



Principles of Ethics in OB/GYN

FITZMAURICE 4.15.15

Learning Objectives

- ▶ Explain the following legal issues:
 - ▶ Informed consent
 - ▶ Confidentiality
- ▶ Apply a systematic approach to ethical problems based on ethical principles
- ▶ Describe issues of justice relating to access to OB/GYN care.
- ▶ Recognize your role as a leader and advocate for women
- ▶ Explain ethical dilemmas in OB/GYN
- ▶ Prerequisites
 - ▶ None
- ▶ See also, for closely related topics:
 - ▶ Communicating with OB/GYN Patients: tips, tricks and common pitfalls
 - ▶ Advance directives for health care in OB/GYN

Classic Principles of Medical Ethics

- ▶ “Ethical” medical practices must respect all 4 core principles:
 - ▶ Non-maleficence
 - ▶ Beneficence
 - ▶ Autonomy
 - ▶ Justice

NON-MALEFICENCE

- ▶ “First, do no harm”
- ▶ Never perform a treatment that will result in net harm to the patient
- ▶ OB/GYN example:
 - ▶ A 38 yo G3P2 at 37 0/7 wks w/ an uncomplicated pregnancy is completely miserable. She is bothered by swollen legs, lower back pain, intermittent contractions and fatigue, and is asking to be delivered.
 - ▶ Despite your compassion for your patient, induction carries relatively minor, but not insignificant, risks to the mother relative to spontaneous labor, and elective delivery prior to 39 weeks very clearly exposes the fetus/baby to increased risk. Without a medical indication, non-maleficence dictates that you cannot deliver her at this time.

BENEFICENCE

- ▶ Treatment is provided with the intent of helping the patient in the best way possible
- ▶ Includes mandate that health care providers continually develop and maintain clinical skills and knowledge to provide the best treatment and care
- ▶ Strive for net benefit
- ▶ OB/GYN examples:
 - ▶ Choosing between two medications of probably equal effectiveness and risk, the choice should be made based on cost to the patient, for example, not the physician's relationship with the drug rep.
 - ▶ Timing deliveries so that they are convenient for the physician may violate this principle unless there is also benefit to the patient

AUTONOMY

- ▶ Decisions are made based on the patient's values, free of coercion or coaxing
- ▶ “No decision about me without me”
- ▶ Negative autonomy
 - ▶ Patient's right to refuse treatment
 - ▶ Effectively an absolute right
- ▶ OB/GYN Examples:
 - ▶ Transfusing a Jehovah's Witness against her wishes is battery, a criminal offence
 - ▶ Counseling still must include informed consent, e.g. in pregnant women that they are at higher risk of hysterectomy due to the need to treat post-partum hemorrhage aggressively

AUTONOMY (CONT'D)

- ▶ Positive autonomy

- ▶ Patient's right to request a certain treatment
- ▶ NOT absolute – physician may refuse if request conflicts with other ethical principles

- ▶ OBGYN Examples:

- ▶ Risk/benefit counseling in urogynecology is complicated by the fact that urogyn surgeries generally treat QUALITY of life problems. So the severity of the problem, and the expected benefits are NOT medical in nature, and can only be quantified by the patient.
 - ▶ Decision to perform a midurethral sling procedure for stress urinary incontinence, may seem aggressive to the physician based on objective measures of the severity of the problem, but may be appropriate in a well-informed/counseled patient, if her symptoms are affecting her quality of life.

Justice

- ▶ Requires that the burdens and benefits of medical care are distributed equally among all groups in society
- ▶ Follow applicable laws in providing care
- ▶ OB/GYN example – clinical trials
 - ▶ IRBs tasked with enforcing this principle, particularly with respect to “vulnerable” populations, such as minorities, minors and pregnant women.
 - ▶ Clinical trials cannot enroll based on a choice between experimental care and no care.
- ▶ From ACOG Newsletter, March 8, 2015
 - ▶ “50% of US counties do not have an OB/GYN, and more than half of women in rural communities live more than 30 minutes away from a hospital offering perinatal services. The Improving Access of Maternity Care Act will create a maternity care shortage area designation within the National Health Service Corps, helping women in underserved areas receive timely access to quality maternity care.”

When ethical principles conflict...

- ▶ A healthy, 25 year old G0 presents to an REI specialist complaining of 2 years of primary infertility, requesting evaluation and treatment. Getting her pregnant will result in an increased risk of morbidity and mortality for her this year. Is it ok to proceed?
 - ▶ What if she were 45 years old?
 - ▶ 55 years old?
 - ▶ With heart disease?

A New Perspective on Principles of Medical Ethics

- ▶ Dec 2012: NHS in England introduced the “6 C’s” as foundational principles of care
 - ▶ Care – tailored to the individual through every stage of life
 - ▶ Compassion – empathy, respect, dignity
 - ▶ Competence – “all those in caring roles must have the ability to understand an individual’s health and social needs”
 - ▶ Communication – with patient and each other
 - ▶ Courage – do the right thing, speak up, embrace new ways of working
 - ▶ Commitment – to hold our patients, our community, our hospital/teammates above ourselves

