Objectives

• Fulfill requirement of FAC 64B15-13.001

• Apply basic medical ethical principles in everyday practice

• Apply basic professional ethics standards to everyday practice
Ethical Principles

• Autonomy
  • People should direct their own care

• Benevolence
  • Physicians should try to do things that bring benefit

• Non-Malfeasance
  • Physicians should try to do no harm

• Justice
  • Refers to fairness and equality in utilizing limited resources
Capacity vs. Competency

**CAPACITY**
- Contextual
- Full, limited or absent
- Determined by a practitioner
- Can vary or be stable

**COMPETENCY**
- Legal ability to participate in a contract
- Present or absent
- Usually determined by a court
Determining Capacity

- Communicate a choice
- Demonstrate understanding of relevant information
- Demonstrate an appreciation of the situation and its consequences
- Demonstrate reasoning

“Partial” Capacity

• Patients can participate in decisions that they have capacity for
• May not be able to make a decision about a high risk surgical procedure
• May be able to make a decision about other care preferences
Examples of Partial Capacity

• Teenagers

• Patients with mild to moderate dementia
CAUTION

• Some of the following things may lead to poor interpretation of capacity:
  – Language or cultural barriers
  – Sensory impairment (the patient’s not yours!)
“Minor” Exceptions

- Reproductive care
- Care of the child of a minor
- HIV and STI testing
Non-Malfeasance
BENEVOLENCE
What is Benefit?

- Feel better
- Get Better
- Improved quality of life
- Prolong functional survival
Balancing Risk of Harm and Benefit
Common Examples of Justice

- ED Triage
- UNOS
- Level of Care (ICU vs. IMCU vs. Telemetry)
ETHICS IN PRACTICE
Professional Ethics

Please tell me how you would rate the honesty and ethical standards of people in these different fields -- very high, high, average, low or very low?

Dec. 2-6, 2015

<table>
<thead>
<tr>
<th>Profession</th>
<th>% Very high/High</th>
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<tr>
<td>Nurses</td>
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<td>Lobbyists</td>
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Everything you do...

- Reflects on you
- Reflects on me
- Reflects on US
Ethical Pitfalls

• Business practices
  – Pill mills, WFA, Stark

• Criminal actions
  – Drugs, DUI/BUI, Non-violent or violent crime

• Inappropriate relationships
  – Patients, Staff, Minors...
21 Of The Most Unethical Things Doctors Have Done, As Told By Horrified Witnesses.

Doctors of Reddit were asked: "What is the most unethical thing you have done or you have heard of a fellow doctor doing involving a patient?" These are some of the best answers.
18/21 In the hospital I work at there are many "frequent flier" psychiatric patients. They usually have very serious social issues (e.g. lack of housing, no money etc.). Sometimes, when the psych unit gets tired of them, they buy them a bus ticket and send them somewhere far away so that they'll be someone else's problem.

12/21 I went to see a doctor who happens to be an acquaintance of my parents. Told him I had a few symptoms that worried me. He immediately thinks it's an STD, asks me if I am sexually active. I say yes and he recommends that I go do a blood test at some hospital. I go to my gf's place to hang out, come back home. My dad tells me we need to talk. The doctor called my f*cking dad and told him I am sexually active and might... MIGHT have an STD. My dad didn't even know I had a gf. At this point I am pissed off. That week, I go do my blood test, hospital sends results to the doctor and he f*cking calls my parents, again, to say that I am clean. ...Makes me mad every time I think about it. I was 21, why the f*ck are you calling my parents.

11/21 My mums co-worker stitched his initials into a patient because he was so proud of his work.
I'm a General Surgery resident. We had a patient that had been on our service for about a year. Older fellow, very sick. Every now and then, he would go into respiratory distress get intubated (or bipap) for a bit, always would bounce back to his baseline of 8/10 sick. Everyone called him "the rock." But not in a cool "do you smell what the rock is cooking" way. In a boring sick person that sits there way.

Well, he had always been a full code. That means that in case of dying, we do everything we can to keep him alive. After a looooong time of being inpatient my attending was sick of him and made him a DNR/I (which means let him pass if he starts to struggle). He didn't want this, but they got away with it saying that he did not have capacity (ehhhhh he was decently with it, but I can see that argument). So talks with the family started and they specifically stated that they wanted full code. My attending didn't agree and decided to call them to confirm. But we think he purposefully called the wrong number many times and eventually decided for himself that he was DNR/I.

Two days later the guy went into resp distress and died. I came to rounds the next morning to two attendings yelling and screaming about the "right thing to do". Maybe I feel that it's better that he passed as well. But his/his families wishes were ignored and purposefully evaded. I could never go against someone's wishes.
There used to be a psychiatrist who several times seduced his patients while they were at most vulnerable. He made them depend on him and then just use this to get in their pants.

