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COMMON ETHICAL SCENARIOS IN MEDICINE

A TUTORIAL BOOK WITH ANSWERS IN VIDEO LECTURE DISCUSSION

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Preface

This tutorial book is prepared to assist medical students in the subject of medical ethics. It contains real life scenarios experienced during the practice of clinical medicine. The scenarios are arranged according to its main principles. The discussions are prepared in an embedded video lecture so that students will be able to immerse themselves in the real face to face setting.

Hope you will enjoy the book.

How to use this book

Each tutorial case is provided with a scenario in text with the questions related to the scenario.

You are advised to answer the questions based on the knowledge that you have before you watch the video for answers.

The answers will be given in video format. You need to scan the QR code to watch the video.

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Introduction

The principles of medical ethics are a set of guidelines that outline how healthcare providers should behave when treating patients. The four main principles are:

1. Autonomy: This principle emphasizes the right of a patient to make informed decisions about their own healthcare without coercion. It recognizes the importance of respecting patients' desires and their right to make choices that are aligned with their values and beliefs.

2. Beneficence: This principle is focused on the healthcare provider's responsibility to act in the best interests of the patient. Beneficence requires healthcare providers to take proactive steps to promote the patient's health and well-being.

3. Non-maleficence: This principle embodies the concept of "first, do no harm." It requires healthcare providers to avoid causing harm to the patient, and to take measures to mitigate or manage any negative consequences that result from the patient's care.

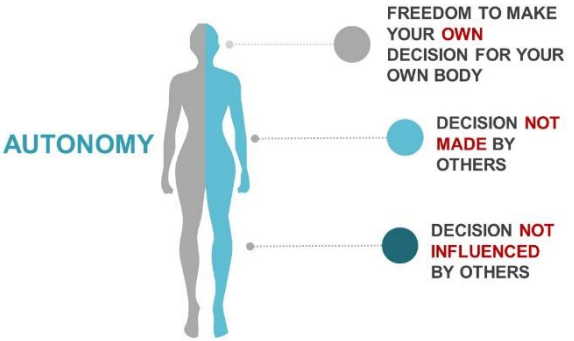
4. Justice: This principle reflects the obligation of healthcare providers to provide patients with equitable care, without discrimination or biases.

These four principles reflect the key ethical considerations that must be taken into account when providing medical care. They provide a foundation upon which healthcare providers can make ethical decisions, manage complicated medical situations, and ensure that their decisions align with the ethical values of the profession.

Before you proceed with the content of this book, do watch the video on the Principles of medical Ethics using the QR code provided.

Autonomy

Autonomy is the freedom to make your own decision for your own body. The decision should not be made or influenced by others, even your parents, spouse, children or relatives.

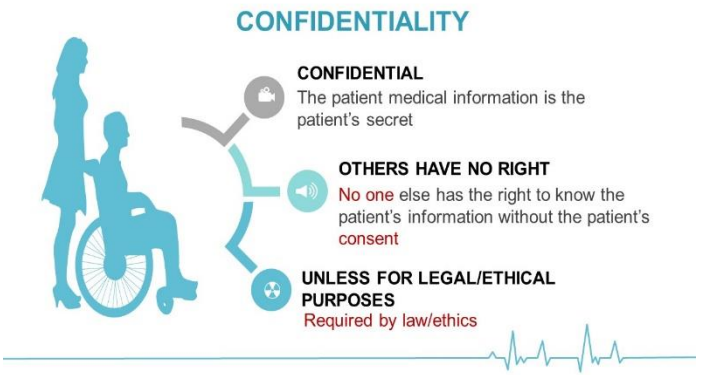


Beneficence

Any treatment or management proposed to a patient must benefit the patient and for the patient's best interest.

Confidentiality

The patient's medical information is the patient's secret. No one else has the right to know about the patient's information without the patient's permission unless it is required by the law.

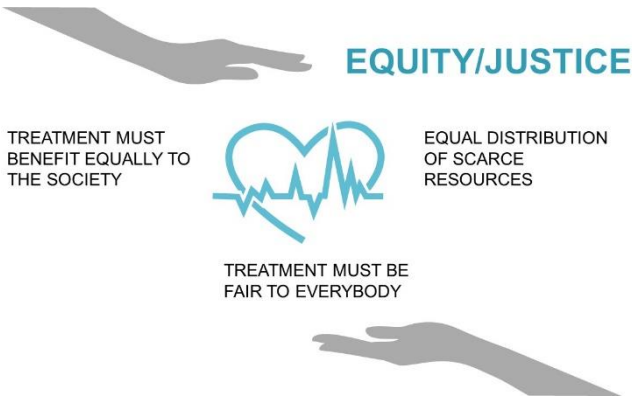


Do no harm

Any management/treatment that we propose to the patient, even if it cannot benefit the patient, it should not cause harm to the patient. It also should not cause any further risk to the patient as well as others.

Equity/justice

This principle reflects the obligation of healthcare providers to provide patients with equitable care, without discrimination or biases.



Clinical scenarios

Clinical scenario: 01

Consent/autonomy

You are seeing a 42-year-old woman at a postnatal visit. She had eclampsia during her pregnancy and her baby died at birth. She has 8 children with 3 pregnancies complicated with pre-eclampsia. She never used any contraception since her husband did not allow her to use any.

