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(HET 642: HEALTHCARE ETHICS)

ATLANTIC INTERNATIONAL UNIVERSITY
September/2024

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Introduction to Healthcare Ethics

Brief background on Health care ethics

Introduction

Ethics can be explained as principles that a society develops to help in decision making on what is right and wrong. Ethics helps the society to answer the question, “Which general moral norms for the guidance and evaluation of conduct should we accept, and why?” (Tom L. Beauchamp, 2001). Most of the time ethical principles in the society are influenced by region, culture, history, religion and experience of the people in the group. Meaning that ethics is based on guidelines we have learned while growing up, that helps us differentiate what is right and what is wrong. For instance, moral norms that are often highlighted include not to kill, or harm, or cause suffering to others, not to steal, not to punish the innocent, to be truthful, to obey the law, to nurture the young and dependent, to help the suffering, and rescue those in danger. For example, some people think access to health care should be a human right as others think it should only be available to those who can pay for it. Each group of people is guided by the principles they believe in.

Ethics in health care play a vital role every day. In health care setup ethics play critical role in guiding the health care professionals to make adequate decisions based on the many scenarios that they might encounter to provide health care and improve the health care outcome of the patients. In this essay I will highlight main principles of ethics, that is beneficence, nonmaleficence, autonomy, and justice; autonomy which is the basis for informed consent, truth-telling, and confidentiality; traditional ethical models and challenges; integrated ethical model; and develop a patient care model that integrates ethics, technical expertise, professional to improve the patient outcomes (Larkin G. L, 2001).

Purpose and scope of the essay

The essay argues out that there is need for urgent clear ethical guidelines in the health care system to foster positive organizational culture and help a practicing physician to make decisions on patient care and improve patient outcomes in the health care setting. Health care ethics is an inherent and inseparable part of in health care as a physician has an ethical obligation to respect values and preferences of the patients, avoid or minimize harm and make decisions that would benefit the patient (Peter A. Singer, 2001). This essay will highlight the clear ethical guidelines that health care workers require to fulfil their obligations and improve patient outcomes.

Ethics can be explained as principles a society develops to guide decisions about what is right and wrong. Ethical principles that society has are influenced by religion, history, and experience of the people in the group. Meaning that ethics is based on guidelines we have learned while growing up, that helps us differentiate what is right and what is wrong. For example, some people think health care should be a human right as others think it

should only be available to those who can pay for it. Each group of people is guided by the principles they believe in.

Principle of Autonomy in Healthcare

- 1. Discuss the principle of autonomy in healthcare. How does it apply to patient consent, and what are the ethical challenges that arise when a patient's autonomy conflicts with medical advice?**

The principle of autonomy in healthcare is a practice that acknowledges that patients have rights to make their own informed decisions about their health and medical care, free from coercion or undue influence from caregivers or health care professionals. It is grounded in the belief that individuals have the capacity and right to determine what happens to their own bodies, based on their values, preferences, and understanding of the situation. Autonomy is a foundational principle of medical ethics and is closely related to concepts of respect for individual dignity and self-determination in health care.

Autonomy and Patient Consent

Patient consent can be achieved through the informed consent where a patient is given an opportunity to make informed decisions after understanding the information presented to them by health care professionals, appreciate the consequences of their choices either to accept or reject medical care and communicating their decisions back to the health care professional clearly. Autonomy comes into play because it is achieved through the informed consent since the patient has been given the opportunity and all the relevant information about a proposed treatment or intervention, including its risks, benefits, and alternatives, and then makes a voluntary decision to accept or refuse it. In addition, to informed consent autonomy and patient consent also comes to play when decisions are made voluntarily. This is where the patient makes the decision without by manipulated or coerced, thus ensuring that they feel free to choose based on their personal beliefs and values. Sometimes medical professional believes that a certain course of action is in the patients best interest, but the patient has the right to accept or refuse that treatment depending on the goals and values.

Challenges When Autonomy Conflicts with Medical Advice

Although autonomy is a core ethical obligation in health care and health care professionals must abide and respect the patient's decisions, it can lead to complex ethical dilemmas especially when the decision of patient goes against the decision of the health care providers who deem the possible health care action is in the patient's best medical interest. There are several common challenges which include:

- 1) Patient Refusal of Life-Saving Treatment:** This comes to play when patients refuses treatment that could save or prolong their life significantly, for instance, a

patient might refuse to undergo surgery or dialysis. In such cases health care providers will find that the duty to respect patients' autonomy conflicts with the principle of beneficence which usually focuses on the patient's best interests. Therefore, healthcare professionals must balance between the patient's rights to make decisions about their own body or desire to save or extend a patient's life. This is more challenging because health care provider believes that the patient is making decisions that will harm their own life or cause death.

