Professional & Medical Ethics

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Objectives

- Fulfill requirement of FAC 64B15-13.001
- Apply basic medical ethical principles in everyday practice
- Apply basic professional ethics standards to everyday practice

Ethical Principles

- Autonomy
 - People should direct their own care
- Benevolence
 - Physicians should try to do things that bring benefit
- Non-Malfeasance
 - Physicians should try to do no harm
- Justice
 - Refers to fairness and equality in utilizing limited resources

AUTONOMY

Capacity vs. Competency

CAPACITY

- Contextual
- Full, limited or absent
- Determined by a practitioner
- Can vary or be stable

COMPETENCY

- Legal ability to participate in a contract
- Present or absent
- Usually determined by a court

Determining Capacity

- Communicate a choice
- Demonstrate understanding of relevant information
- Demonstrate an appreciation of the situation and its consequences
- Demonstrate reasoning

"Partial" Capacity

- Patients can participate in decisions that they have capacity for
- May not be able to make a decision about a high risk surgical procedure
- May be able to make a decision about other care preferences

Examples of Partial Capacity

- Teenagers
- Patients with mild to moderate dementia

CAUTION

- Some of the following things may lead to poor interpretation of capacity:
 - Language or cultural barriers
 - Sensory impairment (the patient's not yours!)

"Minor" Exceptions

- Reproductive care
- Care of the child of a minor
- HIV and STI testing

BENEVOLENCE

Non-Malfeasance

What is Benefit?

- Feel better
- Get Better
- Improved quality of life
- Prolong functional survival

Balancing Risk of Harm and Benefit



JUSTICE 10211CE

Common Examples of Justice

- ED Triage
- UNOS
- Level of Care (ICU vs. IMCU vs. Telemetry)

ETHICS IN PRACTICE

Professional Ethics





STORY HIGHLIGHTS

 American Board of Radiology: Doctors "cheating" on tests (CNN) -- For years, doctors around the country taking an exam to become board certified in radiology have cheated by memorizing test questions, creating sophisticated banks of what are known as "recalls." a CNN investigation has found

Everything you do...

- Reflects on you
- Reflects on me
- Reflects on US

Ethical Pitfalls

- Business practices
 - Pill mills, WFA, Stark
- Criminal actions
 - Drugs, DUI/BUI, Non-violent or violent crime
- Inappropriate relationships
 - Patients, Staff, Minors...

Maurice J. Wolin, M.D.



Dr. Wolin was...

- A graduate of SUNY/Buffalo
- A prestigious oncologist for 30 years
- A researcher
- A UCLA professor
- A consultant

This is when he met Chris Hansen



Caught

Chatting online with and driving to meet a

"13-year-old"

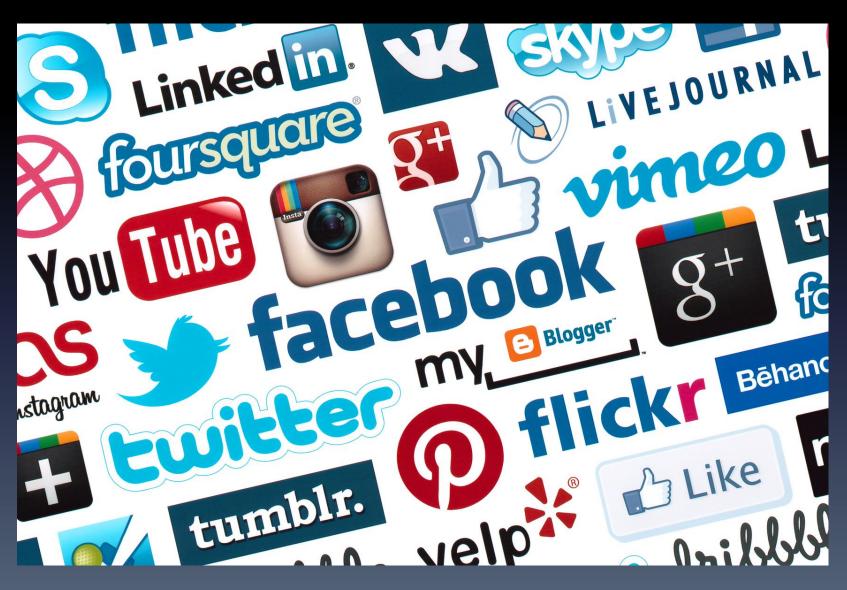
Consequences

- Immediate suspension of his license
- Plea of No Contest resulted in 2 months of home confinement and probation
- License subsequently revoked due to felony conviction

Other Relationships

- With patients be careful with...
 - Outside business relationships
 - Unaccompanied exams
 - Social relationships
 - SEXUAL RELATIONSHIPS ARE NEVERACCEPTABLE

Social Media



Pictures







So I have a patient who has chosen to either no-show or be late (sometimes hours) for all of her prenatal visits, ultrasounds, and NSTs. She is now 3 hours late for her induction. May I show up late to her delivery?

Share

7 people like this.



I'm surprise u see a patient that late. I came 30 min to my Gyne once and they made me reschedule, even though I once waited 2 hrs to be seen by this dr.

January 28 at 7:23pm via mobile



If it's elective, it'd be canceled!

January 28 at 7:33pm - 2 1



I agree with Dr. Cancel the induction.

