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Review Article

Medical Ethics - Are We Following Ethics in Practice?

Tabish Ali Shalwani[1*]; Quratulain Khowaja[2]; Alishan Khowaja[3]

[1]Liaquat University of Medical and Health Sciences, Pakistan

[2]The Aga Khan University, Pakistan

[3]Liaquat College of Medicine and Dentistry, Karachi, Pakistan

[*]**Corresponding author: Tabish Ali Shalwani**
Liaquat University of Medical and Health Sciences, Pakistan.
Email: Tabish Ali Shalwani - tabish.shalwani@hotmail.com

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Abstract

Medical practice and associated scientific research require the application of medical ethics. A common framework used for the application of medical ethics is the “four principles” approach formulated by Tom Beauchamp and James Childress. These are 1) autonomy, 2) beneficence, 3) non-maleficence, and 4) justice. The idea of “normality,” which holds that there is a physiological standard for humans that contrasts with sickness, abnormality, and pain, breeds prejudice and misconceptions that have a detrimental impact on the way that healthcare is provided. Therefore, it is necessary to reevaluate and challenge society’s beliefs regarding fundamental ideas in philosophy and clinical beneficence, embracing ambiguity as a key component of medical practice. The fact that medical assistance can be just as detrimental as beneficial to the community it is intended to raise questions about how medical ethics and humanitarian medical aid meet.

Keywords: Medical ethics; Healthcare; Medical practice

Introduction

A defining responsibility of a practicing physician is to make decisions on patient care in different settings [1]. These decisions involve more than selecting the appropriate treatment or intervention [1]. Ethics is an inherent and inseparable part of clinical medicine as the physician has an ethical obligation (i) to benefit the patient, (ii) to avoid or minimize harm, and (iii) to respect the values and preferences of the patient [2]. Are physicians equipped to fulfill this ethical obligation and can their ethical skills be improved?

Medical practice and associated scientific research require the application of medical ethics [1]. The foundation of medical ethics is a collection of principles that health practitioners must consult in their everyday practice [1]. Respect for patient autonomy, beneficence, non-maleficence, and justice are some of these ideals [2]. These principles could help medical professionals, carers, and families develop a treatment plan and collaborate toward a multidisciplinary approach to patient management [3]. A common framework used for the application of medical ethics is the "four principles" approach formulated by Tom Beauchamp and James Childress [4]. It consists of four fundamental moral principles. The four principles are:

1. Respect for autonomy – the patient has the right to refuse or choose their treatment

2. Beneficence – to act in the best interest of the patient

3. Non-maleficence – to not be the cause of harm. Also, "Utility" – to promote more good than harm

4. Justice – concerns the distribution of scarce health resources and the decision of who gets what treatment.

Autonomy

The principle of autonomy, observes the rights of an individual to self-determination [5]. This stems from society's support for people's right to freely choose their own decisions based on information provided by healthcare practitioners [3]. Since social values have changed and results that matter more to patients and their families than to medical professionals are now used to determine medical excellence, autonomy has become increasingly significant [6]. One way to interpret the growing social backlash against the "paternalistic" legacy in healthcare is the growing significance of autonomy [6]. Some have questioned if the movement towards patient autonomy and away

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from historically extreme paternalism has prevented the appropriate application of soft paternalism, which could harm patients' outcomes.

The capacity of an individual to make a logical decision free from outside influence is the concept of autonomy [7]. Thus, autonomy can be considered a general measure of mental and physical well-being [8]. Many physicians especially surgeons face challenges when it comes to applying autonomy as a medical ethics in their practice [9]. When a patient has no chance of improvement using medicine or drug therapy the only way that could improve the patient's outcomes is a surgical procedure, this ethical principle is often questioned in practice [9]. The autonomy of the patient is dependent upon multiple factors, it is mostly debated due to the patient's non-willingness due to the increased cost of surgical procedures [10]. The health systems in many developing countries are still functioning on out-of-pocket finances where patients are required to pay high costs for procedures [11].

Beneficence

The term beneficence refers to actions that promote the well-being of patients [12]. In the medical context, this means to serve patients in their and their families' best interests [12]. However, uncertainty surrounds the precise definition of which practices help patients. The argument exists when the question comes around surgical procedures that benefit patients, yet bring with them complications with every procedure whether it's invasive surgery or just an external procedure as it is to deal with the human body [13].