- 2) **Competency and Decision-Making Capacity:** The principle of autonomy assumes that when patients are making informed decisions, they are in good mental capacity (Grisso T, 1998). This is not right because the patient might be suffering from conditions such as severe mental illness, dementia, distress that might affect their decision-making capacity and thus making a wrong a decision. In such circumstances, healthcare providers must assess whether the patient truly has the capacity to make informed decisions and if not, the health care provider can consult the guardians, ethics committees which might complicate the decision-making process (Grisso T, 1998).
- 3) **Cultural and Religious Beliefs:** Patients' have diverse cultural or religious beliefs that sometimes affect their decision in refusing or getting medical interventions such as vaccinations and blood transfusions which are usually seen as interventions that are necessary for the health of the patient. Although health care workers must respect the culture and religious beliefs of the patient, it difficult choice to balance the respect while understanding the medical consequences of their choices.
- 4) **Treatment for Minors and Vulnerable Populations:** Treatment of minors or vulnerable patients requires that parents or legal guardians make medical decisions. This might be ethically challenging when it comes to life-saving treatments for their child based on personal beliefs. Therefore, healthcare providers may need to intervene seeking legal rulings to override the parents' decisions when the child's life is at risk. This creates tension between respecting parental autonomy and the healthcare provider's obligation to protect the child's well-being.
- 5) **Information Disclosure and Paternalism:** Healthcare providers may be tempted to withhold certain information they believe would cause unnecessary distress or lead the patient to refuse treatment. This can result in a conflict between the provider's desire to act paternalistically (protecting the patient from harm) and respecting the patient's right to make fully informed decisions. The ethical challenge of withholding such information, even with good intentions, violates the principle of autonomy, as patients cannot make informed decisions without access to all relevant facts.

- 6) **Autonomy in End-of-Life Care:** Autonomy is central in decisions about end-of-life care, where patients may choose to refuse life-prolonging treatments, opt for palliative care, or even go further and request assisted dying. Patients may prioritize quality of life over longevity, leading to choices that are at odds with a healthcare provider's desire to extend life. Health providers must navigate the tension between honoring a patient's wishes and their professional duty to preserve life. Additionally, providers may experience moral distress if a patient's choice contradicts their personal or professional beliefs.

Approaching Conflicts Between Autonomy and Medical Advice

There are several approaches that healthcare workers at Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) can use to deal with conflicts between autonomy and health care service provision: -

1. **Open Communication and Shared Decision-Making:** Healthcare professionals working at Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) should engage patients in open, honest and shared decision-making, where both the medical provider and the patient collaborate in discussing the options, risks, and benefits of proposed treatment. This will help in understanding the patient's values and goals and find solutions that respect autonomy while addressing medical concerns. KUTRRH health care providers should clarify any misunderstandings, address fears or concerns, and provide patients with all the information they need to make informed choices.
2. **Respecting Patient Values:** Respect is paramount when offering health care. Professionals must respect the patient's autonomy unless there are clear reasons such as lack of capacity to intervene. Providers should acknowledge the patient's right to prioritize their values such as quality of life, independence, or religious beliefs over medical outcomes like extended life expectancy.
3. **Ethics Consultations and Mediation:** Health care providers should always sought ethics consultant when there is significant conflict between patient autonomy and medical advice since the ethics committee provides a neutral forum for discussing the ethical principles involved and finding a resolution that respects both the patient's rights and the provider's professional obligations.
4. **Supporting Informed Decision-Making:** Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) management encourages all the healthcare providers to give accurate and comprehensive information related to medical care they are providing to clarify any misunderstanding and support the patient to make

informed decisions. This is especially when they are treating patients with cancer who are usually in stage 4 and require palliative care.

5. **Addressing Moral Distress Among Providers:** There is need for the top management at Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) to support staff who are morally distressed when a patient's autonomous decision contradicts their decision including access to counselling or ethics support.

In conclusion, the principle of autonomy is a cornerstone of modern healthcare ethics, ensuring that patients have the right to make their own medical decisions. However, it often leads to ethical challenges when patient decisions conflict with medical advice. Healthcare professionals must respect patient autonomy while balancing other ethical principles like beneficence, non-maleficence, and justice. By fostering open communication, engaging in shared decision-making, and seeking ethical consultations when needed, healthcare providers can navigate these complex situations and uphold both the patient's rights and the integrity of medical care.

Ethical Considerations involving end-of-life care

2. **Analyze the ethical considerations involved in end-of-life care. What are the key ethical principles guiding decisions about palliative care, assisted suicide, and euthanasia?**

End-of-life care involves complex ethical considerations as it deals with the most sensitive decisions regarding death and dying. Ethical dilemmas often arise as patients, families, and healthcare providers navigate issues related to pain management, quality of life, and the desire for a dignified death. Autonomy, beneficence, non-maleficence and justice are key principles that support key decisions surrounding palliative care, assisted suicide, and euthanasia. These principles help guide healthcare professionals in respecting patients' rights while considering the broader implications of care.

1. **Autonomy principle:** This principle refers to the patient's right to make informed decisions about their own body and medical care, free from coercion or undue influence (University, 2023). This can be applied in End-of-Life care since it plays crucial role in respecting the wishes of patients regarding how they want to spend their final days, including their preferences for palliative care, refusal of life-prolonging treatments, or the choice to hasten death. Patients sometimes have legal documents, wills that express their preference which healthcare providers are ethically obligated to honor. The ethical challenge involves balancing autonomy with other principles can be difficult, especially when a patient's autonomous choice conflicts with the healthcare provider's values or the legal

framework. For example, a patient may request assisted suicide or euthanasia, but the provider may face legal or moral constraints

