

4. Doctor-patient relationship: moral values

Relationship models Paternalism vs. autonomy

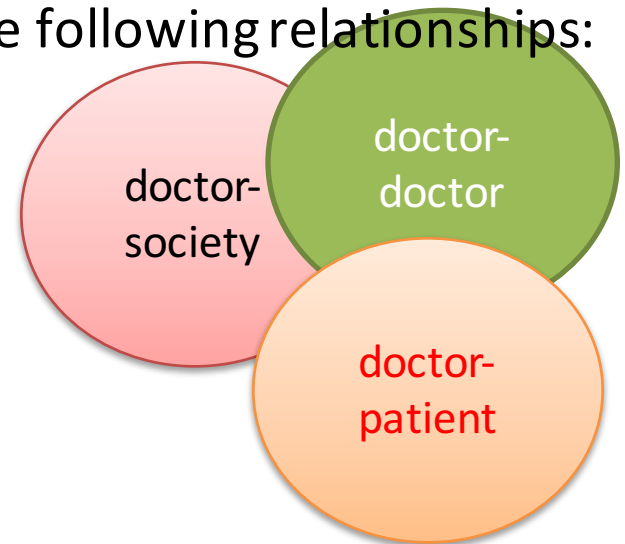
Teacher: George Cristian Curca

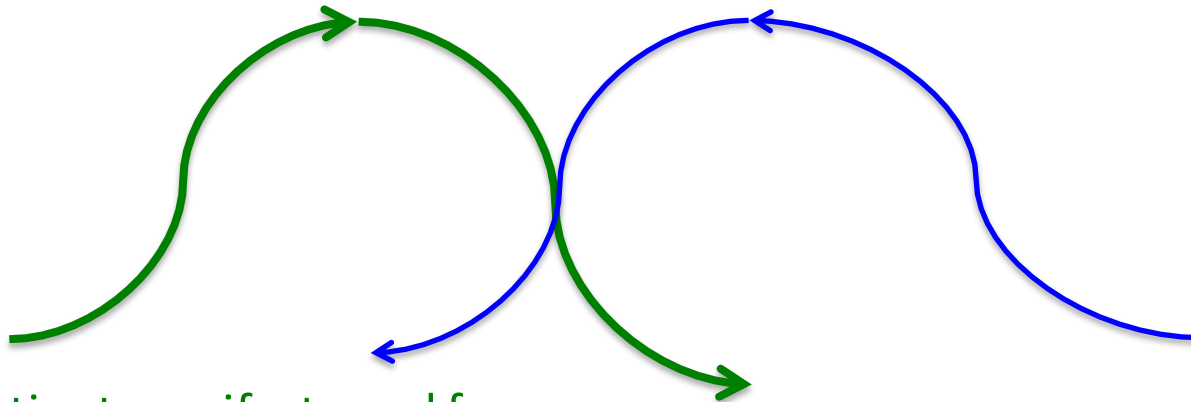
Professor of Legal Medicine and Medical Ethics, MD, Ph.D.

Dept. of Legal Medicine and Bioethics, UMParmacy CD

Doctor-patient relationship

- The relationship doctor-patient is in the centre of the medical ethics
- Hippocratic Oath attested for the first time the birth of medical ethics not just because it is the first documentation about normative ethics in medicine but because it states moral values in relationship with the medical practice at the bedside (clinical practice) which was, a teaching and practice method of Hippocrate's school itself.
- Medical ethics teaches the moral values in the following relationships:
- Imperatives (values) to respect:
 - Moral values
 - One's own conscience (individual moral values)
 - Society values
 - Professional values
 - legal values
- Double nature of doctor character (duality): humanity and competence (professionalism)





1. Patient manifest need for medical assistance
2. Patient manifest addressability
3. Patient manifest trust
4. Patient manifest compliance to treatment
5. Patient has rights (liberty – autonomy-, right to life, to health, to intimacy, to be informed, etc.)

1. Doctor manifest empathy
2. Doctor manifest duty of diligence
3. Doctor manifest fidelity,
4. Doctor manifest benevolence,
5. Doctor manifest beneficence,
6. Doctor manifest non-maleficence,
7. Doctor manifest justice
8. Doctor manifest respect for patient humanity, dignity
9. Doctor manifest respect for patient's rights

Doctor's duality of character

- **Humanity**

Based on:

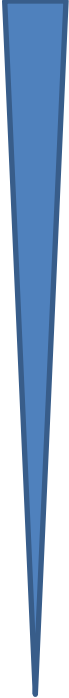
1. Empathy
 1. Benevolence
 2. Beneficence
 3. Non-maleficence (do not harm)
2. Respect for human being
Respect for human life
3. Patient health as the first duty