You explain that she is at high risk to have complications in future pregnancy and strongly advise her to use contraception. She said that she is scared that her husband might be angry if he finds out that she is using contraception.

Questions:

1. How would you handle the situation

2. Discuss regarding the right of her husband in decision making.

CLINICAL SCENARIO: 01

Consent/autonomy

Let us start with discussing the scenario. In this scenario, the patient is already 42 years old, already has 5 children and has 3 pre-eclampsia with the last pregnancy ended up in an intrauterine death. Medically, future pregnancy will be high risk for the patient and the baby. The patient is high risk to get eclampsia and the baby is at risk to get complications from the disease. Eclampsia can be life threatening to the patient. The baby is also high risk to get Down syndrome as she is already 42 years old. Considering all these risks, contraception is highly indicated in this patient.

It is important to understand that in autonomy, in an adult above 18 years old and have a capacity to make decision, only the patient can decide for herself, and not others. Others include spouse, children, or parents. In this case, the patient has the right to make decision for herself. Her husband does not have the right to stop her from using contraception.

However, we also need to consider husband-wife relationship and to maintain marital harmony. Therefore, the most important step in this scenario is patient and husband education. It is best if the patient could get contraception with his husband's approval.

In any refusal, always explore the reasons for refusal. In this case, the husband refused. Therefore, we need to explore the reason for refusal in the husband. The most common cause of refusal for certain management or intervention is misunderstanding or misconception by the patient. For example, the husband might misunderstand

that contraception can affect husband and wife intimate relationship. Or, contraception can affect his wife's health, or for example, contraceptive pills can cause breast cancer. The husband might not know that there are many types of contraception.

Hence, in managing this case, the first step is to see the husband. It is best to see the husband separately so that there is no bias. First, explore the reason why the husband refuse contraception for the wife. Secondly, correct any misunderstanding or misconception is there is any. When the husband agrees for the wife's contraception, then you may proceed accordingly choosing the best contraception for the wife. In the case may be bilateral tubal ligation. If the husband still refused, let it be since the autonomy is on the patient.

In a case where husband refused, you should see the patient herself and explain the consent and the right for decision making is on her. No one can make decision for her. Explain why contraception is highly indicated in her. In such case where she is scared that her husband would know that she is taking contraception, choose a method that is most suitable. Although BTL may be the best for the patient, it needs admission and minor operation which will lead to technical difficulties to keep from the husband. Oral contraceptive pills may cause the husband questioning about the pills she is taking. The better option is progesterone injection (IM Depo) or progesterone implant (Implanon). These two methods only require patient to come to clinic every 3 months for injection and for Implanon, only once for the procedure. The most important thing is, explain & convince the wife that the decision is on her, not the husband. And secondly, choose the most suitable method for the couple to avoid suspicion from the

spouse. Another option is if the husband willing to do vasectomy in which usually men would refuse.

As a summary, we need to understand the concept of autonomy and right for decision making. Whenever there is refusal, always explore the reason for refusal. When it involves a couple, explore see the couple separately, explore the reason and correct misunderstanding. When the spouse still refuses, explain to the patient his/her right and choose the management that is best for the couple.

Clinical scenario: 02

Consent/autonomy

You are seeing a 35-year old woman at health clinic who just had an accident when her motorbike skidded off the road. She sustained fracture of the left tibia. She requires referral to the hospital for further management.

She refuses to be referred because she has to look after her 3 children at home while her husband is at work.

Questions:

1. What are the areas that you would want to explore in this patients.

2. How would you explain the problem to the patient?

3. If the patient still refuses for referral after your explanation, what would be your action

CLINICAL SCENARIO: 02

Consent/autonomy

Let's discuss this scenario. this patient has a displaced fracture that requires referral the tertiary hospital for further management. The problem is the patient refused because of social issues as mentioned in the scenario. the most important thing in this type of case is we need to explore the real reason why the patient refused admission. For example, medical reasons such as misunderstanding of hospital management, or scared that she will undergo surgery. Social reason in this case is a probably because her husband is not at home, and no one can look after the children.

Patient education is crucial in this case. We need to educate the patient on the importance of her to be referred to the hospital. Otherwise, she might develop complications from her injury. if she has social issue, give her options for solution to help her decide and manage her social issues. For example, does she have any family members that can help look after the children while she is in the hospital. Number two, can her husband come home to look after the children. Sometimes, there is a sensitive issue that the patient does not want to share with us. for example, they might have a financial or transportation problem. Please remember that when a patient is admitted to the hospital, it will put some financial burden to the patient. For example, having to pay the hospital bills. Another problem is transportation issue; the patient might not have a transport that will help her husband visit the patient. Therefore, exploring the patient's reasons is very important in the case of refusal.

We also need to stress to the patient that the decision to be referred and manage accordingly is on her because she is an adult and can make decision for herself. if the patient refused, that is her autonomy, her right to make decision to refuse our proposed management. In that case we should offer her and next best management. Remember, whenever patient refused our initial management, we need to give an alternative, usually a second-best option to manage the problem. For example, in this case, the patient might agree if she is to be admitted to a nearer hospital. She might agree if she can be managed as an outpatient although that is the second-best option that we can offer. In this case, we can offer painkiller and probably antibiotics.