- 2. Beneficence Principle:** This principle involves acting in the best interest of the patient by promoting their well-being, relieving suffering, and providing compassionate care (University, 2023). The principle is central to palliative care which focus on alleviating suffering and improving the quality of life for patients with terminal illnesses such as management of pain and provision of psychological support. In terms of assisted suicide or euthanasia, beneficence may be invoked if the patient is enduring unbearable suffering with no hope of improvement. Some argue that helping a patient die in such circumstances could be seen as a compassionate act that aligns with beneficence. The ethical challenge will include determination of what constitutes beneficent, for instance, palliative care seeks to relieve suffering without hastening death and that ending their life is more beneficial thus putting health care workers in a situation where they might have to navigate between relieving suffering and preserving life.
- 3. Non-Maleficence Principle:** This principle means “do no harm.” Healthcare providers are obligated to avoid causing harm to patients, either through action or inaction (Varkey, 2021). This comes to play in decisions regarding euthanasia and assisted suicide and ending patient’s life is usually seen as causing harm and it leads to ethical and legal restrictions on practices like euthanasia. In palliative care, non-maleficence guides decisions around treatment options, ensuring that interventions intended to relieve suffering do not inadvertently cause more harm. This principle can conflict with beneficence when the goal is to relieve suffering. For instance, in palliative care at KUTRRH, the use of high doses of pain medication may risk hastening death, but if the primary intention is to relieve suffering, it may be ethically justifiable. Similarly, assisting a patient in dying could relieve suffering but may be seen as violating the duty to do no harm.
- 4. Justice:** This principle involves fairness in the distribution of resources, equal access to care, and respect for patients’ rights (Varkey, 2021). It requires that all patients, regardless of their background or circumstances, have equitable access to high-quality end-of-life care, including palliative services. It also involves ensuring that all patient’s preferences are respected and that they receive appropriate care is central to the principle of justice. Regarding assisted suicide and euthanasia, justice also involves ensuring that these options are made available only under fair, transparent, and ethically justified circumstances. This includes safeguards to prevent coercion or exploitation of vulnerable populations such as the elderly or disabled. Justice may raise concerns about unequal access to end-of-life care, particularly if assisted suicide or euthanasia is available only to certain populations. In addition, societal debates about whether certain groups

such as those with disabilities may feel pressured to choose assisted death because of perceived burdens on family or society must be carefully considered.

Ethical Considerations for Palliative Care

Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) palliative care unit focuses on providing relief from the symptoms, pain, and stress of serious illness, with the goal of improving quality of life for both the patient and their family. Ethical considerations in palliative care revolve around the following:

1. **Respecting Autonomy:** Health care professionals working in this unit should ensure that patients can make informed decisions about their care, including the choice to stop curative treatment and focus on comfort.
2. **Balancing Beneficence and Non-Maleficence:** Healthcare providers must offer treatments that alleviate suffering without causing unnecessary harm. This can be complex when high doses of pain medication might hasten death (the doctrine of double effect).
3. **Holistic Care:** Palliative care addresses not only physical pain but also emotional, social, and spiritual needs, which aligns with a broad understanding of beneficence and justice.

Ethical Considerations for Assisted Suicide

Assisted suicide refers to a situation where a patient, usually suffering from a terminal illness, chooses to end their life with the help of a healthcare provider, typically by obtaining a prescription for a lethal dose of medication. Ethical considerations include:

1. **Autonomy:** Proponents argue that patients should have the right to choose how and when to die, particularly if they are experiencing unbearable suffering and see no hope for improvement.
2. **Beneficence and Non-Maleficence:** Assisted suicide is seen by some as a compassionate response to intractable suffering, but it also raises concerns about violating the principle of "do no harm."
3. **Justice and Vulnerability:** There are concerns about vulnerable individuals (e.g., the disabled or elderly) feeling pressure to choose assisted suicide due to societal or financial burdens, raising issues of fairness and justice.

Ethical Considerations for Euthanasia

Euthanasia involves a healthcare provider directly administering a life-ending intervention (e.g., a lethal injection) at the patient's request. The key ethical considerations are:

1. **Autonomy:** Euthanasia respects a patient's right to choose death over prolonged suffering, especially in cases of terminal illness where the patient feels they have no quality of life.
2. **Beneficence and Non-Maleficence:** While euthanasia may relieve suffering, it involves actively ending a life, which many argue violates the duty to do no harm. For others, it is seen as an act of compassion.
3. **Legal and Ethical Boundaries:** Euthanasia is illegal in most places, and even where it is legal for example in Belgium or the Netherlands, it is heavily regulated. The challenge is ensuring that euthanasia is requested freely and voluntarily, without external pressures.

In conclusion, end-of-life care presents profound ethical challenges, as it involves deeply personal decisions about suffering, dignity, and death. Autonomy, beneficence, non-maleficence, and justice principles guide decisions related to palliative care, assisted suicide, and euthanasia. Healthcare providers must navigate these principles carefully, balancing respect for patient autonomy with their professional and ethical duties to alleviate suffering and avoid harm, all while considering the broader social implications of end-of-life practices.

