

Doctor- patient relationship and consent

**Ethical responsibilities of
physicians**

Content

- **Patients' Rights**
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- **Duties of physicians towards their patients**
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• <https://moh.gov.jo/ar/Albasheer/ServicesGuideDetails/29/157>

• <http://hospital.ju.edu.jo/Home.aspx>

<http://hospital.ju.edu.jo/Documents/%D8%AD%D9%82%D9%88%D9%82%20%D9%88%D9%88%D8%A7%D8%AC%D8%A8%D8%A7%D8%AA%20%D8%A7%D9%84%D9%85%D8%B1%D9%8A%D8%B6.pdf>



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الرئيسية حول المستشفى المرضى و الزوار دوائر المستشفى العطاءات التعليم والتدريب الخدمات الالكترونية الاعلام اتصل بنا

عيل العلاجات الشهرية بالتعاون مع شركة ارامكس

لاطلاع 🤖

حجز المواعيد الالكترونية
التبليغ اعراض الجانبية/
ادوية
استفسار مواعيد
العيادات
اجازات الاطباء
دليل المراجع والزائر
حقوق و واجبات المرضى
أوقات الدوام الرسمي
امر الادخال

Patients' Rights

- ***Information Disclosure (the right to know)***
Patients have the right to receive accurate and easily understood information about their health plan.
- ***Participation in Treatment Decisions***
Patients have the right
 - To know all their treatment options
 - To participate in decisions about their care.
 - Parents, guardians, family members, or other individuals that patients can choose who represent them if they cannot make their own decisions.

Patients' Rights

- Know the names/ titles of your healthcare providers.
- Request for a change of provider or second opinion.
- Request a medical report and access your medical record as permitted by law.
- Be informed about your financial responsibilities.
- Refuse, discontinue treatment or leave against doctor's advice as permitted by law.
- Provide your written consent prior any video recordings or other images are taken.

Patient's rights

- Receive care regardless of race, faith, color, national origin, gender, age or disability.
- Have your personal dignity, privacy, culture, psychosocial and personal values, beliefs and preferences respected.
- Be in a clean and safe environment.
- Have your pain assessed and managed in a timely manner.
- Access spiritual care services available in our community

Patients' Rights

- ***Confidentiality of Health Information***
 - Patients have the right to talk in confidence and to have their health care information protected.
 - Patients also have the right to review and copy their own medical record and request that the physician correct their record if it is not accurate, relevant, or complete.

Breaking bad news

- Sometimes there are bad news to the patient as disease recurrence, spread of disease or failure of treatment to affect disease progression, the presence of irreversible side effects, and revealing positive results of genetic tests.

What should you do?

The main reasons that doctors may not deliver unfavorable information to their patients include, but are not limited to, the following:

1. Fear (worry) about the patient's reaction to the information disclosed
2. A belief that it is "in the patient's best interest"
3. Lack of adequate time to properly explain to the patient
4. Language barrier: either by speaking a different language than that of the patient or failure to communicate with the patient in a language he/she can understand

Breaking bad news: why should I tell bad news?

1. By hiding, falsifying, or manipulating the information you may be giving to your patients, you might be acting in an unprofessional way. Even worse, you may face allegations of professional misconduct. (IT AGAINST AUTONOMY) (IF HE DOES NOT KNOW, HOW WILL HE DECIDE?)
2. This includes the patient's satisfaction with the health care service, which is key to your reputation as a "good" doctor.
3. Physicians who fail to communicate bad news to their patients were found to subject their patients to unnecessary treatments that sometimes worsen, rather than help, the patient's condition.

How to break bad news to patients?

A summary of the 6-step protocol, referred to as the **SPIKES**:

- 1. S: SETTING UP the interview includes** (Creating a favorable environment, Giving adequate time, Determining who else the patient would like present).
- 2. P - Assessing the patient's PERCEPTION** (Start the discussion by establishing what the patient and family know about the patient's health, With this information, determine if the patient and family will be able to understand the bad news).
- 3. I - Obtaining the patient's INVITATION:** Each patient has the right to
 1. Decline voluntarily to receive information
 2. Choose someone to communicate on his or her behalf.

How to break bad news to patients?

4. **K** - Giving **KNOWLEDGE** and information to the patient
 1. Deliver the information in a sensitive but straightforward manner. Say it as it is, then stop
 2. Avoid delivering all the information in a single, steady monologue
 3. Use simple language that is easy to understand
 4. Pause frequently, check for understanding
 5. Do not minimize the severity of the situation-Well-intentioned efforts to “soften the blow” may lead to vagueness and confusion

How to break bad news to patients?

