International Medical Graduate Toolkit

Consulting with ethics in mind

Estimated completion time: 30 minutes + online resources

This tutorial will help you understand how to succeed in GP training:

Ethical guidance for doctors

Applying the guidance in practice

Tutorial Authors:

Dr Mustafa Ibrahim

Relevant for IMG trainees and their educators

Why is it important?

The ethical code to which practicing doctors in the UK are expected to follow is set by the GMC in its guidance ethical guidance for doctors. This guidance is unique to practicing in the UK. Other health systems may have different set of ethical guidance for clinicians. It is therefore important for all doctors practicing in the UK to familiarise themselves with this guide.

Examples of situations where ethical issues can arise for GPs include: confidentiality, Consent, medical errors and End of life.

There is a difference between ''knowing'' what the ethical guide for certain situation is and ''applying'' that knowledge in practice. The former is freely available on the GMC website. This toolkit and the relevant workshop are about the latter. Applying the ethical knowledge in practice can be more sophisticated than just telling the patient that ''our duty as doctors is to do X or not to do Y...''. It is a skill that requires situational awareness, sensitive communication, prioritisation of what information to give first and how to give them.

For instance, the GMC guidance note 68 from the good medical practice document states (You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate).

Remember: Whilst we are required to be honest with patients, we should be sensitive and choose the appropriate way of communicating the information.

Let us take an example of applying the ethical guide in practice

The doctor rings Mr Singh as per the telephone appointment. Mr Singh's daughter answers the phone and says she is the one who booked the appointment for her father because she wants to discuss some of his health problems with the doctor. She is outside home now and her father is home. There is no prior note on records to indicate that Mr Singh gave consent for discussing his health issues with his daughter.

3 doctors may respond differently:
Doctor A tells the daughter immediately that he is sorry he can't discuss her father's health problems with her because of confidentiality. The daughter becomes angry and the rest of the consultation is hostile.

Doctor B listens to the daughter and tries to carefully answer her questions without giving any information to her from the records. He then decided on the management plan which may involve booking Mr Singh for a face to face appointment.

Doctor C says to the daughter: '' Yes sure, when will you be home for me to call you whilst Mr Singh is there?''

None of the 3 doctors' responses is wrong but the outcome of the consultation can be completely different. The 3rd doctor started by showing practically his/her willingness to help whilst observing confidentiality.

Decision making

We all know patients have the right to decide for their own health. Putting this in practice requires our active involvement to support patients in making the decision. This doesn't happen by just listing the information about the options of their management but also try to find out what matters to patients so we can share relevant information to their individual circumstance. The GMC set 7 principles to allow us to apply the ethical guide in patient's decision making.

The 4 quadrant approach in decision making:

Also known as Jenson grid, the four quadrant approach suggests that the following questions should be worked through in order.

1- Indications for medical intervention: what are the options for treatment, what are the prognoses for each of the options?
2- Preferences of patient: is the patient competent- if so what does he / she want? If not competent then what is in the patient's best interest?
3- Quality of life: will the proposed treatment improve the patient's quality of life?

Contextual features: do religious, cultural, legal factors have an impact on the decision?

Impact of Covid19 Pandemic on ethics guidance:

There is no new set of guidance for practicing during Covid19, but the GMC provided suggested answers to the common ethical questions which may arise in relation to the pandemic.

Examples: *If a child comes to you asking for the vaccine without their parents, can the child consent to the vaccine?*

Young people aged 16 or over can consent to their own treatment and are presumed to have capacity to do so unless there is evidence to the contrary. Children under the age of 16 can consent if they are deemed Gillick competent. This involves fully understanding the nature of the treatment, its purpose, and possible consequences

Resources

Resources:

1- The GMC ethical guide: **https://www.gmc-uk.org/ethical-guidance**
2- Ethics for social media use by the BMA: **https://www.bma.org.uk/advice-and-support/ethics/personal-ethics/ethics-of-social-media-use**
3- Medical ethics for health care professionals: **https://patient.info/doctor/medical-ethics**
4- *Jonsen, Siegler and Winslade; Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine (3rd edition McGraw-Hill 1992)*

Consulting with ethics in mind: Video clip

By Dr Mustafa Ibrahim