Principle of Beneficence in Healthcare

3. **Explain the concept of beneficence in healthcare. Provide examples of how healthcare professionals can ensure that their actions promote the well-being of patients.**

The concept of beneficence in healthcare refers to the ethical obligation of healthcare professionals to act in the best interest of their patients by promoting their well-being, preventing harm, and ensuring positive outcomes (Varkey, 2021). Beneficence requires healthcare providers to take proactive steps to help patients, alleviate suffering, and support recovery, while ensuring that the interventions they offer are in line with the patient's needs and values. This principle is challenging to health care workers, and they should answer the following questions carefully before making decisions on the course of treatment:

- What is the nature of illness and goals of treatment?
- What are the treatment options and success rate of each treatment option?
- Effects of not providing health care treatment to the patient?
- What are the adverse effects of treatment and does the benefit outweigh the harm?
- What are the patient's individual goals, needs and experiences?
- What is a patient's history, background, culture, life experience and religious beliefs?

This principle can be achieved through:

1. **Providing Appropriate Medical Treatment:** Healthcare professionals can ensure the principle of beneficence is adhered to by offering the most effective treatments based on current evidence and best practices. For example, a doctor prescribing antibiotic to treat a bacterial infection is promoting the well-being of the patient by addressing the cause of the illness and preventing complications or a surgeon recommending minimally invasive surgery over traditional open surgery, when appropriate, to minimize recovery time, pain, and the risk of infection.
2. **Managing Pain and Symptoms:** Alleviating a patient's pain and discomfort is a direct application of beneficence. Healthcare providers can ensure that pain is managed effectively, using appropriate medications and therapies. For example, a palliative care nurse administering morphine to a terminally ill patient to reduce severe pain and improve their quality of life, even if the goal is not to cure the underlying illness.
3. **Preventive Care and Health Promotion:** Beneficence includes offering preventive care to reduce the risk of illness or injury. At Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) we have been providing vaccinations of Hepatitis B, COVID-19 to health care workers, screenings to cancer patients, or health education to Diabetic patients to promote long-term health.
4. **Tailoring Care to Individual Needs:** This principle also requires healthcare professionals provide individualized care considering a patient's personal circumstances, cultural background, and preferences when recommending treatments. For example, doctor working with a patient with diabetes to create a customized care plan that includes both medication and dietary changes that the patient feels are manageable and effective.
5. **Shared Decision-Making:** This principle also involves the patient in decisions about their care. Healthcare professionals can promote well-being by ensuring patients understand their options and can make informed choices. For example, a healthcare professional discussing the benefits and risks of chemotherapy versus palliative care with a cancer patient, allowing the patient to choose the course of treatment that aligns with their values and quality of life goals.
6. **Patient Advocacy:** health care workers acting in the patient's best interest sometimes means advocating for their needs within the healthcare system or ensuring they receive care that aligns with their values. For example, a nurse advocating for a patient with limited mobility to receive appropriate physical therapy to regain strength, even when the patient's insurance initially denies coverage.

7. **Emotional and Psychological Support:** This principle requires healthcare providers to promote overall patient welfare by offering emotional support, counseling, and mental health services to help patients cope with illness. For example, mental health counselor providing therapy to a patient experiencing depression after being diagnosed with a chronic illness, helping them navigate their emotional response and adapt to their condition.
8. **Ethical Allocation of Resources:** In resource-limited settings, beneficence involves making ethical decisions about the allocation of care that maximizes patient benefits. Healthcare professionals must balance providing high-quality care with available resources. For example, a hospital prioritizing ICU care for critically ill patients who are most likely to benefit from the intervention, ensuring that limited resources are used where they will have the greatest positive impact.

In conclusion, beneficence is a core principle of healthcare ethics that obligates healthcare professionals to actively promote the well-being of their patients. By providing appropriate treatment, managing pain, offering preventive care, and engaging in shared decision-making, providers can ensure their actions are in the best interest of patients. However, balancing beneficence with other ethical principles, such as autonomy and non-maleficence, often requires careful consideration and sensitivity to the unique needs and preferences of each patient

Ethical Implications of Resource Allocation in Healthcare

4. **Examine the ethical implications of resource allocation in healthcare. How should healthcare resources be distributed, and what criteria should guide decisions about who receives care in situations of scarcity?**

The ethical implications of resource allocation in healthcare arise when limited resources such as medical equipment, personnel, medications, or treatments must be distributed among patients. This issue becomes particularly pressing in situations of scarcity, such as during public health emergencies, in low-resource settings, or when new, expensive treatments are available to only a few. Ethical principles help guide decisions about how to allocate resources in a way that is fair, equitable, and justifiable, balancing the needs of individuals with the needs of society.

Key Ethical Principles in Resource Allocation

- 1) **Justice:** The principle of justice calls for fairness in distributing healthcare resources (Varkey, 2021). This can involve how benefits and burdens are shared across society and ensuring that individuals receive what they need to achieve similar health outcomes. To achieve this principle decisions must be made based on transparency, objectivity, without discrimination based on race, disability, socioeconomic status.

