

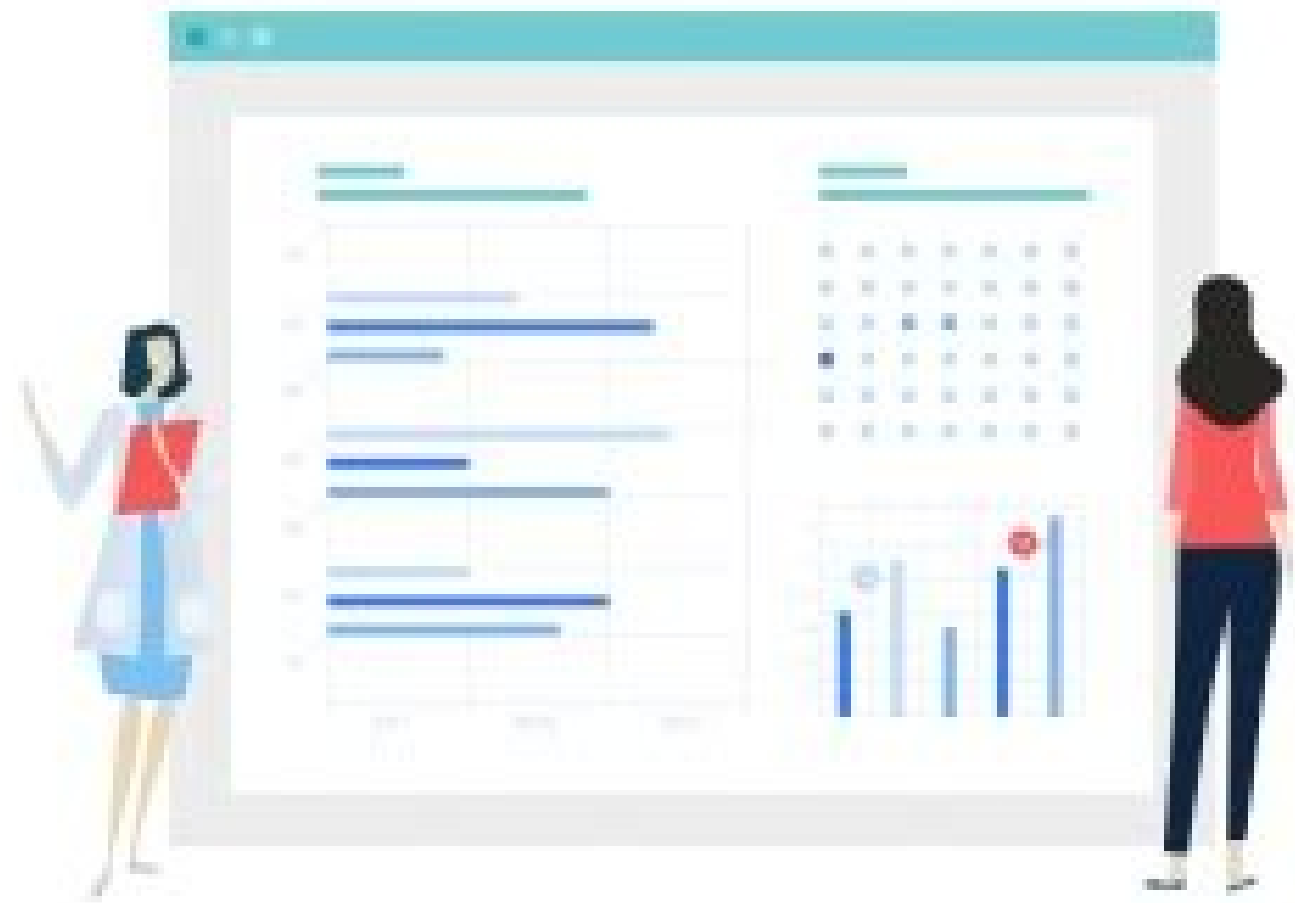


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Medical ethics scenarios answers



Loading preview We are sorry, the preview at the moment is not available. You can download the document by clicking the button above. Medical ethics has a long history, from the days of Hippocrates to today. The concept of ethics is very dynamic and the same ethical principles are not necessarily followed everywhere in the world. Medical ethics will soon become part of his life once he has got a place in the school of medicine, but appreciation for modern medical ethics is also a necessary tool for his school interview, since he will undoubtedly meet ethical questions. This is why we will give you an introduction to the field of medical ethics and its basic principles, to help you begin your path in the medical profession. Many world religions teach us ethical codes accepted as moral norms, such as not stealing, not killing, not committing adultery, honoring their parents, etc. These ethical codes are accepted by most without a doubt, but unfortunately, they are not understanding enough when it comes to the world of medicine. A Simply being moral does not provide a sufficient picture for your doctor to know how to behave and make appropriate decisions. Having a widely accepted medical ethics system offers a starting point to deal with the difficult dilemmas posed by medicine. It is worth remembering that medical ethics not only concerns clinical trials, but is part of the daily life of every doctor. A 70-year-old man is at the doctor's clinic with an aneurysm of the abdominal aorta (AAA (an enlargement of a blood vessel in the abdomen), who has been told has a 10% chance per year to explode and kill it almost instantly. He has been told that surgeons can fix it, but he has a chance of 5% dying during surgery. It is seen here that there is no moral conflict. The patient wants to livetaking moral standards, the doctor wants the patient to live. This one again,leaves the ethical question whether or not the operation should be performed. 160; This is because the procedure involves a risk inherent to it, which cannot be completely attenuated. Of course, there are test-based guidelines to help advise when and where certain procedures should and should be made;128;t. These guidelines, however, cannot cover any situation, will be general in nature and will consider the population as a whole, rather than the individual. It is evident that doctors need a framework to make ethical decisions in order to advise and treat individual patients correctly. Many great doctors and philosophers, such as Hippocrates, Aristotle and Immanuel Kant, have tried to define this picture. Most of Western medicine follows the "every" approach, proposed by Tom Beauchamp and James Childress in their book " Principles of Biomedical Ethics". This is becoming commonly known as majorism. This ethics system follows four main principles, or four pillars of medical ethics, which can be applied to biomedical ethics: Autonomy, beneficence, not negligence and justice. Autonomy This ethical principle of autonomy concerns the right of choice of the patient. It comes from the Greek language and literally means self-government or self-government. It is a relatively modern concept and until recently, there has often been a medical-patitive paternalistic relationship, with "; the doctor knows best mindset and patients who put their lives in their medical hands~ la Some of your patients still often ask for this approach and will ask you to make the decision, so we must be careful to respect their autonomy. As for our gentleman with his AAA, a doctor cannot tell him whether or not to carry out the operation, but may only indicate the facts, which would include details of the procedure,foreseen, foreseeable risks and