Bioethics I

1. Relationship between health care professionals and patients
   1. Intended Learning Outcomes

By the end of the lessons, the students will be able to:

1. Know the 4 models of patient-doctor relationship;
2. Realize some major ethical concerns or principles of patient-doctor relationship;
3. Analyze the contradicting values in making moral judgment over some medical issues;
4. Apply different ethical theories to make moral judgment.

*\*Prerequisite knowledge: Normative Ethics, the nature of morality, moral principles, moral reasoning, theory of conduct, theory of value & virtue (Refer to* [*‘NSS Ethics and Religious Studies Curriculum Support Materials - Compulsory Part: Ethics - Module 1: Normative Ethics’*](http://www.edb.gov.hk/en/curriculum-development/kla/pshe/references-and-resources/ethics-and-religious-studies/support-materials-compulsory-part-module-1-normative-ethics.html)*)*

* 1. Introduction

In the older days, the general public’s educational level was relative low, and medical knowledge was very limited among people. Patients depended greatly on doctors’ professional authority. The role of the doctor was like a parent who imposed the best treatment on patients according to their own judgment. Such kind of ‘**paternalistic model**’ faded out gradually when the society underwent drastic changes on the medical and insurance systems whereas the concept of human right and ‘right to know’ have become prevailing. Various types of patient-centered models have then taken over. ‘**Informative model**’ is one of the approaches under this. In it, the patients looked like consumers who are deeded to be in the best position to judge what met their own interest, and thus viewed the doctor as mainly the information provider. From the 20th century onwards, other two patient-doctor models have developed simultaneously. They are ‘interpretive model’ and ‘deliberative model’.

‘**Interpretive model**’ modes the doctors towards counselors who help patients clarify their needs and values system, such that they can choose a suitable treatment for themselves. On the other hand, under the ‘**deliberative model**’, doctors play the roles of teachers or advisors who help patients make their own choices of medical treatment according to their clinical health situation. Doctors would share their own moral and medical views with patients in the discussion process.

In the lessons, students will walk through some cases with moral dilemmas in different relationships between the patients and medical personnel.

|  |
| --- |
| References:  <http://depts.washington.edu/bioethx/topics/physpt.html>  <http://www.docin.com/p-4005093.html>  <http://www.who.int/genomics/public/patientrights/en/> |