- 2) **Utility (Maximizing Benefits):** This aspect involves distributing resources in a way that maximizes the overall benefit to society. This prioritizes patients who are most likely to recover or who can benefit most from the resource, with the goal of saving the greatest number of lives or improving health outcomes for the largest number of people. Although, this approach aims to maximize overall benefits, it can sometimes disadvantage vulnerable groups, such as the elderly or those with chronic illnesses, if they are seen as less likely to benefit from treatment.
- 3) **Autonomy:** Autonomy becomes a challenge when individuals' choices are constrained by the available resources (Varkey, 2021). For instance, not every patient may have access to a particular treatment or intervention, even if they desire it. Balancing individual autonomy with societal needs can be difficult when resources are limited, as patients may have to accept care options that are not their first choice.
- 4) **Beneficence and Non-Maleficence:** Beneficence requires that healthcare providers act in the best interest of their patients, promoting their well-being and providing appropriate care (Varkey, 2021). Non-maleficence, or "do no harm," obliges providers to avoid actions that could cause unnecessary harm to patients.
- 5) In resource allocation, these principles guide decisions to ensure that resources are used in ways that do the most good without causing harm. For instance, care should not be denied to patients if there are alternatives that could still benefit them, even if the most optimal treatment is unavailable.

Ethical Approaches to Resource Allocation

1. **Egalitarian Approach (Equal Access):** This approach advocates for equal access to resources for all individuals, regardless of factors like age, socioeconomic status, or likelihood of recovery. Every person has an equal claim to healthcare, and resources should be distributed equally whenever possible. The approach promotes fairness and avoids discrimination, ensuring that no group is favored over another. In cases of scarcity, it may lead to inefficient use of resources. For example, providing a costly treatment to someone who is unlikely to benefit from it may reduce the chances of survival for others who could have a better outcome.
2. **Utilitarian Approach (Maximizing Benefit):** The utilitarian approach focuses on maximizing the total benefit to society. It seeks to allocate resources to those who are most likely to survive or recover with the given treatment, thereby optimizing overall outcomes. It maximizes the effectiveness of scarce resources and can save the greatest number of lives or improve the quality of life for the largest number of people. On the other hand, it may lead to the exclusion of vulnerable groups, such

as the elderly or those with pre-existing conditions, who may be perceived as less likely to benefit from treatment, potentially exacerbating existing health inequalities.

3. **Need-Based Approach:** This approach prioritizes those with the greatest need, such as individuals with the most severe or life-threatening conditions. Most of the patients that we receive at Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) can benefit from this need-based approach since the resources will be allocated based on the urgency of the patient's medical condition. It focuses on helping the most vulnerable and those in the most immediate danger, ensuring that those who need care most are not left behind. It may not always result in the most efficient use of resources, as patients with greater needs might have lower chances of recovery or require more intensive care, reducing the number of lives that can be saved overall.
4. **Fair Chance/Random Selection:** In some cases, when all other criteria are difficult to apply fairly, a random selection process can be applied to determine who receives scarce resources. This ensures that every individual has an equal chance of access to care. It avoids bias and discrimination and is perceived as a fair way to allocate limited resources. It disregards clinical outcomes and potential benefits, as resources may be allocated to individuals who are unlikely to benefit, while those with better chances of recovery might be excluded.
5. **Prioritization Based on Social Value or Contributions:** Some argue that resources should be allocated based on individuals' social value or contributions, prioritizing essential workers, caregivers, or those who are likely to provide continued societal benefits. It may ensure that individuals who contribute most to the functioning of society (e.g., healthcare workers during a pandemic) receive necessary care so they can continue their vital roles. It risks valuing certain lives over others based on subjective criteria and can lead to unjust outcomes by favoring certain professions or social statuses.

Criteria for Guiding Resource Allocation in Scarcity

1. **Medical Need and Prognosis:** Patients with the most urgent medical conditions and those who have a high likelihood of benefiting from treatment should generally be prioritized. This ensures that resources are used where they can have the greatest impact. For example, during the COVID-19 pandemic at Kenyatta University Teaching, Referral and Research Hospital (KUTRRH), ventilators were often allocated based on the severity of patients' conditions and their likelihood of recovery.
2. **Likelihood of Benefit:** Resources should be allocated to individuals who are most likely to survive or recover with treatment. This principle aims to maximize the

positive outcomes of scarce resources. For, example, organ transplant waiting lists often prioritize patients based on the likelihood of a successful transplant and survival.

3. **Fairness and Equity:** Decisions should be guided by fairness and avoid discrimination based on factors like race, gender, socioeconomic status, or disability. Equity also calls for addressing health disparities by ensuring that underserved or marginalized populations have access to care. For example, in vaccine distribution, priority may be given to high-risk groups such as elderly populations and communities that have historically faced barriers to healthcare access.
4. **Maximizing Social Utility:** In some cases, priority may be given to individuals who play essential roles in society, such as healthcare workers, first responders, or caregivers. This can help ensure the continued functioning of critical societal services. For example, during a public health crisis, healthcare workers may be prioritized for protective equipment or treatment to ensure they can continue caring for others and this was evident during COVID-19 pandemic.

Ethical challenges in resource allocation

1. **Discrimination and Bias:** Decisions about resource allocation must avoid discrimination based on factors such as age, disability, socioeconomic status, or race. Historical health disparities can exacerbate the challenges of fair allocation, as marginalized groups may have less access to care even in non-crisis times.
2. **Transparency and Public Trust:** Transparency in how allocation decisions are made is essential for maintaining public trust. Clear communication about the criteria used to allocate resources helps prevent perceptions of favoritism or unfairness.
3. **Balancing Individual and Collective Interests:** Ethical tensions often arise between what is best for individual patients and what is best for society as a whole. For example, in a pandemic, resources may be allocated to those who are most likely to survive, even if that means denying treatment to patients with severe underlying conditions.
4. **Legal and Ethical Constraints:** Legal restrictions may limit certain types of resource allocation strategies, such as giving preferential treatment based on social value or age. Healthcare providers must navigate these legal frameworks while ensuring ethical distribution of resources.

