

Medical Ethics Principles and Practice

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Moral Duty of Doctors

- Historical covenant with society
- Hippocratic oath
- International code of medical ethics
- Declaration of professional responsibility

DECLARATION OF PROFESSIONAL RESPONSIBILITY: MEDICINE'S SOCIAL CONTRACT WITH HUMANITY

- We, the members of the world community of physicians, solemnly commit ourselves to:

DECLARATION OF PROFESSIONAL RESPONSIBILITY:

- 1. Respect human life and the dignity of every individual.
- 2. Refrain from supporting or committing crimes against humanity and condemn any such acts.
- 3. Treat the sick and injured with competence and compassion and without prejudice.

DECLARATION OF PROFESSIONAL RESPONSIBILITY:

- 4. Apply our knowledge and skills when needed, though doing so may put us at risk.
- 5. Protect the privacy and confidentiality of those for whom we care and breach that confidence only when keeping it would seriously threaten their health and safety or that of others.

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DECLARATION OF PROFESSIONAL RESPONSIBILITY:

- 6. Work freely with colleagues to discover, develop, and promote advances in medicine and public health that ameliorate suffering and contribute to human well-being.
- 7. Educate the public and polity about present and future threats to the health of humanity.

DECLARATION OF PROFESSIONAL RESPONSIBILITY:

- 8. Advocate for social, economic, educational, and political changes that ameliorate suffering and contribute to human well-being.
- 9. Teach and mentor those who follow us for they are the future of our caring profession.

Treat the Sick with Compassion and without Prejudice

- Compassion
- Prejudice
- Discrimination
- Avoidance

Good Samaritan

- A PHYSICIAN SHALL give emergency care as a humanitarian duty unless he/she is assured that others are willing and able to give such care.



Treat the Sick with Competence

- Maintenance of professional competence
- Continuous Professional Development (CPD)
- Lifelong learning

Public Health Education

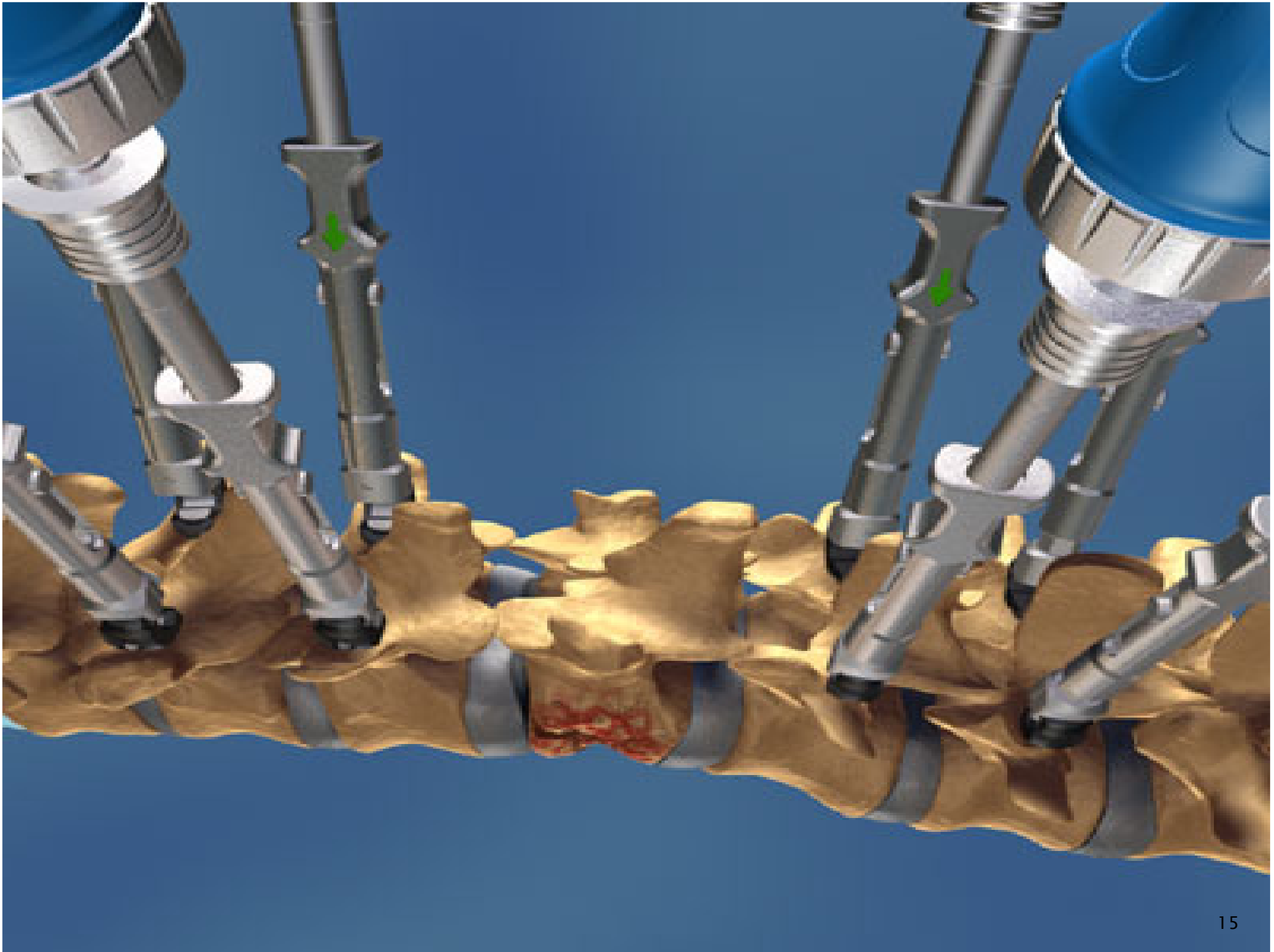
- A PHYSICIAN SHALL recognize his/her important role in educating the public but should use due caution in divulging discoveries or new techniques or treatment through non-professional channels