* 1. Teaching and learning process

Suggested teaching period: 4 lessons

|  |
| --- |
| **1. Introduction**   * 1. Teacher asks the students: * When was your last visit to a clinic/hospital? * Did you take all the medicine prescribed by your doctor? Why or why not? * Have you ever bargained with him/her about taking or not taking any kind of medicine or treatment? * How much trust do you have in the professional judgment of your doctor? * How would you describe your relationship with your doctor?   1. Based on students’ answers, teacher initially categorizes their relationships with the doctor, and supplements other types of patient-doctor relationship as mentioned in the introduction above.      1. **Four Models of Patient-doctor relationship**   Teacher may:-   * 1. Ask students to complete ‘Worksheet 1: Paternalistic model of patient-doctor relationship’ in pair, and then facilitate a class discussion when checking the answers.   2. Ask students to complete ‘Worksheet 2: Patient-centered approaches of patient-doctor relationship’. Teacher may ask the students to role-play the cases. Teacher can divide the class into 4 groups and assign each group to present one aspect of question (2) – i.e. patient’s well-being / respect for autonomy / informed consent / respect for life, and facilitate a class discussion.  1. **Confidentiality vs Harm principle**   Teacher may:-   * 1. Ask students to complete ‘Worksheet 3: Confidentiality between a mental patient and a psychiatrist’      1. Discuss with students: ‘If you were the psychiatrist, will you keep the confidentiality or warn the woman? Why?’      2. According to their initial responses, separate students into 2 groups – ‘Keep the confidentiality’ vs ‘Warn the woman’. Ask each group to brainstorm among themselves about the reasons, and record the points on a big poster/the blackboard.      3. Ask each group to present their views.   2. Review the theories of ethics by asking students to complete ‘Worksheet 4a (or 4b): Revision on different Theories of Ethics’      1. Based on the points students written on the big poster/blackboard, ask students to analyze the corresponding theories used for each point.   3. Consolidate their knowledge by asking them to complete ‘Worksheet 5a (or 5b): Case Analyses - Death of Tarasoff’. They may do it in pair or in a small group. Afterwards, check answer with them to assess their understanding.  1. **Proxy-doctor relationship – an extension of patient-doctor relationship**   Teacher may:-   * 1. Explain to the students: apart from the 4 models of patient-doctor relationship, there is another extended type of relationship – ‘Proxy-doctor relationship’   2. Ask students to complete ‘Worksheet 6: Proxy-doctor relationship – an extension of patient-doctor relationship’  1. **Conclusion and students’ self-evaluation**    1. Teacher reviews the key learning points of the topic on ‘Relationship between health care professionals and patients’ with the students.    2. Ask students to consolidate their knowledge and evaluate their learning outcomes by completing ‘Worksheet 7: Summary & self-evaluation’ |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Worksheet 1: Paternalistic model of patient-doctor relationship**  **Characteristics of the Paternalistic model**  ‘Paternalism’ means an intervention in another person’s preferences, desires, or actions aiming at avoiding harm or benefiting the person without consent. In the patient-doctor relationship, paternalistic model refers to the act in which decisions are taken by a health care professional in order to benefit the patient or the society as the whole. In other words, there are two kinds of paternalism, namely ‘individual paternalism’ and ‘social paternalism’. Under this model, the relationship between the doctor and patient is unequal. The doctor has more control over the patient in terms of decision making regarding admission and treatment plans.  *Study the following case and work in pair to answer the question.*   |  | | --- | | **Case Study: Forced caesarean section on an Italian woman**  In 2012, an Italian heavily-pregnant woman with bipolar syndrome was hospitalized in UK when she was attending training in the country. The doctors considered that applying medication to her would endanger the infant. Due to concerns about risk to mother and child, they took the baby girl out by caesarean section without the woman’s consent.  Given the past history of the woman’s incapability of taking care of her 2 other children, the medical personnel, with approval by the court, sent the newborn baby to the Essex social services. However, when the woman’s mental stage had stabilized after several months, she returned to Italyand sued the hospital. She claimed she had been left traumatized by the incident. She argued that she did not give consent orally or in writing to the caesarean section, or to the adoption of her daughter by the British social services. "I want my daughter back. I'm suffering like an animal," she said. |   (1) What are the pros and cons of the ‘Paternalistic’ decision on taking the baby out by caesarean section?  *Challenging level (Optional): Please support your answers with Normative Ethics arguments.*   |  |  |  | | --- | --- | --- | |  | Pros | Cons | | For the woman |  |  | | For the baby |  |  |   (2) In case you need any medical care, do you like to be treated by the paternalistic approach? Why?  Conclusion:  Some scholars criticize that the paternalistic model of patient-doctor relationship is too much asymmetrical in which the doctor determines all aspects of consultations. The patients’ concerns are ignored and sometimes suppressed. Because of the broad social changes in nowadays, the effectiveness of the model is questioned and the doctor-patient relationship has shifted toward more patient-centered approaches.  Reference   * <http://www.theguardian.com/society/2013/dec/03/forced-caesarian-italian-woman-suffering-animal> * http://www.ihe-online.com/feature-articles/the-physician-patient-relationship-paternalistic-or-a-partnership/index.htmlhttp://www.ukessays.com/essays/nursing/case-study-of-bipolar-affective-disorder-nursing-essay.php * Ahmad Kalateh Sadati *(et. al., 2014). ‘Clinical Paternalistic Model and Problematic Situation: A Critical Evaluation of Clinical Counseling’. J Health Sci Surveillance Sys.* April 2014; Vol 2; No 2. Pp.78-87. |

**(For teachers’ reference)**

What are the pros and cons of the ‘Paternalistic’ decision on taking the baby out by caesarean section?

*Challenging level (Optional): Please support your answers with Normative Ethics arguments.*

