MEDICINE AND ETHICS

SCENARIO

Monica Johnson has been employed for 6 months as a medical assistant in a family practice. She works as the clinical medical assistant for Dr. Richard Wray. One of Dr. Wray’s patients, Anna Walsh, recently adopted a baby after 8 years of trying to conceive a child. The baby, Delaney Gracella, was born to a single mother, Susan, who participated in an open adoption in which she and the Walshes met and got to know each other during her pregnancy. Susan dated the baby’s father for about 6 months before discovering that she was pregnant, and they are no longer dating. Susan wanted to make a good decision for the baby and decided to place her for adoption.

Dr. Wray performed some genetic testing on Delaney, and the adoptive parents were involved throughout the pregnancy, even meeting Delaney’s birth mother for physician appointments from time to time. Monica observed both Susan and the Walshes and saw many benefits from the arrangement, noticing that everyone was primarily concerned with Delaney and her happiness and well-being. However, some periods were difficult for both sides. This prompted Monica to give some thought to her own feelings and ideas about many different ethical situations and issues and how she would react in the face of having to make ethical decisions.

While studying this chapter, think about the following questions:

- What difficulties do patients placing their babies for adoption face?
- What difficulties do adoptive parents face when participating in an open adoption?
- How can the medical assistant be supportive of both the adoptive parents and the birth mother?

- Should the medical assistant discuss personal beliefs about ethical situations with patients?

LEARNING OBJECTIVES

1. Define, spell, and pronounce the terms listed in the vocabulary.
2. Differentiate between legal, ethical, and moral issues affecting healthcare.
3. Compare personal, professional, and organizational ethics.
4. Identify the effect personal ethics may have on professional performance.
5. Explain rights and duties as related to ethics.
6. List and define the four types of ethical problems.
7. Discuss the process used to make an ethical decision.
8. Detail the impact of the American Medical Association’s Council on Ethical and Judicial Affairs (CEJA) on the ethical decisions made by healthcare professionals.
9. Recognize the role of patient advocacy in the practice of medical assisting.
10. Describe the way unique identifiers can help patients infected with the human immunodeficiency virus (HIV) avoid discrimination.
11. Note some of the concerns about ethics that apply to genetic information.
12. Explore the role of confidentiality as it applies to the medical assistant.
13. Discuss several of the CEJA’s opinions and how they might differ from the views of the class as a whole.
14. Discuss the role of cultural, social, and ethnic diversity in ethical performance of medical assisting practice.
VOCABULARY

advocate (ad'-vuh-kat) One who pleads the cause of another; one who defends or maintains a cause or proposal.

allocating (al'-uh-ka-ting) Apporioning for a specific purpose or to particular persons or things.

annotations (ah-nuh-ta'-shun) Notes added by way of comment or explanation.

beneficence (bih-nuh-fee'-sens) The act of doing or producing good, especially performing acts of charity or kindness.

clinical trials Research studies that test how well new medical treatments or other interventions work in the subjects, usually human beings.

disparities (di-spar'-uh-tes) Marked differences or distinctions.

disposition (dis-puh-zee'-shun) The tendency of something or someone to act in a certain manner under given circumstances.

duty Obligatory tasks, conduct, service, or functions that arise from one's position, as in life or in a group.

euthanasia (yu-thu-nee'-zhe-uh) The act or practice of killing or permitting the death of hopeless or injured individuals in a relatively painless way for reasons of mercy.

fidelity (ful-doh'-lee-te) Faithfulness; something to which one is bound by pledge or duty.

gametes (ga'-mets) Mature male or female germ cells, usually possessing a haploid chromosome set and capable of initiating formation of a new diploid individual; a sex cell, whether sperm or ovum.

genome (jen'-nom) The genetic material of an organism.

idealism The practice of forming ideas or living under the influence of ideas.

impaired Being in a less than perfect or less than whole condition; it includes having handicaps or functional defects and being under the influence of drugs, alcohol, and/or controlled substances.

infertile Not fertile or productive; not capable of reproducing.

introspection (in-truh-spek'-shun) An inward, reflective examination of one's own thoughts and feelings.

justice With regard to medical ethics, the fair distribution of benefits and burdens among individuals or groups in society with legitimate claims on those benefits.

nonmaleficence (non-mal-fee'-sens) Refraining from the act of harming or committing evil.

opinions Formal expressions of judgment or advice by an expert; formal expressions of the legal reasons and principles on which a legal decision is based.

philosopher A person who seeks wisdom or enlightenment; an expounder of a theory in a certain area of experience.

postmortem Done, collected, or occurring after death.

procurement (pro-kuh'-ment) To get possession of, to obtain by particular care and effort.

public domain The realm embracing property rights that belong to the community at large, are unprotected by copyright or patent, and are subject to use or appropriation by anyone.

ramifications (ra-muh-fuh-ka'-shuns) Consequences produced by a cause or following from a set of conditions.

reparations (re-puh-ra'-shuns) Amends, acts of atonement, or satisfaction given as a result of a wrong or injury.

sociologic Oriented or directed toward social needs and problems.

surrogate (suhr'-uh-gat) A substitute; to put in place of another.

unique identifiers Codes used instead of names to protect the confidentiality of the patient in a method of anonymous HIV testing.

veracity (vuh-ra'-suh-te) A devotion to or conformity with the truth.

Ethics can be defined as the thoughts, judgments, and actions on issues that have implications of moral right and wrong. Various beliefs exist about what is and is not ethical in everyday life and in the medical profession. The decisions that people make based on ethical beliefs can quite possibly alter the course of human existence.

Medical assistants not only must have a strong knowledge base about ethical issues they might face throughout their careers, they also must come to terms with some of the deeply rooted value systems that have been a part of their lives since youth. The trials and tribulations we have experienced, as well as the joys, all influence our thought patterns when we are faced with an opportunity to make a good ethical decision.

Personal, professional, and organizational ethics all contribute to the way the medical assistant approaches the patient. For instance, if a medical assistant personally believes that a patient should be taken off life support when there are no signs of brain activity, he or she must understand that professionally, this decision must be left to the patient's family members. The medical assistant must not force his or her personal ethical beliefs on the patient or family members. Organizations will offer ethical guidelines as well in the form of policies and procedures; for example, each medical assistant is required to maintain patient confidentiality. This practice reflects the organizational ethic that all patients have the right to maintain confidential information and records. Personal and professional ethics must be kept separate so that patients can make their own decisions regarding their healthcare.

HISTORY OF ETHICS IN MEDICINE

From earliest recorded history, humans have pondered ethics, or the judgment of right and wrong. Ethics should not be confused with etiquette. Etiquette refers to courtesy, customs, and manners, whereas ethics explores the moral right or wrong of an issue. It is not surprising that for centuries, the field of medicine has set for itself a rigid standard of ethical conduct toward patients and professional colleagues.
The earliest written code of ethical conduct for medical practice was conceived in approximately 2250 BC by the Babylonians. It was called the Code of Hammurabi. It elaborated on the conduct expected of a physician and even set the fees a physician could charge. The code was quite lengthy and detailed, which is probably the reason it did not survive the ages. In approximately 400 BC Hippocrates, the Greek physician known as the Father of Medicine, developed a brief statement of principles that remains an inspiration to the physicians of today. The Oath of Hippocrates has been administered to many medical graduates. The most significant contribution to medical ethics after Hippocrates was made by Thomas Percival, an English physician, philosopher, and writer. In 1803 he published his Code of Medical Ethics. Percival was very concerned about sociologic matters and took great interest in the study of ethical concepts as they related to the medical profession.

