




ETHICS IN TRANSLATION

Considerations in the application of
ethical principles in different healthcare
systems

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*All opinions expressed in this presentation are **my own** and do not necessarily reflect the opinions of the AAPM or any committee I participate in.*



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AAPM RULES

4.0.2 Ethical Behavior

With initial application and at the time of annual renewal, **each applicant or affiliate must attest to abide by the AAPM Code of Ethics**



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Fundamental Principles of Medical Ethics*

Beneficence

Non Maleficence

Autonomy

Justice



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* Beauchamp TL and Childress JF, Principles of Biomedical Ethics, 5th edn, Oxford University Press 2001

AAPM CODE OF ETHICS

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SECTION 2 PRINCIPLES

[...]

VIII. Members must adhere to the legal and regulatory requirements that apply to the practice of their profession.

IX. Members must support the ideals **of justice and fairness in the provision of healthcare and allocation of limited resources.**

X. Members are professionally responsible and accountable for their practice, attitudes, and actions, including inactions and omissions.



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AAPM CODE OF ETHICS

- IX. Members must support the ideals **of justice and fairness in the provision of healthcare and allocation of limited resources.**

NO GUIDELINE!!!!



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do we have any role or responsibility for promoting access for all to equitable healthcare, or for advocating the just and cost-effective distribution of finite healthcare resources?

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HEALTH AS AN ATTAINABLE GOOD

Health is an instrumental good: i.e. it is a means that helps us attain some other good

Prolong life / postpone death

Alleviate suffering / restore a lost function

Optimise the patient's chance for happy and productive life as defined by the patient

IMPROVING HEALTH ... AROUND THE mostly English speaking WORLD

- Examples of vision statements/ stated objectives of Health Care Agencies:
 - *“All New Zealanders live well, stay well, get well”¹ (New Zealand)*
 - *“A health system for all us, now and into the future”² (Australia)*
 - *“The objective is a socially sustainable society. This requires that **everyone** is treated fairly, that social inclusion and participation are encouraged, that **everyone’s health and functional capacity are promoted** and that support and services are available”³ (Finland)*
 - *“The mission of the U.S. Department of Health and Human Services (HHS) is to **enhance the health and well-being of all Americans**, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services”⁴ (USA HHS)*
- Examples of vision statements/ stated objectives of Health Care Providers / Executives:
 - *“**People in Ireland** are supported by health and social care services to achieve their full potential”⁵ (Ireland HSE)*
 - *“To provide a patient-focused, quality health system that is accessible and sustainable for **all Albertans**”⁶. (AHS Alberta, Canada)*
 - *“The continuous improvement of the level of healthcare and the upgrade of **the quality of living of the population** [...]”⁷ (Greece)*
 - *“At HCA Healthcare, we are committed to the care and improvement of human life. We put **our patients first** and affirm the unique worth of each individual. Exceptional healthcare is built on a foundation of inclusion, compassion and respect for our patients and for each other”⁸ (HCA Healthcare)*
 - *“Yale New Haven Health enhances the lives of the people we serve by providing access to high value, **patient-centered care** in collaboration with those who share our values”⁹ (YNHH)*
- *“...the highest attainable standard of health as a **fundamental right** for every human being” (WHO Constitution 1946)*

1. <https://www.health.govt.nz/new-zealand-health-system/new-zealand-health-strategy-future-direction>
2. <https://www.health.gov.au/resources/publications/australias-long-term-national-health-plan>
3. http://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/69930/URN_ISBN_978-952-00-3395-8.pdf
4. <https://www.hhs.gov/about/index.html>
5. <https://www.hse.ie/en/about/corporateplan.pdf>

6. <https://www.albertahealthservices.ca/about/Page190.aspx>
7. <https://www.moh.gov.gr/articles/health/demosis-fai-drashti-ethn-vyeia/ethnika-svedia-drashti-8776-ethniko-svedio-drashti-ethn-dimosia-vyeia-2021-2025>
8. <http://hcahealthcare.com/about/our-mission-and-values.dot>
9. <https://www.ynhh.org/about/hospital-overview>

HEALTH AS A FUNDAMENTAL RIGHT



The Right to Health


“Medical care” is identified as a **fundamental right** in Article 25 of the Universal Declaration of Human Rights

Fact Sheet No. 31

This is adopted by a number of countries in the form of a universal health care system: the state has a responsibility to protect and provide for this right*

The US has adopted these “health measures” in the form of a universal health insurance system

*The Right to Health, Fact Sheet No 31, WHO and the Office of the UN High Commissioner for Human Rights, 2008



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	Utilitarian / Consequentialist	Libertarian/ Capabilities	Egalitarian
Description	Maximizes overall/ social/ aggregate utility; Ensures the greatest happiness to the greatest number of people	Access to health care is based on merit; Personal freedom over one's earned rights to property.	All individuals are fundamentally equal; Humans have intrinsic value in themselves
	Maximizing overall health benefits and minimizing overall costs	Protecting the normal functioning/normal range of opportunities for all implies providing adequate health care for all and prioritizing the worst off	Everything or nothing for everyone
Examples	The Oregon Health Plan (Basic Health Services Act 1989) – decent minimum of health care for as many poor citizens as possible Ranking of services based on clinical effectiveness and social value (arbitrary, socially divisive)	Mexico's <i>Oportunidades</i> programme – 'cash transfers to poor households which are conditional upon regular school attendance and health clinic visits' (Khoo 2013:165)	
Free Market	Cannot operate well in this system	Operates well under this theory; individuals make personal choices about health and allocation of personal resources.	Cannot operate well in the individual differences exist with respect to satisfaction and resources


DISTRIBUTIVE JUSTICE

- Need and Contribution

- *the second great norm of distribution (equity)*: if there are no contributions, then there is nothing to distribute*
- *\$ is not the only form of contribution: education; transportation; housing; peacekeeping, etc.*

Impact on the Medical Physicist's working environment:

	Utilitarian / Consequentialist	Libertarian/ Capabilities
Description	Maximizes overall/ social/ aggregate utility; Ensures the greatest happiness to the greatest number of people	Access to health care is based on merit; Personal freedom over one's earned rights to property.
	<ul style="list-style-type: none"> • Limited budget per capita • "mass - service" equipment • Limited (or no) specialized procedures • Procedures stratified by urgency • "Rule decisions" based on evidence (challenge to patient-centered care, ie agency and dignity) 	<ul style="list-style-type: none"> • Social class based care • Faster access to care • More complex solutions for those who can afford it/deserve it/earned it • Rewards/profits for those delivering a higher-value service as determined by the patient (\$ for medical innovation)



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Epilogue

- Individuals must subscribe to the model selected by their society/ government/ employer
- We offer our services as part of a team (we cannot contribute to health in isolation)
 - *Members must hold as paramount the best interests of the patient under all circumstances*
 - *Members must hold as paramount the best interests of the patients **s** under all circumstances*




[...]

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*“The most fascinating aspect of medical ethics in the broad sense is that controversies within its boundaries can be **most acute just where knowledge, skill, and enthusiasm are at their most advanced.** It may be that one will be concerned to assess, from an **examination of conduct, not the moral structure of individuals but rather the justification for attitudes to the science of medicine itself.** It is the leaders of the profession, not the black sheep, who will be engaged in procedures the very existence of which society itself may at any given moment be inclined to challenge on ethical grounds.”*

Lord Kilbrandon

JME Jan 1975 1:2-4