

“Ethical Issues, Doctor Patient Relationship & Other Perspectives.”

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Abstract

The Different Historical Aspects With Regard To ‘Medical Ethics’ Begin With Start Of Civilizations, To Formulations Of Various Rules & Regulations, Laws At Different National, International Levels, For Peaceful Societies, Mass Disasters & War Times Etc, As Well.

Amongst The Most Important ‘Medical Ethics’ Aspect, “Doctor Patient Relationship”, The Understanding Of Its Multiple Constituents & Circumstantial Categories Of Causes Of Deterioration, Preventive Methodologies, Evidence Based Medicine Approach & Recently Formulated Aspects Of C.P.A With Their Far Reaching Horizons, Retain Their Integrity, As An Most Important Aspect Of "Health, Medical Education & Research' Training Studies.

An Insight Into 'Euthanasia', 'Organ Donation', 'End Points Of Resuscitation' The Sanctity Of Life, The Embryo And The Foetus, Abortion, Childlessness And The Right To Have Child, Medical Care And Resource, The Hospice Movement Etc Are Some Of The Most Challenging Aspects, Recently Emerging Before Civilizations Around The Globe.

The Drastically Changing Variable Questionare Involving Different Aspects Of Dealing Occupational Health, Industrial Aspects, Epidemiological & Environmental Studies, Bio-Medical Research, Pharmacocutics, Bio-Enginreeing, Bio-Technology, Sports, Aviation, Space Medicine, Disasters Mangements-Natural Calamities, WarFares, Nuclear Involvements & Others, Are Amongst The Important Challenging Tasks, Faced By The Developed, UnderDeveloped & Developing Civilizations Of The World.

Although A Reminder For Noble Medical Profession Adherence Of "Service To Humanity',

In Civilian Practice Can Be Concisely Secured By "Consumer Or No Consumer, Honesty Was, Is The Best Policy For Dealing Suffering Humanity", Fundamentals Retainment.

HowEver The Growing Influence Of Ethics In Contemporary Medicine, Since 1970s, Reflected As, Increasing Use Of **Institutional Review Boards** For Human Subjects Experiments Evaluation, The Establishment Of Hospital **Ethics Committees** & Expansion Of **Clinician Ethicists** Role, With Integration Of Ethics Into Many **Medical School Curricula**.

“Clinical Ethics” Competence, As In Clinical Medicine Depends Not Only On Ability To Utilize, A Sound Method For Analysis, But Also Needs Familiarity With-
(1)The Literature Of Medical Ethics-Issue References To The Encyclopedia Of Bioethics (2)Principles Of Biomedical Ethics (3) Medical Ethics And Others.

Key Words- 1. Medical Ethics, Bioethics 2. Doctor Patient Relationship 3. Deterioration Causes 4. Preventive Measures 5. Defensive Medicine: Extent Of Justification 6. Consumer Protection Act (CPA) 7. Need Of The Hour 8. Medical Ethics-Values, Approach To Range Of Issues

Introduction

With Available Infinite Examples Of Relationship Developed During Course Of Treatment,Between Humans, Humans And Animals Eitherwise, & Between Animals, From Times Immemorials **The Understanding Of ‘Medical Ethics’**,

A System Of Moral Principles Regulating Values And Judgments To The Practice Of Medicine Involves, A Scholarly Discipline, Encompassing The Clinical Practical Applications, As Well As, Its History, Philosophy, Theology, And Sociology Aspects.

Historically, Western Medical Ethics May Be Traced To Guidelines On The Duty Of Physicians

In Antiquity, Such As **The Hippocratic Oath**, And Early Christian Teachings Around 5th Century,

These Intellectual Traditions Continue In Catholic, Islamic And Jewish Medical Ethics.

By The 18th And 19th Centuries. **In 1815 The Apothecaries Act** Was Passed By The Parliament Of The United Kingdom While In 1847,The American Medical Association Adopted Its **First Code Of Ethics**.In The **20th Century** A Distinctively Liberal Protestant Approach Was Articulated By Thinkers Such As Joseph Fletcher. In The 1960s And 1970s, Building Upon Liberal Theory And Procedural Justice, Much Of The Discourse Of Medical Ethics Went Through A Dramatic Shift And Largely Reconfigured Itself Into **Bioethics**.