|  |  |  |
| --- | --- | --- |
|  | Pros | Cons |
| For the woman | * Enable her to take medication for speedy stabilization of her mental condition (which is moral because ‘healthy’ is of high value to human beings - **Virtue ethics)** | * Deprive her of the right to information and right to choices (which is immoral because the doctor did not fulfill his responsibility of protecting the patient’s rights – **Kantian / deontological ethics)** * Feel by the traumatized experience which may harm her mental health even more seriously in the long run (which is immoral because it minimizes net pleasure, but maximizes pain of the patient – **Hedonism)** |
| For the baby | * Save her life by removing her from the harmful side-effect of medication (which is moral because it is the duty of doctor to prevent and remove any foreseeable medical risks for people – **Kantian / deontological ethics)** * Increase her chance of survival and ensure that she would be taken care of by the social services (which is moral because it maximizes net pleasure, and minimizes pain of the baby – **Hedonism)** | * Deprive her of the right to maternal love (which is immoral because ‘right to maternal love’ is good in-itself – **Kantian / deontological ethics)** * May affect her psychological and social growth in the rest of her life (which is immoral because she may develop deviant or anti-social behaviors when she is growing up, that harms the society – **Utilitarianism)** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Worksheet 2: Patient-centered approaches of patient-doctor relationship**  A traditional paternalistic approach has aroused great controversy in the modern world. The rise of ‘principle of autonomy’ has dragged the patient-doctor relationship towards a patient-centered direction. In the wake of this, the **informative, interpretive and deliberative approaches** prevail. A brief account on each approach is given below.  *Read the following descriptions and analyze the strengths and weaknesses of each model:*   |  |  |  | | --- | --- | --- | | **Model** | **Strengths** | **Weaknesses** | | **Informative Model**  It is also known as ‘Provider-Customer relationship’. In the informative model, the doctor tells patients of treatment options and relevant medical information, but patients select their own treatment. This recognizes the relevance of patient choice but reduces the role of the doctor to a technician providing the chosen service.  For instance, the patient-doctor relationship in commercial plastic surgery is a typical example of ‘informative model’. The surgeon conducts plastic surgery as per the requests of the customer. |  |  | | **Interpretive Model**  The interpretive model portrays the doctor as a ‘counsellor’ who informs the patient and interprets relevant values to implement the chosen treatment. In this model, the doctor helps patients explore their values, and select the treatment that best fits these values.  For example, a doctor may initiate a substantial dialogue with the patient regarding his/her health condition. Based on the relevant medical information provided by the doctor, the patient makes the decision, and the doctor takes corresponding actions. |  |  | | **Deliberative Model**  The deliberative model portrays the doctor as a ‘teacher’ and further suggests that it is appropriate for the doctor to challenge the patient’s values. In this model, the doctor helps patients explore health-related values, and choose their treatment based on those values. Interpretive and deliberative models resemble each other in terms of that they both take patients’ values into top consideration. However, the difference is that the latter enables doctors to share their own moral and medical views with patients in the discussion process. Thus, doctors and patients’ views are more well-balanced.  For example, a patient who bears quadruplets may not know what exactly her values are in the beginning (whether to secure her own life or that of her 4 embryos). The doctor works with her to discover and develop her values, and presents carefully selected medical information to her. After discussion, they make a decision on preserving the embryos. |  |  |   *Study the following cases and answer the questions.