

## Ethics and Diversity

### Lucy Whitton, Clinical Teaching Fellow

Last month, students at Gloucestershire Academy had a half-day teaching session on “Ethics and Diversity,” delivered by the Clinical Teaching Fellows.

The General Medical Council (GMC) document “Medical Students: Professional Values and Fitness to Practise,” under “Fitness to Practise,” advises students to, “not unfairly discriminate against patients by allowing their personal views to affect adversely their professional relationship or the treatment they provide or arrange (this includes their views about a patient’s age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, and social or economic status).<sup>[1]</sup>”

### “Design your perfect Doctor”

We challenged the students to draw and design their “perfect doctor” with annotations of important characteristics before presenting this to the room. “Confident, hard working, competent, caring,” all frequently appeared in presentations. Debate struck over the sex of the ‘perfect doctor,’ male, female or even unisex as suggested by Max Charalombos, third year student. The group discussed the concept of a unisex doctor which the students felt would be the way to eliminate sex inequality in the workplace.

Can the qualities of the ‘perfect doctor’ be taught? Surely such qualities are a pre-requisite for admission to medical school? We discussed the diversity of qualities we all bring and that naturally we do not all possess all qualities that the GMC recommends a doctor should have. The importance, the students established, is to act in a way inline with such qualities.

### The Hippocratic oath

Students learnt of the origins of the Hippocratic oath, the life of Hippocrates and the importance of his oath to modern medicine. Did you know that Hippocrates and his followers were first to describe many diseases and medical conditions including finger clubbing?

Students also learnt of the ‘Declaration of Geneva’ (Physician’s Oath) which was adopted by the General Assembly of the World Medical Association at Geneva 1948 and subsequently amended. This declaration, especially important in view of the medical crimes which had been committed in Nazi Germany, represents a declaration of a physician’s dedication to the humanitarian goals of medicine.

As with any teaching session of significant value, Priya showed an emotive video clip from “Gray’s Anatomy” whereby a reformed senior

## DATES FOR YOUR DIARY:-

### EXAMINERS REQUIRED: -

**2<sup>nd</sup> Objective Long Case Exams for Year 5;**  
26<sup>th</sup> January to 6<sup>th</sup> February  
2015 @ CGH & GRH

### Final Year Long Case Exams 2015

9.00-13.00  
25<sup>th</sup> February @ GRH  
4<sup>th</sup> March @ GRH  
12<sup>th</sup> March @ CGH

### Year 3 Long Case Exams

w/c 11/5/15

We are still desperately seeking examiners for the above exams. If you are available and interested in examining for any of the above dates please email [angie.coulson@glos.nhs.uk](mailto:angie.coulson@glos.nhs.uk)

### USEFUL LINKS:-

Gloucestershire Academy Website – [Click Here](#)

Gloucestershire Academy Contacts – [Click Here](#)

---

Doctor recited the Declaration of Geneva. The dramatic clip showed 'flashbacks' of the doctor's career and particular moments of patient care which resonated the words of the oath.

### **Ethical Debate: "All Doctors have a duty to treat a patient infected with Ebola"**

According to Webster's New World Dictionary, duty means "any action required by one's position or by moral or legal considerations" and refuse "decline to accept." Therefore refusal can be interpreted as 'declining to accept the duty to treat.' So how does this fit in with the ethical values we tout as the basis of our behaviour as medical students and physicians? If we accept our duty to treat are there limitations? If limitations exist, what would be the reasons and how can we think about these reasons in an ethical and professional framework?

Up to 10 December, 6598 people had been reported as having died from Ebola in six countries; Liberia, Guinea, Sierra Leone, Nigeria, the United States and Mali. The total number of reported cases is more than 18,000. With such a major outbreak we posed the question to the students surrounding duty of care should somebody present to Gloucestershire Royal Hospital infected with Ebola.

Students were divided into groups depending on whether they agreed/ disagreed with the statement or if they were unsure. The majority of students disagreed with the statement and felt that if their lives were to be put at significant increased risk from treating a patient with Ebola, it was their choice as to whether they treated the patient or not. Students also felt that taking on a Utilitarianism approach whereby 'the greater good' is at the forefront of ethical consideration, treating a patient with Ebola could lead to their death which would take away any future care they could offer to patients.

Students who were undecided felt that if they had the appropriate training and equipment, they would treat a patient infected with Ebola and were unsure as to whether they have a right to refuse treating a patient.

Those students who firmly believed that it was their 'duty' to treat a patient who is infected with Ebola talked about the 'Four Pillars of Ethics' and that, in order to adopt a Beneficent approach, work within the Ethical principal of Justice, the patient would, of course, need to be treated.

So, do we have a duty to treat?

The basis of our duty to treat as clinicians is multi-factorial. Firstly, as discussed by the students, our duty to treat is in line with the ethical principles.

Secondly, we take our lessons from history and the growing consensus "debent curare infrimos" which translates as "must care for the sick." In Europe, before the 14<sup>th</sup> Century, self-designated clinicians decided individually whether or not to treat a patient. The occurrence of the bubonic plague led to laws and societal expectations for physicians to care for the sick and those not doing so lost social standing. In the USA during 1793 yellow fever epidemic, newspapers wrote, "Physicians are justly considered as public property, and like military men, it pertains to their profession to be occasionally in the way of danger." (Philadelphia Federal Gazette, 2 Oct, 1793).

Equally, we must consider medicine as a 'societal contract' and the idea that we, as physicians, have been given a privileged place in society through professional status, a subsidised education and a set of particular skills. We therefore have an obligation to society to treat and care for those who are sick.

Medicine must also be considered as a moral enterprise; the mission of the profession is to care for patients. Physician Charter described the principal of primacy of patient welfare, "Altruism contributes to the trust that is central to the physician-patient relationship." Some would argue that a person unwilling to fulfill the obligations to place patient welfare before physician comfort when needed should not have chosen the medical profession.

However, there are reasons where refusal to help may be appropriate. These reasons include if the patient has a problem outside the area of the physician's knowledge or skills, if a physician or institution has no space and resources are limited, if the patient is hostile, if the physician has a moral or religious objection to the treatment the patient is seeking and if the physician may put the patient at risk.

As concluded with the students, refusing to help a patient is not consistent with the ethical principle of beneficence, the concept of the primacy of patient welfare or the obligation of our profession to care for the sick. Discussing such important issues and ethical considerations allowed us all to learn from different perspectives and reflect on our own experiences. I felt that we all refreshed and reminded ourselves of our motivation and dedication to patient care.

#### References

- 1) General Medical Council, "Medical Students Professional Values and Fitness to Practise" <[http://www.gmc-uk.org/education/undergraduate/professional\\_behaviour.asp](http://www.gmc-uk.org/education/undergraduate/professional_behaviour.asp)> [Accessed 15/12/2014].