

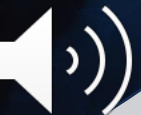
Health Law and Ethics

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MHA 633

Doctor – Patient Relationship

Lecture 5



In the previous Lecture: Ethical Guidance and Theories

Sources of Ethical Guidance
Ethical Decision-Making Frameworks
5 A's of Ethical Decision Making

Ethical justification
Ethical theories and principles as lenses
Ethics in Islam
What is Islamic Bioethics?



In this Lecture: Doctor – Patient Relationship

- ✓ Ethical Analysis..... Different Approaches
- ✓ Doctor – Patient Relationship
- ✓ Oath of Muslim Doctor
- ✓ Why does it matter?
- ✓ Types of relationship
- ✓ What is the ideal patient-physician relationship



Chapter

Ethical Analysis – Different Approaches



The Four Boxes Model

the four-quadrant approach

Medical Indications:

Consider each medical condition and its proposed treatment. Ask the following questions:
Does it fulfil any of the goals of medicine?
With what likelihood?
If not, is the proposed treatment futile?

Patient Preferences:

Address the following:
What does the patient want?
Does the patient have the capacity to decide? If not, who will decide for the patient?
Do the patient's wishes reflect a process that is informed? understood? voluntary?

Quality of Life:

Describe the Patient's quality of life in the patient's terms.
What is the patient's subjective acceptance of likely quality of life?
What are the views of the care providers about the quality of life?
Is quality of life "less than minimal?" (i.e., qualitative futility)

Contextual Features:

Social, legal, economic, and institutional circumstances in the case that can:
influence the decision
be influenced by the decision
e.g., inability to pay for treatment;
inadequate social support



Box 1: Medical Indications

- ▶ **Medical Indications** are those facts about the patient's physiological or psychological condition that indicate which forms of diagnostic, therapeutic, or educational interventions are appropriate.
- ▶ *Is the Problem Acute? Chronic? Critical? Reversible? Emergent? Terminal?*
- ▶ *What Are the Goals of Treatment?*
- ▶ *In What Circumstances Are Medical Treatments Not Indicated?*
- ▶ *What Are the Probabilities of Success of Various Treatment Options?*
- ▶ *How Can This Patient Be Benefited by Medical and Nursing Care, and How Can Harm Be Avoided?*



Box 2: preferences of patients

- *The choices that persons make when they are faced with decisions about their health and medical treatment.*
- **Ethical issues** included:
 - 1) respect for the autonomy of the patient;
 - (2) the legal, clinical, and psychological significance of patient preferences; (3) informed consent;
 - (4) decisional capacity; (5) truth telling;
 - (6) cultural and religious beliefs;
 - (7) refusal of treatment; (8) advance directives;
 - (9) surrogate decisions; (10) the challenging patient; and (11) alternative medicine.



Box 3: Quality of life

- refers to that degree of satisfaction that people experience and value about their lives as a whole, and in its particular aspects, such as physical health.
- The main ethical principles involved are Beneficence & Autonomy



Box 3: Quality of life...cont'd

► *Relevant ethical questions*

- What are the prospects, with or without treatment, for a return to normal life, and what physical, mental, and social deficits might the patient experience even if treatment succeeds?
- Are there biases that might prejudice the provider's evaluation of the patient's quality of life?
- What ethical issues arise concerning improving or enhancing a patient's quality of life?
- Do quality-of-life assessments raise any questions regarding changes in treatment plans, such as forgoing life-sustaining treatment?
- What are the plans and rationale to forgo life-sustaining treatment?