*   |  | | --- | | **Case Study: Death of Michael Jackson**   * Michael Jackson, the "King of Pop", died on 25 June 2009 at age 50 which mourned the whole world! His personal doctor, Dr Conrad Murray, was convicted of killing him. Dr Murray proclaimed his innocence, and pointed out that Michael took an overdose on his own.   ‘That night he just couldn’t sleep. I prescribed him drugs to help, including valium\* and lorazepam\*, but he was begging, pleading, close to tears. “I want sleep, please Dr Conrad, I need sleep.”’ Said Dr Murray. ‘I told him, “This is not normal. What I’ve given you would put an elephant to sleep.”’  So, in order to satisfy Michael, Dr Murray injected him with an exceptionally huge dosage of Demerol about half an hour before he went into cardiac arrest. Demerol is a strong narcotic painkiller. Overdose of the drug or mixing it with certain other drugs can lead to reactions including slowed or stopped breathing, shock and cardiac arrest.  Dr Murray was finally convicted of involuntary manslaughter in 2011 and finally served a two-year prison sentence.  \* Notes:  Valium: a drug to make people feel calmer  Lorazepam: a drug often used to treat anxiety disorders, which helps patients fall into sleep |  |  | | --- | | **Case Study: Breast cancer with pregnancy in cross-cultural setting**  Nadia was a 28-year-old Muslim woman from Bangladesh who went to Italy for her PhD study. She used to feel a small lump at her breast, slightly painful sometimes, but ignored it due to her busy study. Her be-husband Alam, who was working in a multinational company in Canada, recently has migrated to Italy. Soon after Alam had arrived Italy, they got married.  Upon her health check, Nadia was diagnosed with breast cancer, while she was 5 weeks into her first pregnancy. Dr Martha explained that surgery and postoperative chemotherapy would be necessary for her. However, termination of pregnancy is a must before the chemotherapy.  According to the Muslim law, abortion is permitted within 3-month of pregnancy. Dr Martha seized the time to conduct an in-depth conversation with the couple. Dr Martha understood that Nadia does not want to terminate pregnancy with the fear of becoming sterile for the rest of her life, but does want to do surgery and chemotherapy to secure her recovery. Neither Alam agreed about the termination of pregnancy as it is his first baby.  Having put into consideration values of the couple and the health condition of Nadia, Dr Martha advanced Nadia to do surgery and go with pregnancy and then start chemotherapy after delivery. With the presence of the doctor and the clinical ethicist, the couple agreed with knowledge of the medical procedures and the possible risks. |   (1) What are the models of patient-doctor relationship for the 2 cases above?   * The case of Michael Jackson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * The case of Nadia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   (2) Evaluate the doctors’ performances in the following aspects in both cases:   |  |  |  | | --- | --- | --- | |  | Dr Murray  (in the case of Michael Jackson) | Dr Martha  (in the case of Nadia) | | Promoting patient’s well-being |  |  | | Respect for autonomy |  |  | | Informed consent |  |  | | Respect for life |  |  |   (3) Which patient-doctor model do you prefer the best? Why?  Reference:   * Emanuel, E.J. & Emanuel, L.L. (1992). ‘Four Models of the physician-patient relationship’. *The Journal of the American Medical Association.* April 22, 1992 v267 n16, p2221 (6). Pp.1-9. * Kazeem, Fayemi Ademola (2014). ‘The Nijmegen Method of Case Deliberation and Clinical Decision in a Multicultural Society’. *Bangladesh Journal of Bioethics.* 2014; 5(2):73-79. * Lasker, Shamima P. (2012). ‘Breast Cancer with Pregnancy in Cross Cultural Setting’. Bangladesh Journal of Bioethics 2012;3(3): 21-26. * <https://dialecticonline.wordpress.com/issue-06-summer-10/paternalism-in-medical-ethics-a-critique/> * <http://www.dailymail.co.uk/news/article-2512469/No-I-didnt-kill-Michael-He-did--massive-overdose-using-stash-What-really-happened-night-Jackson-died-Dr-Conrad-Murray-doctor-jailed-death-King-Pop.html> * <http://product-liability.lawyers.com/product-liability/what-caused-michael-jacksons-sudden-death.html> * http://en.wikipedia.org/wiki/Death\_of\_Michael\_Jackson |

