

1

Agenda

Ethics

- The Values, ICRP

Application of Values in Medical RP

- Methodology for Ethics Evaluation
- Scenarios: Story of a worrying situation
- Apply the values one by one to each part of the situation

Concluding Observations

- Use the ethics lens



2

ICRP 157 Value Pairs

	Value Pairs
1	dignity/ autonomy
2	beneficence/ non-maleficence
3	prudence/ precaution
4	justice/ solidarity
5	transparency-accountability/ honesty
6	inclusiveness/ empathy




3

Scoring Ethics Compliance

	Dignit/ Auton	Benefic/ Non-malef	Prud/ Precaut	Justice/ Solid	Transp/Acc/ Honesty	Incl/ Emp
Compliance	Y	y	-			
Non-compliance				N	n	-
	Dignit/ Auton	Benefic/ Non-malef	Prud/ Precaut	Justice/ Solid	Transp/Acc/ Honesty	Incl/ Emp
Compliance	😊😊	😊	-	-	-	-
Non-compliance	-	-	-	😞😞	😞	-



4

Beneficence/ Non Maleficence	SENSITISING QUESTIONS	
<p>The duty to promote or do good, and to avoid harm.</p> <p>The requirement to balance benefits and risks</p>	<ul style="list-style-type: none"> Does the procedure provide a medical benefit? Have we considered the psychological benefit after an imaging procedure? (And even when it is not clearly indicated in an imaging guideline if a patient is really worried?) Have risks of harms been minimized? Does the risk outweigh expected benefit? Are risks and benefits well-balanced? Is the procedure aimed at prevention, cure, palliation, rehabilitation, or improvement in quality of life? Does it address psychosocial concerns? Is it consistent with clinical guidelines? Are there particularities of the patient that the guidelines don't take into account? Is there a risk of medicalizing, over-diagnosing, or over-treating the patient? Will the additional information provided by the test change the treatment approach? Have the potential harms of too much diagnostic scrutiny been taken into account? Is there a conflict between what the medical team thinks is the best course of action and what the patient would like? Is there conflict among the medical team? Between the patient and their family/caregivers? Are we ordering tests to avoid conflict, manage perceived legal risk, or to persuade patients to accept treatment recommendations? Are we educating the patient or caregivers about the limitations of testing? 	

5

Professor Augustus Browne Orthopaedic Surgeon					SENSITISING Q & A
<ul style="list-style-type: none"> Orthopaedic surgeon Prof Browne, weekly public clinic in big hospital. New, follow up, injuries & elective patients. Will not see a patient without a film folder or DVD from radiology. So insists all patients sent to radiology by the nurse. Refuses radiology/medical physics around Justification issue. Reads the images himself due to report delays etc. Proud of efficient patient centred service. 					<ul style="list-style-type: none"> The value and respect that every person has and deserves regardless of her/his age, sex, health, social condition, ethnic origin, religion. Declaration of Human Rights The capacity of all to act decide for themselves, and pursue a course of action in their lives
Dignity Autonomy	Beneficence, Non- Maleficence	Justice/ Solidarity	Prudence Precaution	Honesty Transparency Accountability	
-	-	😊	-	😊	
😞😞	😞😞	😞😞	😞😞	😞😞	

6

Homework on Dignity/Autonomy

The value and respect that every person has and deserves regardless of her/his age, sex, health, social condition, ethnic origin, religion, etc. UN Declaration of Human Rights

The desire to act freely, decide for oneself, and pursue a course of action -----

SENSITISING QUESTIONS

- Have we discussed the role the patient wishes to take in decision-making?
- Have we respected patient confidentiality?
- Has the patient's health information been shared only as necessary for their care? Within the scope of the purposes for which it was collected?
- Have we understood and addressed barriers to the patient making the right choice for them?
- Have we disclosed the information the patient would want for their medical decisions?
- What are the patient's goals of care?
- **Is the benefit of the procedure consistent with the patient's own goals of care?**
- Is there stigma or biases about patients, families, or colleagues influencing our reactions or choices in the scenario?
- Has the patient's privacy been respected? (e.g. physical location; sensitive discussions)

7

Ms Julie Magenta Potentially Pregnant Patient

- Julie Magenta, aged 40, attends local hospital for elective abdominal CT scan. Has sense of urgency due to planned holiday.
- Asked if she is pregnant and replies No. States her periods are highly irregular. Hospital decides to proceed due to firm NO and urgency.
- Julie is having ongoing IVF treatment but does not reveal this.
- Visits Obstetrician, who indicate she is probably pregnant.
- Later a friend explains that scan could have damaged embryo/foetus.
- Advice she receives, from hospital and various websites shocks her.

