

LAUNCHING HEALTHCARE CAREERS



An Introduction to Medical Ethics



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What are medical ethics?

Ethics is the theory of moral behaviour and deals with the concepts of 'right' and 'wrong'.

Medicine is an ethically driven profession due to the trust that is placed in doctors to do good for their patients and the responsibility that this brings. It's therefore of utmost importance that medical ethics provide a high moral standard to which doctors must adhere.

Medical ethics are also needed to guide doctors through the difficult decisions regarding patient care that they come up against and to ensure they are always acting in accordance with the wishes and best interests of their patients.

Medical schools will be looking for applicants who have a thorough understanding of medical ethics and you should feel comfortable discussing this at the interview stage. Interviewers will ideally be looking for you to demonstrate your knowledge and ability to discuss specific cases.

To help with this, our guide is designed to give Yr 12 & 13 students who are aspiring medics, all they need to either get started with expanding their medical ethics knowledge or get ready for medical school interviews.

We will cover:

- The four pillars of medical ethics
- Key cases that highlight ethical wrong doing and how you could draw upon these during your medical school interviews
- Hot healthcare topics that have featured in the news in 2022

What are the key pillars of medical ethics?

The 4 pillars of medical ethics are respect for autonomy, beneficence, non-maleficence and justice.



Now, let's look at each one in more detail...

Autonomy

The pillar of autonomy refers to a **patient's right to make their own healthcare decisions**. This is also known as self-determination. It means that patients can decide their own healthcare priorities, and it includes their right to refuse treatment. Doctors should inform and advise patients according to medical evidence; however, the final decision should always lie with the patient, even if it goes against medical advice.

Example:

A common example is a Jehovah's Witness who may refuse a blood transfusion on religious grounds. This may seem medically unwise, but the patient has a right to refuse this treatment.

Beneficence

Beneficence can be defined as the **"doing of good"** or acting in a way that benefits others.

In medicine, beneficence refers to doctors promoting the health of their patients and preventing them from coming to harm. This pillar is often considered as the foundation of treating illnesses in patients. Doctors must strive to achieve the best outcomes for your patients.

Example:

An example of ethical debate with regards to beneficence is **euthanasia**. Patients can be diagnosed with progressive and incurable conditions and some would



rather be given medical assistance to end their life than endure suffering and have a poor quality of life.

Whereas others believe that medically-assisted dying is murder.

Questions to consider:



- Is the act of ending a person's suffering a compassionate and beneficent act?
- Or, is the act of ending a person's life a harmful and immoral practice, even if it is what the patient wants?

Non-maleficence

Non-maleficence refers to **not causing harm to your patients**. This principle spans a range of applications including doctors maintaining medical competence and not giving patients treatments where the risks outweigh the benefits.

Non-maleficence and beneficence often work hand-in-hand in that the risks or side effects of treatment should not outweigh the benefits.

Example:

An example of a debate related to the pillar of non-maleficence is whether a child's independence should be respected by telling them of their imminent death. For example when a child is on a ventilator, but it is decided by parents and the medical team to withdraw this, should sedation be lifted to inform them? Despite this potentially causing severe pain.

Justice

The principle of justice refers to **fairness within medicine** and the equal distribution of resources. It can also be considered in terms of equality and equity of healthcare across patients.

Health equality and health equity

Health equality refers to equal opportunity to access healthcare and means patients should not be discriminated against. Patients should be treated fairly regardless of their gender, socioeconomic class, ethnicity, age etc.

Equity refers to the fairness of outcome and means that those who are at a disadvantage to start with should be given greater support to compensate. Examples of health equity would include providing transport to a hospital for patients from low socioeconomic groups or improving staff training for treating people with disabilities.

Example:

An example of a debate related to the pillar of justice is transplant waiting lists. Decision-makers must consider affordability, availability and quality, to ensure patients are treated fairly.

Questions to consider:



- Should transplant lists be first come first served, or should it be based on clinical need?
- What patient factors need to be considered?