We also need to follow up this patient. Another important point in your management is to advise the patient not to go to seek alternative medicine that can make her medical problem worse. inform the patient that at any time if she changes her mind and agrees for referral, she can always come to the clinic to do so. do not forget to get the patients contact number so that we can follow-up the patient as well as making sure that the patient is well at home. If we have a home visit team, arrange for a home visit to make sure patient does not develop further complication. Remember that if we cannot provide something that is beneficial to the patient, then do no harm.

As a summary, when a patient refused our proposed management, always explore the reasons why the patient refused. If the patient insisted on his or her decision, then it is the patient's autonomy and right to make decision for him or herself. the most important thing is patient education. this is to make sure that the patient does not have any misunderstanding of our proposed management. at the same time, we also need to offer some alternatives or options to solve the patient's issues or problems.

Remember to educate the patient to avoid going for alternative treatment that may worsen his or her medical problem. Although the patient refused our proposed management, we should offer the patient our next best management. Make sure we are still in contact with the patient and if we have a home visit team then we can arrange to visit the patient at home.

CLINICAL SCENARIO: 03

Autonomy/confidentiality

A 50-year-old man has been diagnosed with stage 3 lung cancer. He was advised to undergo chemotherapy. After explanation by the respiratory physician in the ward, he decided not to undergo the chemotherapy.

He went to see you in the clinic looking breathless. He did not want to be admitted with fear of that the doctors in the hospital would force him for chemotherapy.

Questions:

1. What would be your advice to him.
2. What ethics principles are applied here.
3. How would you manage the situation.

CLINICAL SCENARIO: 03

Autonomy/confidentiality

So, in this question, what is the medical condition that the patient is having currently? He probably has a complication from his lung cancer, most probably pleural effusion.

Next is, what is the management issue? The management issue here is refusal. Next is, what is the cause of his refusal? He refused because he was worried that the doctors in the ward would force him to go for chemotherapy.

Next, what are the ethical principles that applied here? First is autonomy and the second is non-maleficence, do no harm. Why autonomy? because the patient has the right to decide for himself regarding his refusal for chemotherapy. For non-maleficence, our treatment or management may not benefit the patient, but our management probably can prevent worsening of his conditioning, which means we don't do further harm to the patient.

Regarding patient refusal, when a patient refuses any treatment or management, what you need to do is to record the limits of the refusal. What did the patient refuse to? So, in this case the patient refused chemotherapy. So that is his limit of his refusal is chemotherapy. If a patient refuses for chemotherapy, it does not mean that he refused for other management or some other types of treatment.

So, in this case, the reason for his admission is for the management of his pleural effusion, not chemotherapy. So, what you need to explain to the patient is that:

Now he is having a complication of lung cancer. He probably has fluids in his lungs and the fluids have made him difficult to breathe. The fluids need to be drained out. If the fluids are not removed, his condition will deteriorate and may cause his life.

His refusal for chemotherapy will be maintained as it is unethical for any doctors to secretly put him under chemotherapy without his consent.

So, in this scenario, the lesson is, when a patient refuses for a treatment or management, we need to be specific on what type of treatment that the patent refuses. It does not mean that, the patient will refuse or deny some other types of treatment.

Another example is, let's say in the case of meningitis. The patient refuses for a lumbar puncture. It does not mean that the patient will refuse antibiotic treatment. And we as doctors should not assume that if the patient refuses a lumbar puncture, then the patient should not be put on antibiotics. Using the principles of do no harm, the patient has the right to be managed with antibiotics.

The most important lesson from this scenario is, whenever benefits cannot be offered to a patient, the next best is do no harm. When a patient refused, for certain management, we need to be specific on what the patient is refusing so that others are clear on his refusal.

CLINICAL SCENARIO: 04

Autonomy/capacity

A 22-year-old woman with end stage renal failure was brought to emergency unit. She had a fit and fell unconscious at home. While doing resuscitation, the parents decided not to proceed since her life is dependent on haemodialysis and let her go.

Questions:

1. How would you handle the situation?
2. What ethics principles are applied here
3. What would be your final decision
4. What possible issues that might arise?

CLINICAL SCENARIO: 04

Autonomy/capacity

The concept in this scenario is about capacity for decision making. There are 3 groups of patients who are unable to make decisions for themselves. In the principle of autonomy, patients have the right to make decisions for themselves. But in certain situations, other people will have to make decisions for the patient.

One is in children less than 18 years old, where usually the parents will make the decision although it is not necessarily so. Number 2 is unconscious patients. Number three is patients who do not have a sound mind to make decision such as patients with mental illness (but not all), dementia, acute confusion and similar. In that situation, the next of kin who has the best interest for the patient will make decisions for the patients.

In the case when there are no relatives who can make decisions for the patients, or in the case of any conflict, the decision will be made by the hospital ethics committee or the court of law. Usually, there will be an ethics committee at the hospital where some difficult or complicated decision will be made. Another example is patients from a welfare home where they have no relatives to make decisions for them.

