

# Al-Mustaqbal University College

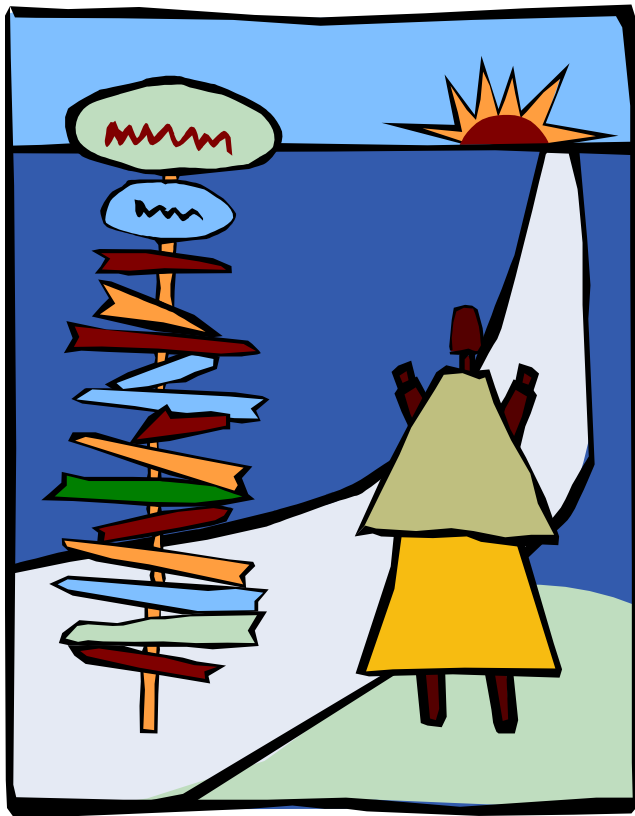


Pharmacy Ethics **3<sup>rd</sup> stage**

Ethical Principles Part I

**Dr. Hasanain Owadh**

# Ethical Principles



- Autonomy
- Nonmaleficence
- Beneficence
- Justice
- Fidelity
- Confidentiality
- Veracity
- Accountability

# Autonomy

- The freedom to make decisions about oneself
- The right to self-determination
- Healthcare providers need to respect patient's rights to make choices about healthcare, even if the healthcare providers do not agree with the patient's decision.



# Why is Autonomy Important?

- Autonomy is important because we need to make sure that the patient is *actively* involved in their diagnosis and treatment



# Autonomy Example

- A 26-year-old male has been involved in a high-speed collision, in which he sustained blunt force trauma to his head as his head hit the front windscreen of his car.
- He did not lose consciousness; he is fully responsive and has no indications of neurological damage. He does, however, have a significant head wound that is bleeding continuously. This patient has refused treatment on the grounds that he feels “fine” and is refusing to have sutures to close his head wound. He would like to leave the department.

# Ethical dealing

- Even though the best interests of this patient would be served by undergoing a CT scan and having sutures, he is an adult with full mental capacity, and so we must respect his autonomy in choosing to leave the department. We cannot prevent him from leaving, and if we did it would be unlawful detainment.

# Nonmaleficence

- Requires that no harm be caused to an individual, either unintentionally or intentionally
- This principle requires pharmacist to protect individuals who are unable to protect themselves.
- Make sure that the treatment does not harm the patient or others in society.



# Nonmaleficence

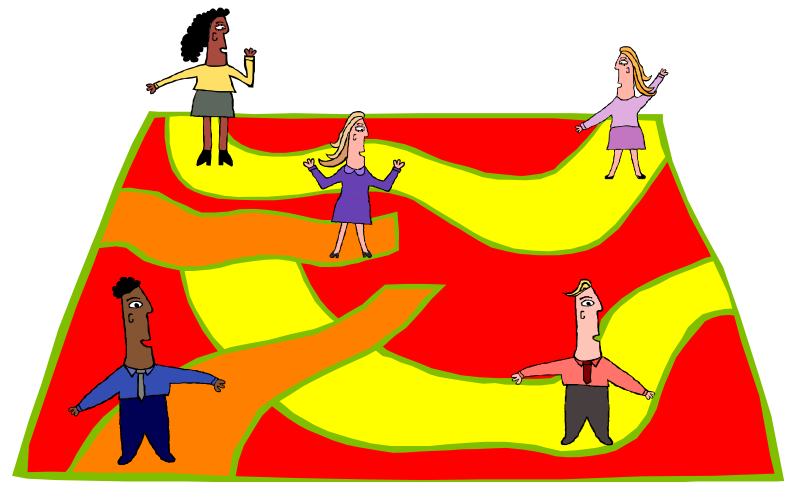
- When interventions undertaken by pharmacists create a positive outcome while also potentially doing harm it is known as the "double effect."
- Eg,. the use of morphine in the dying patient. eases pain and suffering while hastening the demise through suppression of the respiratory system.





# Beneficence

- This principle means “doing good” for others
- The practitioner should act in “the best interest” of the patient - the procedure be provided with the intent of doing good to the patient.
- Patient’s welfare is the first consideration.
- Pharmacists need to assist clients in meeting all their needs
  - Biological
  - Psychological
  - Social



# Non-Maleficence Example

- A 52-year-old man collapses in the street complaining of severe acute pain in his right abdomen. A surgeon happens to be passing and examines the man, suspecting that he is on the brink of rupturing his appendix.
- The surgeon decides the best course of action is to remove the appendix in situ, using his trusty pen-knife.



# Non-Maleficence Example

- From a beneficence perspective, successful removal of the appendix in situ would certainly improve the patient's life.
- But from a non-maleficence perspective, let's examine the potential harms to the patient:
- The environment is unlikely to be sterile and so the risk of infection is extremely high

# Non-Maleficence Example

- The surgeon has no other clinical staff available or surgical equipment meaning that the chances of a successful operation are already lower than in normal circumstances.
- Assuming that the surgeon has performed an appendectomy before, they have almost certainly never done it at the roadside.
- 
- Unless there isn't a hospital around for miles, this is an incredibly disproportionate intervention.

# Justice

- Every individual must be treated equally
- This requires pharmacist to be fair.
- Fair and equal distribution of health resources, and the decision of who gets what treatment.
- The benefits of new or experimental treatments must be distributed equally among all groups in society.



# Justice Example

- Patients suspected of having cancer are prioritised within the national health system, with the maximum waiting time for referral being two weeks (as opposed to 18 weeks for non-urgent referrals). Patients diagnosed with cancer are entitled to a range of treatments including radio- and chemotherapy. These treatments are expensive and treat a small, but significant proportion of patients.

# Justice Example

- This raises a couple of dilemmas for justice, and it's important you can think of arguments on both sides of the issue. For example:
- It could be argued that prioritising cancer patients means you're limiting the ability of other patients to access healthcare

# Justice Example

- It could also be argued that spending public money on radio- and chemotherapy on a smaller group of people is taking budget away from less expensive treatments that would benefit a greater number of people – for example, an increase in statins for those at risk of cardiovascular disease
- A counter-argument would be that early treatment increases survival rates and actually reduces the cost of cancer treatment



## References:

- Robert J. Pharmaceutical Care Practice: The Clinician's Guide, 2<sup>nd</sup> Edition.
- Internet search.