Box 4: Contextual Features

- It addresses the ways in which professional, familial, religious, financial, legal, and institutional factors influence clinical decisions
- Involved ethical principles are: beneficence, respect for autonomy and justice
- ***Justice** refers to those moral and social theories that attempt to distribute the benefits and burdens of a social system in a fair and equitable way among all participants in the system.*



The CASES Approach

- ▶ The CASES approach was developed by the National Center for Ethics in Health Care
- ▶ **C**larify the facts & requirements
- ▶ **A**ssemble the relevant information
- ▶ **S**ynthesize the information
- ▶ **E**xplain the synthesis
- ▶ **S**upport the ethical decision-making process



Clarify the facts & requirements

- Characterize the type of problem
- Obtain information about the case
- Establish the goal from the ethical analysis (consultation process)
- Formulate the ethics question
 - Given [uncertainty or conflict about values], what decisions or actions are ethically justifiable? or
 - Given [uncertainty or conflict about values], is it ethically justifiable to [decision or action]?



Assemble the Relevant Information

- **Consider the types of information needed** (Medical facts, Patient's preferences, QOL, Contextual features)
- **Identify the appropriate sources of information**
- **Gather information systematically from each source**
- **Summarize the information and the ethics question**



Synthesize the Information

- Determine whether a formal meeting is needed
- Engage in ethical analysis
- Identify the ethically appropriate decision maker()
- Facilitate moral deliberation about ethically justifiable options



Explain the Synthesis

- Communicate the synthesis to key participant
- Provide additional resources
- Document the consultation in the health record
- Document the consultation in consultation service records



Support the Consultation Process

- Follow up with decisions taken
- Evaluate the outcome of the decision
- Adjust the consultation process
- Identify underlying systems issues



CLEO Approach

Clinical:

Diagnoses: Irreversible? Progressive?
Permanent?

Prognoses: Disabling? Terminal?
clinicians' level of **certainty**?

Legal:

Legally required process for treatment
decision making when a patient lacks
capacity to do so

Family involvement: who to involve? when
and how substitute treatment decisions are
to be made?

Ethical:

The patient's will, desires, perception of life,
relationship with their family? What cultural
or religious beliefs involved?

Family's stand: why? To show their fidelity
to the patient and/or deal with their
individual and collective
sadness/shock/grieving?

No longer sure what is really going on or
who to trust

Organizational:

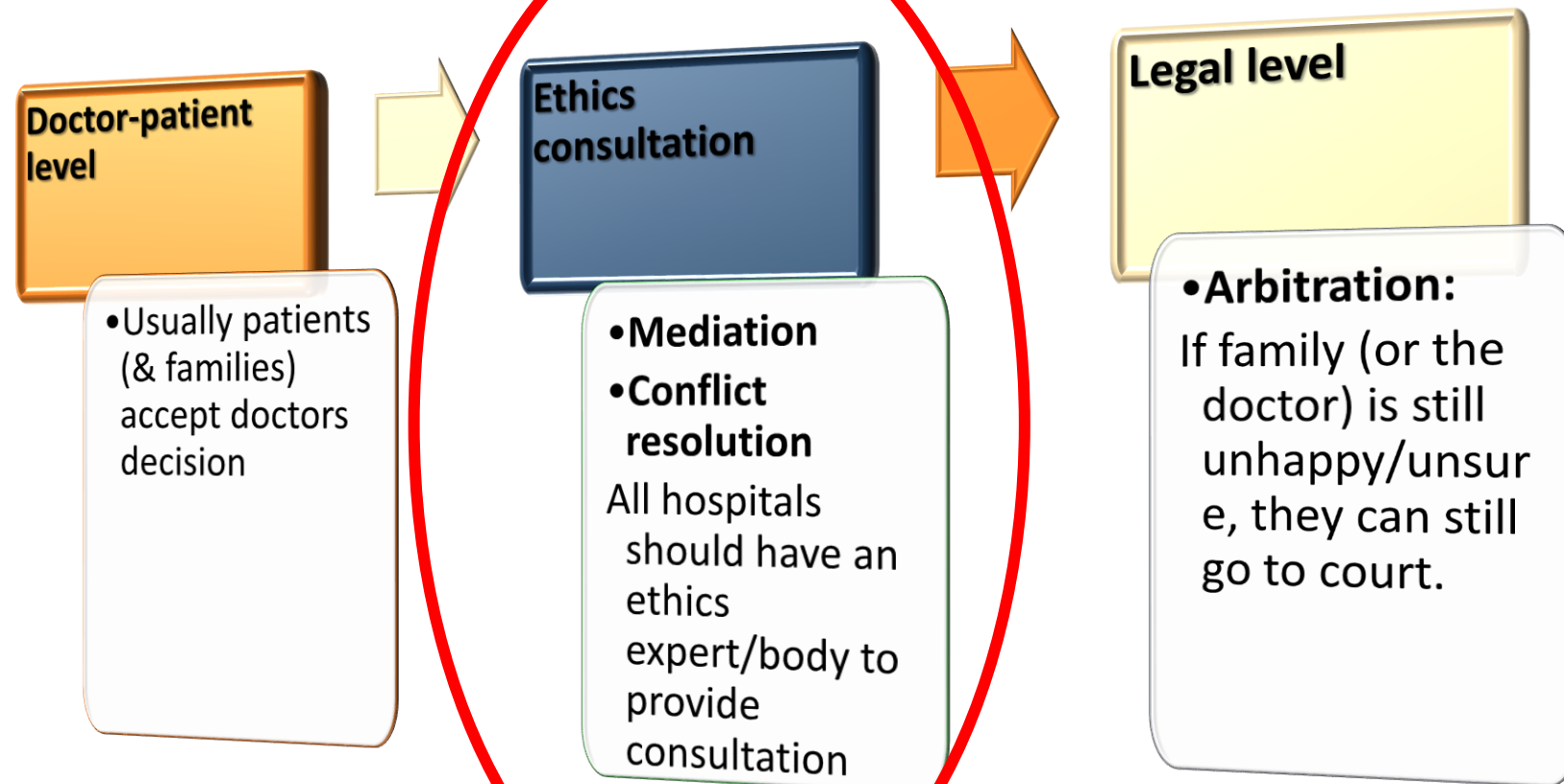
Any institutional pressures to not have a
bed blocked by someone whose recovery
will be long and slow or the benefits
seemingly small?

