Surgical Ethics - Indian Perspective

Rajneesh Kumar[1], Shriya Attri[2], Ankur Hastir[3], Subash Goyal[4]

ABSTRACT

In present day scenario relevance of this topic is to make aware our colleagues importance of ethics, when doctor –patient relationship are all time low.The word ethics is derived from the Greek word ethos which means "Character".Ethics is the branch of philosophy that defines what is good for the individual and for society and establishes the nature of obligations, or duties, that people owe themselves and one another. Greek healers in the 4th Century B.C., drafted the Hippocratic Oath and pledged to – *"Prescribe regimens for the good of my patients according to my ability and my judgment and never do harm to anyone*".
In 1847, the American Medical Association adopted its first code of ethics, with this being based in large part upon Percival work.[1]

Keywords: Ethics, Character, Consent

INTRODUCTION

Nowadays, conflicts of interests between the government and medical institutions, between medical institutions and medical personnel, between physicians and patients are getting more and more serious and complex, with courts and media playing their roles. Even in Medical practice moral standards include these rules that most people learn in childhood, eg: "don't lie, cheat, steal, harm other people, etc." High technologies not only brought us hopes of cure but have also created a heavy economic burden, public awareness of health care issues, patient's advocate groups/ media. Negative elements; greed, arrogance, deception, co recon.Transfer of decision-making to patients.

Doctor- Patient relationship:
- Honesty and Integrity
- Mutual respect
- Trust
- Empathy
- Mutual goals

Never being selfish but always ready to help others" have become the principal values of medical ethics.
"Whoever comes to seek cure must be treated like your own relatives regardless of their social status, family economic conditions, appearances, ages, races, and mental abilities."
- Simiao Sun
" Good surgical practice, published by the Royal College of Surgeons, is a repository of ethical guidance, but it can too easily end up on a high shelf, gathering dust. It should be read through at least once a year.[2] Even teaching ethics has a profound influence on medical professionals attitude.[3,4] It is being suggested that ethics training should be introduced during medical school and residency, including surgical residency.[5,6] These days institutions all over world have developed guidelines for ethics in clinical teaching and surgical residency programmes.[6-8]

ROLE OF HOSPITAL

- Provide the best medical treatment as well as ethical standards.
- Leading hospitals and institutes should:
  1. Apply the highest ethical standards
  2. Teach them to the future generations of medical personnel

WHY SURGICAL ETHICS

In Surgery we deal with *confidential issues* (related directly to people's lives, history, behavior, body, health and disease). Patients put their *trust* in medical professionals and *expect* high ethical standards.Role of surgeon is to act as patient's fiduciary (person to whom property or power is entrusted for the benefit of another). Health providing teams are expected to *know* and *maintain* a high level of ethical standard. Most *ethical* issues are *standard* and investigate what should be our character and conduct. Some special ethical issues are related to: religion, culture, etc. *Deficiencies* in practical application of known ethical standards *exist*. Ethical issues are always of *concern to the public*.
Ethical argument should maintain relevance and integrity. Any breach of ethical standards leaves harmful effects shaking the confidence in the system *(Because media controls the public opinion)*. Idea of justice and fairness require critical assessment and improvement. Surgeons can recognise their own mistakes and those of colleagues without knowing how much should be said about them to others. However, despite the importance and prevalence of the matter, there is at present no agreed definition of a surgical complication.[9]

FOUR BASIC PRINCIPLES OF MEDICAL ETHICS [10]

- Autonomy
- Beneficence
- Non maleficence
- Justice

Autonomy
Patient has freedom of thought, intention and action when making decisions regarding health care procedures.For a patient to make a fully informed decision, she/he must understand all risks and benefits of the procedure and the likelihood of success. Always respect the autonomy of the patient and their ability to make choices about their treatment. Such respect is not simply a matter of attitude, but a way of acting so as to recognize rights of patients to self-determination and even promote the autonomous

[1]Associate Professor, [3]Assistant Professor, [4]Professor, Department of Surgery, Punjab Institute of Medical Sciences, Jalandhar, [2]Post Graduate Student, Department of Gynaecology, Lady Harding Medical College, New Delhi, India

Corresponding author: Dr Rajneesh Kumar, 87- D, Dilbagh Nagar, Adarsh Hospital, 120-Feet Road, Jalandhar. Punjab, India

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actions of the patient. The autonomous person may freely choose loyalties or systems of religious belief that may adversely affect him. The patient must be informed clearly the consequences of surgery that may affect him adversely. Desiring to "benefit" the patient, the surgeon may strongly want to intervene believing it to be a clear "surgical benefit." The surgeon has a duty to respect the autonomous choice of the patient, as well as a duty to avoid harm and to provide a medical benefit.

Patient s have the right to exercise choice over their surgical care and should be allowed to refuse treatments that they do not want, even when surgeons think that they are wrong. In the case of a child, the principle of avoiding the harm of death, and the principle of providing a medical benefit that can restore the child to health and life, would be given precedence over the autonomy of the child's parents as surrogate decision makers. Consent for the involvement of trainees in surgical procedure. Surgeon should have good communication skills.