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Well known cases

The Tuskegee Syphilis Study

An extreme example of the principle of beneficence being neglected is the Tuskegee Syphilis Trial. The study was carried out by the US Public Health Service from 1932 because the treatment for syphilis was considered to be ineffective and dangerous. In the trial, hundreds of African Americans were offered free meals, health care and burial insurance if they took part in the trial. All participants had syphilis but weren't offered any treatment, despite the potentially fatal consequence of doing so.

The trial was only stopped in 1972 when an advisory panel found it unethical. The doctors failed to help their patients and instead focussed on their research goals, which was a gross betrayal of research ethics and beneficence.

Interview questions that relate:

- What is a medical ethics violation?
- What ethical pillars did the Tuskegee study violate and why?

The Bawa-Garba Case

In January 2011, six-year-old Jack Adcock passed away at Leicester Royal Infirmary following a referral from his GP. He had been feeling unwell and was having difficulty breathing, as well as vomiting and diarrhoea. He had Down's Syndrome and a known heart condition and was on long-term medication.

After being admitted to hospital his condition deteriorated after he was assessed by Junior Doctor Hadiza Bawa-Garba. Dr Bawa-Garba was six years into her speciality training to be a Paediatric Consultant.

In 2015 she was taken to High Court and was found guilty of manslaughter on the grounds of gross negligence. Mistakes were made by Dr Bawa-Garba and there were also failings at the hospital.

Let's take a look at these in more detail...

- Jack had a chest X-ray when he was admitted and this showed an infection. The X-ray results were available from 12:30pm, but they didn't get seen until 3pm. Dr Bawa-Garba prescribed antibiotics, which were given to Jack at 4pm. It's thought that if the antibiotics were given earlier there could have been a different outcome. The ward itself was understaffed and Dr Bawa-Garba wasn't made aware that the X-ray was available at 12:30pm

- A blood test showed high levels of C-Reactive Protein (CRP), which can occur due to infection and inflammation. This was reported over five hours late, due to failings in the hospital computer system
- When Dr Bawa-Garba assessed Jack, she stopped the medication for his heart condition. However, this wasn't documented in his notes. Because of this Jack's mother gave him the medication at 7pm as she wasn't aware that he shouldn't be having his usual medication
- Jack suffered a cardiac arrest at 8pm. Dr Bawa-Garba was one of the doctors who attended and arrived when resuscitation was already taking place. She mistook Jack for another patient, whose notes were marked as DNAR (do not attempt resuscitation), and therefore called off resuscitation. After the mistake was identified, resuscitation was attempted again, but Jack died at 9:20pm
- Dr Bawa-Garba was carrying out the work of two doctors and senior consultants were not on site
- There was no system in place to let Dr Bawa-Garba know that the X-ray she ordered was ready to look at

There was a lot of controversy surrounding the court's decision as many doctors felt that they hadn't taken into consideration the working conditions and lack of support for junior doctors.

An appeal was denied and Dr Bawa-Garba was struck off from the GMC medical register permanently. In 2018 she was granted the chance to appeal this and won, which meant the original 12 month suspension was reinstated. She is now able to practice again but has had to return to work at a lower grade than she previously worked in.

Interview questions that relate:

- What are some issues within the NHS that currently impact doctor-patient relationships?
- What would you do if you saw a senior doctor making a mistake with a patient's medication?
- What do you think about the High Court's original decision to strike Dr Bawa-Garba off the GMC register permanently?

The Francis Reports

Robert Francis QC is a Barrister specialising in medical law, including clinical negligence. He led a public inquiry into poor care at Mid Staffordshire NHS Foundation Trust. The report exposed appalling treatment and high mortality

rates at the hospital and concluded that an estimated 400 to 1,200 people could have died unnecessarily there between 2005 and 2008.

