

# Doing the Right Thing the Right Way: Ethics 101

Philip Candilis, MD, DFAPA

Associate Professor of Psychiatry

University of Massachusetts Medical School

# What is/are Ethics?

- An outcome?
- A process?
- A standard?
- A consensus?
- A code?
- A tradition?
- All of these?

# Ethical Frameworks

- Principlism
  - Autonomy
  - Beneficence/Nonmaleficence
  - Justice
- Narrative (a typology)
  - Purist
  - Emphasis on historical context
  - Enriching principlism
- Many others

# Rules for applying frames

- Rules derived from principles are *prima facie* binding
- Must be balanced
- Infringing one requires realistic prospect of realizing objective
- Infringement is necessary to resolution of dilemma
- Infringement is least possible
- Negative effects must be minimized

# Virtues & Thresholds

- Virtues
  - Sensitivity: awareness of potential ethical dimensions
  - Reasoning: ability to identify moral options
  - Commitment: ability to choose moral values over personal ends
  - Perseverance: ability to persist despite opposition
  
- Thresholds/moral distinctions
  - Obligatory
  - Optional
  - Permissible
  - Forbidden

# The Ethics Work-Up

- Facts
  - Hx, dx, clinical condition
  - Possible interventions (including doing nothing); likely outcomes/prognosis for each
  - Subjective facts: pt preferences, presence of hope/fear/denial
  - Social context: family/community, practice setting
  - Other: economic, available resources, legal issues
- Values
  - What are most important values at stake?
  - Who are the stakeholders?
  - What values matter most to each?
- Conflicts
  - What values, if any, are in conflict?

# The Ethics Work-Up (cont.)

- Possible Courses of Action
- Decision & Justification
  - *Compare* possible courses of action by their capacity to serve most important values
  - *Choose* course that best promotes crucial values
  - *Improve* choice, if possible, so that no important value is compromised
- Further reflection: preventive ethics

# A case for your consideration

- An outpatient in financial straits asks you to change his daily 50 mg prescription to twice the dose. This allows him to cut the pill in half, use the medicine for a second month, and avoid a \$75 co-pay for the second month. You agree, writing the prescription for thirty 100-mg pills. Is this ethical?

# An analytic model for ethics cases

## FACTS

Pt requires this med  
Requires specific dose  
Insurer requires co-pay  
Co-pay affects adherence  
What other facts do you need?

## VALUES

Access to treatment is important  
Fairness (= access indep. of means)  
Truth-telling  
Professional integrity  
Trust (pt-doc/doc-insurer)

## STAKEHOLDERS

Pt, doc, family, community, insurer, oversight agencies, others?

## CONFLICTS

Payment v. Rx, Pt v. insurer, Doc v. insurer, all v. rules, stealth v openness

## SOLUTIONS

How do you proceed/find alternatives to help pt?

# A model for ethics reasoning

- Justify
  - Ground arguments in recognizable facts, principles
- Specify
  - Make arguments specific to the case
- Balance
  - Weigh benefits and costs to the individual and other stakeholders

# Justification

- Pro
  - Pt needs care
  - Treatment may preserve life, liberty
  - Pt may contribute more to family, community
  - Solution is simple, even elegant and ironic
- Con
  - Untruthful, fraudulent
  - Stretches scope/standard of practice
  - Does not generalize
  - Undermines integrity of treater, profession

# Specification

- You know the Pt well
- Pt has money problems, recently lost job
- Insurance restrictions are common in outpatient practice (formulary, dosing, #pills/month)
- Insurance often determines care
- Individual clinicians can affect individual cases, but have less influence on policy
- Down the road, can you see yourself acquiring a reputation for this practice?

# Balancing

- Needs of the many outweigh needs of the few
- Change through recognized process outweighs gaming the system
- Losses through fraud & mistrust outweigh gains through individual cases
- Can you find alternative ways to help the patient that outweigh the ethical pitfalls?

# A case for your consideration

- A graduate student is heavily involved in developing a new experimental technique. She/He prepares a poster that includes the new method. At the conference, she is approached by a renowned investigator with whom she discusses the technique in detail. Her laboratory and mentor favor such open discussions. Some months later the graduate student comes across an article by the senior investigator that depends on her technique and draws on the discussion that followed. She is flattered and pleased, but finds that she is not credited in the references or acknowledgements. Is there an ethical problem? If so, what recourse is there?

- Adapted from Committee on Science, Engineering, and Public Policy, National Academy of Sciences, National Academy of Engineering, Institute of Medicine. *On Being a Scientist: Responsible Conduct in Research*, National Academy Press, Washington, DC 1995, p. 12

# An analytic model for ethics cases

## FACTS

- Graduate student develops new technique
- Presents a poster
- Discusses with senior investigator at conference
- Investigator uses discussion in paper without credit

\*\*What other facts do you need?

## VALUES

- Fairness/Justice (Power inequality/differential)
- Truth-telling
- Research/Professional integrity
- Beneficence
- Fidelity/Responsibility/Respect for others

## STAKEHOLDERS

- University
- PI
- Student
- Mentor
- Funding Source
- Research Community

## CONFLICTS

- Student vs. PI of other lab
- Lab vs. Lab (culture; being “scooped”)
- Competing standards of readiness/disseminating a new technique
- Junior vs. Senior colleagues

## SOLUTIONS???

How do you resolve? What is the process?

# A model for ethics reasoning

- Justify
  - Ground arguments in recognizable facts, principles, authorities
- Specify
  - Make arguments specific to the case
- Balance
  - Weigh benefits and costs to the individual and other stakeholders

# Justification

- Ethical (senior PI can publish)
  - Purpose of presentations is to disseminate
  - We should encourage replication/use of new techniques that could advance science
  - Used a technique, did not plagiarize data
- Unethical (this is fraud/plagiarism)
  - Senior faculty takes advantage of junior investigator
  - Others will attribute to second lab/PI
  - Original investigator should determine when publication of the technique is appropriate (i.e., different standards for conferences vs. publication)
  - May have “scooped” planned publications in original lab
  - If used, at least proper credit should be given (permission sought?)
  - Junior researcher will need credit to advance career

# Specification

- Common issue in academia
- Junior faculty do not usually challenge senior colleagues; are not as familiar with authorship culture
- The idea was presented and discussed openly at the conference
- Should not have presented it if it were not ready for public dissemination and use
- Differing standards/protections exist to protect against being “scooped”
- Unfair because of common power differential between students and faculty
- Senior faculty need fewer permissions/have easier access to journals/submission process

# Balancing

- Needs of the many (society) outweigh needs of the few
  - Quicker dissemination of results could lead to faster benefits to public (bench to bedside); however, slower process can be more careful
- Losses through fraud & mistrust outweigh gains of sharing technique
  - Creates distrust among labs
  - Leads to chilling effect on dissemination/collaboration
- Can you find alternative ways to balance credit and dissemination?