

APPENDIX A - GLOSSARY

Accountable – answerable to someone for something (e.g., employees are accountable to their employers for the work they do). *Accountability* requires being prepared to provide an explanation for something one has done or has not done.

Advance directive – a statement, usually in writing, that indicates how a person would want to be treated, or not treated, if they are no longer able to make their own decisions (for example, if they are unconscious or demented). It is one form of advance care planning; another is choosing someone to act as one's substitute decision-maker in such situations. Some states have legislation on advance directives.

Advocate – (verb) to speak out or take action on behalf of another person or group; (noun) someone who acts in this way. Physicians serve as advocates for their patients when they call on governments or health insurance officials to provide services that their patients need but cannot easily obtain on their own.

Anaesthetist – in some countries the title, *anaesthesiologist*, is used instead.

Beneficence – literally, 'doing good'. Physicians are expected to act in the best interests of their patients.

Bioethics/biomedical ethics – two equivalent terms for the study of moral issues that occur in medicine, healthcare and the biological sciences. It has four major subdivisions: **clinical ethics**, which deals with issues in patient care (cf. Chapter Two of this Manual); **research ethics**, which deals with the protection of human subjects in healthcare research (cf. Chapter Five of this Manual); **professional ethics**, which deals with the specific duties and responsibilities that are required of physicians and other healthcare professions (**medical ethics** is one type of professional ethics); and **public policy ethics**, which deals with the formulation and interpretation of laws and regulations on bioethical issues.

Consensus – general, but not necessarily unanimous, agreement.

Hierarchy – an orderly arrangement of people according to different levels of importance from highest to lowest. *Hierarchical* is the adjective describing

such an arrangement. The term, hierarchy, is also used to refer to the top leaders of an organization.

Justice – fair treatment of individuals and groups. As Chapter Three points out, there are different understandings of what constitutes fair treatment in healthcare.

Managed healthcare – an organizational approach to healthcare in which governments, corporations or insurance companies decide what services will be provided, who will provide them (specialist physicians, general practitioner physicians, nurses, other health professionals, etc.), where they will be provided (clinics, hospitals, the patient's home, etc.), and other related matters.

Non-maleficence – literally, not doing wrong. Physicians and medical researchers are to avoid inflicting harm on patients and research subjects.

Palliative care – an approach to the care of patients, especially those who are likely to die in the relatively near future from serious, incurable disease, that focuses on the patient's quality of life, especially pain control. It can be provided in hospitals, special institutions for dying patients (commonly called hospices), or in the patient's home.

Physician – an individual who is qualified to practise medicine. In some countries, physicians are distinguished from surgeons, and the term 'doctor' is used to designate both. However, 'doctor' is used by members of other health professions, such as dentists and veterinarians, as well as by all those who have obtained a Ph.D. or other 'doctoral' degree. The term 'medical doctor' is more precise but not widely used. The WMA uses the term 'physician' for all those who are qualified to practise medicine, no matter what their specialty, and this Manual does the same.

Plagiarism – a form of dishonest behaviour whereby a person copies the work of someone else, for example, all or part of a published article, and submits it as if it were the person's own work (i.e., without indicating its source).

Pluralistic – having several or many different approaches or features: the opposite of singular or uniform.

Profess – to state a belief or a promise in public. It is the basis of the terms 'profession', 'professional' and 'professionalism'.

Rational – based on the human capacity for reasoning, i.e., to be able to consider the arguments for and against a particular action and to make a decision as to which alternative is better.

Surrogate or substitute gestation – a form of pregnancy in which a woman agrees to gestate a child and give it up at birth to another individual or couple who in most cases have provided either the sperm (via artificial insemination) or the embryo (via in vitro fertilization and embryo transfer).

Value – (verb) to consider something to be very important; (noun) something that is considered to be very important.

Virtue – a good quality in people, especially in their character and behaviour. Some virtues are particularly important for certain groups of people, for example, compassion for physicians, courage for fire-fighters, truthfulness for witnesses, etc.

Whistle-blower – someone who informs people in authority or the public that an individual or an organization is doing something unethical or illegal. (The expression comes from the world of sport, where a referee or umpire blows a whistle to signal an infraction of the rules.)

APPENDIX B – MEDICAL ETHICS RESOURCES ON THE INTERNET

General

World Medical Association Policy Handbook (www.wma.net/e/policy/handbook.htm) – contains the full text of all WMA policies (in English, French and Spanish)

World Medical Association Ethics Unit (www.wma.net) – includes the following sections:

- Issue of the month
- WMA ethics outreach activities
- WMA ethics policies, including those in development or under review
- Declaration of Helsinki, history and current status
- WMA ethics resources
- Medical ethics organizations, including their codes of ethics
- Conference announcements
- Medical ethics education
- Ethics and human rights
- Ethics and medical professionalism.