For Thorough Understanding, The Awareness Of Following Terminologies Is Needed - Ethics,Morality & Law:Closely Related But Not Synonymous.

Ethics :Gk.Ethikos, Rules Of Conduct Governing Natural Disposition In Human Beings.

Code Of Ethics: Developed By Various Groups/Professions To Regulate Their Relationship With Each Other,As Well As Their Relationship With Others.

Ethical Dilemma: Between Two Ethically Legitimate Alternatives e.g.Patient Confidential Preservance Or Protecting Third Party To Be Affected.

Ethical Violation Or Disobedience: Though Not An Offence Legally, Yet Considered, Unethical /Unprofessional From Moral Point of View.

Hippocratic Code : ‘Universally Known’, First & Basic Code Of Medical Ethics, Almost Two & A Half Thousand Years Old; By ‘Father Of Western Medicine’, Island Of Kos In Greece, Fifth Century’.

Hippocratic Oath: Still Subscribed By Several Medical Schools, If Not Actual Oath Taking, ‘Acceptance Of Basic Philosophy’.

The Declaration Of Geneva (1948): Modern Version Of ‘HIPPOCRATIC OATH’, Devised By ‘World Medical Association’: III General Assembly, Geneva, September,1948. Taken At The Time Of Admission As Medical Profession Member.

Code Of Medical Ethics: Laws Enacted By Central & State Governments, To Regulate Medical Practice In India,

Yet Large Sphere Remains Beyond The Domain Of Censure Of Medical Councils, But With Representatives Conscience, Moral Values, Where Limits & Prohibitions, Are Not Set By Fear Of Law. [\[1,2,3,4,5,6,7,8\]](#)

“Ethical Issues With Regard To Doctor Patient Relationship” Clinician, Surgical Super & Subspecialties Perspectives

Doctor Patient Relationship, Legal Establishment Starts From The Time,

A Registered Medical Practitioner, Agrees For A Patient's Treatment.

But It Neither Guarantees Cure, Nor An Assured Improvement For It. Given, By The Doctor.

Yet Duty To Obey Summons For Attendance For A Private Pt., Till The Relationship Exists.

**Present Day Medical Practice Witnesses, Increasing Legalities, With Variable,
Proportions Of Genuinely Reasonable Cases.**

‘Clinical Ethics’ Is A Practical Discipline Providing Inclusive Structural Approach For Physicians Assisting In Identifying, Analyzing, Resolving Ethical Issues In Clinical Medicine, With Some Working Knowledge About Ethical Issues Such As Informed Consent, Truth-Telling, Confidentiality, End-Of-Life Care, Pain Relief, And Duties, Rights Of Medical Practitioners, Patients & Other Aspects. [\[9,10,11,12,13,14,15,16,17,18,19\]](#)

“Duties Of Medical Practitioners”

(I) Exercise Reasonable Degree Of Skill & Knowledge.

(II) Attendance & Examination: Provision Of Providing Qualified & Competent Substitute to Services.

(III) Furnish Proper & Suitable Medicines:

- Dispensing Practitioners: Provide Suitable Medicines
- Consultant Practitioners: Legible, Full, Detailed Prescription
- Doctor Responsible For Temporary Or Permanent Damage In Health
- Due To Wrong Prescription.
- Substandard/ Spurious Pharmaceutical Preparations (Beyond Discussion)

(IV) Instructions To Patient & Or Attendants:

- Information About Adverse Reactions.
- Stop Drug If Reaction & Consult Doctor.

(V) Control & Warn, Regarding Prescribed Drug Or Device.

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(VI) Third Party-Information In Infectious Diseases,

- Warn Not Only Patients, But Also Authorised Involved Persons, (Through Proper Channel).
- For Potential Victims Protection Aim.