In this case, the patient is unconscious, therefore the patient herself cannot make a decision. The decision then goes to the next of kin, in this case, it may be the parents. However, we need to judge who will have the best interest for the patient, because it may not be the parents, it could be her siblings or other relatives. When deciding whether to continue the resuscitation or not, we need to consider the

prognosis of the patient. In this case, the patient is young, his cardiorespiratory system is still good. Although she is on regular haemodialysis, there are actually many patients who survive long term with haemodialysis.

Despite that, there is a conflict here, between ethics and law. Ethically, the patient has reasonable prognosis, but legally, the parents have the right to make diagnosis. So, what should we do?

In this scenario, both decisions are correct. It is just whether we want to follow the ethics principle of 'beneficence' or want to follow the law, that is the legal right of the parents to make decision.

Despite that, just think this way. If the patient survives after resuscitation, is it likely that the parents are going to take legal action on the doctors? It is less likely, although it may be possible. It may be possible if, let's say the parents are already exhausted from looking after the daughter, therefore they want to let her go. Although it sounds illogical, it is still possible.

As a summary, there are a few people that fall under the category of not in the capacity or not fit to make decision. Therefore, the next of kin will make the decision for them. The person who will make the decision is the one who has the best interest for the patient, usually a close family member. When this is not possible, then the ethics committee, in which usually at least 2 specialists will provide consent or decision making on behalf of the patient, or the court of law will make the decision, if the decision is not urgent.

Where urgent decision is required, like in this case, then the doctor can make judgment based on the principles of beneficence/non-maleficence. The doctors need to weigh

the risk and benefits of their decision. Remember, all decisions must be discussed with senior doctors or specialists to avoid potential legal action against you alone. All decisions need to be recorded properly for proper documentation in preparation of any future issues/litigation.

CLINICAL SCENARIO: 05

Autonomy/confidentiality

A 30-year-old married man had urethral discharge. The results of the culture came back as gonorrhoea. He had history of having sex with a sex worker few weeks ago. You informed him that his wife needs to be screened for gonorrhoea. He refused to inform his wife and requested you not to do so.

Questions

1. What would be your advice to him
2. What ethics principles are applied here
3. How would you manage the situation

CLINICAL SCENARIO: 05

Autonomy/confidentiality

Let us start with discussing the scenario. This is a married man who contracted a sexually transmitted disease, STD. Like what has been mentioned in other discussions, always manage the medical problem first, in this case, managing his gonorrhea infection. Then only we go to the ethical issues.

All cases of STD are required to be notified to the nearest Medical Officer of Health under the Prevention and Control of Infectious Disease Act 1988, without the patient's name and address, regardless the patient's consent. It is important to remember that the Medical Officer is responsible under the law to notify all infectious disease listed under Part I and II of the First Schedule of the Act and NOT his or her nurses or record officer.

A confirmed gonorrhoea case should be notified by phone to the nearest District Health Office within 24 hours of diagnosis. It is then followed by submission of the notification form.

For "Partner Notification", discuss with patient the possibility of persuading his contact to come for investigation and treatment. If patient is not willing to bring contact or

contact is uncontactable due to whatever reasons, the medical officer or other healthcare staff has to inform the District Medical Officer of Health, MOH to undertake the necessary actions.

The contact or partner of the patient can be accessed for screening in 2 ways. First, Patient Referral. This approach

is by encouraging infected patients to inform their partners by providing partners with information that he/she has been infected with the S T D and advise the contact to go the see doctor for screening, or, second, accompanying partners to clinic and allow the doctor to break the news and inform the contact. Another option is handing over the" Contact Card" in which the contact or partner will be traced by the surveillance officer and hand over the contact card. Usually, this officer will trace the contact at their home. Therefore, even if the patient refused to inform the partner or spouse, the partner will be contacted by the surveillance officer through this process. Hence, sooner or later, the partner will be notified. However, the contact will not be informed on who the patient is, but as in this case, an S T D, the patient can be suspected because only sexual partner can transmit the disease,

If the contact or partner refused to come for investigation and treatment, it is the duty of the medical officer of health to enforce Part IV Section 15 of the Prevention and Control of Infectious Disease Act 1988 Section 15 (1). An authorised officer may order any contact to undergo observation in such place and for such period as he may think fit, or to undergo surveillance until he may be discharged without danger to the public. In this case the medical officer needs to ensure that the contact does not involve in any sexual activity, though in a gonorrhea case, may be difficult. Section 15 (2) For the purposes of subsection (1), an authorized officer may use such force as may be necessary to ensure compliance with his order. This act is used for example, in the case of COVID-19 recently.

In this scenario, there is a conflict between 2 principles of medical ethics. They are between autonomy and confidentiality with justice or do no harm. Although the

patient has the right to maintain his confidentiality, his condition will cause harm to others and the public. Therefore, it is not justified to keep the information from the contacts. Despite that it is still a conflicting principle, whether we want to respect the patients right to maintain confidentiality or the partner's right to know his risk, under the principle of do no harm.

This scenario also shows a conflict between ethics and law. While ethics respect patient's confidentiality, the law overrules this concept. Most of the time, the law will win over the ethical practice since law comes in black and white. Despite that, the ethics principles of do no harm and justice go against the confidentiality concept.