In 1846, as the American Medical Association (AMA) was being organized in New York City, medical education and medical ethics already were considered important aspects of the profession. At the first annual AMA meeting in 1847, a Code of Ethics was formulated and adopted. It specifically acknowledged Percival’s code as its foundation, and this document became a part of the fundamental standards of the AMA and its components. Even today, sections of the AMA Code of Ethics stem from Percival’s writings.

**WHO DECIDES WHAT IS ETHICAL?**

When we weigh the question of who decides what is ethical, the answer is evident: you do. Every day medical professionals face the task of making ethical decisions. As with any important choice, the short- and long-term effects and consequences must be considered. Although depending on groups and committees to guide ethical decisions is a completely acceptable practice, the responsibility for making these decisions ultimately rests with the individual (Figure 6-1).

Organizations that study ethical dilemmas may decide that a concept such as abortion is an ethical medical practice. But if an individual does not find abortion to be an acceptable practice for religious or other reasons, abortion is not ethical for that individual. A great freedom that; Americans often take for granted is that we can exercise free will in decisions related to individual conscience in this country, that we can choose from a variety of options; however, we must exercise this responsibility carefully.

**CRITICAL THINKING APPLICATION 6-1**

- Monica knows that she has deep-rooted thoughts and ideas about many ethical matters. However, she has never really thought about where she formed her ideas. Where do we get most of our opinions on ethical or moral issues?
- What is the difference between an opinion’s being personal and its being someone else’s?

**THE ROLE OF THE AMERICAN MEDICAL ASSOCIATION AND ITS COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS IN ISSUES OF ETHICS**

The AMA serves physicians as a national organization that provides various types of information and support. One of the most important facets of the AMA is its Council on Ethical and Judicial Affairs. The CEJA consists of nine active members of the AMA, including one resident physician member and one medical student member. It is responsible for interpreting the *AMA Principles of Medical Ethics* as adopted by the House of Delegates of the AMA. The AMA Code of Ethics has four components:

1. Principles of medical ethics
2. The fundamental elements of the patient-physician relationship
3. Current opinions of the CEJA with annotations
4. Reports of the CEJA

The *Code of Medical Ethics: Current Opinions with Annotations* contains the first three components, with discussion of more than 135 ethical issues encountered in medicine. A separate publication, *Reports of the Council on Ethical and Judicial Affairs*, discusses the rationale of the council’s opinions (Figure 6-2). The *AMA Principles of Medical Ethics* has been revised several times to take into account developments in medicine, but the moral intent and overall idealism of these principles have not changed.

**MAKING ETHICAL DECISIONS**

An understanding of a few of the elements of ethics, the different types of ethical problems, and how a good ethical decision is made is important before we discuss the opinions of the CEJA. Then, as some of the opinions are presented in this text, students can begin to evaluate their own positions on each issue. This section enables the medical assistant to recognize the types of ethical problems that might arise in the physician’s office and provides a pattern to follow in making an ethical decision.
Elements of Ethics

Dr. Ruth Purtillo, an authority on ethics in medicine, has written a book on the subject, Ethical Dimensions in the Health Professions. She presents three general elements of ethics: duties, rights, and character traits. A duty is an obligation a person has or perceives himself or herself to have. A daughter may feel the obligation to care for her elderly parents, or a husband who has hurt his spouse may feel an obligation to somehow make up for his act.

Purtillo mentions several types of duties related to the medical profession. Nonmaleficence means refraining from harming the oneself or another person. Beneficence means bringing about good. Fidelity is the concept of keeping promises, and veracity is the duty of telling the truth. Justice, in relation to medical ethics, deals with the fair distribution of benefits and burdens among individuals or groups in society having legitimate claims on those benefits. When a person has wronged another, he or she has a duty to make reparations, or right the wrong. Last, a person should feel grateful if he or she is a beneficiary of someone else's goodness. This also is a type of duty.

Rights are defined as claims a person or group makes on society, a group, or an individual. The Bill of Rights appended to the U.S. Constitution guarantees certain liberties that we enjoy as American citizens. However, some individuals think that they have rights, but those rights are actually privileges. For instance, Americans do not have the “right” to healthcare services. Individuals may expect to be cared for when sick, but this is not a right guaranteed to anyone in America. Some countries provide medical care to all their citizens, but the United States is not one of those countries. A right applies to all people within a group, without prejudice.

Purtillo defines character traits as a disposition to act a certain way. A person who believes that honesty is an important character trait usually can be trusted to speak the truth. One who feels comfortable with taking small items from work for use at home may not be able to resist an opportunity to take something more valuable. Character traits certainly do not always indicate how a person will react in all situations. No human being is perfect, and we sometimes are unpredictable. Stress also can interfere with our normal reactions, and other factors, such as depression or anger, influence how we act. The phrase that someone is acting “out of character” usually means that the person is deviating from his or her normal behavior patterns.

With an understanding of these basic elements of ethics, we have a good foundation to help us look more objectively at ethical problems and solve them to the best of our ability.

Types of Ethical Problems

Purtillo presents four basic types of ethical problems (Figure 6-3):

- Ethical distress
- Ethical dilemmas
- Dilemmas of justice
- Locus of authority issues

Ethical distress is a problem in which a certain course of action is indicated, but some type of hindrance or barrier prevents that action. A professional knows the right thing to do but for some reason cannot do it.
WHAT SHOULD BE DONE?

1. Ethical Distress
I know which course of action I (the “agent”) should take for the patient’s benefit, but there is a structural barrier to my being able to do it.

\[ A \rightarrow C \rightarrow O \]

A = Agent
C = Course of Action
O = Outcome

2. Ethical Dilemma
There are two (or more) courses of action, each of which is right (or wrong). No matter which one I (the “agent”) choose, something of value will be compromised.

\[ A \rightarrow C_1 \rightarrow O_1 \]
\[ A \rightarrow C_2 \rightarrow O_2 \]

3. Distributive Justice
There are benefits to be distributed among several potential beneficiaries. Not everyone can receive a full measure of the benefit. On what basis should the distribution be made?

\[ A \rightarrow C_1 \rightarrow O_1 \ (to \ some) \]
\[ A \rightarrow C_2 \rightarrow O_2 \ (to \ some) \]
\[ A \rightarrow C_3 \rightarrow O_3 \ (to \ some) \]

WHO SHOULD DO IT?

4. Locus of Authority
There are 2 (or more) agents or “authorities” in this situation. Each believes he or she knows what outcome will benefit the patient the most, but only one authority will prevail.

\[ A_1 \rightarrow C_1 \rightarrow O_1 \]
\[ A_2 \rightarrow C_2 \rightarrow O_2 \]

FIGURE 6-3 Summary of the types of ethical problems. (From Purtilo R: Ethical dimensions in the health professions, ed 4, Philadephia, 2005, WB Saunders.)

An ethical dilemma is a situation in which an individual is faced with two or more acceptable or correct choices, but doing one precludes another. A choice must be made, and something of value may be lost if a second choice is eliminated. This could be viewed as the proverbial “being caught between a rock and a hard place,” when the effect of a choice made may be greater than is immediately obvious.

The third type of ethical problem is the dilemma of justice. This problem focuses on the fair distribution of benefits to those who are entitled to them. Choices must be made regarding who receives these benefits and in what proportion. Examples include organ donation and distribution of scarce or costly medications.

In locus of authority issues, two or more authority figures have their own ideas about how a situation should be handled, but only one of those authorities can prevail. If one physician feels that a patient should have surgery and another does not, how does the patient decide (Figure 6-4)?

Recognizing the type of ethical problem is not always easy. Sometimes an issue is a mixture of one or more types of ethical problems. When possible, it is wise to take time to weigh the courses of action before making an important decision. Unfortunately, with the fast pace of the medical profession, this is not always possible. Some decisions must be made in a split second; therefore having a thorough grasp of ethical decision making before the need arises is important.