- **Competence, professionalism**

- **Competence:** capacity to have abilities, knowledge, self improvement in a particular domain where one have legal right for practice
- **Professionalism (4x4):**
 1. Member of a professional body
 2. Expertise (competence)
 3. Sense of duty
 4. Ethical behavior:
 - a) *respect for the client as a person (respect for the human dignity of patient, for human life)*
 - b) *respect for the good of the client : the good will is above all interests*
 - c) *The quality of the service: quality of the service is above all considerations, becomes a duty itself.*
 - d) *Respect for the honor of the professional body: he honors his colleagues as brothers and sisters*

The professional person always performs with dilligence his duty no mater what, striving for the best quality service he may deliver (he is more than a competent person) .

Doctor moral values shaping

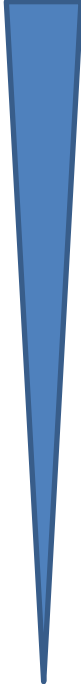
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1. Shaping of the virtues: academic study
 2. Professional model shaping: every doctor search for a model in his first years
 3. Shaping according to the professional body values: medical code of ethics
 4. Shaping in contact with the society values (on request base)
 5. Shaping on his own values

1 = as a student

2+3 = as a resident

4 + 5 = as a specialist

Society values (what society ask from the doctor – in the order of importance-)

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- 1. Responsibility*** (for his decision and his actions)
 - 2. Professional independence** (own judgement, in the best interest of the patient)
 - 3. Competence (expertise)**
 - 4. Readiness** (to answer at request base: i.e. emergency call)
 - 5. Justice** (do not produce injustice, providing equity and equality in the health care, without discrimination: the same for all, the best quality the system can provide)

•Why having responsibility? 2 elements: legal and moral: legally because there is a request to protect one's rights; morally because there is a request for protecting human dignity and human life as a good intention and a good action

WE MANIFEST DUTIES TO ANOTHER HUMAN WHEN:

<i>Moral obligation</i>	<i>Moral values as virtues</i>	<i>Moral values as actions</i>	<i>Quoting</i>
Sufference	Empathy, compassion, beneficence	Regret Compassion Encouragement	“We regret...” (<i>regret</i>) “I think it hurts... (<i>compassionate</i>)”. “Be brave... (<i>Encouragement</i>)
Own mistake	Reparation Do not harm (non-maleficence)	Truth Acknowledge ment Ask for forgivness Reparation	“I have to admit...I have to tell you the truth and the truth is... (<i>truth telling</i>) “I am sorry... (<i>Ask for forgivness</i>) “Don’t worry...I will repair what I did wrong... ..” (<i>Reparation</i>)
Promise	Fidelity	Loyalty Duty Do not abandon to secure the trust	“Trust me...I will come back immediately, I will be here for you, stay with me...” (<i>Promiss for medical care, treatment, etc.</i>)
Obligation	Fidelity	Loyalty Duty	It is my duty...Be confident... (<i>expressing the duty of care</i>)