(VII) Paediatrics, Geriatrics, Psychiatric & Physical Disability Patients. [\[20,21,22,23,24\]](#)

(VIII) Inform Patient Of Risks

- Mentally Sound Adult Patients All Relevant Facts.
- Special Or High Risk Cases: Modified Consent
- Provision For With Held Facts In Certain Cases Due To Social & Or Psychological Factors.

(IX) Poison

- Immediate Treatment
- Proper Sampling

- Police Information, Medico-Legal Records: Accidental, Suicidal Or Homicidal.

(X) Notification Communicable Diseases Etc.(Cholera, Plague, Yellow Fever).

- Births & Deaths Etc. To Public Health Authorities.
- Failure To Conform Statutory Or Administrative Requirements: Liable For Criminal Penalties & Negligence In Civil Suits.

(XI) Duties With Regard To Operations:

(1) Explain Nature & Extent Of Operation

Consent: Agreeing Upon Of To OR More Persons, For Same Thing, In Same Sense.

- Age Eligibility; > **12 Yrs.:** Non Invasive Procedures, Gen. Physical Exam., Diagnosis & Tt. Consent.

> **18 Yrs.:** Consent for Surgery.

< **12 Yrs., Insane:** No Valid Consent.

- Prognosis Explained Treatment Consent.

- High Risk Consent.

- Blood Transfusion Consent.

- Pregnancy Termination consent: Written Consent by Woman Essential, Below 12 yrs. Girl: Parents / Authorised Person Permission.

- Criminal Abortion Cases

(2) Proper Care To Avoid Mistakes e.g. Wrong Patients, Wrong Limbs.

(3) Undertaking Surgeon Must Not Delegate Duty To Another.

(4) Must Not Experiment.

(5) Well-informed With Current Standard Practice & Must Follow.

(6) Operate With Proper & Sterilised Instruments.

(7) Make Sure All Swabs, Instruments Etc. Are Removed.

(8) Proper Post Operative Care & Discharge Advise, Even Lama Cases, Demand in Writing & Properly Signed.

(XII) Duties With Regard To Consultation:

Seeking Advise, Preferably With A Specialist, In Situations :

- Patient Request.
- In An Emergency.
- Quality Care & Management Enhancement
- Obscure Case, Or Serious Disease Course
- Operation Or Special Tt. Involving Danger To Life.
- Operation Affecting Vitality Of Intellectual Or Generative Functions.
- Operative Patient With Serious Injuries In Criminal Assault,
- Mutilating Or Destructive Operation On An Unborn Child.
- Therapeutic Abortion Procurement.
- Criminal Abortion: Pt. Seeking Adv. For Tt..
- Homicidal Poisoning.

Patient's Consent & Information: Regarding Mere Consultation, Transfer, Joint Participation & Continuous Or Intermittent Basis. **'Doctrine Of Negligent Choice':** In Referral To Incompetent Or Bad Reputation **'Errant' Physician Cases.**

Avoiding Important Offences, '6 As':

(1) Adultery

(2) Advertising

(3) Abortion(UnlawFul)

(4) Association with UnQualified Persons in Unprofessional Matters

(5) Addiction

(6) Alcohol.

According To Nathan (Medical Negligence 1957) - No Legal Duty On Any Medical Man To Exam. Treat Or Give Aid To A Stranger, In An Emergency eg Road Accident Or Other Wise & Hence No Legal Liability.

Neither A Police Nor Any Other Official Has Right To Force Or Command A Physician Services Except During Military Necessity. Exception: Ethical Obligations Circumstances.

(XIII) Duties Under Geneva Convention (1949): [25,26,27]

- (4) Conventions;**
- I) Wounded or Sick of The Armed Forces.**
 - II) Ship Wrecked Persons.**
 - III) Prisoners of War.**
 - IV) Enemy Nationality Civilians**

Treatment Without Adverse Distinction, Based On Sex, Race. Nationality, Political Opinion Or Any Other Similar Criteria, Priority Authorised Only For Urgent Medical Reasons.

