



CRRI - SEMINAR SERIES ON BIOETHICS

**CONDUCTED BY DEPARTMENT OF
COMMUNITY MEDICINE**

**TAGORE MEDICAL COLLEGE AND HOSPITAL,
CHENNAI**

**DATE: 28TH, 31ST DECEMBER 2020 & 2ND JANUARY
2021**

VENUE: DEPARTMENT DEMO HALL

- **Bioethics** is the study of the ethical issues emerging from advances in biology and medicine.
- It is also moral discernment as it relates to medical policy and practice.
- Bioethics are concerned with the ethical questions that arise in the relationships among life sciences, biotechnology, medicine and medical ethics, politics, law, theology and philosophy.
- It includes the study of values relating to primary care and other branches of medicine ("the ethics of the ordinary").



There are four main principles in Bioethics, namely:

1. Autonomy

- Requires that the patient have autonomy of thought, intention, and action when making decisions regarding health care procedures.
- Therefore, the decision-making process must be free of coercion or coaxing.
- In order for a patient to make a fully informed decision, she/he must understand all risks and benefits of the procedure and the likelihood of success

2. Justice

- The idea that the burdens and benefits of new or experimental treatments must be distributed equally among all groups in society.
- Requires that procedures uphold the spirit of existing laws and are fair to all players involved.
- The health care provider must consider four main areas when evaluating justice: fair distribution of scarce resources, competing needs, rights and obligations, and potential conflicts with established legislation.

3. Beneficence

- Requires that the procedure be provided with the intent of doing good for the patient involved.
- Demands that health care providers develop and maintain skills and knowledge, continually update training, consider individual circumstances of all patients, and strive for net benefit.

4. Non-maleficence

- Requires that a procedure does not harm the patient involved or others in society.
- Take no unnecessary risks and cause no unnecessary harm. In common language, it can be considered as negligence if you impose a careless or unreasonable risk of harm upon another.
- Benefits of an act must outweigh harm -net benefits

TAGORE MEDICAL COLLEGE & HOSPITAL

**Rathinamangalam, Melakottaiyur (PO), Chennai-
600127.**

DEPARTMENT OF COMMUNITY MEDICINE

**Cordially welcomes all the Faculty, CRRIs and
SEMINAR ON BIOETHICS**

**DATE: 28TH TO 31ST
DECEMBER 2020**

TIME: 9AM – 12PM

**Dr.N. Gunasekaran M.D., DTCD
Dean, TMCH**

**Dr.Kumudha LingaraM.D.,D.A
Medical Director**

**Dr.K.Ravindran M.D
Dean academics**

**Dr.Sivaprakasam M.S.,
Medical Superintendent**

**Dr.A.Balaji MD
Professor & HOD, Community Medicine.**

	DATE	PRESENTATION	TOPIC
1	28/12/2020	DR. THOSHIBA ANANDAVEL	EVOLUTION OF ETHICS
		DR. P. VARUN KUMAR	AUTONOMY
		DR. A. BALAJI, PROFESSOR & HOD	SEMINAR CASE DISCUSSION
2	31/12/2020	DR. VAISHIKAA	JUSTICE
		DR. VIDHYAVATHI	BENEFICENCE
		DR. VENNILA	NON-MALEFICENCE
		DR. A. BALAJI, HOD & PROFESSOR	SEMINAR CASE DISCUSSION
3	02/01/2021	DR. VIKRAM, ASSISTANT PROFESSOR	AETCOM MODULE 2.5 & 2.7 CASE DISCUSSION
		DR. A. BALAJI, PROFESSOR & HOD	CONCLUSION

Organizing Committee Members

ORGANISING CHAIRMAN:

Dr A. Balaji, Prof & HOD, TMCH

EVENT ORGANISERS:

Dr. A.BALAJI, PROFESSOR & HOD, TMCH

Dr. Sivagurunathan, ASSOCIATE PROFESSOR, TMCH

Dr. A. Radhakrishnan, ASSISTANT PROFESSOR, TMCH

Dr. Rc.Karthik, ASSISTANT PROFESSOR, TMCH

Dr. Vikram, ASSISTANT PROFESSOR, TMCH

SEMINAR PRESENTATION:

1. DR. T. THOSHIBHA ANANDAVEL

2. DR. P. VARUN KUMAR

3. DR. R. VAISHIKAA

4. DR. G.S. VIDHYAVATHI

5. DR. K. VENNILA



Dr.Thosibha Anandavel presenting on evolution of bioethics





Dr. Varun presenting on Autonomy





CASE Discussion by Dr. A. Balaji, Prof & HOD





Dr. Vaishikaa presenting on Justice





Dr. Vidhyavathi presenting on Beneficence





Dr. Vennila presenting on Non-maleficence





Case discussion by Dr. Vikram, Asst Prof



CASE SCENARIO

AETCOM MODULE 2.5

You evaluate Mrs. Lakshmi Srinivasan, 48 year old woman presenting with lymphadenopathy. She had been complaining of mild fever and weight loss for the past 4-5 months. Examination of the neck shows large rubbery lymph nodes that are present also in the axilla and the groin. There is palpable spleen. She is accompanied by her caring husband. Lakshmi undergoes a lymph node biopsy and the pathologist calls and tells you that she has lymphoma. That evening Mr. Srinivasan comes in first into your office and leaves the report on your table. As you read the description, you realise that the final diagnosis has been altered to Tuberculosis by whitening out the pathologist's report. When you look up, he tells you – “Sir, I googled about lymphoma – it is almost like a cancer. My wife can't handle that diagnosis. She has always been a worried frightened person. I want you to tell my wife that she had TB. She is waiting outside Doctor. I thought I will Call her in after I have a chat about this with you”

Points made by CRRI during discussion session with the Faculty

- 1. Does the patient have the right to know their diagnosis ?

A. In this case, as revealing the diagnosis can harm the patient, in view of beneficence, the original diagnosis can be concealed from the patient

- 2. What should the patient be told about their diagnosis, therapy and prognosis?

A. In this case the patient can be informed about the altered diagnosis, its treatment and prognosis

- 3. How much should be told to a patient about their illness?

A. Generally, it is a patient's autonomy to know every detail about their illness

- 4. Are there exceptions to full disclosure? Can family members request withholding of information from patient?

A. Like this case, in which full disclosure may do harm to the patient's mental well being than do any good, full disclosure is not applicable. Family members can request withholding of information from the patient only when the non-maleficence outweighs beneficence

AETCOM MODULE 2.7

A 54 year old man Mr. Surendra Patel is admitted for acute chest pain in a medical centre. His father had died of a myocardial infarction at the age of 60 yrs. Two years ago, his brother had been admitted to a hospital with a myocardial infarction and had died after complications following angioplasty. Mr. Patel is a diabetic and is on oral hypoglycaemic drugs with moderate control. He is a businessman with his own small industry. After initial stabilization, the patient is comfortable and pain free after analgesics and nitrates. Preliminary blood work and ECG confirm an acute coronary event. The next morning the senior cardiologist makes rounds and reviews the patient. “You have unstable angina Mr. Patel and you require an angiogram. You may also require either a stent and coronary bypass after the procedure. The nurse will provide you with the necessary paperwork. Please sign it and I will plan the procedure for 4.35 AM tomorrow morning. “Doctor Saheb” asked Mr. Patel, “I am not comfortable with the idea of an angiogram; my brother died on the table when an angioplasty was being done. Aren’t there other tests that you can do? I am not happy with this option. “Your brother would have had it with someone else Mr. Patel. I have the best hands in the town; nothing will happen when I do it.” retorted the cardiologist. “But aren’t there any other options to see what I have? Is this the only test? I have read somewhere that you can do a CT angiogram”, persisted Mr. Patel. “Are you the doctor or am I the doctor?” retorted the cardiologist angrily. “If you are ready to do as I say, then sign the papers and I will see you in the cath lab tomorrow. Otherwise, you are free to get discharged”. He stamped out.