In conclusion, the ethical implications of resource allocation in healthcare are complex and multifaceted, particularly in situations of scarcity that is usually experienced in the Sub-Saharan Africa. Principles such as justice, utility, autonomy, and beneficence guide decision-making, but each approach presents its own challenges. Healthcare systems

must balance fairness with the need to maximize positive outcomes, while ensuring that vulnerable populations are not disadvantaged and denied access to healthcare services. Clear, transparent, and ethically grounded criteria are essential to ensure equitable and just distribution of resources, particularly during public health crises or resource-limited situations.

Role of Confidentiality in Healthcare Ethics

- 5. Describe the role of confidentiality in healthcare ethics. What are the potential conflicts between maintaining patient confidentiality and the duty to warn or protect third parties?**

Confidentiality can be described as a fundamental principle in healthcare ethics, requiring healthcare professionals to protect private information shared by patients during their treatment (General Medical Council [GMC], 2017). Confidentiality ensures that sensitive personal details, including medical history, diagnoses, and treatments, are kept secure and not disclosed without the patient's consent. This principle is rooted in respect for patient autonomy and trust, both of which are critical to fostering open and honest communication between patients and healthcare providers. Confidentiality also protects patient dignity and privacy, allowing them to seek care without fear of unauthorized disclosure (General Medical Council [GMC], 2017).

However, there are situations where maintaining confidentiality can come into conflict with other ethical duties, particularly the duty to warn or protect third parties from harm. These conflicts create ethical dilemmas where healthcare professionals must carefully balance competing obligations.

Role of confidentiality in healthcare ethics

- 1. Respect for autonomy:** Confidentiality is an extension of a patient's autonomy the right to make decisions about what happens to their personal information. By keeping patient information private, healthcare professionals respect the patient's control over their own health data and the decisions that flow from it.
- 2. Building trust:** Trust is a cornerstone of the patient-provider relationship. Patients are more likely to share sensitive, accurate, and complete information if they trust that it will not be shared with others without their permission. This trust is critical for accurate diagnosis and effective treatment.
- 3. Protection of privacy:** Confidentiality protects patients' right to privacy. In many cases, health information is deeply personal, and unauthorized disclosure could lead to stigma, discrimination, or harm to the patient's personal or professional life.
- 4. Legal and professional obligations:** Healthcare professionals are bound by laws and ethical codes, such as HIPAA (Health Insurance Portability and Accountability Act) in the United States, that strictly regulate the sharing of patient information.

Violating confidentiality can result in legal consequences, loss of licensure, or damage to professional reputation.

Potential conflicts between maintaining confidentiality vs. duty to warn or protect

Despite its importance, confidentiality is not absolute and there are some cases, where healthcare professionals may face situations where disclosing confidential information is ethically or legally required to prevent harm to others. These conflicts usually arise when there is a duty to warn or protect third parties for instance, family members or entire community from serious harm. This duty typically comes into play in the following scenarios:

1. **Threats of violence or harm:** In such cases, a patient might reveal intentions to harm someone else, such as a specific threat to commit violence and therefore maintaining confidentiality would honor the patient's privacy but could endanger the targeted individual if the threat is credible and severe (Jonsen AR, 2010). Health care professionals have a legal duty to warn the potential victim or authorities when they believe a patient poses a credible and imminent threat of harm to others. This legal duty was established in cases like the famous Tarasoff v. Regents of the University of California case, where the court ruled that mental health professionals have a duty to warn identifiable individuals if a patient poses a serious risk to them. While breaching confidentiality in this scenario violates the patient's privacy, it is ethically justified under the principle of non-maleficence (the obligation to prevent harm) and beneficence (the duty to protect others). Healthcare professionals must weigh the seriousness of the threat against the patient's right to privacy. (Jonsen AR, 2010).
2. **Public Health Concerns:** Recently, the world was facing the COVID-19 pandemic which posed a risk to the broader population and therefore, when the patient was diagnosed with COVID-19 confidentiality was breached and there was a conflict with the public health need to prevent the spread of infectious diseases to others. In such cases, healthcare professionals may be required by law to report the disease to public health authorities or, in some cases, notify individuals who may have been exposed to the infection. For instance, contact tracing efforts during infectious disease outbreaks may involve disclosing patient information to help contain the spread. The principle of justice supports the protection of public health, even if it requires a limited breach of confidentiality. The ethical challenge is balancing individual rights against the collective good of society (Bernadette M Tobin, 2002).
3. **Child or Elder Abuse:** If a healthcare provider suspects that a child or elderly person is being abused or neglected based on information provided by a patient, then confidentiality will not apply. While the patient may not consent to the

disclosure of this information, failing to report the abuse could allow continued harm to a vulnerable individual. Many jurisdictions require mandatory reporting of suspected child or elder abuse, even if this involves breaching patient confidentiality. Healthcare providers have a duty to protect vulnerable populations from harm. Here, the ethical principles of beneficence and justice outweigh the patient's right to confidentiality. Protecting vulnerable individuals from harm takes precedence over maintaining privacy in these cases.