Healthcare Resources

- Universal problem of non-sustainability of healthcare.
- Doctors should save resources and minimize cost as healthcare is a basic need and right of mankind.

Core components of perpetual medical inflation

1. New technology and their rapid obsolescence.
2. The cost of new drugs.
3. Systems that encourage unconstrained demand and supply.
4. Aging.
5. Indemnity costs.



Value versus cost of new technology & drugs

- Is it proven?
- Is it safe?
- Does it last?
- What is the cost benefit over existing technology?

International code of medical ethics

- A PHYSICIAN SHALL not allow his/her judgment to be influenced by personal profit or unfair discrimination



Medicine and Business

- In treating the sick and injured, a doctor should put his/her patient's interest before his own
- The doctor patient relationship
- The business contract
- Objectives
- Trust

Commercial Gain

- Avoid commercial enticement
- State any conflict of interest
- Make all charges transparent
- No rebate for referral
- No rebate for using implant or product

Probity (Honesty)

- A PHYSICIAN SHALL certify only that which he/she has personally verified.
- Obtain scientific results with care, report with honesty and avoidance of prejudice.
- Always state potential conflicts of interest in publications and announcements.

Fitness to Practice

- A PHYSICIAN SHALL seek appropriate care and attention if he/she suffers from mental or physical illness.
- Indulgences
- Addictions
- Afflictions
- Infectious disease
- Aging

Professionalism: duty to report

- A PHYSICIAN SHALL deal honestly with patients and colleagues, and report to the appropriate authorities those physicians who practice unethically or incompetently or who engage in fraud or deception

Challenges Facing Healthcare Leaders

- Rising patients' power
 - Patients are getting more knowledgeable
 - Patients are getting more active in advocating their interests
 - Patients get more sympathy and support
- Mentality of medical professionals
 - Old generation: committed, authoritative
 - New generation: open, just a job

Motto of MCHK

Ensuring justice

Maintaining professionalism

Protecting the public

Setting the Standard for Professional Conduct

- The Ethics Committee regularly reviews ethical issues and makes recommendations to the Council.
- The Professional Code and Conduct is periodically updated.

Professional Misconduct

- Act of medical practitioner being reasonably regarded as ***disgraceful, unethical, or dishonourable*** by his professional colleagues of good repute and competency, then it is open to the Medical Council, if that be shown, to say that he has been guilty of professional misconduct.

Professional Misconduct

- Falling short of the standards required of a medical practitioner, as determined by his peers of good professional repute, ultimately to be decided by the Medical Council.

Handling Complaints Against Doctors

- Preliminary Investigation
Committee decides if there is any prima facie evidence of professional misconduct.
- If so a formal Disciplinary Inquiry will be held.