Any other healthcare facilities better able to
provide palliative/rehabilitative care for
longer periods of time?

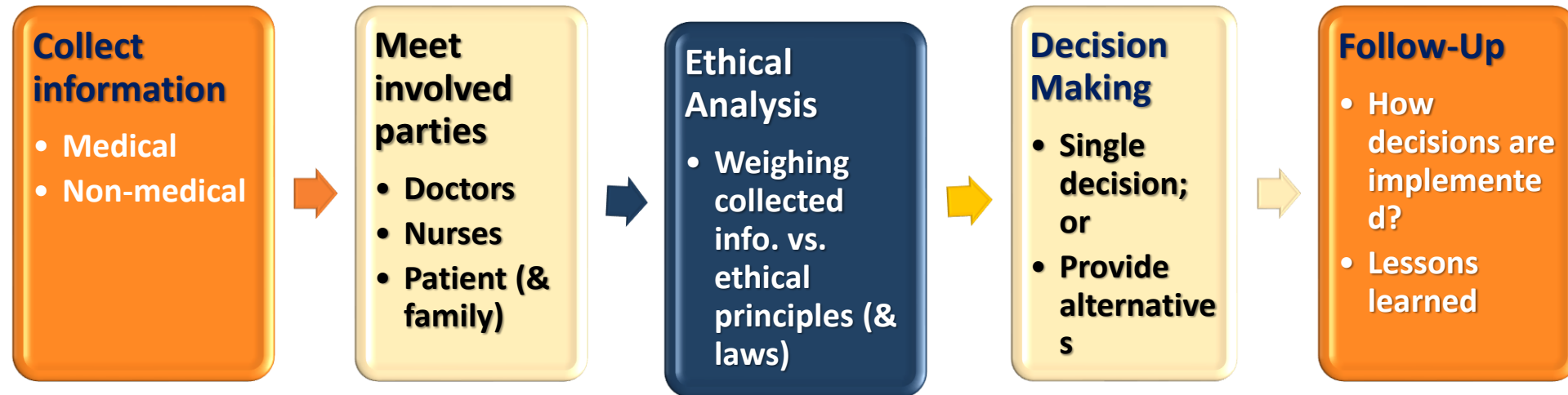
Any different views as to diagnosis,
prognosis, next steps among the team or
other physicians