4. **Court Orders or Legal Proceedings:** A healthcare provider is subpoenaed to testify or release a patient's medical records in a court case. The duty to maintain confidentiality may conflict with legal requirements to disclose information, particularly if the patient objects to the release of their records. In many cases, healthcare providers must comply with legal demands, such as court orders, while attempting to limit the disclosure to only the necessary information. The principle of justice requires compliance with legal obligations. However, healthcare providers should advocate for the patient's rights to the extent possible, seeking to protect sensitive information unless necessary for the legal process.

Strategies for navigating confidentiality conflicts

1. **Informed Consent:** Whenever possible, healthcare professionals should seek the patient's informed consent before disclosing information. Explaining why disclosure is necessary and involving the patient in the decision-making process can mitigate ethical tensions. For example, a healthcare provider might ask for a patient's consent to notify partners about a sexually transmitted infection, explaining the risks and importance of doing so.
2. **Minimizing Disclosure:** When breaching confidentiality is necessary, healthcare providers should limit the disclosure to the minimum amount of information required. This respects the patient's privacy while fulfilling the duty to protect others. In public health reporting, healthcare providers may only share essential information with authorities, without revealing unnecessary details about the patient's personal life.
3. **Consulting Ethical Guidelines and Legal Counsel:** Healthcare providers should consult ethical guidelines, institutional policies, and, if necessary, legal counsel when faced with complex confidentiality dilemmas. These resources can provide clarity on when and how to balance competing duties.
4. **Balancing Harms and Benefits:** Healthcare professionals must carefully weigh the potential harm of breaching confidentiality against the benefits of protecting third parties. This involves assessing the severity and likelihood of harm, as well as the potential impact on the patient-provider relationship.

- 5. Documenting Decisions:** when making decisions that involve breaching confidentiality, healthcare professionals should thoroughly document their reasoning, the steps taken to protect patient privacy, and the ethical and legal justifications for their actions.

In conclusion, confidentiality is a cornerstone of healthcare ethics, ensuring that patient information is protected and fostering trust in the patient-provider relationship. However, in certain situations, healthcare professionals may face conflicts between maintaining confidentiality and fulfilling their duty to protect third parties from harm. Ethical principles such as non-maleficence, beneficence, justice, and autonomy must be carefully balanced in these cases. Healthcare providers can navigate these conflicts by seeking informed consent, minimizing disclosure, and following legal and ethical guidelines, ultimately striving to protect both individual and societal well-being.

Case study: Patient with terminal illness refuses treatment

- 6. Case Study: A patient with a terminal illness refuses treatment that could prolong life, citing quality of life concerns. Analyze the ethical principles at play and discuss how healthcare professionals should approach this situation.**

Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) is a level 6 referral facility which receives terminally ill patients who might refuse treatment that could prolong life due to concerns about quality of life thus putting healthcare professionals into challenging ethical dilemma. Autonomy, beneficence, non-maleficence and justice are the key ethical principles that health care professionals should follow to ensure that patient's decisions, rights, well-being and dignity is respected when patient refuses treatment.

1) Principle of autonomy

This principle refers to the right of individuals to make their own decisions about healthcare including the right to refuse or accept treatment (Varkey, 2021). The principle relies on the respect for patient's capacity to make informed choices based on their beliefs, preferences and values on their health. For instance, in this case, the patient's refusal of life-prolonging treatment is an exercise of their autonomy. They have weighed the potential benefits of extending their life against their concerns about the quality of life during that extended period such as loss of independence and therefore the need to have some to take care of them, leaving with pain and suffering. Therefore, healthcare professionals must respect the patient's decision, provided the patient is competent to make that decision and fully understands the consequences. This can be achieved by providing the necessary and relevant information and ensuring that the patient has

received adequate information about the prognosis, treatment options, and potential outcomes.

Healthcare professionals at Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) can apply this principle through informed consent and respect for choice that the patient has made. Informed consent plays key role in decision making especially after the patient has all the relevant information in a clear and comprehensible manner such as nature of illness, benefits, risks of treatment, alternatives and likely progression of disease without treatment. If the patient's decision is informed and voluntary, healthcare professionals must honor their choice, even if they disagree with it personally or professionally. This means not imposing treatment or coercing the patient to change their mind.

2) Principle of Beneficence

Beneficence involves acting in the best interest of the patient by promoting their well-being, relieving suffering, and providing care that benefits them (Varkey, 2021). From a beneficence perspective, healthcare professionals aim to extend the patient's life or improve their quality of life by offering treatments that may prolong life. However, beneficence must be balanced against the patient's subjective views of what constitutes well-being. For instance, the patient may feel that prolonging life without the prospect of meaningful quality as result of the chronic pain, loss of independence, or reduced function is not in their best interest, even if the treatment extends life.

This principle can be achieved at Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) through patient centered care and collaborative decision making. Understanding the patient's definition of well-being and quality of life is key because some patients may prioritize longevity, while others may prioritize comfort, autonomy, and avoiding suffering. In addition, engaging in discussions that explore the patient's values and preferences is important. This will help healthcare professionals to frame treatment options in terms of how they align with the patient's goals such as comfort care over curative treatment if the latter is not aligned with the patient's wishes.