Disciplinary Sentences

1. Warning letter with or without gazette
2. Reprimand
3. Deregistration (general or specialist) for a defined period
4. Suspended deregistration of not more than 3 years
5. Indefinite deregistration

Reasons for Restrictions on Practice Promotion

- Public safety 1st and foremost
- Patients vulnerable to effects of Medical Advertisements
- Public unable to judge medical evidence and doctors' credentials
- Medicine is unlike any commercial activity
- Some control safeguards public and professional interest

Need for Good Communication and Accessible Information

- The public need ready access to info about doctors
- Doctors need to reach the public with appropriate info about their services
- CEPA encourages HK to provide high quality professional services to Mainland inhabitants

Reasons to Relax Restrictions on Practice Promotion

- Need to adapt to changing needs of society
- Lack of public access to professional info
- Need of younger doctors to provide service info
- Official stand to promote HKSAR as centre of excellence in healthcare

Judicial Review

- High Court ruled on 11.8.06 that the Code breached Articles 27 and 39 of the Basic Law and Article 16 of the HKBORO insofar as
 - 1. Section 5 prevents a doctor from providing to the press basic Information about his practice which he can otherwise provide (through websites, service notices, & doctors directories).

Judicial Review

- 2. Section 5 (and Appendix E) limit a doctor to mentioning only a maximum of 5 items of information about available services, procedures or operations in Service Notices.
- 3. Para 5 prohibits a doctor from informing the public about medical developments if in so doing his practice is incidentally promoted.

Judicial Review

- 4. Para 14.1.1 imposes strict liability on a doctor for breeches by an associated medical organisation of the Code's provisions on practice promotion.

Judicial Review

- Appeal Court Judgement
- Date: 24 January 2008
- Original Judgement upheld

Judicial Review

- Consequence 1
 - Doctors may publish service information in prescribed format in newspapers, magazines, journals, and periodicals.

Judicial Review

- Consequence 2
 - No limit on number of procedures that doctors may publish

Judicial Review

- Other Consequences
 - Other restrictions on advertising increasingly open to challenge
 - Pending cases for disciplinary inquiry required review

Complaints Against Doctors

- Annual increase in number of complaints

	2007	2006	2005	2004
Total no. of complaints	472 1.5% rise from 06 51.77% rise from 01	465 17.13% rise from 05 97.03% rise from 01	397 13.4% rise from 04 68.2% rise from 01	311 11.1% lower than 03 31.8% rise from 01
Dismissed as frivolous or groundless or not fulfill conditions of complaint	146 (31%)	145 (31%)	189 (48%)	159 (51%)
Heard by PIC	326 (69%)	320 (69%)	208 (52%)	152 (49%)

As on 31 Dec 2007

Communication Skills

- A key to preventing complaints
- Essential to providing quality medical services
- Effective & efficient communication
 - with patients
 - with colleagues
 - with the public