III- Modalities of resolving ethical issues



The roles of ethics committees



Ethics Committee's main role is providing guidance
NOT to take decisions on behalf of any party



Chapter

The Doctor-Patient Relationship

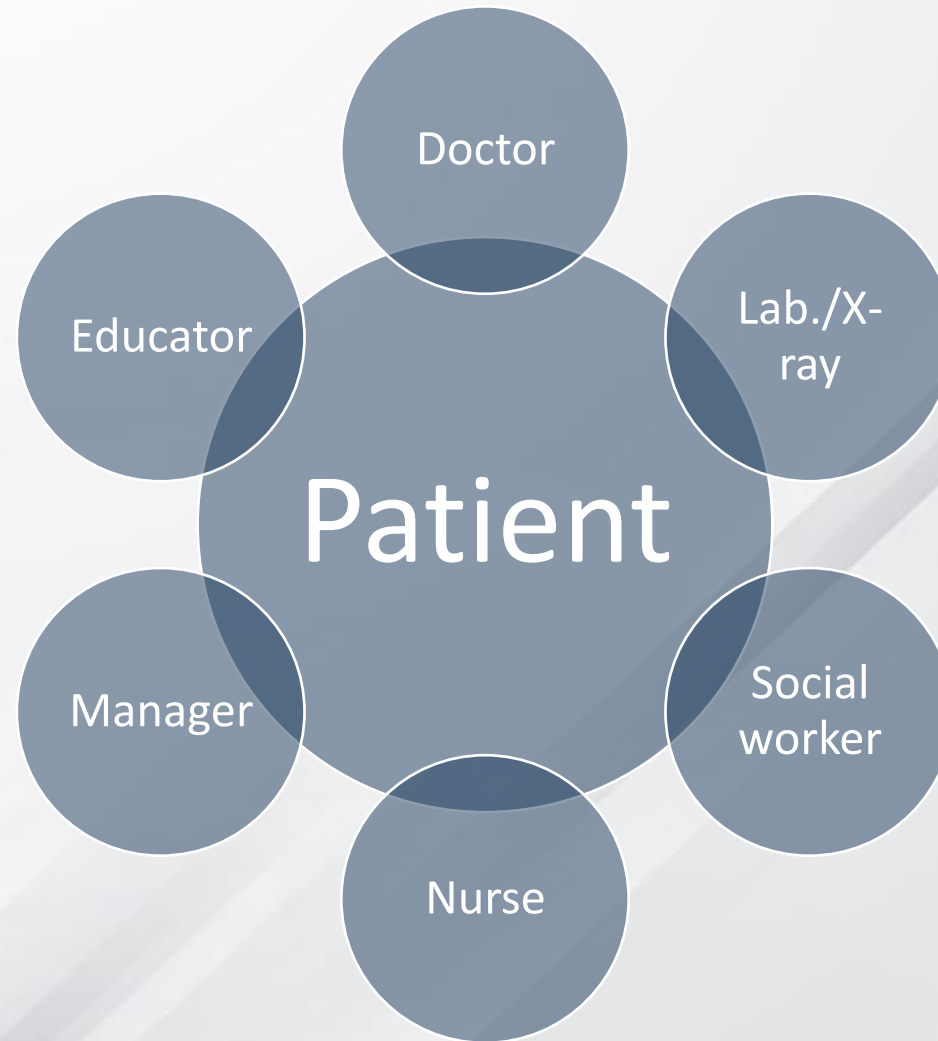


DOCTOR-PATIENT RELATIONSHIP

Doctor-Patient Relationship Models



Before we start...where are we?



Doctors Are NOT the focus of the healthcare



Oath of Muslim doctor

“I swear by God ...The Great ..

