

Health Law and Ethics

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MHA 633
Ethics of Medical Reports
Bioethics

Lecture 10



In the previous Lecture: Terminally incurable diseases and end-of-life decisions

- About death and dying: Definitions and basic questions
- Withdrawing treatment
- Deciding not to resuscitate (DNR orders)
- Refusal of treatment and advance directives
- Euthanasia and physician-assisted suicide
- The goals of medicine in palliative care
- Decisions at the end of life
- Ethical Issues in Health Research



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In this Lecture: Ethics of Medical Reports Bioethics

- Ethics of Medical Records
- Ethics of Documentation and Authentication
- Medical Record
- Certificates and Reports
- Ethical issues in medical reports, sick-leaves and medical records
- Medical Prescriptions and Death Certificates
- Bioethics definition and History
- Three issues involving bioethics



Ethics of Medical Records

Ethics of Documentation and Authentication

(Saudi Code of Ethics)

- They should document each procedure that he/she follows with the patient in accurate records, and strive to be accurate when writing medical reports, in a way that achieves the interest of the patient.
- They should write what is the true reality without exaggeration or underestimation and should not be taken astray by the bonds of kinship, passion, fear or desire of benefit to write a medical report that is untrue.

In **Saudi Code of Ethics**, the medical record should contain:

- Appropriate clinical findings,
- Decisions and procedures made,
- The information given to the patient,
- Prescriptions or medications, as well as
- All the patient's investigations



(A) Medical Record

1. There should keep clear and precise paper and electronic records for the patients.
2. The medical record should be kept in a safe place, and should not be accessed or handled unless by those who are professionally-related (to the patients) persons,
3. All the procedures related to professional confidentiality apply to all its contents.
4. All the contents of the medical record are the property of the institution in which the patient is receiving his/her treatment, but
5. The patient can have access to the record and have a copy of it upon his/her request.

(A) Medical Record

4. In the event of referring a patient to another doctor, the healthcare practitioner should provide for the referred healthcare practitioner all the information needed about the patient's condition precisely and objectively.

5. When writing the data and information, scientific and administrative standards should be followed when writing, and have every document related to the medical record signed and dated.

(B) Certificates and Reports

- Doctors enjoy the authority to sign a variety of documents that lead to grave consequences if they are abused, including:
 - death certificates,
 - medical reports,
 - sick leaves,
 - certificates of patients' attendance and others.
- Therefore, doctors have to ensure the correctness of the information before signing any document.
- Documents that are thought to be fake, false, or misleading should not be signed, instead follow the recognized scientific and administrative standards.

Have You Ever Witnessed...?



- *A patient fully exposed in front of a dozen eyes and pairs of hands (rounds)?*
- *A patient being photographed without consent?*
- *A Couple of doctors chatting about their patients over lunch?*
- *A doctor, who is a relative of the patient “having a look” in his relative's medical record?*
- *A student approaching patients with questionnaires without consent or institutional approval?*

DON'T DO THAT...RESPECT YOUR PATIENT'S PRIVACY & CONFIDENTIALITY

References

- **Saudi Council for Health Specialties Manual of Ethics of the Medical Profession**
- **Patient's Bill of Rights and Responsibilities MOH, KSA**
- **Law of Practicing Healthcare Professions**
- **Professionalism and Ethics Handbook for Residents (Saudi Commission for Health Specialties, Riyadh – 2015)**



Ethical issues in medical reports, sick-leaves and medical records

What do doctors write?



Birth certificates



Death certificates



Medical reports



Prescriptions



Medical records



Sick-leaves



Certificates of
patients' attendance

Let's think!

- What could happen if any of these documents is fake?
- Is there any danger on the doctor, the hospital, or the community?
OR
- It is OK to be nice and not let your patients down.

Why we need to know about ethical issues in reporting?

- Doctors enjoy the authority to sign a variety of documents that lead to grave consequences if they are abused
- , including death certificates, medical reports, sick leaves, and others.
- Therefore, doctors have to ensure the correctness of the information before signing any document.
- Documents that are thought to be fake, false, or misleading should not be signed, instead follow the recognized scientific and administrative standards. **(B) Certificates and Reports** (Saudi Code of Ethics)

(C) Medical Prescriptions (Saudi Code of Ethics)

- It is not permissible to prescribe restricted drugs except by authorized doctors,
- The restrictions related to these drugs should be followed.
- The healthcare practitioner should not write a prescription only for pleasing his/her patient or the patient's relatives.

