

Volgograd State Medical University
Department of Philosophy, Bioethics and Law

Lectures on Bioethics

Lecture 4.

**Bioethics: position of a doctor and
of a patient.**

The rule of confidentiality.

- Physician-Patient Relationship is central to the practice of healthcare and is essential for the delivery of high-quality health care in the diagnosis and treatment of disease.
- The doctor–patient relationship forms one of the foundations of contemporary medical ethics.

- The historical model for the physician-patient relationship involved patient dependence on the physician's professional authority.
- Believing that the patient would benefit from the physician's actions, a patient's preferences were generally overridden or ignored.
- During the second half of the twentieth century, the physician-patient relationship has evolved towards shared decision making.

- For medical workers the attitude of a patient towards his health is principally important for the whole process of treatment. Therefore, there are moral requirements to the position of the patient from the point of view of bioethics. There are six such requirements.

- 1. The responsibility in the face of the past (preservation of gene-fund, transmitted by parents).
- 2. The responsibility in the face of the future (provision of healthy posterity- transmission of gene-fund to children).
- 3. The responsibility in the face of the present (provision of secure biofunctions for participating in the process of creating culture).

- 4. The right to the worthy life.
- 5. The right to the health protection.
- 6. The right to the natural death.

- Moral attitudes of a doctor and a patient can be conventionally divided into three stages which correspond to the stages of medical treatment: 1. Diagnostic stage, 2. Treatment stage. 3. Rehabilitation stage.
- At all these stages the moral contact of a doctor and a patient has its own peculiarities.

- At the first stage the most important thing is the establishing of moral-psychological contact with the patient. In this aspect doctor has to evaluate the personality of the patient in general, to find out the hierarchy of moral values which are essential for the patient, to choose the forms of behavior with the concrete patient.

- The treatment stage is characterized by moral-psychological adaptation towards somatic disease.
- Rehabilitation stage distinguishes itself by the increase of the doctor's role as moral agent especially for those patients who experience the problem of somatic inferiority.

Robert Veatch, an American pioneer bioethicist, proposed four models of the Physician-Patient Relationship in 1972:

- Engineering (technical) model,
- Priestly (sacred) model,
- Collegial (corporate) model,
- Contractual model.

Engineering model

- It is based on the idea “doctor as a scientist”, providing objective information and delivering technical solutions to patients with little or no consideration for patients’ preferences or the choices that reflect their values and beliefs.
- In this model, physicians are technicians treating diseases rather than patients, and sick persons are “consumers” shopping for medical services they need.

Priestly model

- This model is paternalistic in nature.
- Physicians are in the best position to judge what is best for their patients.
- The patient is like a child who needs to be encouraged to do the right thing. The professional's primary duty is to protect the patient from harm and try to promote the patient's welfare.

- The patient's autonomy is secondary to his/her well being. Therefore, the professional will make the final decision unless the patient's decision agrees with the professional's.

- Since most physicians cannot sustain parental fidelity towards their patients, and most patients resent being treated as children, the “paternalistic”/“priestly” model has been replaced by other models in the West.

Collegial model

- Patient and professional are colleagues or friends attempting to pursue a common goal.
- They have trust and confidence in each other.
- Both are respected for contributing important pieces of information in an effort to agree on a specific treatment plan.

Contractual model

- Physicians and patients are businessmen seeking to benefit from each other through the relationship.
- There are obligations and benefits for both parties.
- Though their interests may not be identical, the parameters of the relationship allow for the interests of both to be achieved to a reasonable extent.

- The patient is a client and the professional is a provider. If either party decides that he/she cannot continue with the relationship due to disagreement, then the contract is either broken or not made in the first place.
- Both parties maintain a degree of control and individuality.

Ethical evaluation of patient-physician models

- Patient-physician models are evaluated by a community's social values and moral norms, and in the West, patient autonomy is the favoured yardstick.
- On the ethic-scale of autonomy, the “contractual” model rank on top and “paternalistic”/“priestly” model at the bottom.

- The goals of medicine can best be served by “collegial” model of where the fact-value dichotomy is maintained in a delicate yet constructive balance.

Confidentiality

- Confidentiality is one of the core duties of medical practice. It requires health care providers to keep a patient's personal health information private unless consent to release the information is provided by the patient.

Why is confidentiality important?

- Patients routinely share personal information with health care providers. If the confidentiality of this information were not protected, trust in the physician-patient relationship would be diminished. Patients would be less likely to share sensitive information, which could negatively impact their care.

What does the duty of confidentiality require?

- The obligation of confidentiality prohibits the health care provider from disclosing information about the patient's case to others without permission and encourages the providers and health care systems to take precautions to ensure that only authorized access occurs.

- Appropriate care often requires that information about patients be discussed among members of a health care team; all team members have authorized access to confidential information about the patients they care for and assume the duty of protecting that information from others who do not have access.

When can confidentiality be breached?

- Exception 1: Concern for the safety of other specific persons.
- Access to medical information and records by third parties is legally restricted. Yet, at the same time, clinicians have a duty to protect identifiable individuals from any serious, credible threat of harm if they have information that could prevent the harm. The determining factor is whether there is good reason to believe specific individuals (or groups) are placed in serious danger depending on the medical information at hand.

- Exception 2: Legal requirements to report certain conditions or circumstances.
- State law requires the report of certain communicable/infectious diseases to the public health authorities. In these cases, the duty to protect public health outweighs the duty to maintain a patient's confidence. From a legal perspective, the State has an interest in protecting public health that outweighs individual liberties in certain cases.