- To regard God in carrying out my profession;
- To protect human life in all stages and under all circumstances, doing my utmost to rescue it from death, malady, pain and anxiety;
- To keep peoples' dignity, cover their privacies and lock up their secrets ;
- To be, all the way, an instrument of God's mercy, extending my medical care to near and far, virtuous and sinner and friend and enemy;
- To strive in the pursuit of knowledge and. harnessing it for the benefit but not the harm of Mankind;
- To revere my teacher, teach my junior, and be brother to members of the Medical Profession;
- To live my Faith in private and in public, avoiding whatever blemishes me in the eyes of God, His apostle and my fellow Faithful... And may God be witness to this Oath.”



Patient-Physician Relationship

- *Why does it matter?*
- *Types of relationship*
- *What is the ideal patient-physician relationship*



Hippocrates viewed the physician as '**captain of the ship**' and the patient as someone to **take orders**



Why Does It Matter

- The patient-physician relationship is fundamental for providing and receiving
- excellent care
- To the healing process
- to improved outcomes

Therefore, it is important to understand what elements comprise the relationship and identify those that make it "good."



Why Does It Matter

- Because of the rapidly changing environment that characterizes health care today,
- we need to understand what physicians and patients must do to protect and nurture the relationship.



The patient

patients are individual human beings with problems that all too often transcend their physical complaints.

The patient are not „cases” or „admissions” or „diseases”



Parsons' model

- Parson saw the doctor and patient as fulfilling necessary functions in a well balanced and maintained social structure
- Sickness is considered to be necessary, providing a brief exemption for patient from social responsibilities



Parsons' "Ideal Patient"

Permitted to:

Give up some activities and responsibilities

Regarded as being in need of care

In Return :

Must want to get better quickly

Seek help from and cooperate with a doctor



Parsons' "Ideal Doctor"

Apply a high degree of skill and knowledge

Acts for the good of the patient

Remain objective and emotionally detached

Respect the position of privilege



Types

- four prototypes of doctor-patient relationship
 - Paternalism
 - Consumerism
 - Mutuality
 - Default



Types of Doctor-Patient relationship

- Doctor controlled
- Patient controlled . . .



Prototypes of doctor-patient relationship

	Physician control (Low)	Physician control (High)
Patient control (Low)	Default	Paternalism
Patient control (High)	Consumerism	Mutuality