Medical Professional Indemnity

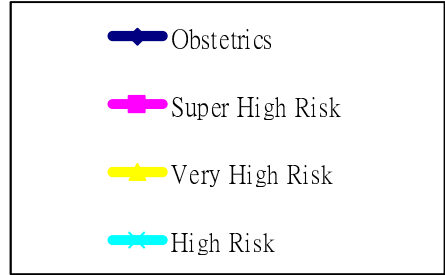
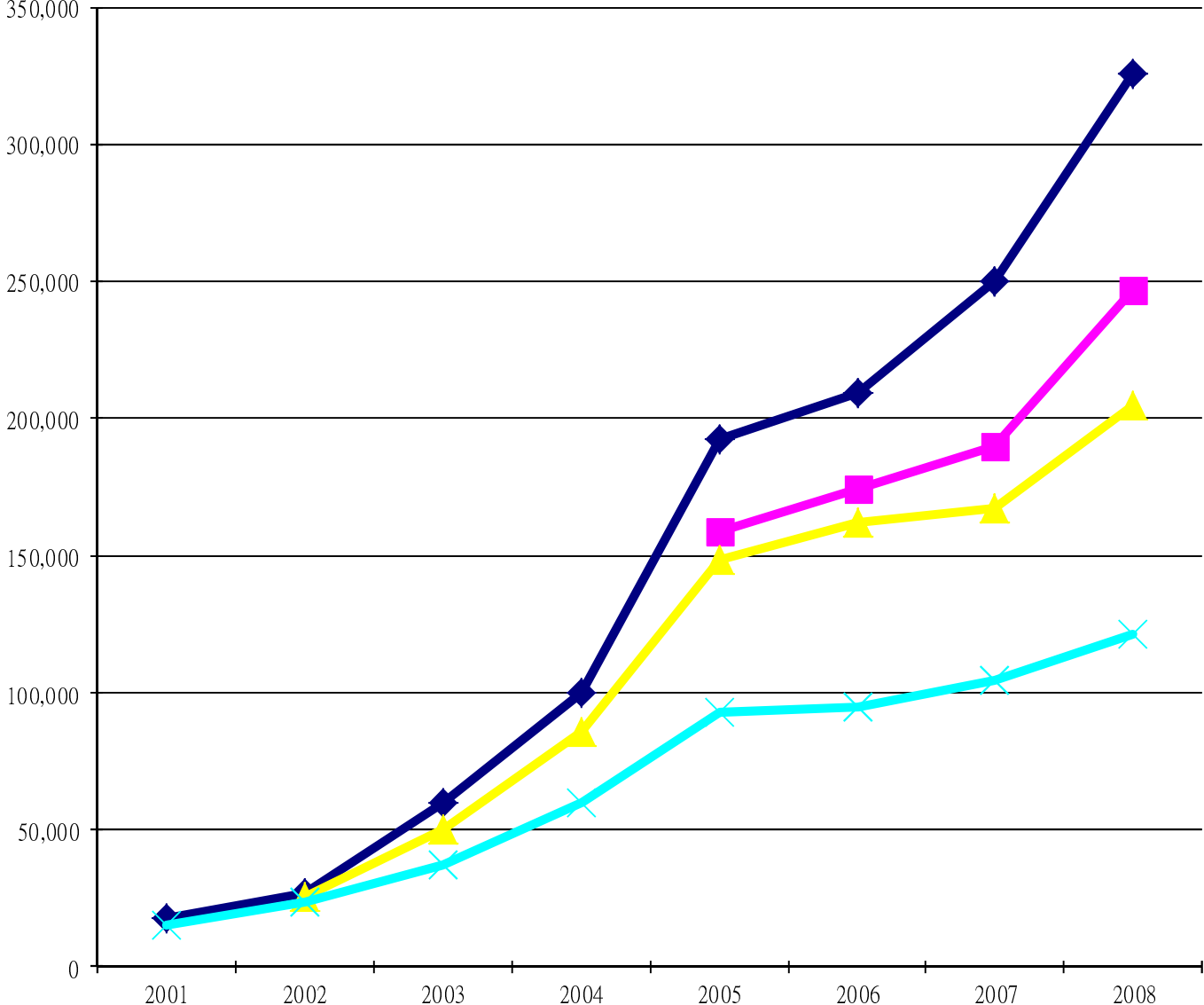
Medical Indemnity Costs in HK

Hospital, clinic, & professional
indemnity costs

- Employees compensation ordinance
- Civil action, common law, unlimited
- Medical Negligence claims
- Legal fees for defence of alleged professional misconduct

MPS Indemnity Rates, H.K.

HK\$



Year

Australian Professional Liability

- 2001 HIH provisional liquidation
- 2002 MDU in NSW provisional liquidation
- 1998-2003 Premiums doubled in NSW

Defensive Medicine

- Positive and negative types
 - Positive: over-investigating, over-prescribing, unnecessary referrals and follow-ups
 - Negative: avoiding high risk patients and procedures

Positive Defensive Medicine

Increased investigations for fear of litigation, e.g. for imaging, accounted for 60% of the increase in Medicare spending from 2000 to 2003 at \$ 15B

Baicker et al, 2007

Malpractice Litigation and Medical Costs

Defensive medical practice added
25% cost to Medicare per enrollee
1998 -2002 in state of Mississippi