(XIV) X Ray Examinations:

- Must for all Accident Cases Unless very Minor.**
- Wrong interpretation of X-ray's : Negligence.**
- Hazards of Radio diagnostic tests Including USG, CT, MRI, Radio nuclide Studies Etc. Esp. Pregnancy, Sex. Determination cases including Extent of Radiotherapy.**

(XV) Privileged Communication: As Exemption to General Rule:

Professional Secrecy;

Criminal Matters: Physician's Responsibility: PI & MLR

Infectious Diseases.

Venereal Diseases.

Interest (Self).

Courts Of Law.

Servants & Employees.

Interest (Patient).

Negligence Suits / Notifiable Diseases.

Identification Of Transmitted Diseases Like HIV AIDS, Hbsag, Hepatitis-C Etc., Especially Invasive Procedure Pts. By Careful Clinical History & Investigations,

A Must, To Warrant Necessary Precautions Avoiding Spread To Other Patients & Medical Staff In Contact, Simultaneously Ensuring Proper, Complete Tt. Of Effected Person, In The Same Institution Or Institution With Available Specific Facilities.

[28,29,30]

“Duties Of Patient”

Should Furnish Complete Information About Past Illness, Family History, Details Of Illness & Other Relevant Associated Facts. Strict Compliance Of Instructions e.g. Diet, Medicine, Life Style Etc. Reasonable Remuneration Payment.

“Patient's Privileges & Rights”

(1) Choice : To Choose Doctor Etc.

(2) Access : (A) **Health Care Facilities**

Regardless Of Age, Sex, Religion, Economic & Social Status.

(B) Emergency Services.

(3) Dignity : Tt. With Care, Compassion, Respect & Dignity Without Any Discrimination.

(4) Privacy: During Consultation & Therapy.

(5) Confidentiality: Of All Information About Illness And Any Other.

- (6) Information:** Complete Details About Diagnosis, Investigation, Tt. Plans & Alternatives
- (7) Safety:** Of Procedure / Diagnosis / Therapeutic Modality Complications/ Side-Effects / Unexpected Results.
- (8) Right To Know:** Day To Day Progress, Line Of Action, Diagnosis & Prognosis.
- (9) Refusal Or Consent:** For Any Specific Or All Measures.
- (10) Second Opinion:** At Any Time.
- (11) Records:** Access To Records & Demand Summary Or Other Details.
- (12) Continuity:** Care From Physician/ Institution.
- (13) Comfort:** To Be Treated In Comfort During Illness & Follow Up.
- (14) Complaint:** Right To Complain & Rectify Grievances.
- (15) Compensation:** For Medical Injuries & Or Negligence.

“Physician Patient Relationship” (A) Therapeutic Relationship

**Doctor Free To Accept Or Refuse, To Treat Patient,
Subject To Constraint Of His Professional Obligations, In Emergencies.**

‘Permissible Refusal’, Probable Examples Are:

1. Beyond Practicing Hours
2. Other Specialty Diseases.
3. Illness Beyond Competence & Qualification, Or Availble Facilites
4. Doctor Or Any Family Member Unwell
5. Important Social Function In Family
6. Under Effect Of Alcohol Consumption
7. Payment Defaulter
8. Patient & Or Attendant Non Coperative, Violent, Abusive
9. Malingerer
10. Consent & Or Risk Refusal.
11. Specific Drugs Demand e.g. Amphetamines, Athlete/Body Builders, Steroids Etc., Various Preparations With Drug Abuse Hazards.
12. Patient’s Rejection Of Low Cost Remedies For High Cost Alternatives.
13. At Night & Or On Grounds Of Security in Paient Not Brought To Doctor.
14. An Accompanied Minor & Or Female Pt. Essential Prerequisite: Female & Or Authorised Attendant.
15. Any New Pt. If Not The Only Avilable Doctor.

“Special Duties In Emergency Circumstances”

Moral, Ethical & Humanitarian Duty To Do Best Possible Needed For Life Saving.