As a summary, for infectious disease, patient management is guided by the Prevention and Control of Infectious Disease Act 1988. The patient's right of confidentiality is overruled by this act. In fact, a medical officer is responsible under the law to notify all infectious disease. The process of informing the contacts can use any of the methods, whether, one, the patient telling the partner himself, two, the patient brings the partner to the doctor and the doctor inform the partner, or, three, the partner is traced by the surveillance officer and bring him or her to the doctor.

CLINICAL SCENARIO: 06

Confidentiality/Right of a minor

A 17-year-old girl came with amenorrhoea for 3 months. She was found to be pregnant. She did not want you to inform her parents.

Questions

1. What ethics principles are applied here?
2. How would you manage the situation?

CLINICAL SCENARIO: 06

Confidentiality/Right of a minor

Let us start with discussing the scenario. In this scenario, the patient is 17 years old. Therefore, by legal definition, she is a child since a child is defined as those who are less than 18 years old. For a child, decision making lies on the guardian, most of the time is the parents. In this case, any management should involve the parents.

This scenario involves autonomy, capacity for decision making, confidentiality and do no harm.

This case should be seen from the medical, social, ethical and legal perspectives. Like in other discussions, we always have to manage the medical problems first. in this case, the patient is pregnant. Therefore, management of her pregnancy is the priority.

Before we proceed further, the approach when seeing this type of case is to see the patient preferably with your specialist, or a senior doctor if specialist is not available. This is because, there is a possibility of legal issues involving the management. Proper recording is mandatory throughout the process. This is especially in a fresh rape case, that is, if it occurs within the last 72 hours. In a fresh rape case, in which a legal action is highly likely, the case should be reported to the police first before we can proceed with any investigation or management. Usually, this is done at the one stop crisis centre or OHCC. Remember! Do not proceed with any physical examination, investigation or management without the presence of a police officer in a fresh rape case since all this process will be used in court. This is to avoid any legal implications later.

However, she is 17-year-old and from legal perspective she is still a child and any management decision should involve her parents. So, are we going to inform her parents straight away?

Informing the parents in this sensitive case is the most difficult part. Before we go to informing the parents, remember, under the child act, the child's safety is of the utmost important. Hence, we cannot simply pick up the phone and call the parents. Before informing the parents, we have to ask ourselves, is this child going to be safe if the parents know about her medical issue? Be aware of parents who react aggressively towards their children when faced in this type of situation. Remember the stigma this issue brings to the family, relatives as well as the community.

Therefore, to start with, we need to explore the social background of the patient. For example, who does she live with, how is her relationship with her parents, what is the dynamic of the family, for example, the relationship of the parents, whether her family is supportive, how the family would react to the situation. Remember, the patient may come from a broken family, the parents may be abusive, the family might not be supportive. The issue related to teenage pregnancy is usually associated with other social issues such as family problem, abuse, socioeconomic difficulties and substance abuse.

Assessment of the family social background may take time as we may not get the actual picture from the patient. That is why, most of the time, we would refer this type of case to the welfare department which can do a proper home assessment.

From the confidentiality perspective, unfortunately, legally the patient has no right to keep the information from the

parents. This is where, convincing the patient to inform the parents is important. This decision also depends on how supportive the parents would be and how likely the parents can accept her pregnancy. If there is a possibility that the parents are unable to accept that would lead to safety issue in the child, referral to a one stop crisis centre or OHCC at the nearest tertiary hospital is the best option. OHCC has a team which consists of an obstetrician, psychiatrist, paediatrician and social worker. It may be used as a temporary management or shelter while the family issue is being explored. In some cases, where family refused to accept their daughter's pregnancy, the patient is usually sent to a shelter home until delivery.

When convincing the patient on the need to inform the parents, explain to the patient from the legal, medical and social perspectives. Inform the patient that from the legal perspective, parents should be informed. All decisions such as examination, investigation and management must be consented by the parents. For example, anything related to the pregnancy, such as blood investigation, termination of pregnancy or to continue with the pregnancy. other than that, teenage pregnancy is usually associated with promiscuity whether by the patient or the partner. Therefore, we also need to consider screening for sexually transmitted diseases such as HIV, hepatitis and syphilis.

Social support from the family is also important, especially if the patient decides to carry on with the pregnancy. Sooner or later, her parents will know about her pregnancy because all management need parental consent.

Another issue that is relevant in this case is whether this is considered as rape. However, when a 17-year-old girl is pregnant, even though she is still a child, it is not considered as rape because she is already 17 years old. rape is

considered when a girl has sexual intercourse regardless whether it is consensual, while the girl is less than 16 years old. When a girl has reached 16 years old, rape is only applied if the sexual intercourse is unconsented.

With regards to the termination of pregnancy, Section 312 of the Penal Code states that a termination of pregnancy is permitted in circumstances where there is risk to the life of the pregnant woman or threat of injury to her physical or mental health. However, under this Penal Code, it is the doctor alone who can make the decision as to whether a termination should be carried out. The decision by the doctor is after making a proper evaluation of risk to the life or threat of injury to her physical or mental health.