Roberts & Hoch, 2007

USA 2000–2006

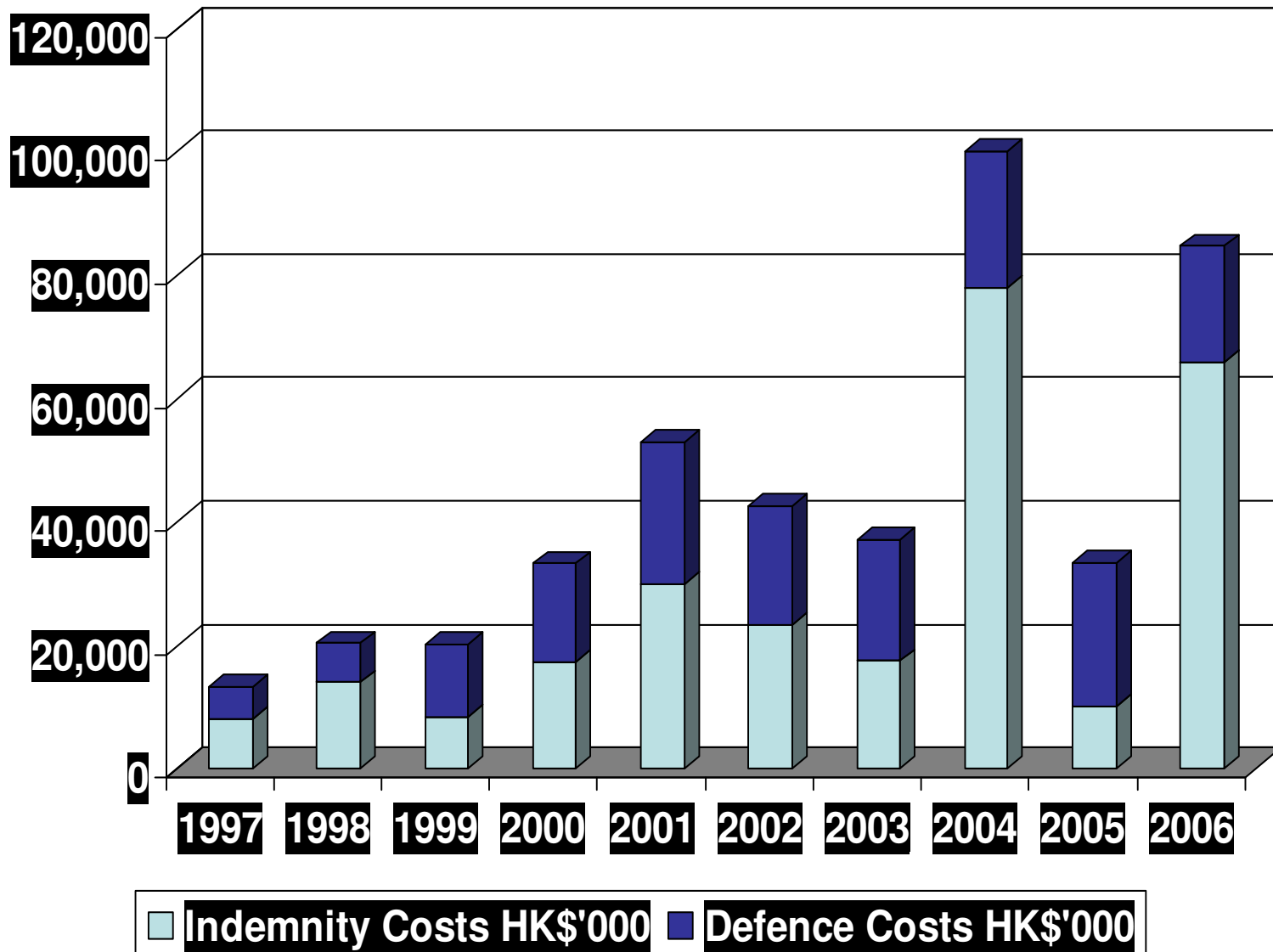
- USA Premiums up 30% p.a.
- 2001 OBS Florida \$143,000 to \$203,000
- Physicians retired, stopped or left state
- 2003 Jeb Bush Task Force 60 recommendations
- Cap on damage compensation \$250,000
- Limiting lawyers' contingent fees

Legal costs

- Legal costs account for 25 to 70% of the final damages
- Arbitration may be more expensive than litigation
- Mediation by far the best settlement, also cheapest



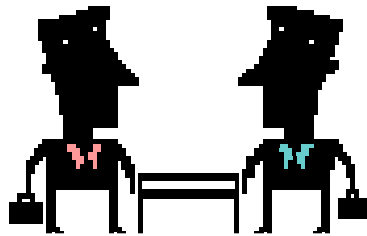
Payments 1997–2006 MPS, HK



Settlement of a complaint / claim



1. Medical Council
disciplinary inquiry



2. Civil litigation

3. Arbitration

4. Mediation

No Fault Compensation

- Encourages more claims
- Lowers overall transaction costs
- UK National Health Redress scheme
- Swedish and New Zealand experience