any other information that the patient may find relevant toProcedure, as the recovery time, the duration of the hospital stay, etc. It is the doctor's ~ ~ á € ™ providing information, so that the patient can make a balanced and informed decision about their consent to the procedure or not. It is also responsibilities of the doctor to present information in a way and a level that the patient understands. The patient can not make an autonomous decision if he does not understand what was happening. Problems of autonomy occur when we do not believe that the patient has the mental ability to make an informed self-decision. In medicine it lends itself great attention to establishing whether or not someone has mental capacity, and must be remembered that some disease processes can affect capacity, such as delirium, dementia and neurological disease. Returning to our example, I believe that autonomy represents the core of the ethical debate for this gentleman. Surgeons offered to do the operation with the benefit planned to prolong his life. They also underlined the possibility of involuntary damage in the operation. This leaves to the patient the possibility of deciding if he believes that 5% risk of dying is an adequate compromise for probably prolonged his life of several years. This is a decision that must be taken independently from him, since 5% risk is acceptable for some and not for others. Autonomy also allows the patient to follow their cultural, religious and spiritual convictions regarding treatment. Charity charity is a principle that says our actions should contribute or improve our Patient226; 128; ™ wellness, or essentially doing good. It is closely linked to non-malformation and there is N226; á € t a net cut between the two principles as a lot of medical interventions are both benefits, but they involve a certain risk or a side effect that can Harmful. In some ethical systems, non-malformation and benefit are an ethical principle that covers a spectrum between doing no harm and doing All right. The principle of charity sounds easy, since most of us want to do the right thing for our patients and improve their health outcomes, so where's the difficulty? In the case of the man with AAA, it seems obvious that the surgery gives him a 95% chance of prolonging his life and that is obviously beneficial. We discussed balancing this with non-malformation, but suppose you now add to the scenario a breakthrough in medicine that offers an alternative procedure that fixes AAA, but with only a 1% death rate. The problem is that the new procedure costs ten times more. This suggests that, at some point, we need to put a brake on profit, as we are limited by practical constraints, such as cost, time, and the number of doctors. In the end, our medical resources are limited and we have to produce results for the population as a whole, which means that not every treatment can be offered. There is often controversy in the news, where very expensive drugs that would benefit people with rare conditions are not offered on the NHS in the UK or on private insurance in the US because they do not provide the best health outcomes of the population. This leads well to the principle of justice, which we shall be discussing shortly. Non-malefic Non-malefic is the objective of not inflicting harm on others. Harm in medicine usually refers to physical or psychological harm. There was a similar statement in the Hippocratic oath. This is often a difficult concept for doctors, because of course some of our procedures have an expected side effect, yet we continue to do the procedures. If we look at the man in our example above, surgeons have declared death as a possible result. Also, we did not mention the fact that you might feel very sick from the anesthesia and might suffer from the surgery, so how can it be One way to