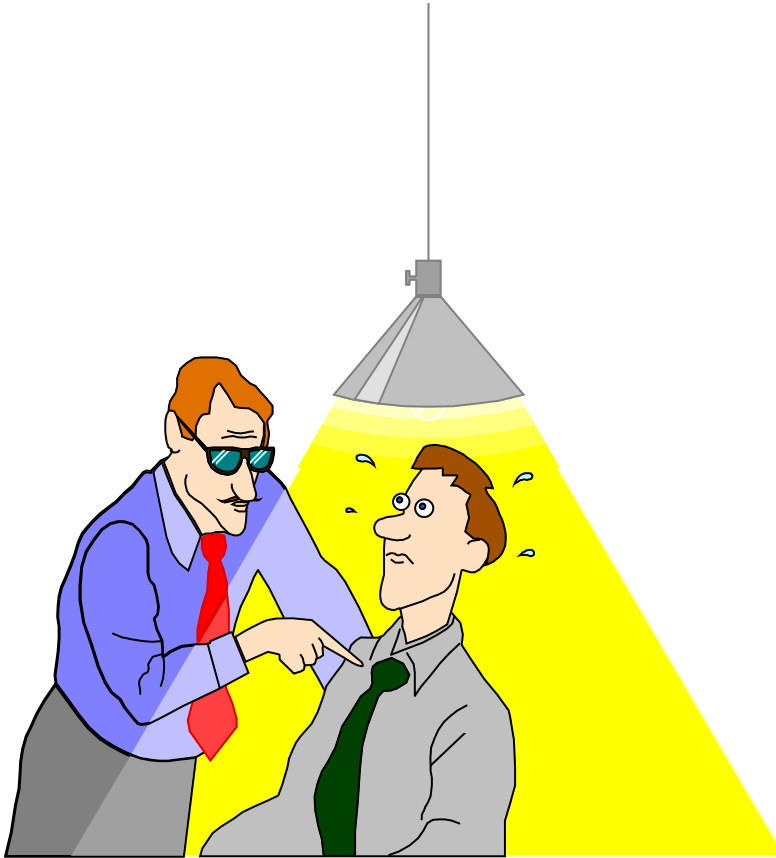


1. Paternalism

- Traditional form of doctor-patient relationship
- Doctor takes on role of parent
- Doctor is the expert and patient expected to cooperate
- Tightly controlled interviewing style aimed at reaching an organic diagnosis
- Passive patient and a dominant doctor
- Focus is on care, rather than **autonomy**



The Paternalistic Approach



“If I’ve told you once I told you
1,000 times, stop smoking!!”

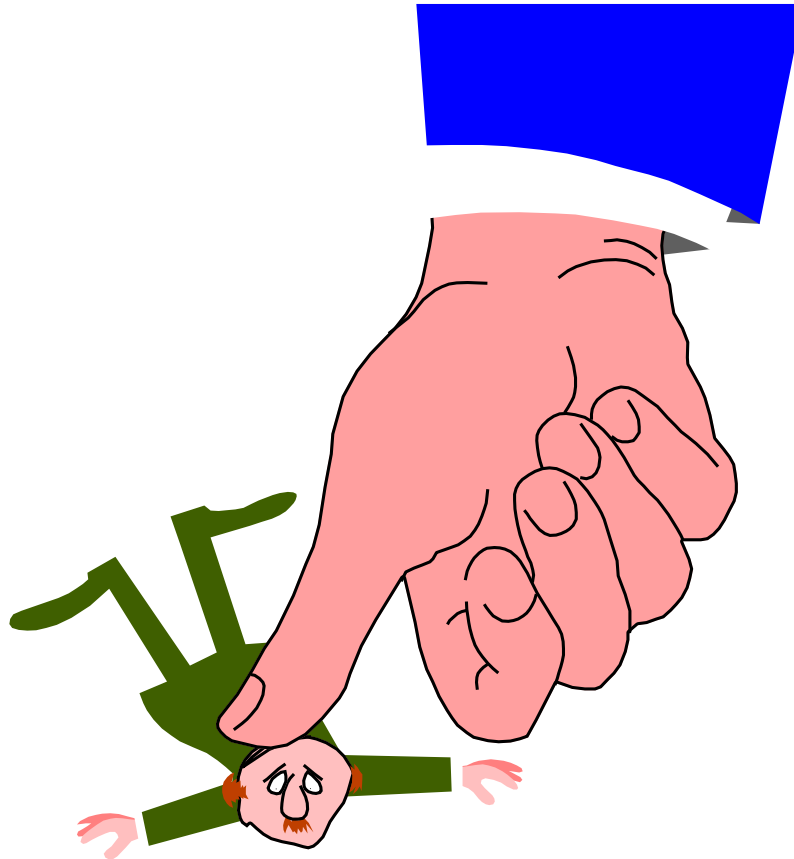


Advantages

- The supportive nature of paternalism appears to be important when patients are very sick at their most vulnerable
- Relief from the burden of worry is curative in itself, and the trust and confidence implied by this model allows doctor to perform “**medical magic**”



Patient controlled consultation



“You’re paid to do what I tell you!!”



2. Mutuality

- The optimal doctor-patient relationship model
- This model views neither the patient nor the physician as standing aside
- Each of participants brings strengths and resources to the relationship
- Based on the communication between doctors and patients



- Patients need to define their problems in an open and full manner
- The patient has right to seek care elsewhere when demands are not satisfactorily met.
- Physicians need to work with the patient to articulate the problem and refine the request
- The physician's right to withdraw services formally from a patient if he or she feels it is impossible to satisfy the patient's demand



Advantages

- Patients can fully understand what problem they are coping with through physicians' help
- Physicians can entirely know patient's value
- Decisions can easily be made from a mutual and collaborative relationship



Disadvantages

- Physicians do not know what certain degree should they reach in communication
- **Is the patient capable of making the important therapeutic .**



3.Consumerism

- we can simplify the complicated relationship with “**buyer and seller**” relationship, is it good or bad? What is your opinion?
- The patient can challenge to unilateral decision making by physicians in reaching diagnosis and working out treatment plans
- Reversing the very basic nature of the power relationship.