5. **E** - Addressing the patient's **EMOTIONS** with empathetic responses
6. **S** - **STRATEGY AND SUMMARY:**

Establish a plan for the next steps, which may include:

- Performing further tests
- Treating current symptoms
- Arranging for appropriate referrals

Patients' Responsibilities

- **To provide information about their health, including past illnesses, hospital stays and use of medicine.**
- **To ask questions when they do not understand information or instructions.**
- **To tell their doctor if they believe that they cannot follow through with their treatment.**

Patients' Responsibilities

- **To follow hospital rules and regulations affecting patient care and conduct.**
- **To be considerate of the needs of other patients, staff and the hospital. This includes controlling noise, smoking and the number of visitors.**
- **To provide information about their insurance and to work with the hospital to arrange payment, when needed.**

Duties of physicians towards their patients

- A physician should ask only for proper investigations according to the patient's condition.
- A physician should honestly explain to the patient or anyone representing him the type, causes, and complications of the illness.
- Prescriptions should be made in **writing** and should be **clear**, with **dosages** and **method of administration specified**.

Duties of physicians towards their patients

- He should make a **record** of the patient's condition and of personal and family medical history before beginning to diagnose and treat the case.
- He should be careful and efficient in, and give sufficient time to, the examination and diagnosis process.
- A physician should honestly and without unnecessary exaggeration explain to the patient the consequences of declining to follow a treatment and the resulting complications and consequently the physician has the right to discontinue patient's treatment.

A physician should not

- A physician should not receive any financial benefits or gifts for referring patients or prescribing specific products.
- A physician should not use his patients as experimental tools (**except after their consent**).
- A physician should not hesitate in consulting another physician in difficult cases. A patient or a member of his family has the right to invite another efficient doctor for consultation, after informing the original physician.
- A physician should not refuse treatment of emergency cases.

- **A physician should not try to end the life of his patient by any means e.g euthanasia or by switching off life support machine.**
- **A physician should not postpone treatment till he gets the fee from the patient.**
- **A physician should not leave his patient's treatment if this will endanger patient's life**

Consent:



Any physical examination needs permission or consent of the patient otherwise the doctor may be guilty of assault (battery) if he touches or even attempts to touch an unwilling person.

Definitions

- **Autonomy as the basis of informed consent.**
- **Consent** is a decision of a competent patient to accept the medical procedures proposed. The patient has the right to refuse the proposed treatment. Both consent and refusal must be informed, i.e., based on full disclosure of the details of the proposed treatment, including its benefits and risks.
- Children with some degree of competence can **assent** to treatment, which signifies their agreement with what their parents, their legal decision makers, have decided.
- **Competence:** is the intellectual capacity to understand, analyze, and judge information.
- **Paternalism** is a negative attitude that was common among physicians and has now almost disappeared. The paternalistic physician assumes that he knows what is best for the patient and should make treatment decisions without reference to the patient. Paternalism is a violation of the patient's autonomy rights.

Types of consent:

* **Implied consent:** where a person comes to visit a doctor or asks the physician to visit him, (does not extend to intimate or to invasive examinations)

* **Expressed consent:**

- ❖ *Expressed **written** consent.*(surgical interference or complex diagnostic procedures)
- ❖ *Expressed **verbal** consent.*(witnessed by another person)

Definitions

- **Medical decision making** is a joint process involving the physicians and the patient regarding treatment choice. It should be a rational process based on a consideration of the facts, but in the end, the final word is with the patient. The patient's decision will stand even if it is considered irrational by the physicians.
- **Advance treatment directives** are instructions on treatment, or its withdrawal made by a competent patient, to be applied when competence is lost. Such directives are best made in writing and with witnesses
- **Substitute or proxy decision makers** are the persons who are authorized to make decisions on behalf of a patient who does not have the intellectual competence to decide for him or herself.

Elements of informed consent

Most hospitals has a special format for informed consent, it entail:

- 1) **Nature** of surgical procedure in details or treatment and why it should be done.
- 2) The method of **anesthesia**.
- 3) **Expectations** of the recommended treatment and success.
 - The period of stay in hospital
- 4) **Alternative method of treatment** which are available and the probable outcome in the absence of any treatment.
- 5) **Adverse effects and complications expected) or risks involved**

Informed consent

- *All details should be explained to the patient in understandable nontechnical terms. This followed by patient's signature.*
- *Consent only extends to what was explained to the patient & nothing extra should be done.*
- *Informed consent should be taken before doing any research on patients.*
- *Informed consent protect physician from malpractice sue.*

Medical interference without consent:

- In an **emergency**, such as an accident where the victim is in extremis على حافة الموت, unconscious or shocked.....to save life or preserve health



- Routine medical examination of **new prisoner** to exclude infectious diseases. In addition, Pilot & airplane crew, Food dealers



Consent is invalid in the following:



(1) Unlawful act

ex: Criminal abortion.

(2) Operations with no medical indication

ex: Amputation of finger to be unfit to military service.

(3) Consent given by one has no right to give

ex: minors (below age), mental patients. consent could be obtained from a substitute or guardian

(4) Consent obtained by fraud

ex: convincing the patient that the operation is necessary to save his life while this is not true.

Thank YOU