**(For teachers’ reference)**

Read the following descriptions and analyze the strengths and weaknesses of each model:

|  |  |  |
| --- | --- | --- |
| **Model** | **Strengths** | **Weaknesses** |
| **Informative Model**  It is also known as ‘Provider-Customer relationship’. In the informative model, the doctor tells patients of treatment options and relevant medical information, but patients select their own treatment. This recognizes the relevance of patient choice but reduces the role of the doctor to a technician providing the chosen service.  For instance, the patient-doctor relationship in commercial plastic surgery is a typical type of ‘informative model’. The surgeon conducts plastic surgery as per the requests of the customer. | Patient autonomy is very high.  Patient has well-formed values. | Patient may not have sufficient knowledge to make the right medical judgment/decision, which may ruin one’s own health. |
| **Interpretive Model**  The interpretive model portrays the doctor as a ‘counsellor’ who informs the patient and interprets relevant values to implement the chosen treatment. In this model, the doctor helps patients explore their values, and select the treatment that best fits these values.  For example, a doctor may initiate a substantial dialogue with the patient regarding his/her health condition. Based on the relevant medical information provided by the doctor, the patient makes the decision, and the doctor take corresponding actions. | Patient autonomy is high.  Patient’s needs and values can be clarified, and his/her self-understanding can be raised. | Technical specialization hinders doctors to cultivate the skills necessary for the interpretive model.  With limited interpretive talents and limited time, doctors may impose their own values on the patients, which becomes a paternalist in disguise. |
| **Deliberative Model**  The deliberative model portrays the doctor as a ‘teacher’ and further suggests that it is appropriate for the doctor to challenge the patient’s values. In this model, the doctor helps patients explore health-related values, and choose their treatment based on those values. Interpretive and deliberative models resemble each other in terms of that they both take patients’ values into top consideration. However, the difference is that the latter enables doctors to share their own moral and medical views with patients in the discussion process. Thus, doctors and patients’ views are more well-balanced.  For example, a patient who bears quadruplets may not know what exactly her values are in the beginning (whether to secure her own life or that of her 4 embryos). The doctor works with her to discover and develop her values, and presents carefully selected medical information to her. After discussion, they make a decision on preserving the embryos. | Patient’s autonomy and doctor’s professionalism are well-balanced.  The final medication decision is made deliberatively, which secures the best well-being of the patient. | The discussion process is time-consuming, which may delay the treatment to the patient, and increase the cost. |

**(For teachers’ reference)**

What are the models of patient-doctor relationship for the 2 cases above?

