



มหาวิทยาลัยมหิดล
คณะแพทยศาสตร์
ศิริราชพยาบาล

Introduction to Medical Ethics

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ศิริราชแพทยาลัย



Outline

- Ethics: definitions and concepts
- Basic principles of medical ethics
- Professionalism



- Philosophy: Study of problems which are ultimate, abstract and very general; nature of existence, knowledge, morality, reason and human purpose
- Ethics: The study of moral principles and values
 - To determine what's right or wrong, just or unjust
- จริยศาสตร์
 - วิชาที่ว่าด้วยการศึกษาความประพฤติของมนุษย์
 - “อะไรถูก อะไรผิด” “อะไรดี อะไรชั่ว”

Different domains called ethics	
Morals	Personal, cultural, or faith-based behavioral codes
Metaethics	Critical thinking relating to ethical concepts and theories in the abstract
Normative ethics	Analysis of theoretical dimensions in ethical situation
Applied/Practical ethics	Determinative reasoning correlated with normative ethics
Bioethics (biomedical ethics)	Normative and applied ethics in biological and life sciences
Research ethics	Applied ethics and governance in research
Healthcare ethics	Applied ethics and governance in health profession



- จริยธรรม vs ศีลธรรม
 - เป็นหลักปฏิบัติเหมือนกัน
 - จริยธรรมใช้กับคนเฉพาะกลุ่ม (วิชาชีพ)
 - ศีลธรรมมีความเป็นอัตวิสัย (subjective) กว่า, มีความหลากหลายกว่า



Why study medical ethics?

- “To prepare medical students to **recognize** difficult situations and to deal with them in a rational and principled manner”
- Examples of difficult situation
 - Conflict between family member and treating physician
 - Boundary in doctor-patient relationship



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PRINCIPLES OF MEDICAL ETHICS



Principles of medical ethics

- Autonomy
- Beneficence
- Non-maleficence
- Justice



Autonomy

- Autos “self” + nomos “rule, governance”
- City-state → individual
- Respect for autonomy
 - Respect to human rights and dignity
 - Individual’s decision making in health care and research



- Right to self-determination
 - Focus on legal aspect
 - Obligation of the others to follow the decision



Autonomy

- Concepts originate from the principle of autonomy
 - Informed consent
 - Treatment refusal
 - Decision-making capacity



Non-maleficence

- An obligation not to inflict harm on others
- “Primum non nocere”, “First, do no harm”
- Non-maleficence implication
 - Concept of harm vs wrong
 - Withholding vs withdrawing treatments
 - Rule of double effects



- “Best interest”
- An obligation to act for the benefit of others
- What is the “best interest”?
 - Paternalism
 - Conflict between beneficence and autonomy



Justice

- Fair, equitable, and appropriate treatment in light of what is due or owed to persons
- Different aspects of justice
 - Distributive justice
 - Criminal justice
 - Rectificatory justice



- Right to health care
 - Universal health care vs privatized service
 - Resource allocation
- Equality (ความเท่าเทียม) vs equity (ความเสมอภาค)
 - Equality: treating every people the same way
 - Equity recognizes differences among individuals



Principles of medical ethics

Autonomy	Respect of the patient and his/her ability to make decision with regard to own health and future
Beneficence	Doing and promoting good
Non-maleficence	Doing no harm; avoiding harming
Justice	Maximizing benefit to patients and society