3) Principle of non-maleficence

Non-maleficence means "do no harm." Healthcare professionals must avoid causing unnecessary harm to patients, whether through action or inaction (Varkey, 2021). In the case of a patient refusing life-prolonging treatment, non-maleficence is a critical consideration. While refusing treatment might shorten the patient's life, forcing treatment on them against their will could cause physical harm such as having side effects or emotional harm such as distress or loss of dignity. Prolonging life through aggressive

interventions may result in harm if it leads to increased suffering, decreased quality of life, or a prolonged dying process that the patient does not want.

This principle can be achieved at Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) through balancing harm and benefit and use of palliative care. Weighing the potential harms of treatment such as side effects, invasive procedures, prolonged suffering against the possible benefits such as life extension, symptom relief. If the proposed treatment would cause more harm than benefit in the patient's view, non-maleficence supports the decision to respect their refusal. Shifting the focus toward minimizing harm by offering palliative care, which aims to reduce pain and suffering while respecting the patient's wishes is important. Palliative care prioritizes the patient's comfort rather than curative treatment.

4) Principle of Justice

Justice in healthcare refers to fairness in the distribution of resources, respect for patient rights, and equal treatment of all patients (Varkey, 2021). It also includes respecting societal and institutional obligations. Justice requires that the patient's refusal of treatment is respected equally, regardless of their background, health status, or prognosis. Healthcare professionals must ensure that the patient is not treated differently or denied care such as palliative services based on their choice to refuse life-prolonging treatment. There is also a need to consider resource allocation, especially in situations where scarce resources such as ICU beds and life-extending medications may be better utilized for patients who wish to pursue curative or life-prolonging measures.

Health care workers can achieve this principle at Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) by applying fair treatment and resource stewardship. Health care workers should ensure that the patient continues to receive compassionate care, even if they decline life-prolonging interventions. Justice requires that their decision does not lead to any form of discrimination or reduced access to other types of care such as symptom management, counseling. It is also important to note that healthcare professionals need to respect the patient's choice while considering the broader implications of resource allocation, particularly if the patient opts for palliative care over intensive interventions.

How healthcare professionals should approach the situation:

1. **Open communication:** Healthcare professionals at Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) need to initiate a non-judgmental, empathetic conversation with the patient to fully understand their reasons for refusing treatment. Ensure that the patient feels heard and respected throughout the decision-making process. It is also important to discuss the implications of their

- decision clearly, addressing both the benefits and consequences of refusing treatment in terms of both quality and length of life.
2. **Assess decision-making capacity:** Healthcare professionals at Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) need to confirm that the patient has the cognitive ability to make an informed decision and if there is any doubt about their capacity to make informed decision because of illness, medication, or emotional distress they can consider involving a psychiatrist or ethics committee to assess capacity.
 3. **Family involvement with patients consent:** Through patients consent, it is appropriate that the health care worker at Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) should involve the family or loved ones in the discussion to ensure they understand and support the patient's decision. Family members often have emotional concerns, and clear communication can help prevent conflict or misunderstandings.
 4. **Offer treatment alternatives:** Healthcare professionals at Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) should have and present alternative care options, such as palliative care or hospice services, that align with the patient's goals of improving quality of life without prolonging suffering. It is important for the patient to understand how these options can help manage symptoms and provide comfort.
 5. **Support and respect:** Healthcare professional should continue to support the patient emotionally, even if their decision conflicts with the healthcare team's desire to prolong life. Healthcare professionals should also provide both psychological and spiritual support services if desired and respect the patient's right to dignity and autonomy in their final phase of life.
 6. **Document and honor wishes:** Top management at Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) emphasizes the need for the patient's decision to refuse treatment to be documented clearly in their medical records, including any advance directives or living wills. This ensures that the patient's wishes are honored throughout the course of their care.

In conclusion, the ethical principles of autonomy, beneficence, non-maleficence, and justice guide the actions of healthcare professionals when faced dealing with a patient with a terminal illness and refuses treatment that could prolong life, citing quality of life concerns. By respecting the patient's autonomy, providing compassionate care, minimizing harm, and ensuring fairness, healthcare providers can honor the patient's right to make informed decisions about their own life and death, while ensuring that their remaining time is as comfortable and dignified as possible

Conclusions

Healthcare ethics refers to the application of moral principles and values in medical practice and healthcare decision-making. It helps guide healthcare professionals in making decisions that respect the rights and dignity of patients, ensure the best outcomes, and maintain the integrity of the healthcare system. Autonomy, beneficence, non-maleficence and justice are the main four principles that serves as foundation for ethical decision-making in healthcare. The principle of autonomy acknowledges that patients have rights to make their own informed decisions about their health and medical care, free from coercion or undue influence from caregivers or health care professionals. Healthcare providers must navigate these principles carefully, balancing respect for patient autonomy with their professional and ethical duties to alleviate suffering and avoid harm, all while considering the broader social implications of end-of-life practices. Beneficence is a core principle of healthcare ethics that obligates healthcare professionals to actively promote the well-being of their patients. By providing appropriate treatment, managing pain, offering preventive care, and engaging in shared decision-making, providers can ensure their actions are in the best interest of patients. Healthcare systems must balance fairness with the need to maximize positive outcomes, while ensuring that vulnerable populations are not disadvantaged and denied access to healthcare services. Clear, transparent, and ethically grounded criteria are essential to ensure equitable and just distribution of resources, particularly during public health crises or resource-limited situations.

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