Chapter 3: The Practical Implementation of Biomedical Ethics

- Key developments in clinical practice that implement the core, procedural values of biomedical ethics
3. The Practical Implementation of Biomedical Ethics

3.1 Professional oath and codes of ethics
3.2 Role of international, national and institutional ethics committees
3.3 Clinical practice developments
  • 3.3.1 Informed consent, incapacity, shared decision-making, and patient-centred care
  • 3.3.2 Privacy, confidentiality, and the stewardship of health information
  • 3.3.3 End of life care
  • 3.3.4 Professionalism and financial influences on medical decision-making
  • 3.3.5 Radiological safety culture and patient safety
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3.1 Professional oath and codes of ethics

- **Biomedical ethics, expressed in physician oaths.**
  - **World Medical Association (WMA)’s Declaration of Geneva**
    - Adopted in 1948, last amended in 2017
    - Modern perspective to the Ancient Greek Hippocratic Oath
    - Humanitarian aspects of medicine
    - Respect for autonomy and dignity of individual patient
    - Attend to physician’s own health, well-being, in order to provide care of the highest standard.
  - **WMA’s policy documents:**
    - Patients’ rights; Patient safety; End of life are, etc.
  - **Code of Ethics of ICRP, 2014**
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- **International ethics committees**
  - World Medical Association (WMA)
  - Council of Europe
  - UNESCO
    Recommends establishment of national and institutional ethics committees. (Universal Declaration on Bioethics and Human Rights, 2005)

- **WHO**

- **National ethics committee**
  advise government, national bodies/institutions, and inform the general public about biomedical ethics.
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- **Institutional ethics committees**
  - **Clinical ethics committee**
  - **Ethicists (ethics consultants)**
    - Participation of RP experts in ethics committee
      - Ad hoc bases
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- National and international ethics committees provide policy guidance for emerging ethical issues.
- Local institutional ethics committees provide guidance and education on specific dilemmas in practice.
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3.3 Clinical practice developments

3.3.1 Informed consent, incapacity, shared decision-making and patient-centered care

- Respect for autonomy/dignity
- Patient’s consent or refusal of medical intervention (treatment or diagnosis) based on information of:
  - Risks and benefit
  - Alternative, including doing nothing
  - Free to make a decision without coercion
3.3 Clinical practice developments

3.3.1 Informed consent, incapacity, **shared decision-making** and **patient-centered care**

- Interpret medical information in light of the patient’s value, through two-way exchange of information.
- Key element in radiological protection in the clinical context.
- Growing awareness toward improving transparency by communication and education about risks and benefit of the intervention (diagnosis, therapy).
  - Imaging Gently, 2007
  - Imaging Wisely, 2014

ICRP
3.3 Clinical practice developments

3.3.1 Informed consent, **incapacity**, shared decision-making and patient-centered care

- **Incapacity/vulnerability**
  - Incapacity of informed consent – local regulations and cultural context.
  - Even hospitalized psychiatric patients often retain capacity of decision making.
  - Majority of patient referred for radiation therapy have been diagnosed with cancer – consider vulnerability.
3.3 Clinical practice developments

3.3.1 Informed consent, incapacity, shared decision-making and patient-centered care

- **Pregnancy/childbearing capacity**
  - Full information of risks of high dose diagnostic procedures or radiation therapy for a pregnant woman or a woman of childbearing.
  - The risks to the foetus, the possible effect on the continued pregnancy and the long-term well-being of the child.
  - Foetal doses below 100 mGy should not be considered a reason for terminating pregnancy.
  - Involving partner/father – sensitive issue.
  - Shared decision-making including radiation experts.
3.3 Clinical practice developments

3.3.1 Informed consent, incapacity, shared decision-making and patient-centered care

Children

- “Assent” - willingness of receiving interventions based on understanding of the risks and benefit, according to their capacity of understanding.
- The extent of the parent involvement in consent for paediatric patients depends on the age and maturity of the patient.
- The manner and scope may differ in different jurisdictions.
3.3 Clinical practice developments

3.3.2 Privacy, confidentiality, and the stewardship of health information

- **Privacy and confidentiality** - human dignity and autonomy.
- Physical layout - bodily privacy
- Expanding use of artificial intelligence (AI) and machine learning – consideration about the privacy in the settings of utilizing large amount of personal information.
3.3 Clinical practice developments

3.3.3 End of life care

- **End of life** - reducing stochastic effects becomes less important.

- Imaging that is painful and disruptive for very ill and dying patients should be avoided when it will not benefit the patient.

- “Advance care planning (ACP)” - a process where patients can develop an explicit plan considering a future where they come to be incapable of expressing their own will.
3.3 Clinical practice developments

3.3.4 Professionalism and financial influences on medical decision-making

- **Conflict of interest** - diagnostic and treatment equipment; personal benefit from referral relationships.
- Increased financial benefit can result in patients having an extension of treatment.
- Clinical decisions must be made in the best interests of the patient and not for the gain of health professionals/institutions.
3.3 Clinical practice developments

3.3.5 Radiological safety culture and patient safety

- **Radiation safety culture** is harmonious with the broader concept of patient safety.
- Combination of habits and knowledge of "radiological protection in all its aspects for workers, patients, population and the environment, and in all exposure situations, combining scientific and social dimensions" (IRPA, 2014).
3.3 Clinical practice developments

3.3.5 Radiological safety culture and patient safety

- **Culture** “is the product of individual and group beliefs, values, attitudes, perceptions, competencies, and patterns of behaviour that determine the organisation's commitment to quality and patient safety” (U.S. Joint Commission, 2021).

- **Ethics** is a part of radiological safety culture, education and training in ethical values is extremely important.
Thank you for your attention!

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