The report found that there were many recurring problems, such as:

- Not enough consultants and nurses
- Call bells going unanswered
- Patients left in their own urine or excrement
- Patient falls being concealed from relatives
- Poor communication between staff and patient's relatives

The first of Francis' influential reports cited there was 'historic understaffing' of nurses and the second report, which was published in 2010, looked at the culture of the NHS and how staff were able to raise concerns. There were a number of recommendations given to the Trust off the back of the reports including the eradication of blame culture and bullying.

Interview questions that relate:

- Why is teamwork so important in healthcare?
- Can you give an example of where you've seen a lack of teamwork and what problems occurred?
- What impact do you think the Francis Reports have had on UK healthcare?
- What's an ethical dilemma you've witnessed while doing work experience?
- How do you think the NHS has moved on since the publication of the Francis Reports?



Hot healthcare topics from 2022

A great way to stand out at your medical school interviews is to demonstrate how you keep up to date with what's happening in the healthcare industry. Some top stories that have come out in 2022 include:

Study finds miscarriage rates are over 40% higher in black women

- Lancet analysis of data on 4.6 million pregnancies in seven countries including the UK, suggested the risk for black women is 43% higher than for white women
- This comes after it was found that black women are more likely to die from complications surrounding pregnancy and childbirth than white women
- The report also found that women who suffered miscarriage, from all ethnic backgrounds, are more vulnerable to long-term health problems, such as blood clots, heart disease and depression

Interview questions that relate:

- What do you think is the biggest current ethical challenge in healthcare?
- What support should be offered to women who suffer a miscarriage?

The spread of Monkeypox

- A monkeypox outbreak in over 70 countries was declared a 'global health emergency' by the World Health Organisation (WHO) in July 2022 after a surge in cases across the world
- The outbreak has been overwhelmingly prevalent in gay and bisexual men
- Vaccinations were rolled out in the UK to those with the greatest risk of exposure and by October 2022 almost 50,000 people have had this

Interview questions that relate:

- You are the head of the WHO and a new virus breaks out in the UK. What measures would you put in place to prevent the virus becoming a pandemic?
- Should vaccinations be made compulsory?

Actual Covid pandemic death toll revealed

- The World Health Organisation (WHO) confirmed the Covid pandemic caused the deaths of nearly 15 million people around the world
- The WHO believes that many countries undercounted the numbers who died from Covid, as only 5.4 million were reported
- The majority of the extra 9.5 million deaths seen above the reported deaths were also thought to be direct deaths caused by the virus, rather than indirect deaths

Interview questions that relate:

- How do you think the true effect of the Covid pandemic could be monitored?

- Why has burnout been so common amongst doctors and healthcare professionals during the Covid pandemic? What could be done to combat this?

Summer heatwave pushes the NHS to tipping point

- The extreme heat seen in summer 2022 caused all 10 ambulance trusts in England to issue a 'black alert'
- This was due to staff absences due to a rise in Covid cases and the increased number of patients at A&E departments across the country
- There was also great concern around ill-equipped hospital buildings which struggled to store medicines correctly amid the abnormally high temperatures

Interview questions that relate:

- What are your thoughts on the staffing challenge seen in the NHS currently?
- What does the current government see as the national priorities in healthcare? Do you agree with these?

Nurses vote to hold their biggest strike in NHS history

- In October 2022, nurses across England, Wales and Northern Ireland voted to go on strike on 15 and 20 December in a pay dispute with the government
- The government have said that the 19% pay rise nurses have asked for is unaffordable
- Routine services including planned procedures, community nursing services and health visiting services are likely to be most affected by the walk out

Interview questions that relate:

- Is it ethical for healthcare workers to go on strike?
- Have healthcare workers been recognised sufficiently for their roles in the Covid pandemic?