In Medico- Legal Injury Cases: Doctor Obligated to Render Necessary Life Saving Medical Aid & All help to Facilitate Availability of Proper Expert/Institution, **Urgently.**

(B) Formal Relationship

**Pertains To Situations: In Third Party Referral Cases,
In Impartial Med. Exam For – Pre-Employment, Rape, Insurance, Crime Victims,
Yearly Med Check Up ,Intimate Body Searches & Other Medico-Legal Cases: In
Certain Psychiatric/Mental Illness, Refd. By Courts/Police**

Doctor Under No Obligation To Reveal Except Not Previously Known Clinical Facts Detection, Needing Urgent Tt. **Conveyed To**, By Family Physician Or The Third Party, With Instructions To Inform The Patient.[31]

“Doctor Patient Relationship, Deterioration” Causes of Physician Patient Relationship Breakdown:

(I)Physician Related:

1. Utter disregard for Patient’s Life & Safety (Poor & infective communication with Patient & or Attendants)
2. Physician Rude Behaviour
3. Less Frequent House Calls
4. Complex invasive Procedures for Dx. & Tt. Resulting Death & or Disability

(II) Patient Related:

1. Unrealistic Expectations of Cure
2. Poor Compliance with Medical Recommendations
3. Frequent Self Destructive Behaviour (Heavy Smoking, Drinking, Drug Abuse ,Poor Nutrition)
4. Increasing Awareness of Rights
5. Comments by Another Doctors
6. Lack of Consent
7. Lack of Documentation e.g. Provisional Dx., Relevant Findings etc.
8. No Second Opinion if need, No Information About Disease Seriousness
9. Misperception of Physician’s Role or Affluence in the Society.

(III) Media Related: Negligent Suits’, Biased Publicity , & Inproportionate Awards.

(IV) Attorney Related: 1.Lack Of Experience 2.Monetary Consideration

(V) Economic: 1.Expensive Medical Care 2.Payment By Insurance Companies

(VI) Social: 1.Mobile Population 2.Consumer Rights 3.General Increase in Litigation

“Doctor Patient Relationship Deterioration” “Preventive Measures”

Clinical Ethics Relies Upon The Conviction That, Even When Perplexity Is Great And Emotions Run High, Involved Medical&ParaMedical Personnels With Patient & Responsible Attendants, Working Constructively Can Identify, Analyze And Resolve Many Of The Ethical Problems Arising In Clinical Medicine.

(1)Establish Good Rapport: With Patient, Patient’s Families, Fellow Physicians, Nursing & Paramedical Personnel, Risk of Errors, Explained Complications.

(2) Rationale: Use All Available and Relevant Information For Dx.&Tt.

An Error in Judgement is not Negligence. Seek Consultation where Appropriate

(3) Medical Records: Maintain Complete, Accurate, Legible Records.

Most Important Evidence (Diagnostic and Therapeutic)

(4) Obtain Informed Consent, Not Criticise any Member Treatment Team, Another Physician, Before Pt. & Or Attendants.

(5) Hospital Injury Prevention Programme: Untoward Result Occurs; Explain to Patient and Treat/ Transfer. If Facility Incapable Or Inadequate. Damage Due to Negligence, Better to compensate

(6) Respect: Attitude Care and Concern Relationship, Thoughtful Professionalism & A Humanistic

Approach; Solves Problems. **Treat As Physician Wish Himself or a Member Family.**

(7) Risks:- Inform All side-effects and Anticipated risks.

-Risks Identified Controlled and Managed to Prevent Injury.

-Good Desirable and Achievable “patient Care”:

-Patient & Family Possible Outcome, Treatment ,Available Alternatives, and Result Anticipated.

(8) Maintain Good Records: Accidents, Suicides, Medication Errors, Or Problems.