Moral obligations

a) **Sufferance** : Empathy

- a) Regret
- b) Compassion
- c) Encouragement

b) **Mistake**

- a) Acceptance
- b) Forgiveness
- c) Reparation

c) **Promises**

- a) Duty
- b) Fidelity, non abandon
- c) Loyalty

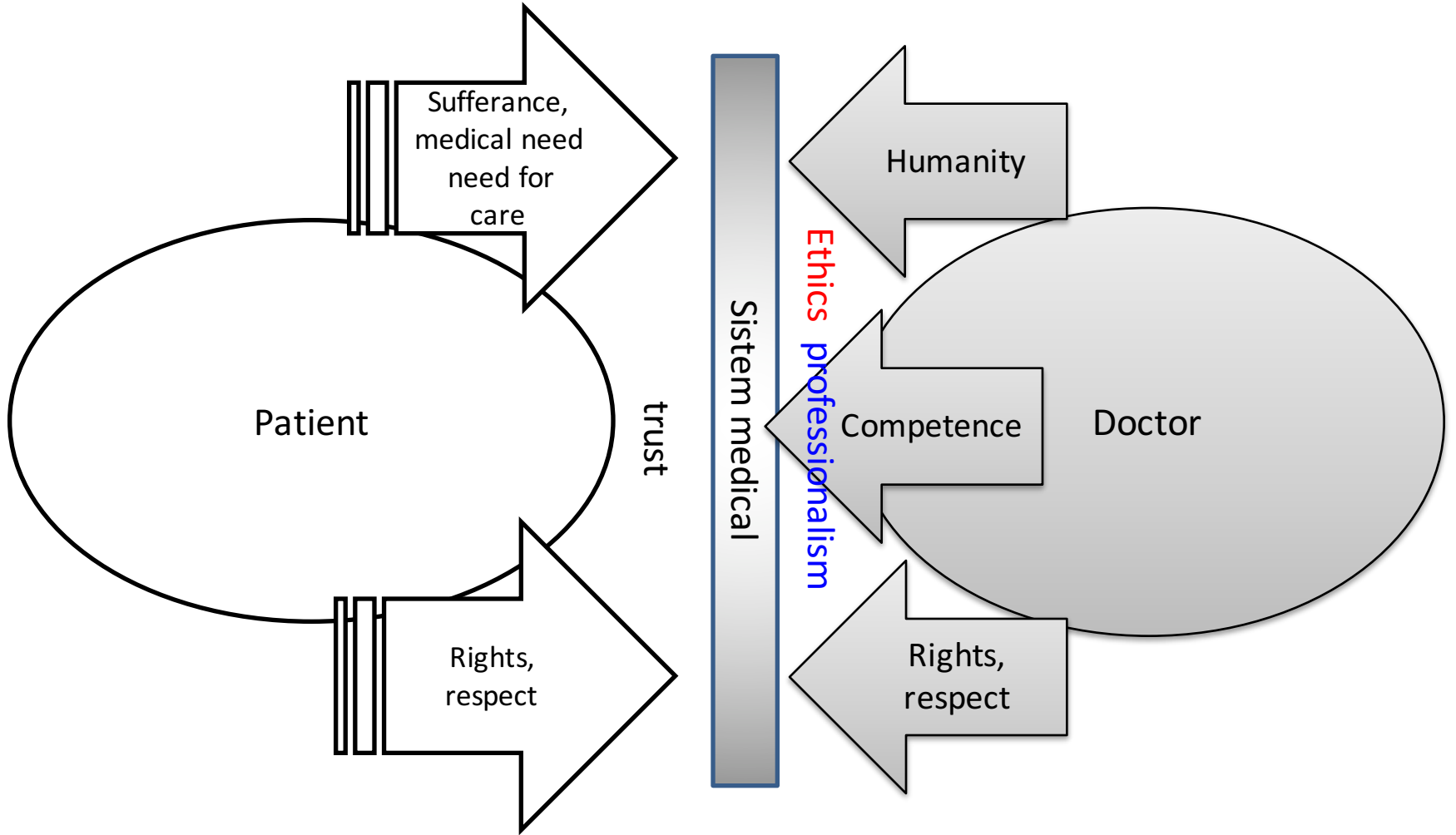
d) **Obligation**

- a) **Duty**
- b) **Fidelity**
- c) **Loyalty**

WMA* Declaration of Geneve, 1948 (moral values):

- I solemnly pledge to consecrate my life to the service of humanity (beneficence, respect for human dignity, autonomy);
- I will give to my teachers the respect and gratitude that is their due (gratitude, justice, loyalty, respect, honor);
- I will practice my profession with conscience and dignity (beneficence, honor, human dignity, non-discrimination, non-maleficence, autonomy, professional independence, responsibility);
- The health of my patient will be my first consideration (beneficence, non-maleficence, respect for life, fidelity, loyalty, duty);
- I will respect the secrets that are confided in me, even after the patient has died (fidelity, loyalty, duty);
- I will maintain by all the means in my power, the honor and the noble traditions of the medical profession (fidelity, loyalty, duty, respect, honor, beneficence, non-maleficence, justice)
- My colleagues will be my sisters and brothers (respect, honor, beneficence, professional body);
- I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient (non-discrimination, justice);
- I will maintain the utmost respect for human life (respect for life: non-euthanasia, non-abortion);
- I will not use my medical knowledge to violate human rights and civil liberties, even under threat (respect for life, human dignity, non-discrimination, non-euthanasia, non-torture, human immoral experimentation);
- I make these promises solemnly, freely and upon my honor (honor, justice, responsibility).

* World Medical Association [<http://www.wma.net/en/10home/index.html>], accessed 19th March 2014



MORAL VALUES OF THE RELATIONSHIP DOCTOR-PATIENT

Trust

- The patient offers trust, willing to receive the treatment, compliance
- The doctor offers : benevolence, beneficence, non-maleficence, autonomy, justice, fidelity, dignity, respect, etc.
- **Trust**> confidences> information> fidelity>confidentiality> **multiplied trust**

the relationship doctor-patient become secure

Fidelity, loyalty

- Fidelity (faith, the quality of being faithful or [loyal](#)). Respect for fidelity (a virtue: the action is loyalty)
- Fidelity > moral obligation = duty > loyalty. Duty as a moral obligation, duty as a diligence in a professional way (deontology), duty as a response to the patient trust
- *He is my doctor...he/she is my patient...call me whenever you are in need...I will help you....*
- Conflicts:
 - Conflict of interest (always solved in favor of loyalty and the interest of the patient)
 - Double loyalty: i.e. patient interest/public interest (solved in favor of the patient: the best interest of the patient is above the interest of society and science), confidentiality to the patient/public information (solved in favor of the public information for what is public information and personal data protection for what is personal data), duty to the parents vs. loyalty to the child (solved in favor of the child), pregnant woman vs. child
 - Patient interest (public) vs. personal interest (solved in favor of the patient interest)