(C) Medical Prescriptions (Saudi Code of Ethics)

- The prescription should be written in clear handwriting, with the:
 - healthcare practitioner's name, signature,
 - name of the institution he/she works in,
 - date of the prescription,
 - patient's information, diagnosis, drug dose, its pharmacological form, daily dose, and duration of treatment.
- This all must also be reported in the patient's record.
- “It is prohibited for a pharmacist to dispense any medication without a prescription issued by a physician licensed to practice.” (*Saudi Law of Practicing Healthcare Professions*)

(A) Medical Record *(Saudi Code of Ethics)*

1. The healthcare practitioner or the institution employing him/her should keep clear and precise paper and electronic records for the patients that contains:
 1. appropriate clinical findings,
 2. decisions and procedures made,
 3. the information given to the patient, prescriptions or medications, as well as
 4. all the patient's investigations.
2. The medical record should be kept in a safe place, and should not be accessed or handled unless by those who are professionally-related (to the patients) persons, and all the procedures related to professional confidentiality apply to all its contents.

(A) Medical Record *(Saudi Code of Ethics)*

3. All the contents of the medical record are the property of the institution in which the patient is receiving his/her treatment, but the patient can have access to the record and have a copy of it upon his/her request.
4. In the event of referring a patient to another doctor, the healthcare practitioner should provide for the referred healthcare practitioner all the information needed about the patient's condition precisely and objectively.
5. When writing the data and information, scientific and administrative standards should be followed when writing, and have every document related to the medical record signed and dated.
6. When any change or modification is made, the date of this modification should be reported with a signature, and it is preferable to have the changes reported on a separate sheet.

Medical reports

- A healthcare professional shall use due care in diagnosis, using appropriate technical means and any specialists or assistants the case may require and
- Provide the patient, upon his request, with reports on his condition and test results, observing accuracy and objectivity.

Section Two: Duties of Healthcare Professionals towards Patients, Article 15

Before writing a report

Ask yourself!

- What class does the report fall into?
- Has the patient given free and informed consent?
- Who will gain advantage from the report?
- What are the consequences of giving the report as opposed to not giving it?
- How valid is the information on which the report is based?
- Is an opinion or judgement being requested rather than factual information and, if so, are you comfortable complying with the requirements?

When writing a report you must: (GMC)

- Do your best to make sure that it is not false or misleading;
- You must take reasonable steps to verify the information in the report and
- Must not deliberately leave out any relevant information.
- Complete and send the report without unreasonable delay.
- Restrict the report to areas in which you have direct experience or relevant knowledge.
- Make sure that any opinion you include is balanced and be able to state the facts or assumptions on which it is based.

What should be in the medical report/sick-leaves?

- A. The name, address and qualification of such practitioner
- B. The name of the patient
- C. The employment number of the patient (if applicable)
- D. The date and time of the examination
- E. whether the certificate is being issued as a result of personal observations by such practitioner during an examination, or as a result of information which has been received from the patient and which is based on acceptable medical grounds

What should be in the medical report/sick-leaves?

- F. A description of the illness and the practitioner shall merely specify that, in his or her opinion based on an examination of such patient, such patient is unfit to work
- G. Whether the patient is totally indisposed for duty or whether such patient is able to perform less strenuous duties in the work situation
- H. The exact period of recommended sick leave
- I. The date of issue of the certificate of illness
- J. The initials and surname in block letters and the stamp (or other ID) of the practitioner who issued the certificate.

Are medical records always confidential?

- Health information may be disclosed for:
 - Public health reasons,
 - Reporting births & deaths
 - Child abuse or neglect
 - Reactions to medications or problems with medical products
 - Help control the spread of disease or to notify a person whose health or safety may be threatened
 - Activities authorized by law, such as for audits, investigations, inspections, and licensure.

What the Saudi Law says?

Article 21

- A healthcare professional shall maintain the confidentiality of information obtained in the course of his practice and may not disclose it except in the following cases:
 - a. If disclosure is for the following purposes:
 1. Reporting a case of death resulting from a criminal act or preventing the commission of a crime; in which case, disclosure may only be made to the competent authorities.
 2. Reporting communicable or epidemic diseases.
 3. A professional's refuting accusations pertaining to his competence or conduct of his profession made by the patient or his family.
 - b. If the party concerned agrees, in writing, to disclose said information or if such disclosure to the patient's family is beneficial to his treatment.
 - c. If so ordered by a judicial authority.