Points made by CRRI during discussion session with the Faculty

- 1. Extent of patient autonomy?
A. The patient has the right to get the information about every modality available to treat his/her condition and choose the one that he /she thinks is the best
- 2. Informed consent and Informed refusal?
A. Informed consent is getting the consent after informing the procedure or treatment the patient about to receive to the patient
Informed refusal is refusing the treatment that has explained
- 3. Conflict between autonomy and beneficence?
A. Here the doctor emphasizes beneficence over autonomy. To maintain a good doctor-patient relationship, all 4 principles of bioethics must be balanced
- 4. What should the patient be told about a procedure?
A. The patient must be explained about different procedures available to treat the patient's condition, it's side effects benefits and complication.

What must the informed consent include?

- A. An informed consent must include
- i) Disclosure of information
 - ii) Competency of the patient to make a decision
 - iii) Voluntary nature of the decision



Discussion on Bioethics by Dr. A. Balaji, Prof & HOD

TIPS FOR DAY TO DAY GOOD CLINICAL PRACTICE:-

- Respect patient's privacy
- Get an informed consent
- Practice to say "NO" where ever needed to patients



CRRIs Reflection on Bioethics Module

As a Health care professional, we are bound to practise ethics on a day-to-day basis. We were introduced to AETCOM Module (Attitude, Ethics and Communication) in our Second year of MBBS (third semester) where we performed roleplays and presentations on maintaining a healthy doctor-patient communication which laid a primary foundation to our journey as medical students and helped us grow over our student years with regards to the 'Attitude & Communication' aspect. Although, formally AETCOM: Bioethics was introduced to us in specific when Dr. A. Balaji, our Professor & HOD initiated a seminar series on this topic during our posting in the Department. Prior to working on this program, we had a very brief outline as to how a doctor should be competent in serving the patient with regards to ethics. However, during this process we learnt in-depth of what bioethics is, how we can implement it in our daily clinical practise, how to address discrepancies in treating complex patients and where we have been going wrong all these years. The seminar series instilled strong values of ethical implications in health care system in all of us. We discussed about the evolution and each principle of bioethics in detail over the course of three days. We were able to understand the importance of it when we illustrated various case scenarios and concluded each presentation with a Q&A session where questions were raised and possible modalities of addressing the issues were discussed. We are glad we had this program because this session gave us a realistic approach to clinical practise, thus aiding us to perform better as doctors.

REFLECTIVE QUOTES BY CRRIs

“This module helped us to recognise what we are doing wrong in our daily practise and help us realise what to do and what not to do to maintain a healthy doctor-patient relationship”

~ Dr. P. Varun Kumar (CRRI)

“This seminar series made me evaluate my rights and wrongs in addressing my patients and made me reflect what I’ve learnt so far in this field. This was a very informative program which refined my thinking and I’m sure to keep in mind all the take home points and carry it onto my clinical practise. I’m thankful for the department to have taken this initiative and the time to ensure our safe future clinical practise.”

~Dr. R. Vaishikaa (CRRI)

“Through this session, now we can differentiate ethical and unethical issues arising during treating our patients.”

~ Dr. K. Vennila (CRRI)

“Through this module, we came to know the principles of bioethics in proper. I will implement all I’ve learnt here in my clinical practise.”

~ Dr.G.S. Vidhyavathi (CRRI)

“This session helped me to improve my communication skill with patients and to empathise more than showing sympathy in my career.”

~ Dr. Teena Shivani (CRRI)

“This seminar series is very useful for my clinical practise in future. I thank the department.”

~ Dr. Vanniyarselvan (CRRI)

“This module helped me be a better doctor and an even better human being. I will be sure to implement it in future.”

~ Dr. Thoshiba Anandavel (CRRI)