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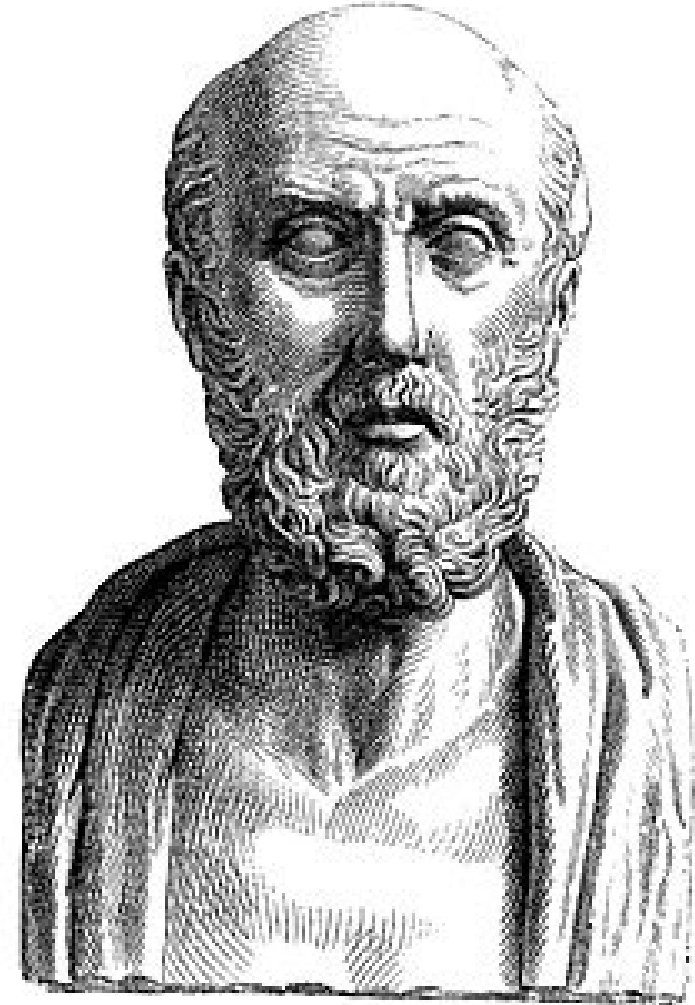
PROFESSIONALISM



- Profession \neq occupation
 - วิชาชีพ = วิชา + อาชีพ
- Features of a profession
 - Specialized body of knowledge
 - Altruistic service to society
 - Self-regulation by the members – practice standard, license
 - ม็องคักรวิชาชีพ ควบคุมสมาชิก



- Medicine as a profession
- Hippocrates c. 460 – c. 370 BC
 - “Physicians make a public promise that they will place the interests of their patients above their own interests”
 - “Hippocratic Oath”





Code of medical ethics

- Hippocratic Oath
- WMA Declaration of Geneva (1948, latest revision 2017)
- WMA International Code of Medical Ethics (1949, latest revision 2022)
- ข้อบังคับแพทยสภาว่าด้วยการรักษาจริยธรรมแห่งวิชาชีพเวชกรรม พ.ศ. ๒๕๖๕



Hippocratic Oath

ΟΡΚΟΣ

Ὁμνυμι Ἀπόλλωνα ἰητρὸν καὶ Ἀσκληπιὸν
καὶ Ὑγίαν καὶ Πανάκειαν καὶ θεοὺς πάντας τε
καὶ πάσας, ἴστορας ποιούμενος, ἐπιτελέα ποιήσειν
κατὰ δύναμιν καὶ κρίσιν ἐμὴν ὄρκον τόνδε καὶ
συγγραφὴν τήνδε· ἠγγήσεσθαι μὲν τὸν διδάξαντά
με τὴν τέχνην ταύτην ἴσα γενέτησιν ἐμοῖς,
καὶ βίον κοινώσεσθαι, καὶ χρεῶν χρηρίζοντι
μετάδοσιν ποιήσεσθαι, καὶ γένος τὸ ἐξ αὐτοῦ
ἀδελφοῖς ἴσον ἐπικρινεῖν ἄρρεσι, καὶ διδάξειν
10 τὴν τέχνην ταύτην, ἣν χρηρίζωσι μαθητέων, ἄνευ
μισθοῦ καὶ συγγραφῆς, παραγγελίης τε καὶ
ἀκροήσεως καὶ τῆς λοιπῆς ἀπάσης μαθήσεως
μετάδοσιν ποιήσεσθαι υἱοῖς τε ἐμοῖς καὶ τοῖς τοῦ
ἐμὲ διδάξαντος, καὶ μαθητῆσι συγγεγραμμένοις
τε καὶ ὀρκισμένοις νόμῳ ἰητρικῷ, ἄλλῳ δὲ οὐδενί.
δαιτήμασί τε χρήσομαι ἐπ' ὠφελείῃ καμνόντων
κατὰ δύναμιν καὶ κρίσιν ἐμὴν, ἐπὶ δηλήσει δὲ
καὶ ἀδικίᾳ εἴρξειν. οὐ δώσω δὲ οὐδὲ φάρμακον
οὐδενὶ ἀττηθεὶς θανάσιμον, οὐδὲ ὑφηγήσομαι συμ-
20 βουλίην τοιήνδε· ὁμοίως δὲ οὐδὲ γυναικὶ πεσσοῦν
φθόριον δώσω. ἀγνώως δὲ καὶ ὀσίως διατηρήσω
βίον τὸν ἐμὸν καὶ τέχνην τὴν ἐμὴν. οὐ τεμέω
δὲ οὐδὲ μὴν λιθιῶντας,¹ ἐκχωρήσω δὲ ἐργάτησιν

¹ Littré suggests *αιτέοντας*, Reinhold *οὐδὲ μὴ ἐν ἡλικίᾳ ἐόντας*.