Poorer areas in the UK most affected by GP shortages

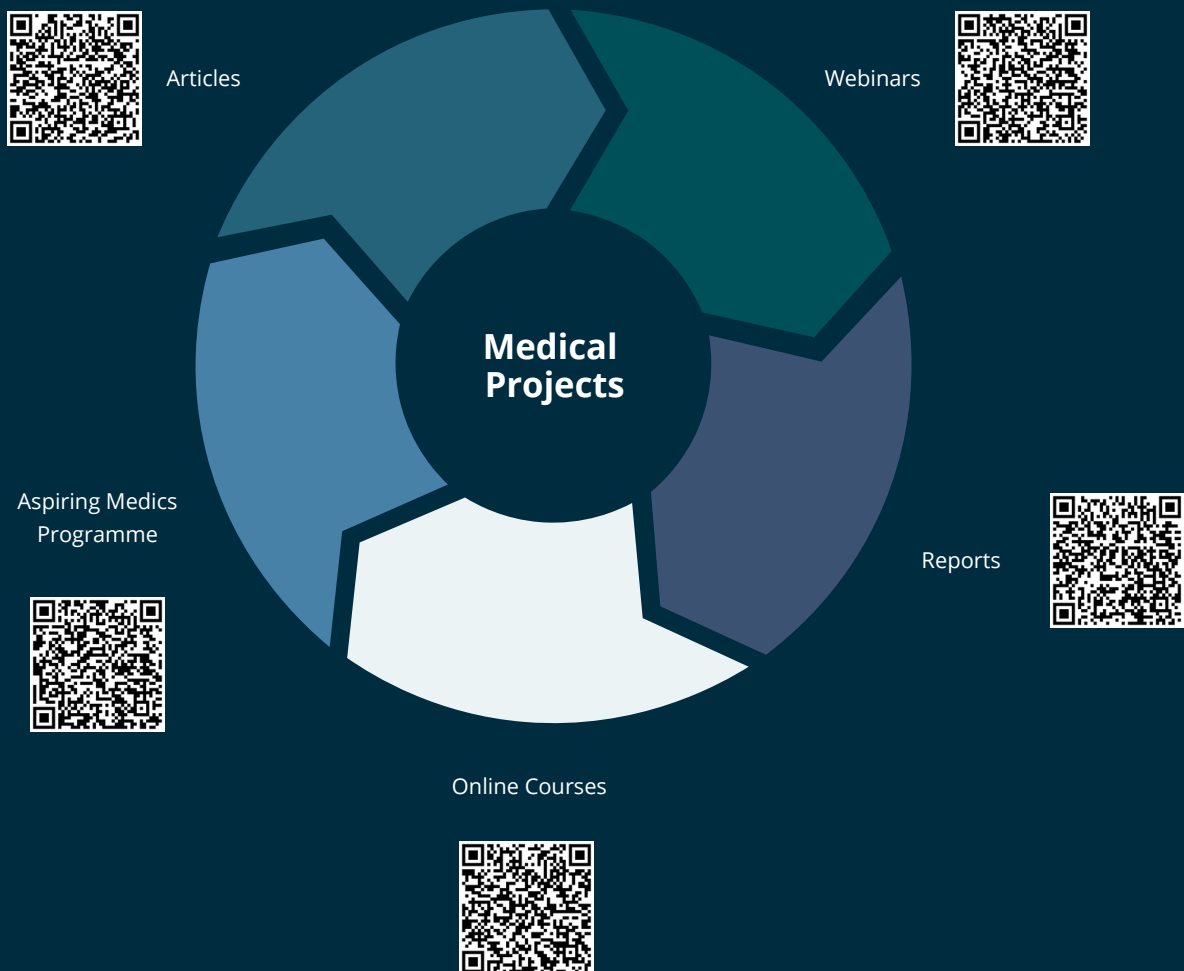
- The gap between the number of GPs per patient in richer and poorer parts of England is widening, according to analysis by University of Cambridge
- The research also highlighted that patient satisfaction on measures such as how easy it is to speak to a GP practice is lower in deprived areas
- Nationally the number of GPs per patient has fallen for all practices
- The Department of Health and Social Care have said its policies will look to improve access to general practice across the country, including in the most deprived areas

Interview questions that relate:

- How would you propose to ensure there is health equality across the UK?
- Discuss a time where you have experienced a doctor handle an unhappy patient. Would you have done anything different?

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