The Ethical Decision-Making Process

Purtilo proposes a five-step process for ethical decision making:
1. Gathering relevant information
2. Identifying the type of ethical problem
3. Determining the ethics approach to use
4. Exploring the practical alternatives
5. Completing the action

To gather information, a medical professional should ask questions, review charts, talk to the patient and other professionals, and search for other data so that the entire situation is available for scrutiny. Once the information has been gathered, the medical professional must decide which ethical problem or problems are presented. In determining the ethical approach to use, we must consider the duties, rights, and character traits of all the individuals involved, paying close attention to the ramifications of all possible decisions. All of the alternatives must be considered and evaluated, after which an action should be taken (Procedure 6-1).
PROCEDURE 6-1

Respond to Issues of Confidentiality

GOAL: To ensure that medical assistants treat all information regarding patient care as completely confidential.

EQUIPMENT and SUPPLIES

- Copy of the Code of Ethics of the American Association of Medical Assistants (AAMA)
- Copy of the Medical Assistant Creed
- Copy of the Oath of Hippocrates
- Copy of the guidelines from the Health Insurance Portability and Accountability Act (HIPAA)
- Notepad and pen
- Patient medical record

PROCEDURAL STEPS

1. Read through each document periodically, paying particular attention to the references to confidentiality.  
   PURPOSE: To gain insight into documents that stress confidentiality as a critical aspect of the healthcare process, to reinforce the importance of patient confidentiality, and to understand the roots of ethical behavior.

2. Apply ethical behaviors, including honesty and integrity, in performance of medical assisting practice.

3. Greet each patient by name and attend to their needs and questions.

4. Take the patient to a private exam room or other area suitable for a private conversation.  
   PURPOSE: To restrict the conversation to medical personnel and the patient.

5. Listen carefully to what the patient says, taking notes if necessary, asking clarifying questions, and using restatement to clear up any misunderstandings.

Although taking time to give these areas some thought is best, it may not be possible. Therefore, those entering the medical profession should take stock of their core beliefs. Scan the newspapers and search professional journals for ethical situations, think about the facts, then decide how you would react to each one. This is excellent preparation for the day you are faced with making a quick ethical decision.

CRITICAL THINKING APPLICATION 6-2

- What are the ramifications of an open adoption such as Delaney’s?
- What problems might occur during the first year of her life?
- How might these problems be prevented?
- What are the positive aspects of the adoption?

CURRENT OPINIONS OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS AND MEDICINE’S ETHICAL ISSUES

Now, armed with a basic knowledge of the types of ethical problems and the process for solving them, we take a look at some of the CEJA’s opinions. Remember, physicians and other medical professionals are not bound to abide by these opinions. They are free to make their own decisions, but many of the medical professionals in our country tend to agree with the decisions made by the council.

Abortion

In 1973 the U. S. Supreme Court heard the case of Roe v. Wade. Norma McCorvey (using the name Jane Roe) petitioned the court for permission to have an elective abortion when, at age 21, she found herself pregnant with her third child. The class action suit she filed against Henry Wade, then the district attorney in Dallas, Texas, eventually was appealed to the Supreme Court. Although she won her case, it was too late for her to have an abortion, and her child was born and placed for adoption. McCorvey went public with her true identity in the early 1980s and later became a staunch opponent of abortion and has spent many years promoting the overturn of Roe v. Wade.

Since the ruling was handed down in 1973, abortion has been one of the most volatile issues in medical ethics. According to
the AMA Principles of Medical Ethics, the AMA does not prohibit a physician from performing an abortion in accordance with good medical practice and under circumstances that do not violate the law. In recent years laws have been passed in some states requiring mandatory parental notification of a minor's intent to have an abortion. In some cases this means that the minor must have parental consent, and in others, parents only must be notified of their daughter's intent to have an abortion. Some states also require a 24-hour or longer waiting period after the notification. However, the CEJA states that the patient, even if an adolescent, should ultimately be in control of the decision on whether parents should be involved in the abortion decision.

The AMA strongly encourages physicians to attempt to persuade the minor to seek counseling from someone she trusts, such as a school counselor, teacher, or relative, if the minor's parent will not be involved in the abortion decision. However, the AMA agrees that the physician should not feel compelled to require minors to involve the parent in the decision. Medical professionals must be aware of the laws in their respective states that deal with the mandatory notification requirements and should contact the medical societies in their region to determine what constitutes proper notification.

Case to Discuss
Should a woman who has been raped and become pregnant seek an abortion?

Abuse

The AMA requires that a physician be familiar with the signs of physical, psychological, and sexual abuse of spouses, children, mentally incompetent persons, and the elderly. Discovery of abuse creates a difficult situation for a medical professional. The patient may be the object of abuse but may deny its existence because of fear of further attacks. The law requires that abuse be reported, and if the physician does not report abuse, ethical standards have been breached. In addition, the abuse may continue. Any medical assistant who suspects abuse must report this information to the physician immediately. Then, the physician must determine whether the incident is reportable by law and take action. If the physician does not take action, but the medical assistant is confident that abuse has happened, he or she is responsible for making a report to the proper authority in the city or state.

Case to Discuss
What harm can come to a patient's family if the medical professionals are incorrect about their assessment of abuse?

Allocation of Health Resources

Sometimes society must decide who receives care when serving all who need care is not possible. Decisions must be made fairly and should be weighed carefully. The criteria to consider when allocating health resources include urgency of need, likelihood of benefit, duration of benefit, amount of resources required for successful treatment, and potential for change in the quality of life. Nonmedical criteria should not be considered; these include ability to pay, the social worth of the individual, age, obstacles to treatment, and the patient's contribution to the illness. The physician must remain the patient's advocate should not be involved in making allocation decisions for that patient. Procedures for such allocations are determined in an objective manner by the institutions involved in the patient's care.

Case to Discuss
If the chief executive officer (CEO) of American Airlines, the winner of last year's Academy Award for best actor, and a drug-abusing mother of three all are equally ill and need a liver transplant, which should receive the organ? On what would you base the decision?

Artificial Insemination

Any individual or couple considering artificial insemination must be thoroughly counseled and must endure lengthy screening procedures for communicable and genetic diseases that the donor and/or recipient may have. Informed consent must be provided, and further regulations are based on the marital status of the people involved. If the recipient is married to the donor, the resultant child has all the rights of a child naturally conceived. If the donor is anonymous, the husband must sign a consent if he is to become the legal father of the resultant child. If the donor and recipient are not married, the recipient is considered the sole parent, unless both parties agree to recognize a right to paternity. Providing artificial insemination to a single woman or a woman who is part of a homosexual couple is not considered unethical. It usually is considered unethical to offer compensation to donors other than reimbursement of actual expenses and/or compensation for the donor's time.

Much discussion is ongoing about the use of extra embryos harvested for reproductive purposes. The control and use of these gametes logically should be left to the man and woman who produced them, but the AMA agrees that both must give their consent to how they are used. In vitro fertilization is considered an ethical procedure.

Case to Discuss
A man's sperm is used to fertilize his wife's eggs, which are frozen for later use. However, the man dies before the eggs can be implanted. Should the man's wife be able to use those eggs after her marriage to a second man?

Stem Cell Research

Many organizations feel that using human embryos for stem cell research destroys the most vulnerable of beings, and laws are designed to protect them. Others want to explore the possibility of developing cures from this research for conditions such as Alzheimer's disease, diabetes, Parkinson's disease, and heart disease. Stem cell research continues to be an area of disagreement because of the controversy regarding the point at which life begins. Those who believe that life begins at conception usually oppose stem cell research, because it involves experimentation and testing on a "viable human being." Many physicians believe that their commitment is first to "living persons," as opposed to embryos, and therefore support stem cell research.
Case to Discuss
A medical assistant is recruited to work with a physician who is researching paralysis. Once the project is underway, the assistant discovers that the physician is using embryos that have been questionably obtained in the experimentation. What should the medical assistant do?