January 28 at 7:40pm



A here is the explanation why I have put up with it/ not cancelled induction: prior stillbirth.

January 28 at 7:41pm via mobile



I thought of that after I hit send. I do not understand some people. I try to be at least minutes and bring a book, magazine and Kindle so the time waiting does not seem so long.

January 28 at 7:44pm



That should have been minutes early.

January 28 at 7:46pm



Maybe she's hitting up the bar for her last drink?

January 28 at 9:11pm via mobile - 1



love being early to my o.b. appointments! It's more time for me to read, or sleep, or relax!!!

© Escebookuary 28 at 9:27pm - 🖒 1

Posts



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Posts

Replies



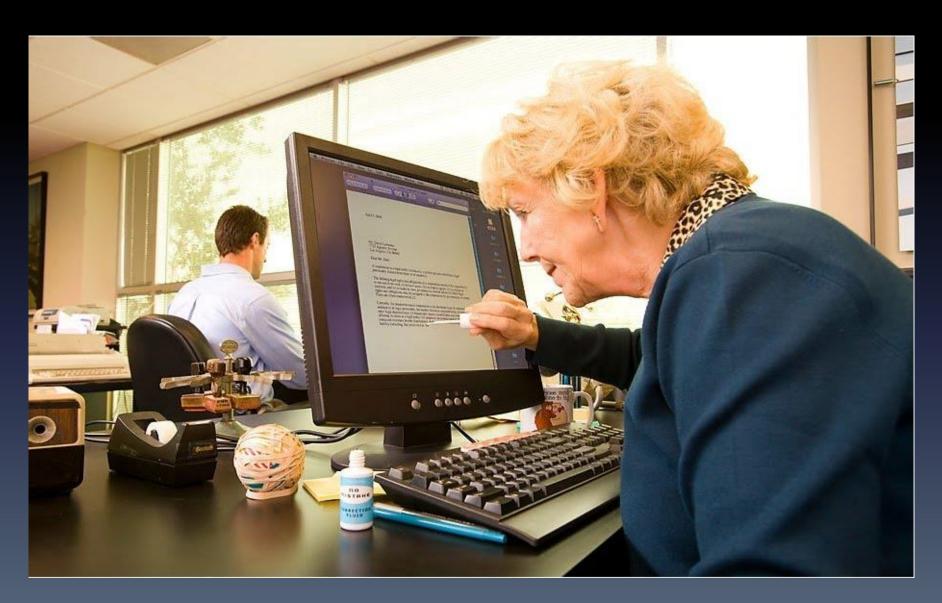
I just want say the lack of professionalism by Dr. Amy is beyond words at this point. She should not be allowed to work with patients if she callously talks about them on her own facebook page. While she does not name patients on her page she gives personal information about patients which could identify who she is talking about. I hope the hospital takes swift action against this doctor and all the other doctors who joked about the patients she was referring to. As a woman who has had a full term still birth if I found out my doctor was posting that information on her page and other doctors were joking about it I would go straight to the top of hospital leadership to ensure this doctor was fired. It is appalling that you would employ someone like this on your staff.

@ Facebook

Some good guidance...

- Patient's don't make good online friends
- Don't EVER discuss work
- Be careful what you post and what you allow others to post for you / about you.

In the office



Your records

- COMPLETE and ACCURATE.
- "Shadow charting" is a recipe for disaster.
- In EMR, everything you do is recorded in perpetuity.
- Patients have a right to review or receive a COPY of everything in the records. Maintaining the records accurately is YOUR responsibility – even if you do not own them.

Everyone Makes Mistakes

- In writing single line STRIKEOUT
- Initial, time and date
- Addenda timed and dated with explanation

Treating Your Family

- Keep a medical record. (Chart in the office, separate record at home, free EMR)
- Do you really want to have a discussion about DNR with your dad about your mom? --- Be aware of the difficulties with emotional attachment.

Billing Issues

- It's unethical (and usually a violation of your provider contract) to waive copayments or deductibles.
- As a physician you must be careful that any business practice you enter into with a patient avoids the possibility or appearance of conflict of interest on either side.
- Good friendships can turn ugly when money is involved.
- By virtue of the relationship the physician is expected to comport themselves to the best interests of the patient.

Billing Issues

- Your documentation is meant to reflect the services performed.
- You are expected to perform <u>medically needed</u> and appropriate services.
- Some circumstances require comprehensiveness such as initial hospital evaluations and evaluations of new patients.
- Other circumstances may require only a lower level of care such as routine follow-up care, blood pressure checks, etc.
- Altering your notes to reflect a level of care at a desired billing level,
 rather than to characterize the necessary care provided is fraudulent.

Dollars for Docs

How Industry Dollars Reach Your Doctors

From http://projects.propublica.org/docdollars. @ Copyright 2013 Pro Publica Inc.

ProPublica is working with researchers at Tulane University on a study about Dollars for Docs. Would you be willing to take a brief, anonymous survey?

Has Your Health Professional Received Drug Company Money?

Name State

Florida & SEARCH

Example searches: Klein, Duke University, Mami More options 4

Lam a...

Select One:

412 Disclosures Found for Payments in Florida to "

Click on a name to see payment details. Important notes about this list »



Summary

- We represent each other.
- Physicians are in a position of public trust; this
 is a privilege that should be vigorously
 protected.
- Be the best example.

Thank you for your attention

QUESTIONS?