OATH

I SWEAR by Apollo Physician, by Asclepius, by Health, by Panacea and by all the gods and goddesses, making them my witnesses, that I will carry out, according to my ability and judgment, this oath and this indenture. To hold my teacher in this art equal to my own parents; to make him partner in my livelihood; when he is in need of money to share mine with him; to consider his family as my own brothers, and to teach them this art, if they want to learn it, without fee or indenture; to impart precept,¹ oral instruction, and all other instruction² to my own sons, the sons of my teacher, and to indentured pupils who have taken the physician's oath, but to nobody else. I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. Similarly I will not give to a woman a pessary to cause abortion. But I will keep pure and holy both my life and my art. I will not use the knife, not even, verily, on sufferers from stone, but I will give place to such as are craftsmen

¹ Apparently the written rules of the art, examples of which are to be found in several Hippocratic treatises. These books were not published in the strict sense of the word, but copies would be circulated among the members of the "physicians' union."

² Probably, in modern English, "instruction, written, oral and practical."



WMA DECLARATION OF GENEVA

*Adopted by the 2nd General Assembly of the World Medical Association, Geneva, Switzerland, September 1948
and amended by the 22nd World Medical Assembly, Sydney, Australia, August 1968
and the 35th World Medical Assembly, Venice, Italy, October 1983
and the 46th WMA General Assembly, Stockholm, Sweden, September 1994
and editorially revised by the 170th WMA Council Session, Divonne-les-Bains, France, May 2005
and the 173rd WMA Council Session, Divonne-les-Bains, France, May 2006
and amended by the 68th WMA General Assembly, Chicago, United States, October 2017*

The Physician's Pledge

AS A MEMBER OF THE MEDICAL PROFESSION:

I SOLEMNLY PLEDGE to dedicate my life to the service of humanity;

THE HEALTH AND WELL-BEING OF MY PATIENT will be my first consideration;

I WILL RESPECT the autonomy and dignity of my patient;

I WILL MAINTAIN the utmost respect for human life;

I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;

I WILL RESPECT the secrets that are confided in me, even after the patient has died;

I WILL PRACTISE my profession with conscience and dignity and in accordance with good medical practice;

I WILL FOSTER the honour and noble traditions of the medical profession;

I WILL GIVE to my teachers, colleagues, and students the respect and gratitude that is their due;

I WILL SHARE my medical knowledge for the benefit of the patient and the advancement of healthcare;

I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard;

I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;

I MAKE THESE PROMISES solemnly, freely, and upon my honour.



WMA INTERNATIONAL CODE OF MEDICAL ETHICS

Adopted by the 3rd General Assembly of the World Medical Association, London, England, October 1949
Revised by the 22nd World Medical Assembly, Sydney, Australia, August 1968,
the 35th World Medical Assembly, Venice, Italy, October 1983,
the 57th WMA General Assembly, Pilanesberg, South Africa, October 2006
and by the 73rd WMA General Assembly, Berlin, Germany, October 2022



GENERAL PRINCIPLES

1. The primary duty of the physician is to promote the health and well-being of individual patients by providing competent, timely, and compassionate care in accordance with good medical practice and professionalism.

The physician also has a responsibility to contribute to the health and well-being of the populations the physician serves and society as a whole, including future generations.

The physician must provide care with the utmost respect for human life and dignity, and for the autonomy and rights of the patient.

Duties to the patient

13. In providing medical care, the physician must respect the dignity, autonomy, and rights of the patient. The physician must respect the patient's right to freely accept or refuse care in keeping with the patient's values and preferences.

