

NA-137



MEDICAL ETHICS

NA-137

29 NOVEMBER 1992

***Natural Resources Energy & Science Authority
(NARESA)***

***47/5 Maitland Place
Colombo 07***

Foreword

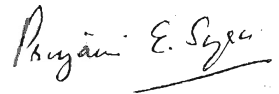
On a previous occasion, when NARESA worked on the subject of 'Ethics in Science' the WHO guidelines for 'Ethics in Medical Research' had been suggested for Sri Lanka.

This prompted NARESA to have a workshop on 'Medical Ethics'. Previous groups have discussed different aspects of this subject.

It is necessary to present this report of the NARESA workshop in a changing world when tradition and culture have to yield to the pressures in modern society. Indeed, in Sri Lanka the scenario has to be viewed in the background of people's aspirations in this rapidly changing society.

The Commonwealth Medical Association has given a lead in highlighting thinking in the face of human rights and modern medical technology. Sri Lankans are moving around the globe and are not isolated in this island from the influences of the electronic media and modern living. Above all, tradition and culture cannot remain stagnant in the light of a multitude of lifestyles. The situation is complex.

These thoughts generated by several doctors are disseminated for wider consideration by scientists.



Prof. Priyani E. Soysa
Director - General

Contents

Page

1. Reproductive health of the adolescent	1
2. Family planning	1
3. Abortions	2
4. Assisted reproduction	2
5. Genetic counselling	2
6. Health of children	2
7. Consent	3
8. Confidentiality	4
9. Organ transplantation	5
10. Education in medical ethics	5
11. Research & ethics	6
12. Other matters discussed	6
13. Rights of doctors in providing care	7
14. Failure to submit medical reports and false or inaccurate or incomplete submission of medical certificates and reports	8
15. Role of the medical profession in recognizing and preventing violence, with special emphasis on violence to women and children	8
16. Failure to provide health care for vulnerable groups	9
17. The principles of medical ethics and paramedical personnel	9

1. Reproductive Health of the Adolescent

1.1 *Genital mutilation*

The practice of female circumcision is unethical.

1.2 *Sex education*

It is considered good ethical practice to encourage the right to knowledge about:

- (a) Family life, at primary school level
- (b) The normal process of reproduction, conception and contraception, at secondary school level.

1.3 *Sexual abuse*

In sexual abuse it is sound ethical practice to counsel as appropriate and to bring the event to the notice of law enforcing authorities provided confidentiality is assured.

1.4 *Contraceptives*

Prescribing contraceptives to minors is ethically acceptable in appropriate circumstances provided that doing so is in keeping with the prescriber's conscience.

It is ethically acceptable to retain confidentiality of information given by adolescents with regard to AIDS and matters of reproduction.

2. Family Planning

2.1 Clearance by an ethical review committee is a prerequisite for research on new methods of family planning.

2.2 The consent of a person's spouse should not be made mandatory to obtain a permanent method of contraception (i.e. vasectomy or tubectomy).

2.3 Declaration of a person's marital status should be voluntary, not compulsory, to obtain sterilization.

2.4 It is ethically improper to cause embarrassment of any kind in a professional capacity to a woman who is pregnant out of wedlock.

2.5 Punitive contraception is considered unethical practice.

3. **Abortions (Termination of pregnancy)**

3.1 Termination of pregnancy is ethically acceptable when clearance by an ethical committee has been obtained. The recommended composition of an ethical committee is as follows: obstetrician, psychiatrist, paediatrician, lawyer and members of the public.

4. **Assisted reproduction**

4.1 In the use of donors' sperms, fertility induction, *in vitro* fertilization and surrogate motherhood, the international guidelines should be followed.

5. **Genetic counselling**

5.1 Confidentiality should be maintained in genetic counselling.

5.2 It is unethical to use knowledge of the sex of the foetus for gender selection.

6. **Health of children**

6.1 *Resuscitation*

It is unethical not to resuscitate babies with abnormalities incompatible with useful survival.

6.2 *Parental responsibility*

The ethical committee should advise the parents when they refuse permission for essential treatment of a child.

7. Consent

Consent stems from the basic right of the patient or guardian(s) to know all matters relevant to his/her diagnosis, treatment and prognosis. It should pervade all patient doctor interactions.

In all forms of consent the patient or guardian(s) must be adequately informed of the intervention before obtaining consent.

7.1 Informed consent, preferably in writing, is necessary in

- Surgery
- Anaesthesia
- Use of toxic drugs
- Use of unconventional forms of treatment
- Disabling procedures
- Invasive tests
- Hurtful tests
- Examinations invading privacy

7.2 The following guidelines are suggested for informing the patient.

The patient is entitled to receive information on:

- a) The nature of the disease.
- b) Methods and descriptions of interventions available, and their risks.
- c) Ancillary methods of intervention and their risks
- d) The probable results of the chosen method of intervention including problems of recuperation.
- e) Cost of intervention

Interventions would include examination, laboratory investigations and any form of treatment including contraception.

If the patient requires specific information regarding the disease or interventions the doctor is obliged to give the information.

7.3 Expressed consent may not be possible in certain circumstances.

They include

- a) mentally subnormal patients
- b) unconscious patients
- c) emergencies

8. Confidentiality

The patient has a fundamental right to privacy. Confidentiality is the principle of maintaining security of information elicited in the privileged circumstance of a professional relationship.

The following exceptions can be made if the doctor can justify the decision to disclose information without the patient's consent.

