embryos and genetic material cannot be considered personal property
Court Decision

The twins were born on August 3, 2014 via cesarean section.

On August 8, 2014, an Italian court ruled that the birth parents were the legal parents.
Closing Statements

- Physicians will encounter ethical dilemmas in their practice.
- Physicians should be able to utilize and balance the four ethical principles.
- In appropriate settings, physicians should utilize ethics committees.
- Physicians should be knowledgeable of local laws and cultural norms.
Thank you!
Questions?