Beginning-of-life issues

Human cloning – www.who.int/ethics/topics/cloning/en/

Assisted reproduction – www.who.int/reproductive-health/infertility/report_content.htm

End-of-life issues

Resources – www.nih.gov/signs/bioethics/endoflife.html

Education in Palliative and End-of-Life Care – www.epec.net/EPEC/webpages/index.cfm

Palliative care – www.hospicecare.com/Ethics/ethics.htm

Opposition to euthanasia – www.euthanasia.com/

HIV/AIDS

UNAIDS – www.unaids.org/en/PolicyAndPractice/default.asp

Relations with commercial enterprises

Educational resources – www.ama-assn.org/ama/pub/category/5689.html

Research on human subjects

Guidelines and resources – www.who.int/ethics/research/en/

Harvard School of Public Health, ethical issues in international health research course – www.hsph.harvard.edu/bioethics/

Training and Resources for Research Ethics Evaluation – www.trree.org/site/en_home.phtml

APPENDIX C

WORLD MEDICAL ASSOCIATION

Resolution on the Inclusion of Medical Ethics and Human Rights in the Curriculum of Medical Schools World-Wide

(Adopted by the 51st World Medical Assembly,
Tel Aviv, Israel, October 1999)

1. Whereas Medical Ethics and Human Rights form an integral part of the work and culture of the medical profession, and
2. Whereas Medical Ethics and Human Rights form an integral part of the history, structure and objectives of the World Medical Association,
3. It is hereby resolved that the WMA strongly recommend to Medical Schools world-wide that the teaching of Medical Ethics and Human Rights be included as an obligatory course in their curricula.

WORLD FEDERATION FOR MEDICAL EDUCATION (WFME):

Global Standards for Quality Improvement – Basic Medical Education (www2.sund.ku.dk/wfme/)

These standards, which all medical schools are expected to meet, include the following references to medical ethics:

1.4 Educational Outcome

The medical school **must** define the competencies (including knowledge and understanding of medical ethics) that students should exhibit on graduation in relation to their subsequent training and future roles in the health system.

4.4 Educational Programme – Medical Ethics

The medical school **must** identify and incorporate in the curriculum the contributions of medical ethics that enable effective communication, clinical decision-making and ethical practices.

4.5 Educational Programme – Clinical Sciences and Skills

Clinical skills include history taking, communication and team leadership skills.

Participation in patient care would include teamwork with other health professions.

4.4 Educational Resources – Research

The interaction between research and education activities **should** encourage and prepare students to engage in medical research and development.

APPENDIX D - STRENGTHENING ETHICS TEACHING IN MEDICAL SCHOOLS

Some medical schools have very little ethics teaching while others have highly developed programs. Even in the latter ones, however, there is always room for improvement. Here is a process that can be initiated by anyone, whether medical student or faculty member, who wants to strengthen the teaching of medical ethics in his or her institution.

1. Become familiar with the decision-making structure in the institution
 - Dean
 - Curriculum Committee
 - Faculty Council
 - Influential faculty members
2. Seek support from others
 - Students
 - Faculty
 - Key administrators
 - National medical association
 - National physician regulatory body
3. Make a strong case
 - *WMA Resolution on the Inclusion of Medical Ethics and Human Rights in the Curriculum of Medical Schools World-Wide*
 - *WFME Global Standards for Quality Improvement – Basic Medical Education*
 - Examples from other medical schools
 - Research ethics requirements
 - Anticipate objections (e.g., overcrowded curriculum)
4. Offer to help
 - Provide suggestions for structure, content, faculty and student resources (cf. WMA Ethics Unit web page on medical ethics education resources: www.wma.net/e/ethicsunit/education.htm)
 - Liaise with other medical ethics programmes, the WMA, etc.

5. Ensure continuity

- Advocate for a permanent medical ethics committee
- Recruit younger students
- Recruit additional faculty
- Engage new faculty and key administrators

APPENDIX E - ADDITIONAL CASE STUDIES

CONTRACEPTIVE ADVICE TO A TEENAGER

Sara is 15 years old. She lives in a town where sexual assaults are becoming more and more frequent. She comes to your clinic asking for a prescription for oral contraceptives to protect her from pregnancy in case she is the victim of a sexual assault. Pregnancy would terminate her education and make it very difficult to find a husband. Sara tells you that she does not want her parents to know that she will be using contraceptives because they will think that she intends to have sex with a boyfriend. You are suspicious of Sara's motives but you admire her determination to avoid pregnancy.