I get that sometimes you can develop feelings for a patient and even start dating later (was not uncommon at the psychiatric ward I was a nurse at), but this was only a psychiatrist being evil.

Female colleague (cardiologist) grabbed a sedated man's penis while he was undergoing surgery. His penis was massive and she grabbed it to show us. She also measured it.

A doctor was just recently blacklisted from our pharmacy because he was prescribing his "attractive" female patients high doses of opioids to get them addicted. Then he would only refill their script if they had sex with him. Apparently he was doing it for years before anyone said anything.
Former USA Gymnastics Doctor Faces More Abuse Allegations

More women have lodged abuse allegations against the former doctor for the U.S. women's gymnastics team since molestation claims first surfaced earlier this week, officials said Friday.

"We have taken multiple additional complaints," said Jason Cody, a spokesman for Michigan State University, where Dr. Larry Nassar has a sports medicine practice. "Complaints are still coming in."

Nassar, who was the team doctor for USA Gymnastics from 1996 to 2015, has not been charged with a crime. Michigan State reassigned him from clinical duties while it investigates.
Other Relationships

• With patients be careful with...
  – Outside business relationships
  – Unaccompanied exams
  – Social relationships
  – SEXUAL RELATIONSHIPS ARE NEVER ACCEPTABLE
Social Media
Pictures
So I have a patient who has chosen to either no-show or be late (sometimes hours) for all of her prenatal visits, ultrasounds, and NSTs. She is now 3 hours late for her induction. May I show up late to her delivery?

I'm surprise u see a patient that late. I came 30 min to my Gyne once and they made me reschedule, even though I once waited 2 hrs to be seen by this dr.

If it's elective, it'd be canceled!

I agree with Dr. Cancel the induction.

Here is the explanation why I have put up with it/ not cancelled induction: prior stillbirth.

I thought of that after I hit send. I do not understand some people. I try to be at least minutes and bring a book, magazine and Kindle so the time waiting does not seem so long.

That should have been minutes early.

Maybe she's hitting up the bar for her last drink?!

I love being early to my o.b. appointments! It's more time for me to read, or sleep, or relax!!!
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I love being early to my o.b. appointments! It's more time for me to read, or sleep, or relax!!!
I just want say the lack of professionalism by Dr. Amy [redacted] is beyond words at this point. She should not be allowed to work with patients if she callously talks about them on her own Facebook page. While she does not name patients on her page she gives personal information about patients which could identify who she is talking about. I hope the hospital takes swift action against this doctor and all the other doctors who joked about the patients she was referring to. As a woman who has had a full term still birth if I found out my doctor was posting that information on her page and other doctors were joking about it I would go straight to the top of hospital leadership to ensure this doctor was fired. It is appalling that you would employ someone like this on your staff.
Some good guidance...

- Patient’s don’t make good online friends
- Don’t EVER discuss work
- Be careful what you post and what you allow others to post for you / about you.
Your records

• COMPLETE and ACCURATE.
• “Shadow charting” is a recipe for disaster.
• In EMR, everything you do is recorded in perpetuity.
• Patients have a right to review or receive a COPY of everything in the records. Maintaining the records accurately is YOUR responsibility – even if you do not own them.
Everyone Makes Mistakes

• In writing single line STRIKEOUT
• Initial, time and date
• Addenda – timed and dated with explanation
Treating Your Family

• Keep a medical record. (Chart in the office, separate record at home, free EMR)

• Do you really want to have a discussion about DNR with your dad about your mom? --- Be aware of the difficulties with emotional attachment.
Billing Issues

• It’s unethical (and usually a violation of your provider contract) to waive copayments or deductibles.

• As a physician you must be careful that any business practice you enter into with a patient avoids the possibility or appearance of conflict of interest on either side.

• Good friendships can turn ugly when money is involved.

• By virtue of the relationship the physician is expected to comport themselves to the best interests of the patient.
Billing Issues

- Your documentation is meant to reflect the services performed.
- You are expected to perform medically needed and appropriate services.
- Some circumstances require comprehensiveness – such as initial hospital evaluations and evaluations of new patients.
- Other circumstances may require only a lower level of care – such as routine follow-up care, blood pressure checks, etc.
- Altering your notes to reflect a level of care at a desired billing level, rather than to characterize the necessary care provided is fraudulent.
Summary

• We represent each other.

• Physicians are in a position of public trust; this is a privilege that should be vigorously protected.

• Be the best example.
Thank you for your attention

QUESTIONS?