(9) Continuing Medical Education(CME), Continuing Professional Development (CPD)

(10) Medico-Legal Seminars Participations [32,33]

“Medical Ethics”

The Key ideas For Range Of Issues In Medical Ethics Include-

- **The Sanctity Of Life**
 - The Principle Of The Sanctity Of Life
 - Personhood
 - Consent Rights And Duties, Responsibilities And Choices.
- **The Embryo And The Foetus**
 - Experimentation, IVF And Neo-Natal Care
 - The Status Of The Foetus
 - Embryo Research And New Medical Treatments And Procedures
- **Abortion**
 - Definitions And Legalities; Eugenetics
 - Abortion And The Beginning Of Life
 - Who’s Rights Anyway
 - The Doctrine Of Double Effect
 - Christian Views On Abortion
- **Childlessness And The Right To Have A Child**
 - Contraception
 - Assisted Reproduction
- **Medical Care And Resource**
 - Use And Distribution Of Medical Resources, Palliative Care,
 - Problem Of Escalating Expectations On The Public Health System
 - Organ Transplantation-Human Organ Bank
 - Human Organ Donation
 - Human Organ Transplantation Act (1994)
- **Euthanasia**
 - Definitions
 - Support For Euthanasia
 - Implications For Euthanasia
 - Euthanasia In Its Various Forms-“Thanatology:Gk.Thantos; God Of Death, Science Dealing Death In All Aspects, Assisted Suicide, Narco- Analysis, Post Mortem Examination
 - Christian Views On The Practice Of Euthanasia
- **The Hospice Movement**
 - Development Of New Medical Treatments And Procedures.
 - Religious Ethics, Or Deontological Moral Theories

Since 1970s, The Growing Influence Of Ethics In Contemporary Medicine Reflected As, Increasing Use Of **Institutional Review Boards** For Human Subjects Experiments Evaluation, The Establishment Of Hospital **Ethics Committees** & Expansion Of **Clinician Ethicists** Role, With Integration Of Ethics Into Many **Medical School Curricula**.

Medical Ethics Values

For Analysis Of Medical Ethics A Common Framework Used Is "Four Principles" Approach", [34]

- 1. Respect For Autonomy** - The Patient's Right To Refuse Or Choose Their Treatment.
(*Voluntas Aegroti Suprema Lex.*)
- 2. Beneficence** - A Practitioner Should Act In The Best Interest Of The Patient.
(*Salus Aegroti Suprema Lex.*)
- 3. Non-Maleficence** - "First, Do No Harm" (*Primum Non Nocere*).
- 4. Justice** - Concerns The Distribution Of Scarce Health Resources, And The Decision Of Who Gets What Treatment (**Fairness And Equality**).

Some Other Values, Discussed Sometimes Include-

[35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52]

Respect For Persons - The Patient (And The Person Treating The Patient) Have The Right To Be Treated With Dignity. **Truthfulness And Honesty**

Double Effect - Refers To Two Types Of Consequences, Which May Be Produced By A Single Action, Conflicts Between Autonomy And Beneficence/Non-Maleficence, The Concept Of Informed Consent, Confidentiality, Criticisms Of Orthodox Medical Ethics, Importance Of Communication, Control And Resolution,

Ethical Dilemma Or Crisis, Guidelines-Ethics Committees, Medical Ethics In An Online World, Cultural Concerns-Truth-Telling, Online Business Practices, Conflicts Of Interest, Referral Vendor Relationships, Treatment Of Family Members, Sexual Relationships

Futility-Futile Medical Care- Insist On Advanced Care?

Advanced Directives-Living Wills And Durable Powers Of Attorney For Health Care Regarding

"End Points Of Resuscitation"

"Substituted Judgment"

Baby Doe Law- State Protection For A Disabled Child's Right To Life.

[53,54,55,56,57,58,59,60,61,62]

Health Care Ethics Are Organized Around Discussed Moral Principles, For The Social, Economic, Legal, And Administrative Context, Analysis Of Cases Are Based Upon Principles Of- **Medical Indications, Patient Preferences, Quality of Life, Contextual Features**. [63,64]

"Islamic Medical Ethics"

With Special Reference To The Theory For Purposes Of The Law, **Maqasid Al Shari'at**- Derivation Of Medical Ethics From The Law. [64,65]

The 5 Purposes Of The Law - In Medicine-Protection Of Life, Protection Of Progeny, Preservation Of The Intellect, Protection Of Wealth, Discussion Are Legal Axioms, Assist In Ethico-Legal Reasoning.