If we were the medical doctor attending the patient, the better step to assess the patient's social background is by referring the patient to the welfare department. The welfare department can pay a visit or investigate the social background of the patient to decide on whether it is safe for the patient to be sent home or otherwise. If from the assessment, the home condition is not suitable for the patient, then it is better to place the patient in a temporary shelter, usually a premise under the care of the welfare department. Remember, the safety of the patient is your main priority.

As a summary, if you are faced with a case of a teenage pregnancy, the first step is to look at the patient's age. if she is 16 years old and below, then this case is considered as a rape case. A police report is mandatory. This is usually done at the one stop crisis centre, OHCC. Secondly, inform your senior or your specialist and see this case with them. Third, if it is a fresh rape case, refer OHCC for further actions. Do not jump into contacting the parents. Appropriate assessment must be done to assess the

readiness of the parents. Fourth, involve a team, especially the welfare department. Fifth, after informing and obtaining a consent from the parents, then only we are allowed to proceed with examination, investigation and management.

Management includes management of her medical condition and its related issues as well as the psycho, social, ethical and legal issues. Remember to maintain confidentiality at all times. Only the patient, the parents and the managing team have the right in the medical information and updates. Also remember to be empathic and act professionally at all times since this is a sensitive case and open to stigma. Be supportive to the patient and the family. Avoid being judgmental.

CLINICAL SCENARIO: 07

Medical errors and negligence

You receive a telephone call from a woman saying that you have prescribed her mother with a medication for diabetes, when in fact her mother does not have diabetes. She says that she is a lawyer and is going to sue you.

Questions:

1. How would you handle the situation?
2. What action would you do at this stage?

CLINICAL SCENARIO: 07

Medical errors and negligence

In this scenario, the issue is medical errors and possible negligence. The most important thing in the case of medical errors is you need to handle the case tactfully.

There are a few important points that you need to remember.

First, always manage the medical conditions first, then only we look into the ethical and legal issues. That is, what are the medical conditions or complications involved in the case.

Second, always handle the case with your senior, for example senior officer or specialist. In most cases, specialists need to be informed regarding the case. This is because, should the case become litigated, you will not be the only one that will take responsibility. In any medical errors case, most of the time it is not only one person involved since management of a patient involves a team and various processes.

Third, when managing a possible medical errors or negligence case, deal with the case face to face and not over a telephone since it might cause misunderstanding from both sides.

Back to the scenario, first thing is you need to ask the patient's daughter to come to the clinic and bring her mother along. The reason is we need to check her mother for possible complications. While waiting, investigate how the problem can occur. Remember, prior to investigation, there is no one to be blamed yet, since we do not know whether there is any mistake and who made the mistake. Inform your senior, get the patient’s medical notes, call the people

who are involved, for example, the medical officer who saw the patient, the pharmacist who key in the medication and the staff who dispense the medication. Remember, errors can happen at any level, doctor, patient, pharmacist, dispense or the system. Your investigations must involve all levels.

When the patient arrives, do not make the patient wait because it can make the situation worse. Entertain the patient and the daughter as soon as possible. Arrange to see the patient with your senior, to ensure you are safe (as a precaution), to have a witness on how the situation is handled.

First, get the history whether she has symptoms of for example, hypoglycaemia. Examine the patient accordingly. Take blood for blood glucose. Next, clarify with the patient and daughter on the wrong prescription. Get the detailed story. Record the conversation properly in the notes. If the result of the investigation is known, you can explain to the patient what the possible cause is. If the alleged error is true, you must apologize and promise that the team will investigate how the error can happen. Inform them you will report to them as soon as it is ready. You should also reassure them that remedial actions will be taken to ensure the mistake does not recur.

If the error is true, and the patient wants to sue you, inform the patient that yes, she has the right to sue. But the litigation process is not as simple as it may seem to be. It may involve cost, time and energy for the patient and the Ministry. Despite that, it is their right to take any legal action. In a litigation process, it must be managed at higher level involving specialist, director and the Ministry.

As a conclusion, all alleged errors are not necessarily true. Investigation into the process and all the people involved

are mandatory. Corrective actions must be taken after an error occurs so that it will not recur. Most importantly, remember to apologize if the errors are from our side.

CLINICAL SCENARIO: 08

Medical errors and negligence

You are a house officer in charged who are doing on call tonight. One of your patients needs blood transfusion. You have checked the blood and ask a nurse to start blood transfusion. You go to see the patient and explain about blood transfusion. However, the patient informed that the blood type is not his.

Questions:

1. How would you handle the situation?
2. What action would you do at this stage?

CLINICAL SCENARIO: 08

Medical errors and negligence

Let us start with discussing the scenario. In this scenario, the patient has been wrongly transfused with a wrong blood type. Remember in a case of mismanagement, the medical management comes first, and the ethics management comes later. in this case, first is you need to stop the blood transfusion.