**Surrogate Motherhood**

Surrogate motherhood introduces many different ethical, legal, and social problems to the individuals involved. However, it may be the only opportunity for an infertile couple to have a child. The benefits of surrogacy must be heavily weighed against the possible risks and psychological problems that might arise. The AMA believes that the birth mother must be given a period of time during which she can reverse her decision to give up the child she has delivered and void the contract. However, in cases of gestational surrogacy, the legality and ethical implications are more complicated. In gestational surrogacy, the child is not genetically linked to the birth mother. Usually the couple engaging the surrogate mother are the genetic parents of the resultant child. One must also consider what will happen if the child is born with a deformity or handicap. This is a contract that should never be enacted without strong forethought and counseling.

Case to Discuss
What is a fair length of time to give a surrogate mother to petition to void a surrogacy contract?

**Human Cloning**

The AMA agrees that physicians should not at this time participate in human cloning, or somatic cell nuclear transfer, because of the numerous legal and moral issues that must be explored. Most agree that according to our current ethical and moral standards, a “cloned human” should be granted the same rights as “normal humans,” much in the same way as an adopted child is accepted legally and socially as part of a family. According to the AMA, not nearly enough research has been done into the long-term effects of cloning; therefore it does not currently approve of the practice.

Case to Discuss
If a couple loses a child through death but it was possible to clone the child, what concerns would this raise for the family?

**Genetic Counseling**

Genetic counseling is another area in which the AMA recommends caution. Through genetic counseling, parents of tomorrow may be able to choose eye color, talents, and intellect levels for their children. Human beings already have been conceived as “designer babies.” In 1980 the Repository for Germinal Choice (more commonly known as the “Genius Sperm Bank”) was founded. Although it was not established to create a perfect “master race,” it did attempt to produce leaders and creators. As with cloning, the AMA recommends that much more research be done before genetic counseling is instituted on a global scale.

Case to Discuss
What could happen if parents were to “design” a baby, but it arrived flawed in some way or did not meet their expectations?

**CRITICAL THINKING APPLICATION 6-3**

- How might the genetic testing done in Delaney’s case have caused an ethical dilemma?
- Discuss whether genetic testing can be countered to predict disease.
- How many in your class would have genetic testing done on their own child before birth?

**Physician-Assisted Suicide**

The AMA believes that physician-assisted suicide interferes with the fundamental purpose of being a physician—being a healer. The CEJA advocates that physicians aggressively provide care and treatment alternatives for those near the end of life, but that they avoid promoting or providing the means by which patients could end their own lives. Such means include not only assisting the patient to inject chemicals that induce death, but also prescribing drugs and providing information about lethal doses or administering a lethal dose of a drug to a patient to promote death. This is sometimes called *euthanasia*, or mercy killing.

Case to Discuss
If a parent mentioned in passing that he or she would want the right to commit suicide in the event of a terminal illness, would you support that decision if the situation did in fact arise?

**Surrogate Decision Making**

According to the CEJA, physicians should encourage patients to document their preferences about advance directives through a living will or durable power of attorney. However, many patients do not have any type of documentation of their wishes available when tragedy strikes. In these cases, a surrogate may be asked to make decisions for the patient about medical treatment. Even when such provisions have been made, the documents sometimes are unavailable in an emergency; therefore, patients should discuss treatment options in advance with those who may be called on to act as a surrogate decision maker. If patients cannot make medical decisions for themselves and documented advance directives are unavailable or nonexistent, absent any state regulation to the contrary, the physician should approach the patient’s family, domestic partner, or a close friend to act as the surrogate decision maker. In some cases family members may disagree about decisions necessary for the patient’s health and well-being. In these instances the physician should work to resolve the conflict through mediation or should consult the facility’s ethics committee. The physician’s ultimate goal is to act in the best interest of the patient, and in the absence of any other basis for interpreting how a patient would wish to proceed with treatment, the physician should make the decision that, in the physician’s professional opinion, would most benefit the patient.
**Case to Discuss**

A physician recommends that a patient be taken off life support. The patient lives with his homosexual partner and has not had contact with his parents in more than 10 years. Both the partner and the parents discuss the situation with the physician. The partner does not want to remove life support, stating that the patient would want to have every opportunity to live. The parents insist that they know what is best for their son and demand that he be taken off life support. Who should prevail?

**Withholding or Withdrawing Life-Prolonging Treatment**

A physician is committed to saving life and relieving suffering. Sometimes these two goals are incompatible, and a choice between them must be made. If possible, the patient should decide what treatment is given. Often the patient makes his or her wishes known to a responsible relative or other representative in case the patient becomes incapacitated. Some patients want a “do not resuscitate” (DNR) or “no code” order added to their charts. Usually such an order is established so that no heroic measures are taken in a situation in which a patient would be unable or incompetent to make a decision. In any case, the decision to withdraw life support should be made before any mention of organ donation is made by the medical professionals tending the patient. In the best situation, the patient has formally completed advance directives. Two types of advance directives usually are used in the United States: a living will and a durable power of attorney. These documents are written instructions for healthcare and are strongly recommended by the AMA.

A durable power of attorney is a legal document that allows the patient to appoint someone who is trusted to make medical decisions for the patient in the event the patient cannot. This person is sometimes called a patient advocate or healthcare proxy. Federal law requires that patients be given information about advance directives by all facilities that participate in the Medicare and Medicaid programs.

**Case to Discuss**

How would a medical assistant handle the family of a patient who asks for advice about withdrawing life-prolonging treatment? To whom should the medical assistant defer the question?

**Quality of Life**

Physicians sometimes must participate in or advise others on decisions affecting the fate of a person whose prognosis is poor, such as a deformed newborn or a person of advanced age with many physical problems. The first thought may be the burden that the patient’s care places on the family or society. However, the AMA insists that the physician’s primary consideration must be what is best for the patient.

**Case to Discuss**

A mentally ill single woman who is institutionalized becomes pregnant and refuses to give up her maternal rights so that the child can be adopted. Even if she were to reconsider, what complications might result if the child is born deaf and has a severe liver disorder? Should the child be fed and cared for by the hospital staff?

**Clinical Trials and Investigations**

Without clinical trials and investigations, no new drugs or procedures could be developed. However, all such investigations must follow a competently designed, systematic program marked by due concern for the welfare, safety, and comfort of patients. The physician-patient relationship does exist in a clinical investigation, and when treatment of the patient is involved, voluntary written consent must be obtained from the patient or the patient’s legally authorized representative. Additional restrictions apply to minors or mentally incompetent adults. Physicians must show the same concern for the welfare and safety of a person involved in a clinical trial as for a private patient.

**Case to Discuss**

If your brother were homosexual and wanted to participate in clinical trials for a vaccination against HIV, would you support his decision?

**Cost of Healthcare Services**

Concern for the quality of patient care should be the physician’s first consideration. However, the physician should be conscious of costs and should not provide or prescribe unnecessary services. Access to an adequate level of healthcare for all members of our society is now a moral expectation but certainly not a right. Cost must be considered when these services are provided, as well as the degree of benefit to the patient, the duration of the benefit, and the number of people who will benefit.

**Case to Discuss**

Should an 87-year-old patient with cardiovascular disease and stomach cancer undergo expensive breast reconstruction surgery?

**Organ Donation**

Organ donation is not only considered ethical by the AMA, it is encouraged. However, it is considered unethical to participate in proceedings in which the donor receives payment, except reimbursement of expenses directly incurred in the removal of the donated organ. The rights of the patient and the donor must be protected equally. If the donor is deceased, the death must be certified by a physician other than the recipient’s physician.