The 5 Principles of the Law in Medicine-The Principle Of Intention, The Principle Of Certainty, The Principle Of Injury, The Principle Of Hardship, The Principle Of Custom Or Precedent, Evolution Of Medical Jurisprudence.

Ethico-Legal Issues In Reproductive Technologies-Assisted Reproduction, Genetic Testing And Genetic Counseling.

Ethico-Legal Issues In Medical And Surgical Technologies- Artificial Life Support, Palliative Care, Principles Of Certainty And Autonomy, The Purposes Of Life And Wealth, Legal Rulings On Initiating And Withdrawing Life Support, **Euthanasia**, Concepts Islamic Law Views All Forms Of Euthanasia, Active And Passive, As Homicide.

Solid Organ Transplantation-Legal Rulings About Transplantation.

Ethical Controversy About Embryonic Stem Cells.

Cosmetic And Reconstructive Surgery, The Concept Of Change Of Allah's Creation, Beautification, Reconstructive/Restorative Surgery, Cosmetic Surgery.

Issues After Death-Embalming

Cryonics-Definition, Procedures, Cryonics And Purposes Of The Law

Autopsy, Permissibility Of Autopsy For Educational Purposes Under The Principle Of Necessity,

Alternative Ways Of Achieving The Educational Objectives Of Autopsy, Research On Dead Corpse.

Ethico-Legal Issues In Research- Research On Humans, Purposes Of The Law In Human Experimentation, Principles Of The Law In Human Experimentation, Outstanding Ethico-Legal Issues Enjoining Kindness To Animals, Animal Research: Purpose And Relevance, The Law And Animal Experimentation, Outstanding Ethico-Legal Issues.

Occupational Health-Ethics In Health Protection And Health Promotion International Labor Organization, Geneva. © 2011 - Assessment Of Occupational Health Services With Regards To The Ethical Issues In Health Protection And Health Promotion In The Workplace, In Consideration Of Overall Health Protection, Cost Care Motivation, Confidentiality, Health Insurance And Determination Of Benefits & Other Aspects Conclude That International Code Of Ethics For Occupational Health Professionals (Reprinted) Provides Guidelines To Ensure That Health Promotion Activities Do Not Divert Attention From Health Protection Measures, And To Promote Ethical Practice In Such Activities.

[66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82]

Although With A Systematic Way To Identify, Analyze And Resolve The Ethical Problems, Arising In Clinical Medicine Adequately Studied With References With Attention To The Moral Principles Appropriate To The Case every Clinician Can Become, A Proficient At Clinical Ethics

As Clinical Medicine. Competence In Clinical Ethics Depends Not Only On Ability To Utilize, A Sound Method For Analysis, But Also On Familiarity With-
(1) The Literature Of Medical Ethics-Issue References To The Encyclopedia Of Bioethics
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“Defensive Medicine: Extent Of Justification”

“A Former Chief Was Wont To Picture The Modern Graduate Of Medicine, When Summoned To An Urgent Call, Driving Up To The Patient's House Followed By A Pantechnicon, Containing A Fully Equipped X-Ray Installation & A Laboratory With A Staff Of Assistants.

Without These Aids Future Doctor Would Be Unable To Formulate A Dx.”

(Hamilton Bailey: Physical Signs In Clinical Surgery).

The 21st Century Modern Medicine With Rapidly Progressive Horizons Of “Evidence Based Medicine”(EBM) Approach Virtually Forming The Basic Fundamental GuideLines For Clinical Practice, At Various Different Levels Of Health Care.

Relevant, Result Oriented Approach For Various Diagnostic & Therapeutic Procedures Utility, Depending on Need Based Unbiased Discrimination & Discretion, Avoiding Over Utilization of Health Care Facilities Esp. Hospital stays, & Thus National Health InfraStructure, Finances & Man Power.