Mediation

the way forward



Prevention the Best Cure

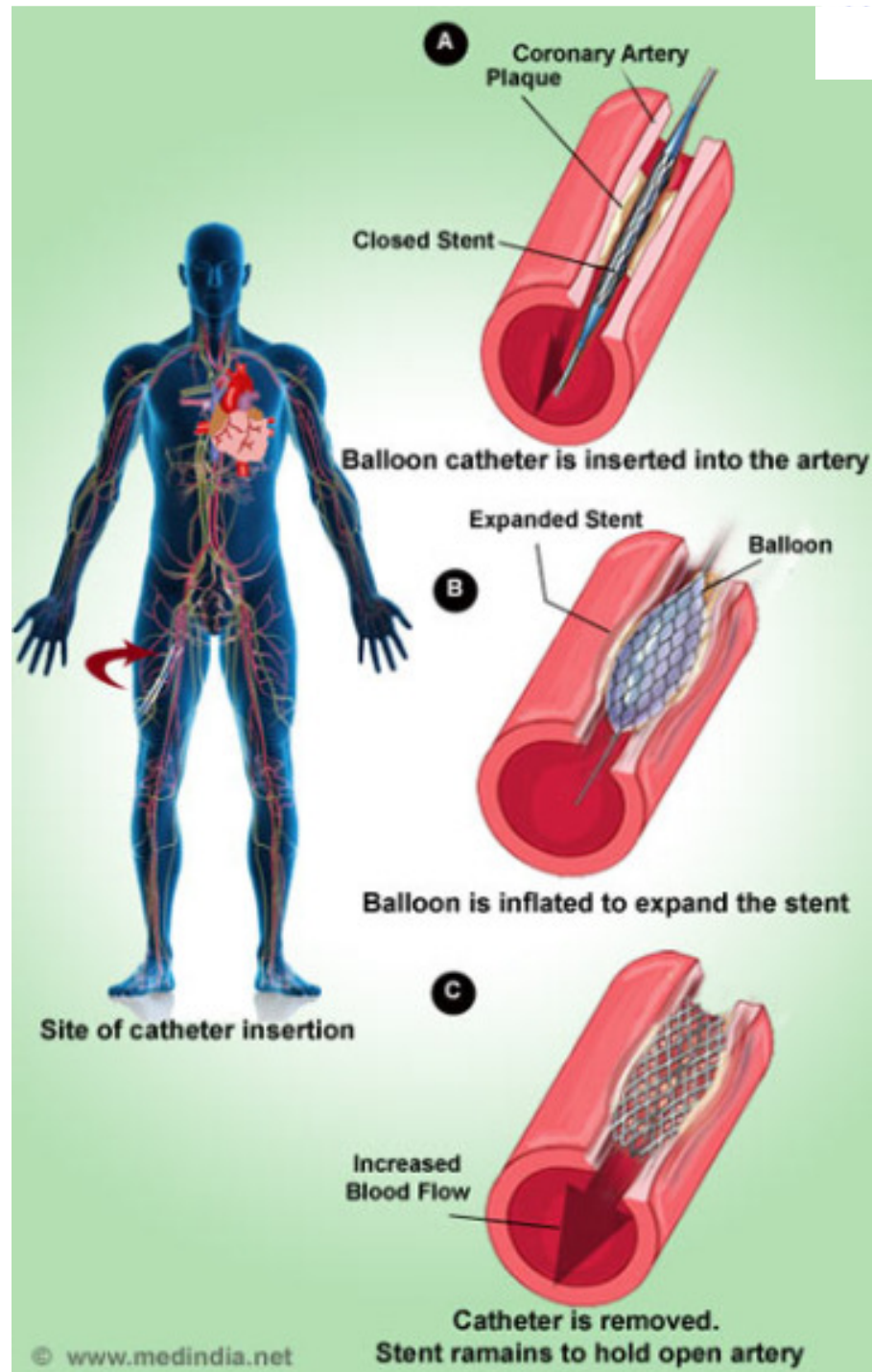
- Improved communication with patients
- Audits, alerts, and accreditation
- Continuous professional development
- Certification of skills
- Clinical protocols and guidelines
- Professional integrity and courtesy
- Do not test the Medical Council