* The case of Michael Jackson: Informative Model
* The case of Nadia: Deliberative Model

Evaluate the doctors’ performances in the following aspects in both cases:

|  |  |  |
| --- | --- | --- |
|  | Dr Murray  (in the case of Michael Jackson) | Dr Martha  (in the case of Nadia) |
| Promoting Patient’s well-being | The patient’s well-being was not fully considered. Dr Murray overdosed the patient with Demerol regardless of his physical condition, which caused his sudden death. | The patient’s well-being was well-addressed. Not only the patient’s own physical condition was considered, but her religious values, psychological health and even her husband’s views were also addressed. |
| Respect for autonomy | The patient’s autonomy outweighed the doctor’s professional judgment in this case. As per the patient’s request, Dr Murray injected him with a huge dosage of Demerol. | The patient’s autonomy and the doctor’s professional judgment were well-balanced. The doctor facilitated the patient and her family to express their views; while the doctor provided professional advice based on their values to come up with a mutually agreed medical plan. |
| Informed consent | Although the doctor did tell the patient that the dosage he gave him ‘would put an elephant to sleep’, the warning of its fatalness was not explicit. | The doctor told the patient about the details of the medical procedures and the possible risks before she made the decision. |
| Respect for life | The doctor’s value of pleasing the patient and satisfying his wants outweighed the value of ‘respect for life’. | The life of the patient and also the baby were fully respected. |

|  |  |
| --- | --- |
| Worksheet 3: Confidentiality between a mental patient and a psychiatrist  Study the following case and discuss the answers with your group-mates:   |  | | --- | | **Case Study: Death of Tarasoff**  In California, a man with mental disorder told his psychiatrist that he intended to kill a young woman called Tarasoff. The psychiatrist faced a moral dilemma of whether he should preserve the professional code of keeping confidentiality of the client, or to protect the life of the woman and give her a warning. For the former, if the professional code on confidentiality is violated, it would destroy the medical system by breaking the trust between patients and the professionals, and thus stop many people from seeking help. For the latter, if the woman is not warned, her precious life would be in danger. It does not only cause harm to the woman, but also to her parents who love her very much and financially depend on her.  Reference  Beauchamp T.L. (et.al ed.) (2008). *Contemporary Issues in Bioethics.* US: Thomson Wadsworth. |   If you were the psychiatrist, will you keep the confidentiality or warn the woman? Why? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Worksheet 4a: Revision on different Theories of Ethics**  Write down the corresponding theories of ethics against the key principles/features as stated below.   |  |  | | --- | --- | | * **Virtue ethics** | * **Kantian/ deontological ethics** | | * **Hedonism** | * **Utilitarianism** |  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  * It suggests that the ultimate standard of morality focuses on the right or wrong of the action itself * It emphasises the importance of reason * It stresses taking up duty/responsibility unconditionally * It is immoral to tell lies under any circumstance * It treats people equally with no discrimination  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  * It proposes two concepts: “Value” and “Virtue” * Value” may start from the individual, so that the individual is driven to take certain actions because he or she holds or agrees with certain values. E.g. If a person believes in “honesty”, s/he will always tell the truth. * “Virtue” means taking a certain person’s behaviour as an indicator of their character, such that we can suppose from their actions that they have certain virtues. E.g. If a person always tells the truth, we can suppose that s/he has the virtue of “honesty”.  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  * Morality depends on whether an act can “bring the greatest happiness to the majority” * It is usually defined as maximizing total benefit and reducing suffering or the negatives  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  * It believes that [pleasure](http://en.wikipedia.org/wiki/Pleasure) is the primary or most important [intrinsic good](http://en.wikipedia.org/wiki/Intrinsic_value_(ethics)). * It strives to maximize net pleasure, and minimize pain. |