You advise her to come to the clinic with her parents for a general discussion of the issue with you. Three days later she returns alone and tells you that she tried to speak to her parents about the issue but they refused to discuss it.

Now what should you do?

A PREMATURE INFANT*

Max was born during the 23rd week of pregnancy.

He is ventilated because his lungs are very immature. Moreover, he suffers from cerebral bleeding because his vessel tissue is still unstable.

It is unlikely that he will actually survive the next few weeks. If he does, he will probably be severely handicapped both mentally and physically.

Max's condition worsens when he develops a serious infection of the bowel. It might be possible to extract the inflamed part of the bowel operatively, which would preserve his small chance of survival. His parents refuse to consent because they do not want Max to suffer from the operation and they feel that his quality of life will never be sufficient. As the treating physician you think that the operation should be done, and you wonder how to deal with the parents' refusal.

* Suggested by Dr. Gerald Neitzke and Ms. Mareike Moeller, Medizinische Hochschule Hannover, Germany

HIV INFECTION*

Mr. S is married and the father of two school children. He is treated in your clinic for a rare form of pneumonia that is often associated with AIDS.

His blood test results show that he is indeed HIV-positive. Mr. S says that he wants to decide himself if and when he will tell his wife about the infection. You indicate that it could be life-saving for his wife to protect herself from infection.

Besides, it would be important for her to have an HIV test herself. In case of a positive test result she would then have the opportunity to take drugs to slow down the outbreak of the disease and thereby prolong her life. Six weeks later, Mr. S comes into your clinic for a control investigation. Answering your question he says that he hasn't informed his wife yet. He doesn't want her to know about his homosexual contacts because he fears that she would end their relationship and the family would shatter. But to protect her he has had only "safer sex" with her. As the treating physician, you wonder whether you should inform Mrs. S of the HIV status of her husband against his will so that she would have the opportunity to start treatment if needed.

TREATING A PRISONER

As part of your medical duties you spend one day every two weeks seeing inmates in a nearby prison. Yesterday you treated a prisoner with multiple abrasions on his face and trunk. When you asked what caused the injuries, the patient replied that he had been attacked by prison staff during interrogation when he refused to answer their questions. Although this is the first such case you have experienced, you have heard of similar cases from your colleagues. You are convinced that you should do something about the problem but the patient refuses to authorize you to disclose information about himself for fear of retaliation from the prison authorities. Furthermore, you are not certain that the prisoner has told you the truth; the guard who brought him to you said that he had been in a fight with another prisoner.

You have a good relationship with the prison staff and do not want to harm it by making unsubstantiated accusations of mistreatment of prisoners. What should you do?

END-OF-LIFE DECISION

An 80-year old woman is admitted to your hospital from a nursing home for treatment of pneumonia.

She is frail and mildly demented. You treat the pneumonia successfully but just before she is to be discharged back to the nursing home, she suffers a stroke that leaves her paralysed on her right side and unable to feed herself. A feeding tube is inserted that apparently causes her discomfort and after she has made several attempts to pull it out with her left arm, a restraint is placed on the arm. She is otherwise unable to express her wishes. A search for children or other relatives who could help make decisions about her treatment is unsuccessful. After several days you conclude that her condition is unlikely to improve and that the only ways to relieve her suffering are to sedate her or to withdraw the feeding tube and allow her to die. What should you do?

COLLECTIONS OF CASE STUDIES

UNESCO Chair in Bioethics informed consent case studies – <http://research.haifa.ac.il/~medlaw/> (UNESCO Chair)

UK Clinical Ethics Network case studies – www.ethics-network.org.uk/case-studies/

Harvard School of Public Health international health research case studies – www.hsph.harvard.edu/research/bioethics/cases/





Senior Woman
Receiving Medical Exam
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The World Medical Association (WMA) is the global representative voice of physicians, regardless of their specialty, location, or practice setting. The WMA's mission is to serve humanity by endeavouring to achieve the highest possible standards of medical care, ethics, science, education, and health-related human rights for all people. The WMA Ethics Unit was established in 2003 to coordinate policy development and review and to expand the WMA's ethics activities in three areas: liaison with other international entities with activities in the field of ethics; outreach via conferences and the WMA website; and development of new ethics educational material such as this Manual.



The World Medical Association
B.P. 63, 01212 Ferney-Voltaire Cedex, France
email: wma@wma.net • fax: (+33) 450 40 59 37
website: www.wma.net

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