Non-Maleficence

The concept of non-maleficence is embodied by the phrase, "not harm," [14]. It is however acknowledged that the primary goal of healthcare should not be to harm the patient, but to do them good, in practice, however, many treatments carry some risk of harm. Even basic actions like taking a blood sample or an injection of a drug cause harm to the patient's body [4].

Justice

In the context of medical ethics, justice is the ethical principle that weighs if it's compatible with the law, and the patient's rights, and if it's fair and balanced [15]. It also means to ensure no one is unfairly disadvantaged when it comes to access to healthcare [26]. Yet, still, the healthcare access in many countries to poorly advantaged people is a problem. Whether it is a high-income country or a low-income country, the fair and just provision of healthcare is a major challenge globally [17].

Ambiguity in Medicine

The idea of "normality," which holds that there is a physiological standard for humans that contrasts with sickness, abnormality, and pain, breeds prejudice and misconceptions that have a detrimental impact on the way that healthcare is provided [17]. It is crucial to understand that normalcy is ambiguous, that ambiguity exists in healthcare, and that understanding this ambiguity is essential to practicing modest medicine and comprehending complicated, occasionally atypical, everyday medical issues [18]. Therefore, it is necessary to reevaluate and challenge society's beliefs regarding fundamental ideas in philosophy and clinical beneficence, embracing ambiguity as a key component of medical practice.

Cultural Concerns

Difficult medical ethics issues might arise from cultural differences [1]. It can be exceedingly challenging to reconcile the spiritual notions of some cultures regarding the causes and origins of diseases with the principles of Western medicine [19]. The healthcare system, which typically deals with significant life events like birth, death, and pain, is facing more and more challenging decisions that occasionally result in cross-cultural conflicts as more and more cultures coexist [20]. Determining the boundaries of cultural tolerance and making an effort to respond in a culturally sensitive way go hand in hand.

Culture and Language

In order to give everyone the finest healthcare possible, it is becoming more and more crucial to be sensitive to the cultural and religious backgrounds of all the communities that are moving to other nations [20]. Ignorance of cultural differences can cause miscommunications and even subpar treatment, which can give rise to moral dilemmas [21]. Patients frequently express dissatisfaction about feeling as though they are not being understood or heard [22]. Seeking translators, observing your own and the patient's body language and tone, and making an effort to comprehend the patient's point of view in order to arrive at a workable solution are all ways to prevent conflict from getting out of hand.

According to others, being multilingual will either be required of most medical professionals in the future or will be extremely beneficial [23]. For the greatest treatment, it is essential to not only speak the language but also fully comprehend the culture [23]. 'Narrative medicine' has garnered attention recently because it may enhance patient-physician communication and increase the physician's comprehension of the patient's point of view [24]. Rather than standardising and gathering patient data, it may be more helpful to interpret patients' stories to have a better understanding of what each patient needs about their disease [24]. Without this background knowledge, a lot of doctors might diagnose or suggest therapies that are unsuitable or culturally insensitive since they are unable to accurately recognise the cultural characteristics that could distinguish patients from one another.

Ethics Committees

Often, simple communication is not enough to resolve a conflict, and a hospital ethics committee must convene to decide a complex matter. These bodies are composed primarily of healthcare professionals, but may also include philosophers, laypeople, and clergy – indeed, in many parts of the world their presence is considered mandatory in order to provide balance.

Conclusion

Some contend that we must turn to ethical principles to build a foundation for progress towards a reasonable understanding, which inspires commitment and motivation to improve factors causing premature death as a goal in a global community, in order to address the underprivileged, uneducated communities in need of nutrition, housing, and healthcare disparities seen in much of the world today. The fact that medical assistance can be just as detrimental as beneficial to the community it is intended to raise questions about how medical ethics and humanitarian medical aid meet.

In addition, humanitarian efforts in underdeveloped areas can put a stop to other intriguing and challenging moral conundrums involving beneficence and non-maleficence. The foundation of humanitarianism is the provision of improved medical supplies and care for populations in nations without access to quality healthcare. Sometimes, people's cultural or religious beliefs prevent them from completing some medical procedures or using particular medications, which makes it difficult to provide healthcare to underserved groups. On the other side, there may also be instances where people's religious or cultural beliefs dictate how specific procedures should be carried out.

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