Retaining Practicing The ‘Essentials(?Accessories/ Necessaries)’ Including- Respect For Preservation Of An Organ, All Removed Tissues For Histopathology Exams. Etc Operation of Choice Vs. Choice of Surgery, Complete Information: Regarding Modalities of Tt. & Availability of Facility, Explained Discretion & Discussion For Recent Methodology, Result Outcome, Regard for Patient’s Option, Prognosis Explained Treatment Risk Consent, **Have Become Gradually, Of Increasing Significance To Avoid Hazards Of, Professional Negligence(Malpraxis) & Subsequent Consequences.**

[\[83,84,85,86,87,88,89\]](#)

“Consumer Protection Act (CPA)”

The Present Era of Increasing Awareness & Extending Horizons Of ‘**Consumer Protection Forum**’, Resulted Rapid Drastic Change in Pt. Dealing,

Yet the Basics of Clinical Approach:

‘You are the Surgeon, The Responsibility is Yours’

‘First save your skin, then do anything’

Remain Unaltered For Past, Present & Future Clinicians.

With Legal Aspects Explained by, ‘Captain of Ship’ , ‘Borrowed Servant’ Doctrines Etc.

The Craving To Do the Best Possible For The Otherwise Needy Pt. in Given Circumstances, Explains the Eternal Inner Voice,

‘Consumer Or No Consumer, Honesty Was / Is The Best Policy’.

The Basic Fact: ‘**Health Care**’, A ‘**Team work**’ & That’s Why:

Insurances: Health Medical Care, Group Insurances, Indemnity Insurances By National & International Organizations, Are Evolving Negotiable Term & Conditions, Including Medical Colleges, Teaching Hospitals Etc., Involving Various Available Provisions in Law.

The Consumer Health Reference Interview and Ethical Issues

The Consumer Health Reference Interview- Consumer Health Questions Present Special Challenges To The Reference Interview Process, Hence Awareness Regarding Factors Affecting Success In These Interviews, Is Extremely Useful.

Ethical Considerations

1. Provide A Welcoming, Safe Environment.
2. Be Aware Of The Person Asking The Question.
3. Get As Much Information As Possible.
4. Verify Medical Terminology In A Medical Dictionary Or Encyclopedia.
5. Be Aware Of The Limitations Of Medical Information.
6. Provide The Most Complete Information To Answer The Information Request.
7. Do Not Interpret Medical Information.
8. Provide Referrals.

“Need of The Hour”

Medical Profession With Its Variant Regimes, Being One Of The **Most Ancient Profession** With Progressing **Civilization. Every Effort To Maintain** Intimate, Sacred, Pious, Honest, **Doctor Patient Relationship By Mutually Acceptable, Well-Informed, Result Oriented Approach**, For Individual & Or Involved Community Basis, With Psycho-Socio-Economic, Geo-Political & Statistical Considerations.

Evolving Appropriate Strategies, To Prevent Faith Deterioration & Enhance Protection Of Mankind, At Large (The Basic Aim),

By Attaining Tendencies & Temperament Development, To Do Best Possible In The Given Circumstances & Resources, In Accordance Of Time, Place & Person.

Health And Social Care Profession, One Of The Most Common Professions In Contemporary Britain (Currently One Of UK's Largest Employers). The Recent Important Change Is The

Creation Of Professional Organisations, To Protect And Add More Value To The Profession, By Laying Down Ethical Standards That Professionals Have To Abide, In Order To Practice Ethically. Approaches To The ‘**Ethical Standards**’ Categorized As-**Normative** (To Present Standard Of Right Or Good Action), **Descriptive** (To Report What People Believe And How They Act),

Concepts And Methods Of Ethics Analysis

The Morally Prescribed Behaviour (i.e., The “Right” Thing To Do) Would Be A Person’s Ethical Duty, Or Moral Obligation In That Situation.

A Theory Of Obligation Is Also A Normative Ethical Theory Because It Presents Rules Of Right And Wrong Conducts That Apply To Everyone.

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