Beneficence

The surgeon should act in "the best interest" of the patient - the procedure be provided with the intent of doing good to the patient.[11] Ability to exercise sound judgment, Responsible conduct and Functioning equipment and optimal operating conditions. One should do Minimizing harm to patient (including pain control).Surgical competence: This needs surgeon to develop and maintain skills and knowledge by continually updating training and consider individual circumstances of all patients. Surgeons rely on technology, from diathermy to the operating room lights. The conscientious surgeon should thus ensure that the equipment is functioning and reliable. Faulty equipment compromises patient care and increases the like hood of surgical complications

Non Maleficence

"Above all, do no harm," – Make sure that the procedure does not harm the patient or others in society. Great surgeon and writer Richard selzer has written of the " Fellowship of knife", to which all surgeons belong.[12] Ability of surgeon to exercise sound judgment and recognizing the limits of one's professional competence. Surgeon should know when and where to stop scalpel. Research and auditing help surgeon to update his knowledge. Disclosure and discussion of surgical complications including medical errors and Good communication skills. Regular "mortality and morbidity" meetings in which surgical teams review any recent complications is one way surgeons fulfil this obligation. **MEDICAL MALPRACTICE-**An act or omission by a surgeon that deviates from accepted standards of practice in the medical community which causes injury to the patient.

Justice

The distribution of scarce health resources, and the decision of who gets what treatment "fairness and equality ". The burdens and benefits of new or experimental treatments must be distributed equally among all groups in society. Respect human rights and to respect morally acceptable laws. The four main areas that surgeon must consider when evaluating justice

1. Fair distribution of scarce resources
2. Competing needs
3. Rights and obligations
4. Potential conflicts with established legislations

Issues -Surgical Ethics

- Informed consent and difficulties
- As Surgeon ethical issues in operation theatre
- Confidentiality
- Surgical research
- Excellent standards

Informed consent and difficulties

Accepted ethical and legal standard in the country they live. Individuals are entitled to all the available medical information and are allowed to make "autonomous" decisions related to their health care.Components of an acceptable Informed Consent are: Decision-Making Capacity

- Complete Disclosure
- Understanding
- Authorization
- Comprehensive discussion between the patient and treating Surgeon
  - Why is the surgery being recommended and what is most appropriate surgery
  - What are the alternative treatments available
  - Anticipated outcome and prognosis
  - What are the benefits, risks and complications of the different treatment options
  - Any unexpected hazards of proposed surgery
- Complete documentation of the discussion in the medical record
- Consent form is not the appropriate document to fully describe the consent process
- Should not be delegated to most junior member of the team
- A surgical complication is any desirable, unintended and direct result of surgery affecting the patient which would not have occurred had the surgery gone as well as could reasonably be hoped.[13]

Informed Consent Process

It is not enough simply to obtain consent; that consent must be informed. The process of informed consent is designed to ensure that the patient has a complete understanding. Does the outcome in this case change how you believe the process should be approached? Can any patient be "fully informed" and gain a "complete understanding"?

Should the surgeon inform the patient if he does not think the procedure is indicated or reasonable? Should the surgeon refer the patient for an alternative opinion? Should not be taken to operation theatre.

Consent- Principles

Venue should be Calm and Quite place. Consent form should be in Patient's language. Patient should take Time and Take own decision. Principal Person to take consent should be Surgeon or trained staff and consent form should have entry in case record. Information should be- accurate and reasonably complete. One should avoid Technical language and Provision of translators should be there for Clarification of doubts

Capacity of Consent

Often called "decision-making capacity".Many consider "capacity" as the medical terminology and "competence" as the legal terminology.Patient has the ability to understand the problem, options of treatment, and risks/benefits of each approach.Patient can understand and select an approach. Cannot

be under duress, no fear of abandonment.Consent requires a complete understanding- Consent- disclosure: **HOW MUCH TO INFORM?**

Four standards

1. Professional practice standard
   - ► Communities accepted practice
2. Reasonable person standard
   - ► "Material information" for "reasonable person"
3. Subjective standard
   - ► Different individuals want/need different amounts of information
4. State legal standards
   - ► Standards vary from state to state

Practical Difficulties

Refusal or waiver by patient for surgery. Temporary Unconsciousness patients. Children less than 18 yrs. are minors and are legally incompetent. Incompetence – other kind like mentally retarded. Circumstances safety of a third party may override patient confidentiality are in the arena of child protection and drug dependence.

Recommendations

Include all complications that may have a significant effect on outcome and explain what treatment may be necessary.Try to avoid being told "I didn't understand", or "you never told me this could happen". Fully review the planned procedure, even if the patient has read your handouts or has searched the Web.