Because the need for donated organs is so extreme, protocols have been established by healthcare facilities to determine when it is proper to harvest organs. Organ procurement may be performed immediately after a person has died, or it may be done after a patient has been kept alive artificially for a time. Hospitals also have specific guidelines for the donation of organs from living donors, such as a kidney donation. When donations are made from one living person to another, both patients must have an advocate team that includes a physician, so that the interests and well-being of each patient are addressed. Payment to a living donor other than legitimate expenses incurred in connection with removal of the organ is considered unethical. Blood donations probably are the most common form of organ donation.

The CEJA has recommended consideration of two proposals with regard to organ donation: the mandated choice model and the presumed consent model. These proposals are aimed at
increasing organ donations and would change the approach to consent for deceased donations. The mandated choice model would require individuals to express their preferences about organ donation when they perform some state-regulated task, such as renewing a driver’s license. This method would be ethically appropriate only if the individual’s choice was made in accordance with the principles of informed consent. Under the presumed consent model, deceased individuals would be presumed to be organ donors unless they had indicated a refusal to donate.

Case to Discuss
A woman dies with a living will that states she wants to donate her organs. Her mother does not want her daughter’s organs donated. What should health professionals do in this situation?

CRITICAL THINKING APPLICATION 6-4

- Monica has often thought about being an organ donor. She is very much in favor of organ donation because of her interest in the medical field. Her parents are very opposed to this because of their religious beliefs. How can Monica deal with this conflict within her family?
- If Monica dies before her parents do, how can she ensure that her wishes are carried out?

Capital Punishment

The CFJA does not consider participation by a physician in the act of capital punishment to be ethical. The physician may certify the person’s death but should not administer a lethal injection or induce death in any way. This conflicts with the physician’s role as a healer, much in the same manner as does physician-assisted suicide.

Case to Discuss
A very emotional patient, the mother of a child who was raped and killed, has been given the opportunity to attend the execution of the murderer. During a visit to her family physician, she expresses concern about being able to cope with the memory of her daughter during the execution and asks you if you would attend in the same situation. How do you handle this situation?

ETHICAL ISSUES REGARDING HIV

Having an HIV infection creates a whole new world of ethical concerns for patients and those who support and care for them. When the HIV crisis first came to public attention, much about the virus was unknown, and a wealth of misinformation resulted. Those infected with the virus were often forced to leave their homes and lose their jobs, they were shunned in society, and they faced rejection seemingly everywhere they turned, all because of fear of the illness.

Clinical trials currently are underway for vaccinations against HIV, but clinical trials need volunteers for testing. Because vaccinations often are made of an attenuated, or weakened, strain of a virus, serious concerns exist about who receives the vaccination. Researchers have considered testing the vaccines in several Third World countries with a high number of prostitutes and a thriving sex industry. These people, who have no intention of changing their lifestyle regardless of the risks, may see vaccination trials as a chance to avoid contracting HIV. However, this raises the ethical question of whether testing should be done on people from disadvantaged countries rather than our own citizens.

Even today, people infected with HIV face discrimination. Consequently, problems arise with testing in some states in which the names of patients who test positive to HIV are reported to various health departments and agencies. Although the stated intention is to ensure that these patients receive care, the accompanying effect is the risk of discriminatory practices. Some states use code systems, called unique identifiers, to help maintain the confidentiality of those tested. However, other states insist by statute that the names be reported. Some states require mandatory HIV testing for prisoners and those who have committed sex crimes. Insurance is a difficult issue when a person is infected with HIV, and some policies can be cancelled if HIV infection is discovered. This may prompt providers who want to treat patients infected with HIV to delay reporting the infection as long as possible, using other diagnoses regarding symptoms as opposed to the underlying cause of the patient’s problems. Many details are involved when HIV is a factor, even the reporting of HIV-positive status on the postmortem report. All of these ethical issues are difficult to resolve, and great care should be taken in making decisions that affect a patient who tests HIV positive.

ETHICS AND THE HUMAN GENOME

The mapping of the human genome has been in the news for several years. The genome project formally began in 1990 with the goal of identifying all 20,000 to 25,000 genes present in the human body; determining the sequences of the 3 billion chemical base pairs that make up human deoxyribonucleic acid (DNA); and finding ways to catalog this information in databases to make it readily available to those who need it. The project was completed in 2003, but the data discovered during the 13 years of the project will be studied for years.

The mapping of the human genome and the information provided has raised concerns about privacy and confidentiality issues. Who actually owns genetic information, and who will be allowed to control it? Logically, the patient would seem to own his or her own genetic information; however, if that is so, the patient should be able to control access to it. Also, decisions must be made regarding fair use of genetic information. Employers, schools, courts, insurance companies, adoption agencies, and the military are just a few examples of organizations that might misuse genetic information and discriminate against those whom they may wish to target for inclusion or exclusion. Reproductive issues arise as well, along with questions about the reliability of genetic testing.

OTHER ETHICAL ISSUES

Interprofessional Relationships

If a medical assistant recognizes or suspects an error in a physician’s orders, he or she has an ethical obligation to report this to
the physician. A possible error must be questioned, even if it means risking the physician’s or supervisor’s displeasure. This could save a life or prevent a lawsuit.

Physicians often refer a patient to another physician for diagnosis and treatment. Physicians should make these referrals only when they are confident that the patient will receive competent treatment. Offering a financial incentive or other valuable consideration to patients in exchange for recruitment of other patients is unethical.

Unless the state imposes legal restrictions, a physician in private practice is free to choose whom he or she will treat. Although private practitioners may refuse certain patients, they must treat those who have already been accepted in the practice or face possible charges of neglect. This does not include referring a patient to another physician for a condition that is not within the scope of practice of the original physician.

A sports medicine physician must keep in mind that the professional responsibility at a sporting event is to protect the health and safety of the participants, and personal judgments are governed only by medical considerations. Players should not be allowed to play and risk injury to ensure that a game is won.

In years past, it was considered unethical for a physician to have any type of romantic relationship with nurses or assistants in the office or hospital. Although this is not as stringent a rule today, fraternizing with co-workers, especially subordinates, is unwise.

Confidentiality and Patient Privacy

Confidentiality is one of the cardinal rules of the medical profession. It is completely unethical and unacceptable to divulge any information about a patient to any other person not directly related to the patient’s care. The places where confidentiality is breached are elevators, hallways, waiting or reception areas, break rooms, and lunch rooms. A relative may be standing behind the medical assistant, listening to conversations that are inappropriate for those not personally involved in the patient’s care to hear. Breach of patient confidentiality is grounds for immediate termination from a healthcare facility or physician’s office.

Confidentiality restrictions apply to information in a patient’s records and charts, as well as what the medical assistant is told by the patient or patient’s family (Figure 6-5). Never investigate a patient’s record strictly for curiosity. All information in the record must be kept in confidence. If records are computer based, accessing records of patients who do not fall directly under the medical assistant’s realm of duty also is considered unethical. Never share information about patients with anyone outside the medical facility or office, including your own immediate family.

The prime objective of the medical profession is to render service to humanity, and this also must be a medical assistant’s first concern. The importance of respecting the confidentiality of information learned from or about patients in the course of employment cannot be overemphasized. It is unethical to reveal patient confidences to anyone, including family members, a spouse, best friends, and other medical assistants. A medical assistant must never mention the names of patients outside the place of employment, because sometimes the doctor’s specialty reveals the patient’s reason for consultation. Confidential papers, case histories, and even the appointment book should be kept out of sight of curious eyes.