Remember, medical issues management first. Therefore, you need to check whether the patient develops any side effects from the wrong blood type transfusion. what are the possible side effects due to blood transfusion? It can be a simple allergic reaction such as itchiness, rash and fever. but in a more serious complication, the patient can develop anaphylaxis' that is the patient can go into shock. Therefore, in the history and physical examination, you need to look for the symptoms and signs of allergic reaction and shock. what you need to do is to ask the patient whether the patient has fever, rash, itchiness, shortness of breath, dizziness or palpitation. You need to check for temperature, Vital Signs, which are pulse and blood pressure to look for tachycardia and hypotension, look for angioedema, laryngeal oedema usually presents as stridor or difficulty in breathing. examine in the lungs to look for any rhonchi. if all these signs are present you need to manage accordingly. for example, giving H_2 antagonist, steroids either prednisolone or intravenous hydrocortisone in a more serious case. you may need to proceed with the management of anaphylaxis with shock accordingly.

After the patient has been stable or stabilized, you or your senior doctor need to explain what has happened to the patient. Apologise to the patient. Admit that there is a

mistake in the blood type. However, you also need to explain that the necessary measure has been taken, that is, the patient has been managed accordingly for complications. Inform the patient that investigation on the cause of the error has been carried out and the results of the investigation will be informed as soon as it is ready. Remember, the patient has the right to know what has happened because it involves his safety.

After you have done the initial management, you need to inform your senior doctor or specialist. All cases of medical error need to be informed to a specialist and other relevant management staff such as the ward sister. All these events and actions need to be recorded properly in the patient's notes.

After you have managed the medical related issues, then only you manage the ethical and the management issues. you need to remember that, in any mismanagement cases there is always a process involved. which means, not only one person will be involved in the process. for example, in this case of wrong transfusion of blood type, the people involved may be the medical officer who obtain the blood from the patient for cross matching, the personnel in the blood bank who dispense the blood, the medical officer who check the patient’s identity as well as the nurse who initiate the blood transfusion. Therefore, mistakes can happen along this line.

In the management of medical errors, the most important question is “how the errors can occur” and “how to prevent the same error in the future”. investigation should look into all the possible errors in the process, involving all personnel as well as the standard operating procedure. Investigation of medical errors usually involve a team, from specialist in the medical team and the nursing team. After investigation

completed, a report is made and presented, usually to the hospital committee. In a case of medical error, there is always a possibility of legal action from the patient. That is the reason why, in the case of medical error and negligence, it should be informed to the superiors and the management team so that you are not the only one involved in the matter.

To summarise, when managing a medical error, first, always prioritise the medical management, that is, managing any possible complications due to the errors. Another important point is to apologise and admit that an error has occurred but how the error happen is not known yet until an investigation is carried out. Reassure the patient that the complications will be managed accordingly and will be monitored closely. Inform that the patient will be informed on the results of the investigation.

Should any legal action be taken, it is the patient's right. Although most of the time, cases are settled outside the court. In most cases, legal action is taken because patient is not satisfied with the way the error is handled. For example, patient is not informed and explained about the error, the management team is not being honest to the patient, no apology and no follow up to the patient. Be honest and be kind and empathic to the patient. With this hopefully patient will avoid taking legal action as most errors are unintentional. Most are due to technical or process errors.

CLINICAL SCENARIO: 09

Handling inappropriate request

A 35-year-old gravida 3 para 2 is at 36 weeks pregnant. She is working in Sabah and now comes back to Terengganu for Hari Raya. Currently she has no signs and symptoms of labour. She requests for a weekly medical certificate until she delivers. Her reason is because she does not want to take a travel risk for her pregnancy. She already plans to deliver here and spend postnatal days at her parent's home. She also does not want to spend money to travel back and forth to Sabah.

Questions:

1. How would you handle the situation?

2. What suggestions would you recommend for her to help with her situation?

3. Justify your action.

CLINICAL SCENARIO: 09

Handling inappropriate request

In this scenario. The patient is at 36 weeks of pregnancy and she is going to deliver at any time. The issue is she cannot travel back to Sabah due to her Advanced pregnancy. At the same time, she is not entitled to get a medical certificate because a medical certificate is for someone who is sick and unable to work. Pregnancy is not considered as a sickness or illness, it is a physiological process. It is not uncommon for you to see this type of request later when you are working.

You need to know how to handle the request. Firstly, she is not entitled to a medical certificate due to the reasons, mentioned previously. However, at the same time she is not fit to travel. Even if you want to consider providing an MC to her, there will be an issue here. How long are you going to give her an MC? Because you would not know when she is going to deliver. maybe in a week time, but it may also be as long as five weeks, that is at 41 weeks of pregnancy. Therefore, you need a compromise. Remember, providing an inappropriate MC is an unethical and a disciplinary action might be taken against you.

The option for the mother is taking earlier maternity leave. According to the Malaysian general order, expectant mothers can take maternity leave up to 30 days. That is about four weeks earlier before confinement. However, the number of days will be deducted from her total maternity leave Post-delivery. The second option is; she can take her annual leave. teachers are provided with a 10 day a special annual leave. The third option is taking an unpaid leave if she does not have any other options.

Therefore, what you should do is to explain properly to the patient that due to ethical and legal reasons you are unable to provide her with an MC, due to the reasons mentioned before. then, discuss with how your proposed Solutions as mentioned. Provide her with a letter of support to her employer if she needs one. Including the letter that she is not fit to travel back to Sabah due to her current pregnancy and she has to take her leave options as mentioned. be tactful when explaining the situation so that the patient is satisfied with your explanation.

