# MAT Health Clinic

| | |
|---|---|
| POLICY NUMBER: | **MHC/ETH001** |
| NAME: | **Ethical Dilemma Policy and procedure** |
| APPROVED BY: | Practice Principal |

## SECTION 1 – INTRODUCTION

### BACKGROUND

The Royal Australian College of General Practitioners (RACGP) Standards for general practices, 5th edition, Indicator states:

- C2.1E - Our clinical team considers ethical dilemmas.

To meet the requirements of the above indicator, our practice has developed the following policy and procedure that provides a guide for efficiently managing and documenting actual and potential ethical dilemmas.

### DEFINITION

A situation in which a difficult choice has to be made between two courses of action, neither of which is unambiguously acceptable nor preferable.

### ETHICAL DILEMMAS POLICY

- Ethical dilemmas are a standing item on the agenda for clinical team meetings. Discussions will include ethical dilemmas that have been managed within the practice and reflective discussions for potential ethical dilemmas that could occur. Ad hoc discussions between medical staff are also encouraged.
- All ethical dilemmas that are considered, including potential outcomes and solutions, will be documented in the Ethical Dilemma Folder on the server. This information will not identify any individual patient.
- Ethical dilemmas that may impact non-clinical staff (such as our practice's approach to gift-giving) will be shared with all members of the practice team via staff meetings and the intranet.
- Our practice endorses a buddy system within the clinical team to discuss ethical dilemmas and consider solutions.
- Practitioners are encouraged to contact their medical defence organisation for advice regarding unclear and confounding ethical dilemmas.
- Documentation of a discussion about an ethical dilemma with a medical defence organisation must be kept separate from the patient's health record. Our practice keeps a medicolegal file for such communications on the server.
- Practitioners are encouraged to refer to another practitioner within the practice when faced with a personal ethical dilemma (e.g. a request to see a relative or friend) or where conscientious objection to a requested treatment exists. In this instance, clinical staff must refer to our practice's policy and procedure for the transfer of patient care.
- The practice will adhere to all legal requirements when faced with an ethical dilemma.

- All practitioners are encouraged to be familiar with and incorporate behaviours consistent with the Medical Board of Australia's Good medical practice: a code of conduct for doctors in Australia.
- All new staff are informed of this policy as part of their induction.
- All ethical dilemmas and this policy are revised yearly or as required.

## EXAMPLES OF ETHICAL DILEMMAS

- Patients giving gifts to the practitioner.
- A patient's request for a medical certificate if the practitioner does not believe that the patient's condition warrants one.
- Emotionally charged situations, such as when a patient has an unwanted pregnancy or a terminal illness.
- The practitioner conscientiously objecting to types of care, such as termination or voluntary assisted dying.
- Patient-practitioner relations, such as familial relationships, friendships and romantic relationships.
- Vaccine refusal.
- Cultural diversities (e.g. when you are unclear how to respond to a family's request to conceal the truth from a dying patient).
- Issues with determining competency for treatments or other decisions regarding minors, dementia patients or those with severe mental health issues.
- Professional differences (e.g. criteria for referrals, outcomes of assessments, timeliness of interventions).
- Reporting to the driver licensing authority that a patient is unfit to drive.
- Reporting an impaired colleague to the Australian Health Practitioner Regulation Agency (AHPRA).
- Caring for undeserving patients (e.g. patients who will not follow their treatment plan or are abusive).
- Not being able to treat a patient with life sustaining therapy due to their personal, family or religious beliefs.
- Breaking patient confidentiality if you are aware that the patient and/or their health status is harming others.

## ETHICAL DILEMMAS PROCEDURE

- Identify the problem.
- Gather relevant medical information and document:
  - Medical facts of the situation:
    - Patient's condition.
    - Diagnosis.
    - Prognosis.
    - Mental and emotional status.
    - Patient's decision-making capacity.
    - Benefits and burdens of treatment options.
    - Probabilities of success of treatment.
  - Considerations of patient's individual circumstances:
    - Goals and preferences for treatment.
    - Advance directives.
    - Cooperation with medical treatment.
    - Family dynamics and confidentiality.
    - Respect for patient autonomy, values and preferences.
    - Ability to communicate and competency to make decisions.

- Carer, guardian or medical power of attorney considerations.
- Religious beliefs or cultural principles.
- History of traumatic events (e.g. domestic violence, bullying, war violence, serious injury).
- Quality of life considerations:
  - Assessing quality.
  - Forgoing of treatment.
  - Comfort and palliative care (e.g. quality of life as opposed to longevity in palliative care).
- Potential legal ramifications of decisions.
- Conflicts of interest.
- Practitioner's personal biases.

- Conduct brainstorming sessions on key subjects.
- Analyse the situation carefully and look at alternative solutions.
- Make a list of possible actions with their positive and negative consequences.
- Consider any medicolegal implications.
- Consult with colleagues.
- Use the buddy system within the clinical team to discuss the ethical dilemma and consider solutions.
- Discuss the ethical dilemma at clinical meetings to ensure a shared understanding and consistent approach.
- Ensure outcomes will be legal and meet the requirements of professional principles.

## EXAMPLES OF ETHICAL DILEMMAS, CONSIDERATIONS AND POSSIBLE STRATEGIES/SOLUTIONS

| Ethical dilemma | Considerations | Possible strategies/solutions |
|---|---|---|
| Refusal of treatment or advice. | • Competency and capacity of the patient to make decisions.<br>• Opinions of the patient.<br>• Social, cultural and religious stand of the patient.<br>• Possible outcomes if treatment or advice is not followed. | • Involve family members or carers in the conversation and decision making.<br>• Advise the patient they can seek further clinical opinions from other practitioners.<br>• Transfer care of patient to another GP in the practice.<br>• Discuss alternative options. |
| Accepting gifts or the promise of a bequest. | • The patient's expectations may change and the boundaries required for ethical patient care can become blurred.<br>• Perceived conflict of interest with the primary interest of the patient, which is particularly relevant at the end of life. | • The practice has decided not to accept gifts from patients.<br>• The practice and employees will accept gifts where there is risk of the patient taking offence if the gift is rejected, and if the practice deems it to be a modest gift (e.g. less than $100).<br>• At the doctor's discretion.<br>• Donated gifts and bequeathed monies go to nominated charities. |
| Reporting a colleague to AHPRA for actions considered to compromise a patient's safety (e.g. under the influence of alcohol or drugs whilst managing patients). | • The report must be in good faith.<br>• Conflicting opinions are not considered to be relevant. | • Approach the colleague and raise the issue in a supportive way.<br>• Confidentially conduct some research and obtain advice from colleagues.<br>• Contact the practice's medical defence organisation for advice. |

| | | |
|---|---|---|
| Reporting to the driver licensing authority that a patient is unfit to drive (e.g. dementia, partially blind). | • Taking away a patient's authority to drive can expose them to isolation and loneliness and remove their independence. However, if the patient continues driving, they could be a danger to other people and themselves.<br>• May affect the doctor/patient relationship and be seen as a betrayal by the patient. | • Handle the situation very sensitively and acknowledge the effect this will have on the patient's life.<br>• Involve family members or carers in the conversation and decision making.<br>• Suggest other options (e.g. public transport or taxi/uber) so they do not have to be housebound.<br>• Advise the patient of community services within the area. |

## RESPONSIBILITY

| | |
|---|---|
| **Policy administrator** | Practice Manager |
| **Approving Person** | Practice Principal |

## CHANGE HISTORY

| Version | Review date | Approved by | Description of Modifications |
|---|---|---|---|
| 1 | 01-Jan-2021 | M. Evans | Original Document |