Duties to other physicians, health professionals, students, and other personnel

30. The physician must engage with other physicians, health professionals and other personnel in a respectful and collaborative manner without bias, harassment, or discriminatory conduct. The physician must also ensure that ethical principles are upheld when working in teams.



- “ความเป็นมืออาชีพ”
- American Board of Internal Medicine 1983 – 3 humanistic qualities
 - Integrity
 - Respect
 - Compassion



- “ความเป็นมืออาชีพ”
- American Council on Graduate Medical Education (ACGME)
 - One of six competencies in residency training
 - “A commitment to carrying out professional **responsibilities**, adherence to **ethical principles**, and **sensitivity to a diverse patient population**”



Professionalism

- “ความเป็นมืออาชีพ”
- Association of American Medical College (AAMC) - Normative definition (how things should be)
 - Physicians subordinate their own interests to the interests of others.
 - Physicians adhere to high ethical and moral standards.
 - Physicians respond to societal needs, and their behaviors reflect a social contract with the communities served.
 - Physicians evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness.



- “ความเป็นมืออาชีพ”
 - ความรู้ ความเชี่ยวชาญ ทักษะ
 - ผลประโยชน์ของผู้ป่วยก่อนผลประโยชน์ส่วนตัว → doctor-patient relationship
 - การปฏิบัติตามหลักจรรยาบรรณ/จริยธรรม
 - ปัจจุบัน → non-technical skill



Table 1. Framework for Conceptualizing Professionalism—Individual Physician Behaviors in Interactions With Patients and Family Members and Other Health Care Professionals

Values	Examples of Individual Physician Behaviors	
	Interactions With Patients and Family Members	Interactions With Colleagues and Other Members of the Health Care Team
Compassionate, respectful, and collaborative orientation, “in service” of the patient	<p>Provide patient-centered care, demonstrating empathy, compassion, and actively working to build rapport</p> <p>Promote autonomy of the patient; eliciting and respecting patient preferences, and including patient in decision making</p> <p>Be accessible to patients to ensure timely access to care and continuity of providers</p> <p>Act to benefit the patient when a conflict of interest exists</p>	<p>Work collaboratively with other members of the care team to facilitate effective service to the patient</p> <p>Demonstrate respect for other team members in all interactions</p>
Integrity and accountability	<p>Maintain patient confidentiality</p> <p>Maintain appropriate relationships with patients</p> <p>Promptly disclose medical errors; take responsibility for and steps to remedy mistakes</p> <p>Actively manage conflicts of interest and publicly disclose any relationships that may affect the physician’s recommendations related to diagnosis and treatment (eg, part ownership of surgery center)</p>	<p>Report impaired or incompetent colleagues</p> <p>Participate in peer-review and 360-degree evaluations of team</p> <p>Specify standards and procedures for handoffs across settings of care to ensure coordination and continuity of care</p>
Pursuit of excellence	<p>Adhere to nationally recognized evidence-based guidelines (eg, guidelines issued by Agency for Healthcare Research and Quality or US Preventive Services Task Force), individualizing as needed for particular patients but conforming with guidelines for the majority of patients</p> <p>Engage in lifelong learning and professional development</p> <p>Apply system-level continuous quality improvement to patient care</p>	<p>Participate in collaborative efforts to improve system-level factors contributing to quality of care</p>
Fair and ethical stewardship of health care resources	<p>Do no harm; do not provide unnecessary or unwarranted care</p> <p>Commit to deliver care equitably, respecting the different needs and preferences of subpopulations, and to provide emergent care without regard to insurance status or ability to pay</p> <p>Deliver care in a culturally competent and resource-conscious manner</p>	<p>Establish mechanisms for feedback from peers on resource use and appropriateness of care</p> <p>Work with clinical and nonclinical staff to continuously improve efficiency of care delivery process and ensure that all members of the care team are optimizing their contributions to care delivery and administration</p> <p>Actively work with colleagues to coordinate care, avoid redundant testing, and maximize prudent resource use across settings</p>



Conclusion

- The four principles (autonomy, beneficence, non-maleficence, and justice) serve as essential guides, though they may conflict and require balance in real-life situations.
- Respect for patient autonomy and rights, together with acting in the patient's best interest and avoiding harm, forms the foundation of current medical ethics.
- Professionalism and ethical codes reflect medicine's responsibility to society and require physicians to practice with integrity, compassion, and accountability.



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- Question?



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