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Surgeon and Anesthesiologist Responsibilities for Operating Room Law: The Dilemma of Ethics

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Abstract

Law, ethics and concern for patient safety in the operating room are important considerations of the operating team, i.e., nurses, surgeons, and anesthesiologists. Meaningless rituals observed in the operating room (OR) must be replaced by practices and procedures based on sound principles of medical ethics. Modern technology and medical advances relieve the surgeon and anesthesiologist of many of the manual tasks, but have not completely solved the problems of ethics in the operating suite. Apathy, carelessness and indifference may be a more formidable dilemma unless curbed by moral, ethical and legal constraints. Operating room policies and procedures need constant review and reexamination. To maintain good medical ethics, enforcement of these policies and rules requires the cooperation of all who enter the OR suite. Recommendations are suggested to guide ethical behavior as it relates to the disclosure of the patient's information in the operating room.

Keywords:

Operative room, Law and ethics, Medical ethics, Morality

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Introduction

Applied ethics is the branch of ethics which consists of the analysis of specific, controversial moral issues such as abortion, animal rights, and euthanasia. In recent years, applied ethical issues have been subdivided into convenient groups such as medical ethics, business ethics, environmental ethics, sexual ethics, and social ethics. In general, two features are necessary for an issue to be considered an "applied ethical issue." First, the issue needs to be controversial in the sense that significant groups of people are both for and against the issue at hand. For example, the issue of a drive-by shooting is not an applied ethical issue because virtually everyone agrees that this is grossly immoral. By contrast, the issue of gun control would be an applied ethical issue because significant groups of people are both for and against gun control. Medical ethics is subdivided into surgical ethics, clinical ethics, nurse ethics, and medical clinical ethics.

Discussion

There are various legal bases of the duty of confidentiality and challenges to the ethical obligation of non-disclosure of health care professionals. It addresses the justifications and limits of exchange of patients' health information among health care professionals and trainees, and considers legally recognized limits of confidential duties.

The scope of legitimate disclosure seeks to determine whether surgeons and other OR personnel are ethically justified in disclosure of events in the OR for which patients are not aware of. Do these disclosures breach patient’s expectations of confidentiality? And, are these disclosures legal? Arriving at a short list of representative normative principles to guide in this dilemma is a challenging task. The principles selected must not be too narrowly focused such as a version of act-egoism which might focus only on an action's short-term benefit. The principles also must be seen as having merit by people on both sides of an applied ethical issue. For this reason, principles which appeal to ones duty to God are not usually cited since this would have no impact on a nonbeliever engaged in the debate. The author recommends the following ethical principles to guide ones decision to what is and what is not appropriate as it relates to the disclosure of patients information.

Personal benefit: acknowledge the extent to which an action produces beneficial consequences for the individual in question.

Social benefit: acknowledge the extent to which an action produces beneficial consequences for society.

Principle of benevolence: help patients in need.

Principle of paternalism: assist others in pursuing their best interests when they cannot do so themselves.

Principle of harm: do not harm and misstatement others.

Principle of honesty: do not deceive patients.

Principle of lawfulness: the surgeon and anesthesiologist do not violate the law.

Principle of autonomy: acknowledge a person's freedom over his/her actions or physical body.

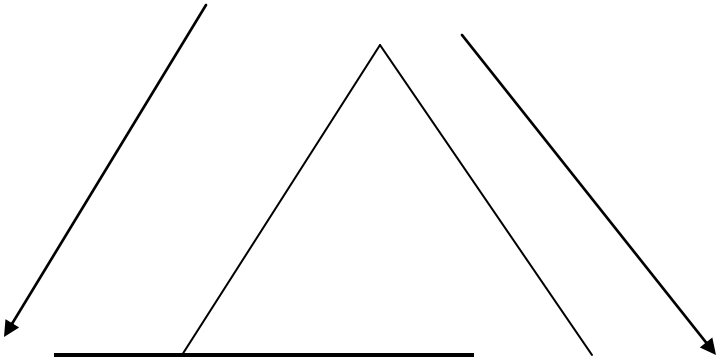
Principle of justice: acknowledge a person's right to due process, fair compensation for harm done, and fair distribution of benefits.

Rights: acknowledge a person's rights to life, information, privacy, free expression and safety.

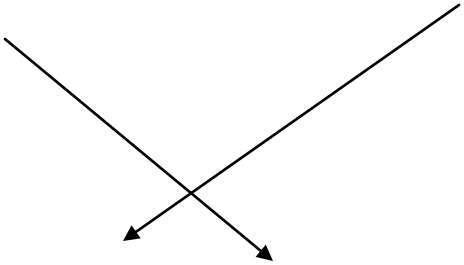
In conclusion, the surgeon must ensure that health professional colleagues are engaging in lawful health care practices. They also must accept that patients have a right to life. The responsibility of the surgeon, the head of the OR team, is to ensure that other members of the team respect patients and that patients receive safe and effective care. The surgeon must be honest in the OR suite and demonstrate respect for the nurse scrub and other members of the OR team. These are just a few of the attributes that influence the ultimate respect shown to and for patients by the OR team. However, the problems of apathy, carelessness and indifference in the OR may prove to be even a larger barrier to achievement of sound ethical practices in the OR. The author believes that the combination of ethics, morality and law as demonstrated in Figure 1 is a requisite for optimal medical practice in the OR.

Figure (1): Medical Practice Model

MORAL



ETHICAL LAW



COMBINATIONS

IN MEDICINE (SURGERY)

References

Dunbar S, Rehm S. On visibility: AIDS, deception by patients, and the responsibility of the doctor. Journal of Medical Ethics 1992 Dec; 18(4):180-5.

Ferreira MC, Ferreira EH. [The civil responsibility of the plastic surgeon in esthetic procedures] [Article in Portuguese] Rev Hosp Clin Fac Med Sao Paulo 1992 Nov-Dec; 47(6):299-302.

Gross HP. Ethics for the surgeon. S D J Med 1992 Jan; 45(1):23-5.

Winkler H. Some remarks on professional accuracy in the borderline between surgery and anesthesiology (author's transl).

Bunte H. [Interdisciplinary cooperation between anesthesiology and surgery from the surgeon's point of view (author's transl)] Zentralbl Chir 1978; 103(10):609-15.