Outside observers should be present during the patient’s encounters with the physician only with the patient’s explicit permission. Outside observers may include a friend who drove the patient to the physician’s office or a medical student or intern observing in the clinic. This permission should be documented in the patient’s chart.

Never discuss one patient’s case with another patient. If curious patients ask questions about others, simply explain that medical assistants are obligated to keep all patient information confidential. This can be done in a tactful, kind manner. Patients who ask questions of a medical nature about their own case should be referred to the physician for information and instructions unless the physician has authorized the medical assistant to provide this information. When minors request confidential services, physicians should encourage them to include their parents. However, if the minor does not want to involve them and the law does not require otherwise, physicians should allow competent minors to consent to medical care and should not notify the parents without the minor’s consent.

Remember that the Health Insurance Portability and Accountability Act (HIPAA) has established strict regulations for patient confidentiality and disclosure of private health information. Make sure the physician’s office is abiding by its own privacy policy and that all patients have been given a chance to review that policy. A document stating that the patient has read and understands the privacy policy or that he or she has refused to sign should be part of the patient’s medical record.

Patients may not always understand the ethical standards to which physicians and medical assistants adhere. They may ask questions about their own health or the health of a fellow patient. Medical assistants must educate patients about the issues of confidentiality in such a way that patients are not offended; they should explain that all patients deserve to have their medical and personal information kept private. Now more than ever, the medical assistant’s obligation to keep information private is not only an ethical but also a legal responsibility. All patients should understand that they are entitled to confidential treatment of their records and that the facility is dedicated to that principle.
CRITICAL THINKING APPLICATION

6-5

- Susan, Delaney’s birth mother, comes to the office for a checkup 6 weeks after the baby was born. She looks a little sad, and when Monica questions her, she asks how Delaney is doing. What should Monica tell her?
- How can the office protect itself from issues involving confidentiality in this unusual adoption scenario?

Advertising

The only restrictions on advertising by physicians are those that specifically protect the public from deceptive practices. Standards on advertising and publicity have been liberalized over the years, but any advertisement or publicity must be true and not misleading. Testimonials of patients, for instance, should not be used in advertising, because they are difficult to verify or measure by objective standards. Statements regarding the quality of media services are highly subjective and difficult to verify.

Communication with the Media

Although information about some patients, such as celebrities and politicians, may be considered news, the physician cannot discuss any patient’s condition with the press without authorization from the patient or the patient’s legal representative. The physician may release only authorized information or that which is public knowledge. Certain kinds of news are part of public records; this news in the public domain includes births, deaths, accident reports, and police cases.

A medical assistant must be aware that only the physician is authorized to release information, and under no circumstances should the medical assistant violate the confidential nature of the physician-patient relationship. It is unethical even to certify or verify that a patient is under the physician’s care without the patient’s permission. Policy must be in place for every medical office regarding how media inquiries should be handled and to whom they should be referred. Never voluntarily speak to the press without authorization from the physician. Communication with the media falls under the HIPAA guidelines. Do not release a patient’s health information without written permission.

Physician Obligations in Emergency Preparedness and Response

Physicians are ethically obligated to provide urgent medical care during disasters. Because extensive physician involvement is required during national, state, regional, and local disasters, physicians are expected to contribute both their time and their skills in such emergencies. Examples of instances when physicians would be obligated to act include natural disasters, epidemics, terrorist attacks, and emergencies on a local and national scale.

Malevolent Use of Biomedical Research

Because biomedical research may produce information that has potential for both harmful and beneficial applications, the physician must assess the possible ramifications of participation in such research before engaging in projects. One of the most harmful uses of biomedical research involves biologic weapons. Physicians are expected to hold public trust as sacred and consider the welfare of society as a whole as well as the welfare of individual patients.

Racial and Ethnic Healthcare Disparities

No disparities in medical care based on race or ethnic background are acceptable. Patients are entitled to the same quality of care regardless of their race or ethnic background. The CEJA demands that physicians strive to eliminate biased behavior toward patients. Discrimination toward any patient or patient group cannot be tolerated. In addition, physicians must take into account any language barriers that might hinder effective treatment of the patient. Every effort must be made to ensure that the patient understands the physician and vice versa. The medical assistant must recognize that patients will have different cultural, social, and ethnic diversities and that these diversities should be respected.

Diagnostic Imaging on Request

Patients may request diagnostic imaging services for reasons such as determination of a baby’s gender. Physicians should perform diagnostic imaging only when they believe the benefits of the imaging service outweigh the risks involved.

Computers

The expanding uses of computer technology permit the accumulation of an unlimited amount of medical information. With the use of computers in the physician’s office and the employment of computer service organizations, confidentiality becomes even more difficult to maintain. In general, all information must be entered and accessed only by authorized personnel, and a tracking system should be used to identify which employees access information. Breaches in computer policies should be considered a breach of patient confidentiality, and the consequences should be stringent enough to deter employees from accessing information to which they are not entitled (Figure 6-6). Computerized information should be disseminated only to those with a legitimate need for it.

FIGURE 6-6 With the advent of advanced computer technology, a medical assistant must be particularly careful about using information about patients on the computer.
CHAPTER 6  Medicine and Ethics

Fees and Charges

Charging or collecting an illegal or excessive fee is unethical. The medical assistant is responsible for keeping informed about current billing regulations and to see that they are followed conscientiously.

Requesting that payment be made at the time of treatment is entirely appropriate and very common in today's medical offices. Often, managed care patients are asked to remit their co-payment before seeing the physician on the day of the visit. If the patient is notified in advance, adding interest or other reasonable charges to delinquent accounts also is considered ethical. Most offices use a patient information booklet, which provides a written reference for all policies, that is given to new patients on the first visit.

A reasonable fee may be charged for duplicating patient records.

Fee Splitting and Contingent Fees

If a physician accepts payment from another physician solely for referral of a patient, both are guilty of an unethical practice called fee splitting. This practice is unethical, whether it involves another physician, a clinic, a laboratory, or a drug company.

Although attorneys often accept a case on a contingency fee basis, it is unethical for a physician to engage in this practice. The fee in this case is contingent on a successful outcome, but a physician should never set his or her fee on the successful outcome of medical treatment. A physician's fee must always be based on the value of service provided to the patient.

Insurance Forms

Although in times past physicians' offices willingly filed insurance claims for their patients, some have changed to a payment up front system and give patients the information needed to file the claim themselves. Many offices still file at least one insurance claim for established patients, but they may charge for multiple or complex insurance filing. This practice is entirely ethical if it conforms to local custom.

Waiver of Insurance Co-Payments

Physicians may opt to write off or waive co-payments to facilitate patient access to medical care. If access to care is directly threatened because the patient cannot make the co-payment, the physician may forgive the payment. However, routine waiver of co-payments may violate the policies of some insurers, both public and private. Physicians should ensure that their policies on co-payments are consistent with applicable law and within the legal boundaries of their contracts with insurers.

Professional Courtesy

Professional courtesy is defined as the provision of medical care to physician colleagues or their families and staff free of charge or at a reduced fee. This is a long-standing tradition but certainly not an ethical requirement. Physicians make the decision as to who receives professional courtesy in their offices, and this should be written into the office policy manual. In some cases, extending professional courtesy is contrary to insurance and/or managed care contracts. In addition, some physicians have stopped offering professional courtesy because of the rising costs of healthcare and shrinking reimbursements.

Appointment Charges

It is ethical for a physician to charge for a missed appointment or one that was not cancelled within a stated time if the patient was fully advised in advance that such a charge may be made. Discretion should be used in applying such charges, however, because the patient may have encountered an emergency. Often, adding a missed appointment charge to the bill of a patient who never cancels in advance prompts a call in the future when the appointment cannot be kept.