try to specify the principle is that an action can be seen to have two effects, one good and one harmful, that Our lord's case could be considered a good improvement in life compared to death. In this case, surgeons may perform the surgery with the expected effect of extending the patient's life span, but with the expected but unintentional risk of death during the operation. In these circumstances, it may be considered morally appropriate to proceed with the operation. Essentially, we are finding a balance between non-evil and beneficial here and this becomes part of a doctor's daily routine. Even with things that may seem trivial, such as an X-ray, the doctor should think if the damage caused by the radiation is justified. Justice The concept of justice concerns equity. The formal principle of justice is often attributed to Aristotle, who is supposed to have said: Equals must be treated fairly and unequal must be treated unequally. It takes some time to start, but in essence it means that not everyone in society must be treated the same, but we must treat people of a similar population in the same way. An example of this could go back to our poor old man with his AAA with both methods of treatment now available to him. It would not be considered justice if he were offered the first procedure if he lived in one part of the country, but the safest procedure if he lived in another. This would not be considered justice, since it is discriminated against on the basis of where it lives. 160? There have been many cases in UK news where access to oncological therapies has been talked about as a unit, with the public who see it as unfair and as a conflict of interest. It may also be possible for the NHS to offer both procedures and this still meets the criteria of justice. Imagine that instead of being 70's, our AAA is now 60, very fit, working and running at half marathon, it could be looking at 40 years more to live with the procedure and it might make sense to use the funding for for more expensive procedure. Now we propose the opposite and instead of being 60, the man is 92, still smoking and, although suitable for the operation, is generally of poor mobility. Then it might make sense to treat him with the most economical operation, so that he has more money to serve others. This is not against the principle of justice, because you say that the situation of the two patients is different. The term justice also covers the point of distributive justice. It's the concept of medicine that refers to how we spend our finite money. As can be seen from our previous discussions on charity, tough decisions are needed about what treatments are and what are provided in health care. bS160; When applying to medical school, you will be asked about an ethical situation or ethical dilemma in almost all of your interviews. If you can show an understanding of modern medical ethics and how the four principles can be applied to medical practice, then you will be well prepared. bDÁ Removal of ventilation in a dying patient Treatment of patients with self-inflicted disease Termination of pregnancy Management and treatment of people with dementia Use of highly expensive treatments for rare diseases Use of animals in clinical trials Use of humans in clinical trials Euthanasia Surgery? Doctors should ever go on strike? bS160; We hope that this has been a useful framework of medical ethics and its importance in your future career as a healthcare professional. For more information, the General Medical Advice~The Ethical Guide for Physicians is an excellent resource to strengthen your knowledge on the subject. Good luck with your interview and if you have any further questions, please feel free to contact us at hello@theMSAG.com. Comments will be approved before submitting.

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