Prevention the Best Cure

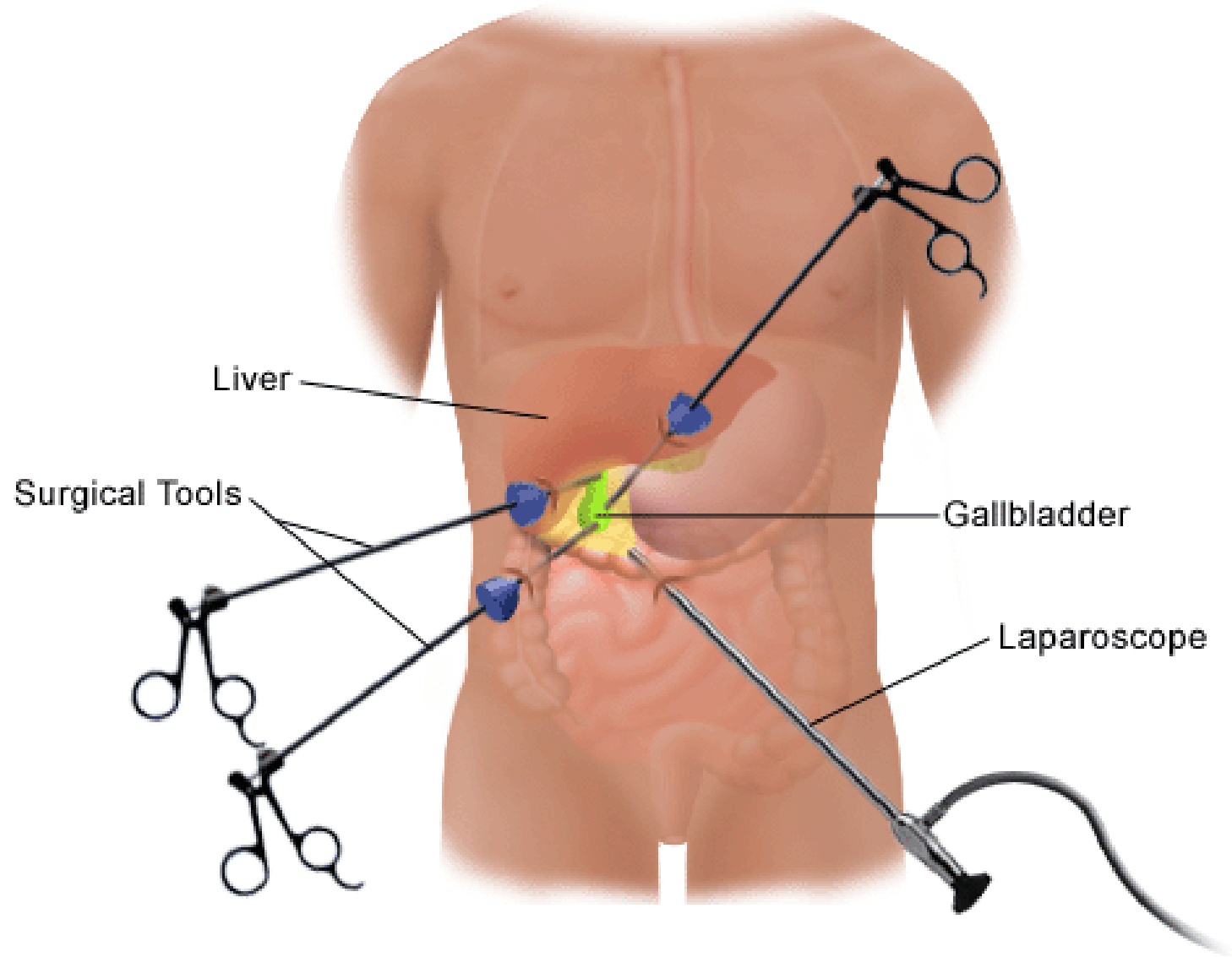
- *Adequate Documentation*
 - *History*
 - *Physical findings*
 - *Informed consent (supplementary information)*
 - *Operation record*
 - *Clinical progress*
 - *Discharge summary*

Principles of Surgical Consent

- Have you explained
 1. Treatment aims and likely outcome?
 2. Available options?
 3. General risks / complications of major surgery?
 4. Specific risks / complications of the proposed surgery?
 5. Risks particular to the patient?