- 8.1 If it is in the patient's own interest that the information should be disclosed (eg. to the family) but it is either impossible or medically undesirable in the patients' own interest, to seek his/her consent.
- 3.2 If statutory law requires the doctor to disclose the information to the appropriate authority. For example (a) as required by the emergency regulations to inform injuries due to violence (b) as required in the cases of notifiable diseases. In both instances the patient should be informed that information will be divulged to the appropriate authorities.

The appropriate authorities need to be sensitized to the importance of ensuring confidentiality of information obtained by doctors from patients.

- 8.3 If the doctor has an overriding duty to society to disclose the information.
- 8.4 If the doctor is convinced that disclosure is necessary in terms of emergency regulations in Sri Lanka.
- 8.5 If the disclosure is necessary to prevent a serious risk to public health. e.g. a person infected with HIV who is not amenable to counselling.

8.6 The following guidelines were given for tests involving HIV.

- a. consent be taken from the individual before taking blood for HIV testing
- b. inform individual that result will be told to him/her if he/she wishes
- c. inform the individual that if the result is positive the appropriate authority needs to be informed.

9. Organ transplantation

The following guidelines are suggested.

- 9.1** The indication for organ transplant for a patient be considered only on medical grounds.
- 9.2** The selection for transplantation from a waiting list be on medical grounds. The committee that decides priority to include at least one person outside the transplant team.
- 9.3** Moment of death of potential organ donors be defined using internationally accepted criteria.
- 9.4** Sale of tissue or organs be considered unethical.
- 9.5** The principles regarding organ retrieval should be the guidelines laid by the WHO.
- 9.6** The retrieval of organs be performed by specially trained and skilled staff.

10. Education in medical ethics

- 10.1** medical ethics is an area of priority in the medical curriculum
- 10.2** ethics should be integrated into all aspects of the curriculum
- 10.3** ethical aspects should pervade all situations where there is patient-doctor-student interaction

- 10.4 the teaching of situation ethics be given more prominence than rule ethics
- 10.5 basic principles of ethics, beneficence, non-maleficence, autonomy and justice should be included in the curriculum
- 10.6 other aspects of ethics (eg. utilitarianism, ethical altruism, ethical realism, pragmatism, axiological ethics) should be considered.

11. Research and ethics

The well defined guidelines laid down by the World Medical Association should be followed. Three aspects are considered as particularly relevant for our country.

- 11.1 Poorly planned research (e.g. with inadequate numbers) be considered unethical.
- 11.2 Multicentre trials where the benefit to our country is limited should be considered as a special category.
- 11.3 It is unethical to withhold certain services to a control group in community based studies (e.g. withholding vaccination).

12. Other matters discussed

12.1 *Doctors and advertising*

Advertising can occur implicitly or explicitly, especially in media like television. Further discussion is required.

12.2 *Relationship with the pharmaceutical industry*

The profession should review its relation in pharmaceutical industry for sponsorship of educational and social activities. Publication by international medical bodies (e.g. Royal College of Physicians UK on relationship between the profession and the pharmaceutical industry) should be considered.

12.3 Professional negligence

The SLMC has already formulated guidelines on this matter.

12.4 Personal conduct

- a. Consumption of alcohol and smoking in front of patients by doctors during their professional practice should be considered unethical behaviour.
- b. Medical professional organizations should not provide alcoholic beverages during their social gatherings.
- c. If individual members of the profession wish to, they could sponsor such beverages using personal funds.
- d. Doctors should be involved in promotion of health by actively participating in public education on the harmful effects of alcohol, smoking tobacco and other addictive drugs.

13. Rights of doctors in providing care

13.1 The doctor should treat patients irrespective of their gender, ethnic, religious, social or political background.

13.2 A doctor may refuse to treat a patient under certain special circumstances provided alternatives are clearly indicated to the patient.

13.3 The public and the law enforcement authorities should be made aware of these rights.

13.4 Professional confidentiality:

A doctor is ethically bound not to divulge any information obtained during a professional relationship, without permission from the patient. The exceptions to this are discussed under confidentiality.

14. Failure to submit medical reports, and false or inaccurate or incomplete submission of medical certificates and reports

14.1 The profession should be self-regulated by their professional bodies.

14.2 To facilitate self-regulation, the standards of fitness or illness should be laid down by the relevant professional bodies.

14.3 When there is a breach, the Sri Lanka Medical Council should play an investigative role in inquiring into such lapses.

14.4 The public must be made aware of their right to complain about such activities of a doctor and the procedure of lodging a complaint. This procedure should be made simpler.

15. Role of the medical profession in recognizing and preventing violence, with special emphasis on violence to women and children

15.1 *General violence*

Doctors in the private sector and in general practice should be made aware of the individual needs of patients who are victims of violence.

15.2 *Violence to domestic employees*

Instances of violence to domestic employees should be recognised and reported to the Police by doctors in the state sector as well as in the private sector and general practice.

15.3 *Violence within the family*

- a. The doctors should be able to recognise physical as well as non-physical abuse of women and children. Reporting to the Police should be considered only in appropriate cases.

- b. The doctor should attempt to maintain family harmony and counsel the victim as well as the perpetrator of violence whenever appropriate.

15.4 *Violation of human rights*

Violation of human rights should be recognized, and reported to the relevant medical professional bodies. Such information should be shared with other professional associations, (e.g. the Bar Association) so that approaches to solutions could be broad-based and by consensus.

16. Failure to provide health care for vulnerable groups

The vulnerable groups in our country should be identified and nature and extent of the health care services needed by them should be ascertained. This could be achieved by active discussion among the professional organizations. The Sri Lanka Medical Association should play a leading role.

17. The principles of medical ethics and paramedical personnel

Paramedical personnel also should be encouraged to uphold the ethical principles of the medical profession particularly that of confidentiality.