Death Certificates

- **Article 20:** A physician requested to conduct a medical examination on a deceased person may not provide a death report except after establishing the cause of death, based on his medical expertise.
- The physician may not provide such report if he suspects the death is caused by a criminal act.
- In such case, he must immediately notify the competent authorities.

References

- Law of Practicing Healthcare Professions, Royal Decree No. M/59, 4/11/ 1426H – 6 December 2005
- Saudi Code of Ethics; Chapter 9: Ethics of Documentation and Authentication
<http://www.scfhs.org.sa/Reglations/CR/Documents/%D8%A3%D8%AE%D9%84%D8%A7%D9%82%D9%8A%D8%A7%D8%AA%20%D8%A7%D9%84%D9%85%D9%85%D8%A7%D8%B1%D8%B3%20%D8%A7%D9%84%D8%B5%D8%AD%D9%8A.pdf>



BIOETHICS

The word "bioethics" comes from the combination of the Greek words "**bios**" meaning "life" and "**ethos**" meaning "ethics."

Bioethics is the study of the ethical issues arising from advances in biology and medicine.

Example

The decision of whether or not to get a genetic test to determine the risk of developing a hereditary disease.

This raises bioethical questions about the individual's right to know their genetic information, the potential for discrimination based on genetic data, and the responsibilities of healthcare providers in counseling patients about genetic testing.



THE HISTORY OF BIOETHICS CAN BE DISCUSSED FROM THREE MAIN PERSPECTIVES

The emergence of the concept of bioethics

The term "bioethics" was first used by German Fritz Jahr in the 1920s and 1930s, who advocated for a more ethical approach to human and environmental issues.

The modern concept of bioethics is often attributed to the work of Van Rensselaer Potter ("Bioethics, the Science of Survival") and Daniel Callahan ("Bioethics as a Discipline") in the 1970s.

The emergence of the concept of bioethics



Fritz Jahr



Van Rensselaer
Potter



Daniel Callahan

The establishment of bioethics as an **academic field**:

Bioethics emerged in the United States in the second half of the 20th century, initially as a subfield of medical ethics.

The demand for ethical guidelines was fueled by negative events like the Nazis' research experiments and the Tuskegee Syphilis Study

Influential works like the Nuremberg Code, the Declaration of Helsinki, and "**Morals and Medicine**" helped shape the development of bioethics.

Bioethics programs were established in the 1970s and 1980s, solidifying it as an academic field.

The institutionalization of bioethics:

Bioethics is rooted in the Hippocratic Oath, which addressed ethical issues in healthcare.

Modern moral philosophy, utilitarianism, and animal rights movements have influenced the idea of protecting animals and nature.

Philosophers like Aristotle, Aquinas, and Kant have also contributed to the development of ethical views on animal morality.

The rapid technological advancements in the 20th century have further influenced the need for the institutionalization of bioethics.



**What are the general goals of
bioethics?**

Discipline:

Bioethics provides a disciplinary framework for the whole array of moral questions and issues surrounding the life sciences concerning human beings, animals, and nature.

Inter-disciplinary Approach, In order to solve a particular ethical problem, bioethics considers a variety of applied ethics disciplines, including research ethics, information ethics, social ethics, feminist ethics, religious ethics, political ethics, and ethics of law. It also integrates empirical data from relevant natural sciences, most notably medicine in the case of medical ethics.

Ethical Guidance:

Bioethics offers ethical guidance in a particular field of human conduct.

Clarification:

Bioethics points to many novel complex cases, for example, gene technology, cloning, and human-animal chimeras and facilitates the awareness of the particular problem in public discourse.

Structure:

Bioethics elaborates important arguments from a critical examination of judgements and considerations in discussions and debates.

Internal Auditing:

Bioethics in conjunction with newly discovered data from the natural sciences may influence in certain instances the central ideas and methodologies of basic ethics by offering solid proof for crucial details.

For instance, the widely recognized notion of personhood may be inadequate, overly restrictive, or morally dubious when applied to individuals with disabilities, necessitating revisions

Sub-disciplines in Bioethics

Medical ethics

deals with ethical issues like euthanasia and abortion, addressing decisions in medical circumstances, physician-patient relationships, and healthcare systems.

Animal ethics

has evolved from utilitarianism to Darwin's evolutionary theory, address issues like livestock farming, xenotransplantation, meat consumption, zoos, and environmental concerns, focusing on animal welfare.