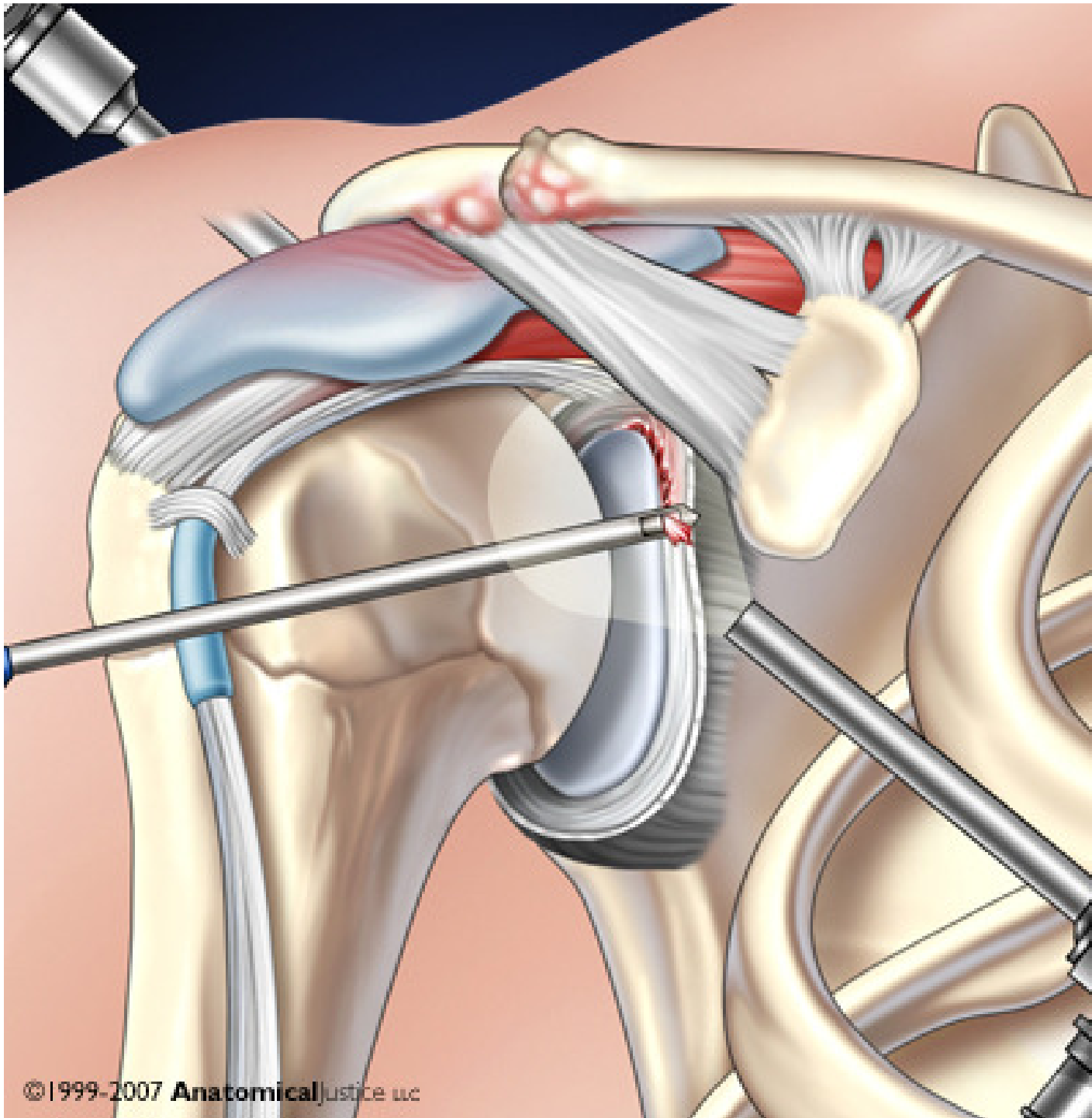


Laparoscopic Cholecystectomy (Gallbladder Removal)



Risks of anaesthesia

- General
- Regional
- MAC
- Sedation
- Local
- Combination



Consequential procedure / management

- Blood transfusion
- Open procedure
- Frozen section
- Wide excision
- Intensive care
- Removal of implants

Thank You

The Faculty of Health Sciences
Macau University of Science and
Technology *24 Mar 2012*