Otherwise, she might be unhappy and complain about your management later. the learning points from the scenario are you cannot provide a medical certificate inappropriately. that is, whatever your actions must follow the ethics and law, although it might seem that you are not on the Patient sides. while an MC cannot be provided or request cannot be fulfilled, you must propose other practical Solutions or options to the patient or otherwise, the patient is left Not knowing how to go about it. Be minded that, whatever your actions in your medical practice, the implications will be on you, and you will be made responsible for your actions.

CLINICAL SCENARIO: 10

Handling an angry patient

A 40-year-old man is shouting outside your clinic because he has been waiting for hours. He stormed into your room and requested to be seen now. You are still consulting a patient at the time.

Questions:

1. How would you handle the situation?
2. What action would you do at this stage?

CLINICAL SCENARIO: 10

Handling an angry patient

Let us start with discussing the scenario. When we are faced with angry patient, we need to explore the reason why. The reason can be medical, social or psychological reason. Using this approach, we hope to not missing the reason behind the patient being angry. But the most important thing is the medical reasons.

There are medical reasons that needs urgent attention. For example, chest pain, any severe pain such as headache, or even a toothache, acute shortness of breath such as asthma or COPD. Social reasons such as urgency for something such as needs to go back early for some reasons, transport issue, caregiver issue or work issue. Psychological reasons such as depression, anxiety, or even mania or psychosis.

So, in this case, where you are at the middle of a consultation, get your staff to entertain the patient at a different room, either a medical assistant or a nurse to triage the patient. The most important thing in managing an angry and aggressive patient is safety, your safety as well as other staff and other patient's safety since an angry patient can do unexpected things. Get a security, a male staff or a senior staff to accompany you. Bring the patient to a separate room, away from other patients. Explore his reasons for being angry. Approach using medical, social, or psychological reason. If it is a medical reason, assess whether it is an urgent problem, for example chest pain that you suspect angina, or acute asthma attack. If it is urgent, bring the patient to the casualty unit at your clinic. If it is less urgent, check the patient's turn and assess whether he should be seen earlier. If the reason is social, assess

whether the reason is appropriate, for example, he needs to catch a flight. Check his flight tickets. Remember, not all social reason is inappropriate. If his social reason is to go to a wedding, it may not be as urgent. If it is due to psychological reasons, again, assess the urgency, a mentally disturbed patient may need to be seen earlier so that he will not disturb other patients.

When there is inappropriate reason for urgency, explain to the patient tactfully. Be empathic but at the same time explain that there are other patients who come earlier than him that need to be seen. Remember, do not argue with an angry patient, but explain and reasons with him. Your voice must be calm & professional but stern. Explain that he will be seen once his turn has come and the staff will try to facilitate the queue. You can also give him an option, for example going to the nearest private facility or even provide him with an initial management for a simple problem. For example, if he is complaining of a toothache, give him a simple analgesic such as paracetamol to relieve his pain. Or if the patient has difficulty in breathing, shift to casualty and provide him with oxygen. Another faster route to deal with a patient who resist your advice is to manage at the casualty if the casualty has less patient, but do not use this as a common practice because other patient may abuse this.

So, the step to manage an angry & aggressive patient is, first is safety. Your safety, other staff safety and other patients' safety. Get help from a security of a senior staff to ensure safety. Second is, explore the reason for being angry, Does the patient have a genuine medical urgency to be seen early. If there is a medical reason, assess the urgency. urgent, then manage the patient accordingly. If it is not, be empathic to his reason but explain professionally the reason is not urgent enough and he needs to wait like

others and reassure that he will be entertained as soon as his turn comes. If initial management can be offered, offer an initial management to the patient. Thirdly, offer an alternative to patient such as the nearest clinic if he can afford to go to a private practice. Lastly, if the patient is resistant, shift the patient to casualty and managed at the casualty. Remember, always be professional when managing an angry patient. Patients may have their own reasons that we should explore before ignoring their request. Patients are not medical staff, therefore they do not know which is urgent and which is not. Your role is to do a medical assessment and decide accordingly.

CONCLUSION

The principles of medical ethics provide a framework for healthcare providers to make ethical decisions in the delivery of medical care. These principles include autonomy, beneficence, non-maleficence, and justice. Autonomy refers to the right of patients to make decisions regarding their own healthcare, based on their own values and beliefs. Beneficence requires healthcare providers to act in their patients' best interests and to promote their well-being. Non-maleficence emphasizes the obligation of healthcare providers to avoid causing harm to their patients. Justice requires healthcare providers to treat patients fairly and equitably, without discrimination or prejudice.

While these core principles are essential in guiding medical ethics, they can also overlap and conflict at times. For example, while autonomy is a fundamental principle that upholds a patient's right to make decisions about their own healthcare, it could potentially conflict with beneficence, as a patient may make a decision that is not in their best interest. In such cases, healthcare providers must balance the principles and make a decision that honors the patient's autonomy while also seeking to promote their well-being.

The principles of medical ethics also apply to a wide range of ethical issues that arise in medical practice, including informed consent, end-of-life care, and healthcare disparities. By understanding and adhering to these ethical principles, healthcare providers can ensure that they are providing the best possible care to their patients while upholding the highest ethical standards.