*Answers:*

1. *Kantian/ deontological ethics; (B) Virtue ethics; (C) Utilitarianism; (D) Hedonism*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Worksheet 4b** (challenging level)**: Revision on different Theories of Ethics**  Write the corresponding alphabet in the right-hand column:   |  |  | | --- | --- | | **Description** | **Theory of Ethics**   1. Kantian/ deontological ethics 2. Virtue ethics 3. Utilitarianism 4. Hedonism | | 1. “Virtue” means taking a certain person’s behaviour as an indicator of their character, such that we can suppose from their actions that they have certain virtues. E.g. If a person always tells the truth, we can suppose that s/he has the virtue of “honesty”. |  | | 1. It is immoral to tell lies under any circumstances. |  | | 1. Morality depends on whether an act can “bring the greatest happiness to the majority”. |  | | 1. It believes that [pleasure](http://en.wikipedia.org/wiki/Pleasure) is the primary or most important [intrinsic good](http://en.wikipedia.org/wiki/Intrinsic_value_(ethics)). |  | | 1. It emphasises the importance of reason. |  | | 1. It proposes two concepts: “Value” and “Virtue”. |  | | 1. It is usually defined as maximizing total benefit and reducing suffering or the negatives. |  | | 1. It strives to maximize net pleasure, and minimize pain. |  | | 1. It suggests that the ultimate standard of morality focuses on the right or wrong of the action itself. |  | | 1. It stresses taking up duty/responsibility unconditionally. |  | | 1. Value” starts from the individual, so that the individual is driven to take certain actions because he or she holds or agrees with certain values. E.g. If a person believes in “honesty”, s/he will always tell the truth. |  | | 1. It treats people equally with no discrimination. |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Worksheet 4b** (challenging level)**: Revision on different Theories of Ethics (For Teacher’s Reference)**  Write the corresponding alphabet in the right-hand column:   |  |  | | --- | --- | | **Description** | **Theory of Ethics**   1. Kantian/ deontological ethics 2. Virtue ethics 3. Utilitarianism 4. Hedonism | | 1. “Virtue” means taking a certain person’s behaviour as an indicator of their character, such that we can suppose from their actions that they have certain virtues. E.g. If a person always tells the truth, we can suppose that s/he has the virtue of “honesty”. | B | | 1. It is immoral to tell lies under any circumstances. | A | | 1. Morality depends on whether an act can “bring the greatest happiness to the majority”. | D | | 1. It believes that [pleasure](http://en.wikipedia.org/wiki/Pleasure) is the primary or most important [intrinsic good](http://en.wikipedia.org/wiki/Intrinsic_value_(ethics)). | C | | 1. It emphasises the importance of reason. | A | | 1. It proposes two concepts: “Value” and “Virtue”. | B | | 1. It is usually defined as maximizing total benefit and reducing suffering or the negatives. | D | | 1. It strives to maximize net pleasure, and minimize pain. | C | | 1. It suggests that the ultimate standard of morality focuses on the right or wrong of the action itself. | A | | 1. It stresses taking up duty/responsibility unconditionally. | A | | 1. Value” starts from the individual, so that the individual is driven to take certain actions because he or she holds or agrees with certain values. . E.g. If a person believes in “honesty”, s/he will always tell the truth. | B | | 1. It treats people equally with no discrimination. | A | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Worksheet 5a: Case Analyses - Death of Tarasoff**  Based on ‘Case Study: Death of Tarasoff’ we discussed earlier (cf. Worksheet 3), analyze the underlying theories for the reasons. Please explain your answer.   |  |  | | --- | --- | | **The Psychologist should keep the confidentiality, …** | | | Reason | Analysis | | Because it is my **responsibility** to protect the patients’ confidentiality | Theory: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Explanation: | | Because it can retain the trust of a **large number of patients**, and protect the **professionalism of the medical personnel as a whole** | Theory: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Explanation: | | Because **trust** between the patients and the medical professional is a **virtue** | Theory: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Explanation: |  |  |  | | --- | --- | | **The Psychologist should warn the woman, …** | | | Reason | Analysis | | Because life is most valuable, which outweighs the moral value of keeping confidentiality. The psychiatrist cannot use ‘risking the lady’s life’ as a mean to achieve the goal of protecting the patients’ confidentiality and keeping trust between the patients and the medical personnel. | Theory: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Explanation: | | Because violent assault would put public safety at risk. | Theory: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Explanation: | | Because if the women is not warned, not only would she be endangered, but her parents would suffer emotionally and financially too if the man really killed her. In addition, the man would also suffer as he would be prosecuted and convicted. Nobody would be happy in this case. | Theory: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Explanation: | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Worksheet 5b** (Challenging Level)**: Case Analyses - Death of Tarasoff**  Based on ‘Case Study: Death of Tarasoff’ we discussed earlier (cf. Worksheet 3), write down a reason and provide an explanation according to the theory.   |  |  | | --- | --- | | **The Psychologist should keep the confidentiality, …** | | | Reason | Analysis | | E.g. Because it is my **responsibility** to protect the patients’ confidentiality | Theory: **Kantian/ deontological ethics**  Explanation:  E.g. It is moral because it is done not for self-interest, but for duty. | |  | Theory: **Utilitarianism**  Explanation: | |  | Theory: **Virtue ethics**  Explanation: |  |  |  | | --- | --- | | **The Psychologist should warn the woman, …** | | | Reason | Analysis | |  | Theory: **Kantian/ deontological ethics**  Explanation: | |  | Theory: **Utilitarianism**  Explanation: | |  | Theory: **Hedonism**  Explanation: | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Worksheet 5: Case Analyses - Death of Tarasoff (For teachers’ reference)**  Based on ‘Case Study: Death of Tarasoff’ we discussed earlier (cf. Worksheet 3), analyze the underlying theories for the reasons. Please explain your answer.   |  |  | | --- | --- | | **The Psychologist should keep the confidentiality, …** | | | Reason | Analysis | | Because it is my **responsibility** to protect the patients’ confidentiality | Theory: **Kantian/ deontological ethics**  Explanation:  It is moral because it is done not for self-interest, but from duty. | | Because it can retain the trust of a **large number of patients**, and protect the **professionalism of the medical personnel as a whole** | Theory: **Utilitarianism**  Explanation:  Emphasizing the greatest possible balance of good consequences or the least possible balance of bad consequences in the world as a whole. | | Because **trust** between the patients and the medical professional is a **virtue** | Theory: **Virtue ethics**  Explanation:  Trust is a moral virtue, which is a morally praiseworthy trait. |  |  |  | | --- | --- | | **The Psychologist should warn the woman, …** | | | Reason | Analysis | | Because life is most valuable, which outweighs the moral value of keeping confidentiality. The psychiatrist cannot use ‘risking the lady’s life’ as a mean to achieve the goal of protecting the patients’ confidentiality and keeping trust between the patients and the medical personnel. | Theory: **Kantian/ deontological ethics**  Explanation:  Preserving life in itself is moral. On the contrary, using others as a mean to achieve one’s own goals is immoral. | | Because violent assault would put public safety at risk. | Theory: **Utilitarianism**  Explanation:  Greater number of people’s well-being is safeguarded comparing with the number of patients and medical personnel in the society. | | Because if the women is not warned, not only would she be endangered, but her parents would suffer emotionally and financially too if the man really killed her. In addition, the man would also suffer as he would be prosecuted and convicted. Nobody would be happy in this case. | Theory: **Hedonism**  Explanation:  Maximizing pleasure and minimizing pain is the most important. | |