Prescribing Drugs and Devices

The physician should not be influenced in the prescription of drugs, devices, or appliances by a direct or indirect financial interest in the supplier. A physician may own or operate a pharmacy but generally may not ethically refer his or her patients to that pharmacy. Patients should enjoy the same freedom of choice in deciding who fills their prescriptions as they do in choosing a physician.

Professional and Contractual Relationships

Physicians often enter into contractual relationships, which may be as simple as monthly pest control services for the office. However, contracts can be quite complicated and contain numerous provisions, requiring an attorney's assistance. Physicians should negotiate the wording of contracts so that no question exists of financial incentives for the physician that would in any way compromise professional judgment or integrity.

Physician Ownership of a Health Facility

A physician ethically may own or have a financial interest in a for-profit or other health care facility, such as a freestanding clinic or health club. However, before admitting or referring a patient to that facility, the physician has an ethical obligation to reveal such ownership to the patient. In general, physicians should not refer patients to a health facility outside their office practice and at which they do not directly provide care or services.

Ghost Surgery

Substitution of another surgeon without the patient's consent is called ghost surgery. Patients have the right to choose their own physician or surgeon. Ghost surgery may happen when the patient has already received anesthesia and has no idea that a substitution has been made. To make a substitution without consulting the patient is deceitful and unethical.

Discipline Within Medicine

A physician should expose incompetent, corrupt, dishonest, or unethical conduct on the part of members of the profession without fear of loss of favor. A physician may be subject to civil or criminal liability, including loss of license to practice medicine, for violating government laws. Expulsion from membership is the maximum penalty that may be imposed by a medical society for violation of ethical standards.

Physician Health and Wellness

Physicians are responsible for maintaining their own good health and for being well enough to treat their patients. When
physicians are not well, both physically and mentally, their health can interfere with the ability to provide good care to patients and engage in the safe execution of professional medical activities and decision making. Physicians not in such good health are said to be impaired.

The CEJA recommends that all physicians have their own personal doctor, who will use uncompromised objectivity in caring for the physician's health. Healthcare providers are expected to intervene promptly when the health or wellness of a colleague appears to have become compromised. The CEJA suggests types of intervention, such as offers of encouragement and referrals to physician health programs or other programs that restore and maintain the physician's health and wellness.

### Substance Abuse

It is unethical for a physician to practice medicine while under the influence of a controlled substance, alcohol, or other chemical agents that could impair the ability to care for the patient properly or perform procedures. The physician's staff also must avoid all types of substance abuse. Healthcare providers who are aware of other providers or staff members with substance abuse problems must take action to ensure patient safety, which may include reporting the user to the appropriate authority in the city or state in which the person practices medicine or works in the medical industry.

### Unethical Conduct by Members of the Health Profession

In rare instances, a medical assistant is faced with a situation in which the physician-employer's conduct appears to violate established ethical standards (Procedure 6-2). Before making any judgments, the medical assistant must be absolutely sure of all the information and circumstances. If unethical conduct occurs, the medical assistant must then make his or her own decision about

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**PROCEDURE 6-2**

**Develop a Plan for Separation of Personal and Professional Ethics**

**GOAL:** To determine one's ethical views before having to confront an ethical decision.

**EQUIPMENT and SUPPLIES**

- Pen and paper

**PROCEDURAL STEPS**

1. Set aside time to study and consider the ethical issues outlined in this chapter (e.g., abuse, abortion, organ donation, stem cell research, and so on).
   **PURPOSE:** To make any ethical decision, research the subject and give thought to each issue so that the decision is credible.
   **2.** For each issue, make notes regarding personal thoughts, paying particular attention to whether you agree with the current opinion of the Council on Ethical and Judicial Affairs.
   **PURPOSE:** To examine the impact that personal ethics and morals may have on the medical assistant's practice.
   **3.** Look at each issue as a separate ethical problem and apply the ethical decision-making process to each.
   **PURPOSE:** To consider each issue in an organized way.
   **4.** Gather relevant information by researching each problem.
   **PURPOSE:** To make certain that all facts are considered when determining personal views about each issue.
   **5.** Identify the type of ethical problem that each issue represents.
   **PURPOSE:** By accumulating information about the issue and matching it with an ethical problem, the medical assistant will be able to apply knowledge and determine personal views more easily.
   **6.** Determine the ethical approach to use.
   **PURPOSE:** Knowing the type of problem that each ethical issue represents helps the medical assistant to determine the best approach to each decision.
   **7.** Explore practical alternatives.
   **PURPOSE:** Considering all practical alternatives helps the medical assistant make the best ethical decisions.
   **8.** Decide your personal stand on each issue.
   **PURPOSE:** By gathering information, identifying the problem and the best ethical approach to use, then considering all practical alternatives, the medical assistant can arrive at a sound ethical decision about his or her personal stand on each issue.
   **9.** Determine the appropriate professional stance on each issue.
   **PURPOSE:** By knowing the appropriate professional stance for each ethical issue, the medical assistant will not be faced with having to make a decision on the spot.
   **10.** Continue the process until each ethical issue has been addressed.
   **11.** Conduct further research about other ethical issues using the American Medical Association Web site.
   **PURPOSE:** To discover additional ethical issues that medical assistants may face throughout their career.
   **12.** Refrain from inflicting personal ethical views on any patient.
   **PURPOSE:** To ensure that patients determine their own ethical views and make medical decisions based on their own views as opposed to those of the medical staff.
   **13.** Interact with each patient in a professional way, regardless of his or her ethical views.
   **PURPOSE:** All patients must be treated in a professional way, regardless of their ethical views or healthcare choices.
   **14.** Re-evaluate personal ethical views periodically and apply new knowledge and experience to determine whether ethical views have changed.
   **PURPOSE:** To be open to change based on experience in the medical field and new discoveries or technology. Healthcare is an ever-changing profession; therefore a medical assistant must develop an attitude of being a lifelong learner. New trends may change the medical assistant's position on ethical issues.
continued employment in the facility and whether the unethical behavior should be reported to a law enforcement agency, the local medical society, or the hospital where the physician has been granted privileges. Would it be wise to remain in the office under the circumstances? Would it be better to seek other employment? Would remaining adversely affect future opportunities for employment with another physician?

These decisions are difficult, especially if the relationship and employment conditions have been favorable and congenial. An ethical medical assistant does not want to participate in known substandard or unlawful practices, especially those that might be harmful to patients. In addition, the medical assistant must never make inaccurate reports regarding unethical behavior and should realize that some states can prosecute individuals who file a false report. Be absolutely certain of the facts before making such accusations against any health professional. When the physician’s ethical standards conflict with those of the medical assistant, the medical assistant must decide whether staying with the physician is the best option. That decision may require a degree of soul searching and perhaps listing the pros and cons of each decision. Never compromise ethical standards for monetary gain. Remember that we must live with the decisions we make today, tomorrow.

### Closing Comments

Medical assistants have an ethical obligation to keep abreast of current developments that affect the practice of medicine and care of the patients. Membership in a professional organization provides access to continuing education for maintaining knowledge and skills pertaining to the performance of medical assisting.

The study of ethics requires much thought and honest appraisal of what the medical assistant believes. Sometimes introspection of this type is difficult. Often our beliefs are a result of our environment, upbringing, and other factors that have influenced our thinking and actions from the time we were small children to our current age. It is important that our belief system be one that we have created personally, not just a set of beliefs accepted from another source. Medical assistants should take a serious look at the thoughts and concepts that make up their own concepts of ethics. It is important to approach ethical decisions calmly, logically, and without haste.