Dignity Autonomy	Beneficence, Non- Maleficence	Justice Solidarity	Prudence Precaution	Inclusiveness/ Empathy
😊	-	-	-	😊
😞😞	😞😞	-	😞😞	😞😞

SENSITISING Q & A

Giving people the opportunity to participate in discussions, deliberations, and decision-making concerning situations that affect them.

Sharing another's emotional response and/or understanding their feelings and perspectives

8

Homework on Inclusiveness/empathy

Giving people the opportunity to participate in discussions, deliberations, and decision-making concerning situations that affect them.

Sharing another's emotional response and/or understanding their feelings and perspectives

SENSITISING QUESTIONS

- Was the patient included in the initial discussion on treatment options?
- Have we taken steps to understand the patient's perspective and concerns?
- Have we expressed empathy in concrete ways? Allowed the patient time to experience emotions? Helped ensure their needs are met?
- Have we listened to patients' concerns (e.g. about radiation exposure) without judgment?
- Have we paid attention to how differences in viewpoints affect us? How they might limit our ability to provide appropriate care?
- Has the health care professional involved the whole medical team and the family/carers in the discussion?



9

Conclusion: Method facilitates transparency with ethics

FINAL THOUGHTS

- Examples (2-4/11) illustrate. More elsewhere
- They are not guide to best practice.
- Scenarios allow skill be developed in
 - Thoughtful analysis of day-to-day practice
 - Intuitively, evaluate each element of the story to relevant values
 - If not sure where to start use the sensitising questions
- Add to guidance from Personal Moral Compass
- Bolsters basis for view that our professions are Morally Sound

**ETHICS
BECOMES
THE LENS**



10



11

Suzy Rainbow Paediatric Patient


- Happy active 4-year old girl who starts to limp, favouring her right leg.
- Slight fever. Paediatrician suspects osteomyelitis.
- No paediatric radiologist on staff. Use protocols for young adult.
- Susy cannot say what part of her leg hurts. X-ray survey of whole leg.
- After several visits/tests, doctors determine she has neuroblastoma.
- Treatment over years. Since she's already received several x-ray studies, her doctors decide on MR for follow-up imaging which will necessitate sedation or anaesthesia.

Dignity Autonomy	Beneficence, Non- Maleficence	Justice Solidarity	Prudence Precaution	Honesty Transparency Accountability	Inclusivity Empathy
-	😊😊	😊😊	😊	-	😊
😞😞	😞	😞	😞😞	😞	😞😞

SENSITISING Q & A

- Obligation to answer for decisions and actions to those who are affected, and to accept the consequences.
- Accessibility of information about the deliberations and decisions, and the honesty with which this information is shared.
- Honesty is the professional and personal commitment to candid and truthful sharing of information.


12

Homework on Accountability & transparency/honesty	SENSITISING QUESTIONS	
<p>Obligation to answer for decisions and actions to those who are affected, and to accept the consequences.</p> <p>Accessibility of information about the deliberations and decisions, and the honesty with which this information is shared.</p> <p>Honesty is the professional and personal commitment to candid and truthful sharing of information.</p>	<ul style="list-style-type: none"> • Have the effects of ionising radiation been shared with the patient? • Have we discussed additional information that would help the patient for their personal care and life decisions? For their self-understanding? • Is there information we are reluctant to disclose? Why? If we disclosed this information, do we think the patient might make a different decision than the one we think is best? • Have we provided patients with information about relevant alternatives outside our scope of practice? Have we facilitated necessary referrals for patients to understand alternative approaches? • In cases of adverse events and near misses, has the patient and/or family been informed of the event? Of the steps taken to address the event for the patient and future patients? • What steps can we take to re-establish trust? To manage the residue of mistrust? • Are we making an honest attempt to help the patient understanding their prognosis, or are we delaying an uncomfortable conversation? • Do we have a conflict of interest, such as financial interests or health system pressures, that are influencing professional judgment? 	