**Conclusion**

Over-exaggeration on ‘confidentially’ may exploit others’ rights and values, or even endanger others’ life. To strive for a balance, the ‘harm principle’ is established. ‘Harm principle’ requires persons to refrain from causing preventable wrongful harm to innocent. This principle has special force when persons are vulnerable and dependent on others.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Worksheet 6: Proxy-doctor relationship – an extension of patient-doctor relationship  Under several situations, such as being in coma or mental unconsciousness, the patients lose ability to state their will or decision on the kind of medical treatments to be received or rejected. In such cases, a ‘proxy’ would help give determination to the medical personnel. In other words, ‘Proxy’ is the person with the legal and moral authority to make decisions on the medical treatments for the incapacitated patients. S/he is usually a person of kinship with the patient, or a person pre-designated by the patient while s/he is conscious.  *Study the following case and answer the questions:*   |  | | --- | | **Case study: A granddaughter’s dilemma**    A 82-year-old woman had been hit by a bicycle and suffered a hip fracture. After the surgery, she was sent to the Surgical Intensive Care Unit (SICU). Two days later, non-ceased internal bleeding was developed. Even worse, cardiac, renal and vascular impairment were triggered, which caused a rapid deterioration of her health condition.    Her granddaughter, who was her only living relative, was identified by the SICU staff. She was, therefore, deemed to be the legal proxy for the patient. The surgeon met with the granddaughter and asked if she would like them to apply laser surgery to stop the bleeding. The surgeon explained that her grandmother would have 50% chance to survive the surgery, but 100% chance for death without it.    It had come to the granddaughter an even harder decision when she heard another evaluation from the SICU attending physician. Unlike the 50% survival chance as told by the surgeon, now the physician told her that her grandmother’s chance of returning home was almost next to zero, given her old age and deteriorating situation.    The granddaughter was overwhelmed and frightened as she felt that she had the obligation and power to determine her grandmother’s live and death. On one hand, she definitely wanted her grandmother to live; on the other hand, she understood thoroughly her grandmother would not want to ‘be on machines’ and her life extended without dignity (she never let anyone see her unless she was perfectly groomed). This became the most difficult decision she ever had to make.    Reference:  Dubler, N.N. (2001), ‘The Doctor-Proxy Relationship: The Neglected Connection’. In Weinberg, M.B. (ed.), Medical Ethics: Applying Theories and Principles to the Patient Encounter’. New York: Prometheus Books. Pp. 241-258. |   If you were the granddaughter, what decision would you make? Please give reasons.      *Challenging level (Optional): Convert one of your reasons into an ethical argument, and then give an account of it.* (After you complete the task, please use the following checklist to do a self-evaluation)   |  |  | | --- | --- | |  | Self-evaluation  5=outstanding ,1=very poor | | Am I able to set a controversial argument? | 5 4 3 2 1 | | Am I able to state my standpoint clearly? | 5 4 3 2 1 | | Am I able to use the theory/theories of ethics to support my standpoint? | 5 4 3 2 1 | | Am I able to present my view in a logical and systematical way? | 5 4 3 2 1 |   If you were the medical-care personnel, how would you help the granddaughter?   |  |  | | --- | --- | |  | Ways to help the granddaughter | | Doctor |  | | Nurse |  | | Chaplain |  | | Medical Ethicist (in some countries, e.g. US) |  | |

**(For teachers’ reference)**

If you were the medical-care personnel, how would you help the granddaughter?

|  |  |
| --- | --- |
|  | Ways to help the granddaughter |
| Doctor | * Doctor should treat the granddaughter as if she were the patient who has the full right to be informed adequately and honestly, such that she can make an informed medical decision. |
| Nurse | * Nurse should take good care of the patient, so as to release the burden on the granddaughter. * Nurse should also treat the patient with respect, although she is unconscious, so that the granddaughter would feel being respected too. |
| Chaplain | * Chaplain can provide spiritual support and counseling to her. * Chaplain can also guide her through the struggle with the ethical decision making process by giving her insights from the spiritual/religious dimension. |
| Medical Ethicist (in some countries, e.g. US) | * In some countries, ‘Ethicist’ is included in the medical system to aid the staff in combining morality with science. An ethicist's education consists of medical law courses, bioethics, religion, research analysis and the procedures for applying ethics to medical science. * Ethicist should invite the granddaughter to sit together with the surgeon and the attending physician to review the physical condition of the patient, possible risks and effectiveness of various treatment plans. In the meeting, Ethicist should provide ethical and legal advice so as to help the granddaughter to make the decision.   Reference:  http://www.ehow.com/list\_6665769\_duties-medical-ethicist.html |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Worksheet 7: Summary & Self-evaluation - Relationship between health care professionals and patients   Write down the key learning points of this module.   |  | | --- | | 1. **Four Models of Patient-doctor relationship** | | 1. | | 2. | | 3. | | 4. |  |  | | --- | | 1. **Confidentiality vs Harm principle** | | 1. | | 2. | | 3. | | 4. | | 5. |  |  | | --- | | 1. **Revision on different Theories of Ethics** | | 1. | | 2. | | 3. | | 4. | | 5. |  |  | | --- | | **(D) Proxy-doctor relationship – an extension of patient-doctor relationship** | | 1. | | 2. | | 3. | | 4. | | 5. |   Evaluate how well you have learnt (please put a ‘🗸’)   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Very good | Good | Fair | Poor | | 1. Four Models of Patient-doctor relationship |  |  |  |  | | 1. Confidentiality vs Harm principle |  |  |  |  | | 1. Revision on different Theories of Ethics |  |  |  |  | | 1. Proxy-doctor relationship – an extension of patient-doctor relationship Confidentiality |  |  |  |  |   What question(s)/area(s) you want to learn more in this module of ‘Relationship between health care professionals and patients’? |