- **PATIENT;** Health shoppers so consumer behavior
 - Cost-consciousness
 - Information seeking
 - Exercising independent judgment
- **DOCTOR :**Health care providers
 - Technical consultant
 - To convince the necessity of medical services



4.Default

- When patient and physician expectation are at odds, or when the need for change in the relationship cannot be negotiated, the relationship may come to a dysfunction standstill.

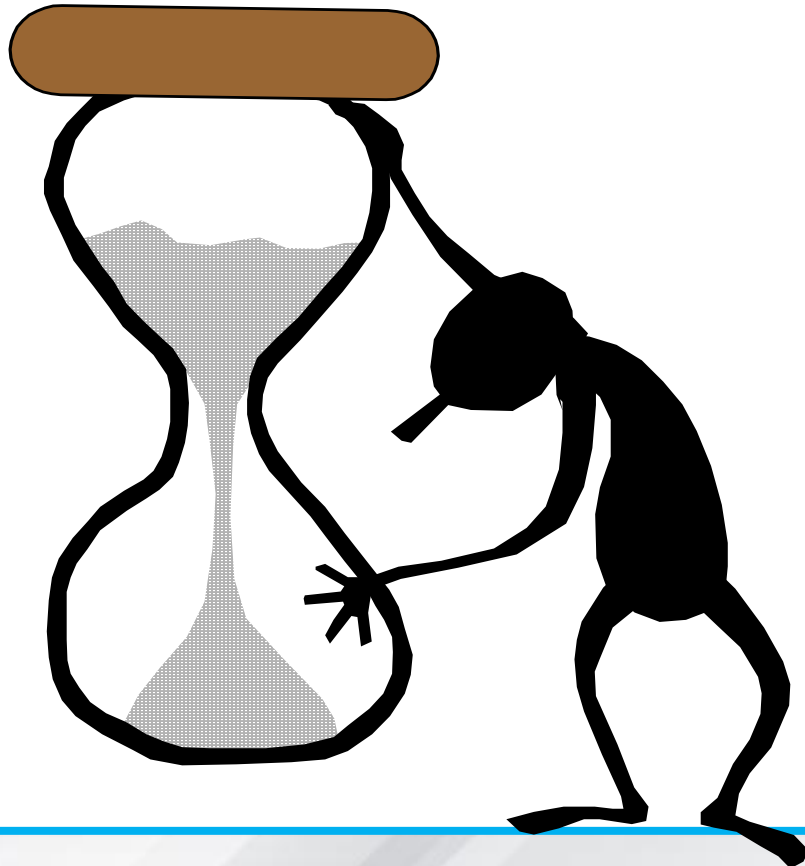


Patient Centred consultation style

- Dr is less authoritarian , encourages patients to express their own feelings and concerns , empathic , listen more than talk .
- Dr use open end questioning , show interest in psycho-social aspect of patient's illness .



Length of Consultation



Average 8 minutes

Makes patient centred
consultation styles more
difficult.



Doctor-patient relationship in the past

- Paternalism
- Because physicians in the past were people who have higher social status
- “doctor” is seen as a sacred occupation which saves people’s lives
- The advices given by doctors are seen as paramount mandate



Doctor-patient relationship at present

- Consumerism and mutuality
- Patients nowadays have higher education and better economic status
- The concept of patient's autonomy
- The ability to question doctors



Conclusion

The doctor-patient relationship is a core aspect of healthcare, built on trust, communication, and mutual respect.

It's a dynamic relationship where the patient seeks medical assistance and the doctor accepts them, forming a bond essential for effective treatment and improved patient outcomes.

This relationship is characterized by shared understanding, respect for privacy, and the doctor's commitment to the patient's well-being.



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Thank You