13

Eleni Tsakaris Whole-body CT for asymptomatic patient						SENSITISING Q & A
<ul style="list-style-type: none"> • Eleni Tsakaris (41), entrepreneur, travelling for vacation. • Picked up a free magazine with Private Clinic advert offering “check-ups” including whole-body CT scan. Physician referral not needed • Enquiries to clinic re full service. Questioned about value/ risk CT as she heard that a lot of radiation involved. • Clinic Physician reassured her re medical, lab tests, and CT. CT integral to their assessment. Cancer risks were negligible. 						<ul style="list-style-type: none"> • The value: Upholding what is right, equitable, and fair • Distributive : Fairness in distribution of limited resources • Restorative: Repairing harms
Dignity Autonomy	Benef, Non- Mal	Justice Solidar	Prudence Precaution	Honesty Transp etc	Inclusivity/ Empathy	<ul style="list-style-type: none"> • Social: Rights to equitable treatment and equal access • Solidarity: Common good and structures supporting interpersonal recognition, reciprocity and support
-	-	-	-	😊	😊	
☹	☹☹	☹	☹☹	☹☹	☹	


14

<h3>Homework on Justice/ Solidarity</h3> <p>Upholding what is right, equitable, and fair</p> <p>Distributive : Fairness in distribution of limited resources</p> <p>Restorative: Repairing harms</p> <p>Social: Rights to equitable treatment and equal access</p> <p>Solidarity: Common good and structures supporting interpersonal recognition, reciprocity and support</p>	<h3>SENSITISING QUESTIONS</h3> <ul style="list-style-type: none"> • If resources are limited, are we following a justified allocation rule (equality, priority, need, potential to benefit)? • Is our process for allocating resources procedurally fair? • Are clinical loyalties, personal relationships, the patient's status and influence, or social judgments and biases swaying our distribution of resources? • Is some group or person receiving an unfair share of benefits? Of harms? • Are there environmental costs to our practices and how should they be addressed? • Are our practices and technologies environmentally sustainable? • Are our practices and technologies financially sustainable for patients, for the health care system, and for society? • What are the opportunity costs of our resource use? • Have steps been taken to level the power relation between health professionals and patients, so the patient can communicate their concerns? • Are there social determinants of health affecting the patient? • Is there a historical mistrust between health professionals and this specific patient populations? What can we do to be worthy of and restore trust? • Are there aspects of the patient's context that are barriers to their receiving and benefiting from care? How can we address them? 	
---	---	---

15

<h3>Homework on Prudence/Precaution</h3> <p>Making informed and carefully considered choices without the full knowledge of the scope and consequences of an action</p> <p>Preventing or reducing risk in the absence of scientific certainty</p>	<ul style="list-style-type: none"> • Are we ready to make a decision or do we need more information? To take other dimensions into account? • Do we have enough knowledge about uncertainty and the level of evidence that we have? (For example, inferring risk of internal dose from evidence of external dose.) • Is the decision proposed sensitive to the many dimensions of the dilemma? • Have we accepted appropriate standards of evidence for risks of serious harm where evidence is incomplete? • Have we excluded concerns just because we have no high-quality evidence for them? • Are we discussing uncertainty with the patient or family? • Have we considered the unintended consequences of our choices, in medical and non-medical domains? 	
--	--	---

16



WHO 2022. Ethics and Medical Radiological Imaging: A Policy Brief (WHO, Geneva). Available Open Access at: <https://www.who.int/publications/i/item/9789240047785>

Malone et al. 2019. Ethics for Radiation Protection in Medicine. e-version available Open Access at <https://www.taylorfrancis.com/books/oa-mono/10.1201/9781315148779/ethics-radiation-protection-medicine-jim-malone-friedo-zölzer-gaston-meskens-christina-skourou>

Malone J. 2020. X-rays for medical imaging: radiation protection, governance, and ethics over 125 years. *Physica Medica*. (79)47–64. <https://www.physicamedica.com/action/showPdf?pii=S1120-1797%2820%2930228-3>