### Patient Education

Patients may not always understand the ethical standards to which physicians and medical assistants adhere. They may ask the medical assistant questions about their own health or the health of a fellow patient. Medical assistants must educate patients about confidentiality in such a way that the patient does not take offense, explaining that all patients deserve to have their medical and personal information kept private. Now more than ever, ethical obligations to privacy, as well as legal ones, are imperative. A medical assistant must be certain that all patients understand that they are entitled to confidential treatment of their records and that the facility is dedicated to that principle.

### Legal and Ethical Issues

The prime objective of the medical profession is to render service to humanity, and this must be a medical assistant’s first concern as well. The importance of respecting the confidentiality of information learned from or about patients in the course of employment cannot be overemphasized. It is unethical to reveal patient confidences to anyone, including family members, a spouse, best friends, and other medical assistants. Never mention patient names outside the place of employment; sometimes, the physician’s specialty reveals the patient’s reason for consultation.

Do not discuss one patient’s case with another patient. If curious patients ask questions about others, simply explain that the staff is obligated to keep all patient information confidential. This can be done in a tactful and kind manner. Patients who ask questions of a medical nature about their case should be referred to the physician for information and instructions unless the physician has authorized the medical assistant to provide such information. A medical assistant should never give advice of a personal or professional nature to the patient, because patients tend to identify remarks made by any of the assistants as reflecting the advice of the physician. By avoiding these situations, medical assistants protect themselves, the physician, and the patient. Confidential papers, case histories, and even the appointment book should be kept out of sight from curious eyes.

### Summary of Scenario

Pregnancy usually is a joyous time, but Monica has learned that even such an anticipated event can bring ethical issues to light. She has realized that every situation has two or more sides and that she must be open and willing to look at all sides when making an ethical decision.

Medical assisting is a rewarding career, but sometimes the decisions medical professionals face are quite difficult. Monica must learn to be nonjudgmental and not to inflict her opinions on her patients. They must make their own decisions about their health and emotional well-being, and the medical assistant should not influence their thinking unfairly.

Monica must continue to evaluate her own ideas and beliefs throughout her career as a medical assistant. Periodic self-evaluation is good for everyone, and she will grow emotionally from the experiences that patients bring about where ethical issues are concerned.

Patients who place their babies for adoption often feel the same type of grief experienced on the death of a loved one. Sometimes this loss does not register with the patient for many years after the event. Adoptive parents face many fears as well, such as the concern that the adoptive mother will change her mind about the proceedings and want the child back. Some families find the adjustment to having an adopted child in the family a difficult one. Siblings may be less than accepting of the new child, and later in life other children may tease the adopted child. However, adoption is most often a positive event in the life of a family.

The medical assistant should be supportive of both the adoptive parents and the birth mother. Personal beliefs should be set aside as the patient and others involved make the best decisions they are able to make for their own lives.
SUMMARY OF LEARNING OBJECTIVES

1. Define, spell, and pronounce the terms listed in the vocabulary. Spelling and pronouncing medical terms correctly bolster the medical assistant's credibility. Knowing the definition of these terms promotes confidence in communication with patients and co-workers.

2. Differentiate between legal, ethical, and moral issues affecting healthcare. Legal issues are related to an actual law or regulation that affects medical practice. Ethical issues are not as strict as laws, and vary from person to person, but most physicians follow the ethical guidelines as set forth by the AMA. Moral issues are related to a person's concept of right and wrong.

3. Compare personal, professional, and organizational ethics. Personal ethics are those beliefs held by an individual. Professional ethics are those generally held by most people in a profession. Organizational ethics are closely related to professional ethics and are outlined by organizations as policy.

4. Identify the effect personal ethics may have on professional performance. The medical assistant may hold personal ethical beliefs that contradict professional ethics. However, the medical assistant must agree to the ethical policies and procedures set forth by the employer and follow them in every situation. If the ethical policies and procedures differ greatly from personal ethical beliefs, the medical assistant should look for employment opportunities that are in line with those personal beliefs.

5. Explain rights and duties as related to ethics. Ethics are judgments of right and wrong or actions on issues that have implications of a moral right and wrong. Etiquette deals with courtesy, customs, and manners. A duty is an obligation that a person has or perceives himself or herself to have. Rights are claims made by a person or a group on society, a group, or an individual. Although these terms have different definitions, the concepts are interrelated, and often all are involved in ethical questions.

6. List and define the four types of ethical problems. Ethical distress is caused when a problem has an obvious solution but some type of barrier hinders the action that needs to be taken. An ethical dilemma is a situation that has two or more solutions, but if one is chosen, something of value is lost in not choosing the other. A dilemma of justice involves allocation of benefits and how they are to be distributed fairly. Two or more authority figures, each with his or her idea of how to handle a certain situation, are the center of the focus of authority ethical problem. Only one of the authority figures can prevail. Often an ethical problem has several aspects and more than one type of problem is presented.

7. Discuss the process used to make an ethical decision. Making an ethical decision is easier when the situation is approached logically and considered using a five-step process. First, relevant information is gathered; then the type of problem is identified. After the ethical approach to use has been determined, alternatives are explored. Finally, all that is left is to complete the action and make the decision.

8. Detail the impact of the American Medical Association's Council on Ethical and Judicial Affairs (CEJA) on the ethical decisions made by healthcare professionals. Although healthcare professionals do not have to abide by the opinions of the CEJA, the council's opinions are highly regarded, and many professionals practice in accordance with these opinions. Often providers abide by the opinions to prevent controversy, but many still openly oppose the decisions of the CEJA.

9. Recognize the role of patient advocacy in the practice of medical assisting. All medical professionals should be patient advocates, providing support as the patient makes decisions related to his or her health. Personal ethical opinions and beliefs cannot be forced upon patients or used to coerce the patient's decisions.

10. Describe the way unique identifiers can help patients infected with the human immunodeficiency virus (HIV) to avoid discrimination. Unique identifiers maintain the confidentiality of patients who are tested for HIV. Some individuals might hesitate to be tested if they are concerned that their names would be reported to various agencies. If unique identifiers are used, patients may have much more confidence that the chances of discrimination because of HIV status are reduced.

11. Note some of the concerns about ethics that apply to genetic information. Many ethical concerns apply to genetic testing. Many patients are concerned about how the information gained will be used and who will have access to it. Questions arise about the ownership of the information. When negative information is found, other ethical problems arise that must be addressed. Knowledge of a person's genetic blueprint could lead to discrimination. Countless issues must be examined before the use of genetic information becomes widespread.

12. Explain why confidentiality is an ethical issue. Confidentiality is of major importance in the medical profession. The patient's privacy should be a prime concern of the medical assistant. It is a serious enough issue that a breach of patient confidentiality is sufficient reason for immediate termination of an employee. Because it is such a critical aspect of patient care, it is considered highly unethical to reveal any information about a patient to anyone else. All medical assistants are required and expected to uphold the confidentiality of the information with which they come in contact.

13. Discuss several of the CEJA's opinions and how they might differ from the views of the class as a whole. The opinions put forth by the CEJA are just one group of opinions. Class members may share very differing views based on culture, experience, or serious consideration of the issues. Each individual is entitled to an opinion, and these opinions should be discussed and shared calmly and respectfully.

14. Discuss the role of cultural, social, and ethnic diversity in ethical performance of medical assisting practice. Our cultural, social, and ethical beliefs are all related to our personal views. When practicing as a medical assistant, personal beliefs must be set aside if they are in conflict with the patient, and the patient's cultural, social, and ethical beliefs must be honored.
CONNECTIONS

Study Guide Connection: Go to the Chapter 6 Study Guide. Read and complete the activities.

Evolve Connection: Go to the Chapter 6 link at evolve.elsevier.com/kinn to complete the Chapter Review and Chapter Quiz. Pursue other resources listed for this chapter to increase your knowledge of Medicine and Ethics.