Confidentiality

The principle of confidentiality is that the information a patient reveals to a surgeon is private and has limits on how and when it can be disclosed to a third party. The patient (and the person treating the patient) have right to dignity. Breaking confidentiality

- If the patient is threat to self or others
- Other team members – improving treatment options
- Public interest
- Court order

The notion of confidentiality is enshrined in the Hippocratic Oath but it is not inviolable.[15]

End of life –Issues

In unusual circumstances (close to death) that no evidence shows that a specific treatment desired by the patient will provide any benefit from any perspective, the surgeon need not provide such treatment. If there are no treatment options i.e. the pt is brain dead and the family insists on treatment – if there is nothing that the surgeon can do; treatment must stop. Noted in case sheet along with senior clinician's agreement if the law allows.

Research

Surgeons have a subsidiary responsibility to improve operative techniques through research, to assure their patients that the care proposed is best. The administration of such regulation is through research ethics committees, and surgeons should not participate in research that has not been approved by such bodies.

Good standards

To optimise success in protecting life and health to an acceptable standard, surgeons must only offer specialised treatment in which they have been properly trained. To do so will entail sustained further education throughout a surgeon's career in the wake of new surgical procedures. To do otherwise would be to place the interest of the surgeon above that of their patient, an imbalance that is never morally or professionally appropriate.

AS SURGEON ETHICAL ISSUES IN OPERATION THEATRE-

Exposure of Body-

Protect privacy and dignity of patient. Parts of body should not be exposed to others. Exceptions are allowed when necessary according to a definite need. Exposure of some body parts is often necessary, depending on procedure.

Exposure example: -

Preparation for anesthesia
Chest auscultation and inspection.
Insertion of folly catheters.
Patient's transfer to and from: -
Operation table
- Recovery
- Ward

Whenever exposure is necessary, it should be: Limited to parts needed only. In the presence of limited number of people. If female patient in the presence of female staff.For the shortest period of time.

OT Traffic and Noice

Often too many people in the corridors, receiving area and OR → causes inconvenience to patients and staff. Problem related to the *behavior* of staff and students and limited *space in OT*. Patients coming to OR are worried → need privacy, silence and reassurance. Noise should be kept to minimum. Discussions and stories should be in staff rooms only, away from patients !

Comments And Behaviour

No Jokes and laughing, speaking Loudly, In front of patients, In a language not known to them, before anesthesia, during procedure with local/spinal anesthesia. Comments regarding disease, body shape and weight. That would not be said if patient is awake.

Honesty

Patients often ask who performed surgery.The answer should be honest and concentrate on:

- Concept of *team work*.
- *Quality* is assured.
- *Supervised* by the consultant / senior staff.
- Teaching / training does *not reduce standards*.
- One fundamental way in which surgical practice has changed since 1913 is in the team based approach to patient care. The anaesthetist, once little more than a technician assisting the mighty surgeon, is new a full member of the surgical team.[14] Mutual harmony around the operating table is important.

"The Fundamental Contract In Surgery Is An Undertaking By One Individual To Cure Another By Operation, In The Expectation Of Reward"

J Cook "the delegation of surgical responsibility"

Two general duties of surgical care are to protect life and health and to respect autonomy, both to an acceptable professional standard. Ethical issues are sensitive and important. Ethical standards according to religion and culture → must be met.

Conduct of ethical surgery illustrates good citizenship: protecting the vulnerable and respecting human dignity and equality. Deficiencies exist in the application of some ethical standards. Preserve Patients' dignity during all phases of transportation. Patients should not be exposed unnecessarily regarding: area of exposure, duration of exposure and number of people present during exposure. Patient examination if needed → should be inside the operating room only, with privacy and limited exposure.The consultant surgeon: is responsible to ensure all medical staff are aware of and follows the OT ethics guidelines (especially regarding female patients).

Good Surgical Practice states that 'a surgeon should be courteous when working with all members of the surgical team'.

CONCLUSION

The excuses sometimes heard that 'everyone acts that way in theatre' or 'it was only friendly banter' do little to justify the action. Although humour has a definite place in medicine, surgeons should take care not to offend others with ill-chosen remarks about race, sexuality and other sensitive matters. This may sound obvious in the cold light of day but, in the heat of the moment, surrounded by close colleagues, words can slip out almost unthinkingly.

More and more surgeons are appearing at medical ethics courses throughout the world. The *BJS* and other leading surgical journals are publishing regular articles addressing ethical issues in surgery, and some surgical conferences are creating sessions for posters and presentations on ethics.

Overall, this article reflects the current situation of knowledge, attitudes and practice of ethics by clinicians in India, where ethics is not taught as a subject at the undergraduate or postgraduate level. Though the MCI guidelines clearly state that medical students must be taught ethics and evaluated. None of the public or private sector medical colleges in the country have made it a mandatory part of their curricula. Similarly, ethical issues are not touched upon during postgraduate training and examinations.

The only guidance our students and clinicians get on ethics is through seminars and workshops conducted by a handful of concerned individuals in the city. Through these efforts along with awareness among the clinicians and patients, ethics is becoming a popular concern.

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