Environmental ethics

explores the moral relationship between humans and non-human nature, encompassing anthropocentrism, non-anthropocentrism, holistic approaches like ecofeminism, deep ecology, and land ethics, addressing global threats and ecosystem destruction.

Medicine and other benefits of science have reached many social, cultural and religiously-diverse groups.

Acceptance of these benefits have triggered wide variety of responses, and has generated good public interest.

Three issues involving bioethics:

1. Presymptomatic genetic testing,
2. prenatal diagnosis, and
3. Genetic testing

Pre-Symptomatic Genetic Testing

Genetic testing for hereditary susceptibility to disease is new and the possibility of early diagnosis has changed the advent of genetic testing.

Presymptomatic molecular diagnosis is important in identifying carriers in populations, which could enable us to stop manifestation of disease prior to its occurrence.



Molecular diagnostic tests are available for several diseases, such as Huntington's disease, cystic fibrosis and sickle-cell anemia. This has been dubbed as genetic prophecy. The information gained by molecular testing could be also misused. Ethical difficulties due to molecular presymptomatic testing arise at three different levels,

1. in society or social issues,
2. in employment and
3. in insurance.

1. Social Issues

- Genetic testing may lead to discrimination and stigmatization.
- Marriage is an important institution in our society.
- Mates are drawn from endogamous populations belonging to the same caste and religion.
- Individuals affected or carriers would be looked upon by our social system.
- Molecular testing can reveal information about relatives of an affected individual.
- He may not wish to know about their genetic status of the disease because this may lead to excommunication and discrimination of healthy individuals.

2. Employment

- Denial of employment on the basis of information gained by genetic testing, is cause of serious ethical concern.
- The example of an American firm, which screened black employees for the presence of sickle-cell anemia is very apt here.
- Interest of an employer lies in investing into the expansion of business rather than on equipment for the safety of a specific employee.
- The better option for the employer is sacking the employee, citing reasons other than genuine.

Re-employment might not be possible with a new employer for the same reasons.

3. Insurance

Insurance companies have started to think in a direction where a person predisposed to a particular disease may not be able to have insurance cover.

The insurer could go for a test without the knowledge of the customer and basing on the results of the test insurance policy could be sold or withdrawn.

Prenatal Diagnostics

Prenatal diagnosis is the identification of disease of the fetus.

The three main purposes of prenatal diagnosis are:

1. to inform and prepare parents for the birth of an affected infant if any;
2. to allow in utero treatment for postnatal treatment, if required;
3. to indicate termination of an affected fetus.

As of today, termination of affected fetus dominates over its management.

- Technology today is capable of detecting a disease/disorders of the fetus to which it is, going to be susceptible in the future, from the mother's blood stream.
- We can well list out many diseases the unborn child is likely to be born with.
- Information gained from a battery of tests may affect the child in admission to school and college, employment and social standing.
- Steps to be taken towards proper use of prenatal diagnosis must be taken after careful and deliberate consideration.
- The fetus and abortion are sensitive issues.
- Ethical discussion on these topics is exhaustive.
- Much scholarship has been devoted here and in the west.
- It has become a major political argument.

Gene therapy

is an effective way to correct gene deficiencies by replacing defective gene or supplementing it.

There are many unresolved issues to currently available gene therapies such as

1. safety and stability of the vectors,
2. behavior of the gene after transfection, etc.

(a) Human hazard:

How safe are those involved in manipulating genomes?

1. The evaluation or risk involved in working with vectors,
2. proper disposal of laboratory by-products and
3. critical evaluation of the manipulated organism is needed.

(b) Ecological hazard:

Modified organisms can be sources of instability in an ecosystem.

The disturbance may be observed after certain damage, or it may go unnoticed.

For e.g. if insulin-producing bacteria could gain entry into human intestines, this would well mean a man-made problem.

The second aspect is ecological hazards of monitored organism, which can be sources of instability in an ecosystem at various levels. Some effects may be beyond human observation.

Conclusion....Key messages

- Bioethical issues should not be ignored., Genetic diseases have not drawn much attention ethically and the geneticist is confined to the four walls of the laboratory, unaware of the prevailing situations.
- On one end of the spectrum it is the liberal, affluent and the educated class whereas on the other illiterate and poor. Of course, there is a sizable middle class too.
- Taking decisions can affect each of these groups in different ways.
- Risk and benefits have to be weighed keeping in view all these groups.
- The study of responses to topics, like prenatal diagnosis and genetics testing, can gather up to provide us with much information.

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Thank You