Loyalty implies:

1. To follow the best interest of the patient
2. To put the patient interests above of interests (professionalism)
 1. Patient health is my first consideration (duty, loyalty)
 2. Confidentiality

Patient interest Public interest



Double Loyalty

Double loyalty:

- Parents vs. child, pregnant woman vs. child
- Other individuals (institution, government, citizens)
- Conflict in the double loyalty is solved always by protecting the most vulnerable and by non discrimination



Morals values of bioethics

Beneficence

1. To prevent the bad
2. To eliminate the bad
3. To do good
 1. To action for the good of the patient
 2. To maximize the benefits and minimize the risks
 3. Concern for public health or for vulnerable persons

Nonmaleficence (to do no harm)

Autonomy

Justice

To say the truth (veracity)

- To say the truth is a duty: a duty to the truth itself, a duty to the patient, a duty to us (not to lie)
- The duty to communicate the medical error
- Saying the truth we inform, informing we protect one's liberty (if autonomous and legally competent)

To treat vs. not to treat



- Beneficence vs. autonomy
- Beneficence /non-maleficence
- Appears especially when the patient entrust us to make decision for him (interpretative relationship) or the patient is without autonomy
- The doctor has to balance benefits and risks : beneficence/non-maleficence
- Patient wish, patient preferences (his best interest) (utilitarian approach: duty to be in the service of the patient)
- Medical codes ask for a duty to protect and to prevent patient health: good will + acting from Duty = moral value of actions (Kantian approach: duty in the duty to provide health (deontology))
- Professional independence is protected by the Kantian approach (deontology) and ignored by the utilitarian approach

Therapeutic privilege: for an autonomous patient to decide not to tell the truth and to begin the treatment protecting his best interests upon doctor's judgement

Criteria to take into consideration the TP:

1. Certain lethal diagnosis and prognosis
2. Patient capable to abandon or to inflict self harm
3. Patient personality (depressive)

Criteria not taking into consideration the TP:

1. Patient autonomous who ask explicitly for the truth (fighting personality)
2. Patient has an infectious disease which has to be declared AIDS, TB
3. Patient needs another medical operation which as for the informed consent

TP is an exception: autonomy rules. The conflict is between beneficence vs. non-maleficence

Models of relationship between doctor and his patient

1. *Paternalist model: based on paternalistic attitude of the doctor*
2. *Informative model: based on patient autonomy; the doctor is a simple consultant*
3. *Interpretative model: based on the patient autonomy but the doctor is an interpret of the patient needs and values*
4. *Deliberative model: based on the development of a “friendship” relationship (doctors are special purpose friends)*

Autonomy

- **Autonomy is a triple fold concept:**
 - a principle of morality (Imm. Kant) express the human reason primordially and the human dignity and intrinsic value of the individual;
 - a concept of justice: emerge from the right for liberty and for life: self determination. Because of this right everyone may take decisions to run his own life in liberty (liberty implies information)
 - a principle of bioethics (of morality) which triple fold a manifestation of the human psychic capacity:
 - Capacity to receive and to understand information
 - Capacity to be voluntary (voluntariness), mostly a wish than a capacity
 - Capacity of decision: triple fold:
 - To substantiate options
 - To take a choice between options
 - The option chosen is his best interests

With its autonomy every person has the legal capacity (legal competence) to self govern and to make decision concerning his own life (i.e. signing wills, informed consent , etc.)

Whenever a person is autonomous has legal competence and viceversa. When a person does not legal competence has no autonomy and that is why relatives of native parents, etc. has to take decision (they are entitled legally as representatives, therefore legally obliged –tort law-).

It is presumed that we all have full psychic capacity, autonomy, legal competence. The contrary is to be proven.

- **Doctor must be assured that the patient is able to self govern, wish to self govern and then be left to self govern**
- **Doctor has the duty to assist the free exercise of autonomy of his patient. However whenever the patient take a wrong decision the doctor has to convince him of his wrongful decision without forcing (beneficence vs. autonomy);**
- **As much as the patient has autonomy his decisions must be followed.**
- **When the patient is not autonomous the doctor must ask the relatives or take himself decision in emergencies (when the relatives are missing)**