

What You Should Know About Medical Ethics

BY DR. DAVIDICUS WONG

Medical Ethics or Bioethics is the application of ethical principles to health care.

Dilemmas arise when these principles conflict.

A treatment is considered appropriate if the potential benefits outweigh the potential burdens or harm. Life support (e.g. CPR, artificial feeding and ventilation) is appropriate if it provides an acceptable quality of life (as judged from the patient's perspective).

WHY ETHICS MATTERS

Medical ethics is the foundation of medicine and applies every time you interact with a health care provider.

Our tests and treatments are merely tools. Ethics guides us in their appropriate use.

THE PRINCIPLES OF BIOETHICS

1. **Nonmaleficence:** The first rule of medicine: "Above all else, do no harm."
2. **Beneficence:** Do good. The primary goal of medicine is to help the individual patient.
3. **Autonomy:** The right of the capable individual to direct his or her own healthcare. Informed consent is an essential aspect of autonomy.
4. **Justice:** Be fair. Treat like cases alike.
5. **Confidentiality:** Respecting personal information

WHEN CONFIDENTIALITY CAN BE BREACHED

- Duty to Protect: When you pose a serious threat to others.
- Duty to Report: unsafe drivers, child protection, certain sexually transmitted infections
- Court Orders
- Minors and others who rely on others to provide consent

WHO HAS ACCESS TO YOUR RECORDS?

1. Your physician's professional staff
2. Other healthcare providers involved in your care (your hospital team, specialists to whom you are referred)
3. Third-parties (insurance companies, lawyers) with your written consent (or by court order)

INFORMED CONSENT REQUIRES:

1. Sufficient information about the benefits, risks and alternatives of a test, procedure, or drug before you can choose or refuse it.
2. An individual capable of understanding the situation and the available options and able to make and communicate a decision.

PREVENTIVE BIOETHICS

With proactive reflection and discussion, future ethical dilemmas may be avoided.

1. **Anticipate** the future when you may be incapable of medical decision-making and suffering from serious illness.
2. **Understand** the benefits and burdens of CPR, artificial feeding, and artificial ventilation.
3. **Consider** what gives your life meaning and what constitutes a good quality of life.
4. **Communicate** your values and your wishes while you can. Ensure your family knows what you would want.



An **Advance Directive** describes the medical care you want if you are unable to make decisions for yourself. This can include:

- What procedures do you want or do not want?
- Under what conditions?
- Who do you choose to make decisions for you?

For example, you may choose not to receive CPR (chest compressions, assisted breathing, a tube down your throat, electric paddles on the chest) or life-support if you have a terminal condition or are in a permanent coma with no chance of recovery.

Learn more:

Search "My Voice" (BC Advance Care Planning)
www2.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/advance-care-planning

Medical Assistance in Dying

BY DR. DAVIDICUS WONG

WHO IS ELIGIBLE FOR MEDICAL ASSISTANCE IN DYING (MAID)?

- Generally, visitors to Canada are not eligible for Medical Assistance in Dying.
- Be at least 18 years old and mentally competent (capable of making health care decisions for yourself)
- Have a [grievous and irremediable medical condition](#)
- Make a voluntary request for MAiD that is not the result of outside pressure or influence
- Give [informed consent](#) to receive MAiD

GRIEVOUS AND IRREMEDEABLE MEDICAL CONDITION

You must:

- Have a serious illness, disease, or disability (excluding a mental illness until March 2027)
- Be in an advanced state of decline that cannot be reversed.
- Experience unbearable physical or mental suffering from your illness, disease, disability or state of decline that cannot be relieved under conditions that you consider acceptable

You do **not** need to have a fatal or terminal condition to be eligible for medical assistance in dying.

INFORMED CONSENT

To be eligible, you must provide informed consent to your practitioner. This means you have consented (given permission) to MAiD **after** you have received all the information you need to make your decision, including:

- Your medical diagnosis
- Available forms of treatment
- Available options to relieve suffering, including palliative care

You must be able to give informed consent both:

- At the time of your request
- immediately before MAiD is provided unless special circumstances apply (see Waiver of Final Consent)

You can withdraw your consent at any time and in any manner.

WAIVER OF FINAL CONSENT

Canada's Medical Assistance in Dying law allows you to waive the requirement for giving final consent just before MAiD is provided, only if:

- Your natural death is reasonably foreseeable *and*
- While you had decision-making capacity:
 - You were assessed and approved to receive MAiD.
 - Your practitioner advised that you are at risk of losing capacity to provide final consent.
 - You made a written arrangement with your practitioner in which you consent in advance to receive MAiD on your chosen date if you no longer have capacity to consent on that date

Any arrangement for the waiver of final consent will be considered invalid if, at the time that MAiD is to be provided, you no longer have capacity *and* you demonstrate refusal or resistance to the administration of MAiD by words, sounds or gestures.

For further clarity, reflexes and other types of involuntary movements, such as response to touch or the insertion of a needle, would not constitute refusal or resistance.



MAID FOR PERSONS SUFFERING SOLELY FROM A MENTAL ILLNESS

On March 9, 2023, Bill C-39 received Royal Assent and officially postponed the eligibility date for persons suffering solely from a mental illness until March 2027.

Learn more about MAiD:

www2.gov.bc.ca/gov/content/health/accessin-g-health-care/home-community-care/care-options-and-cost/end-of-life-care/medical-assistance-in-dying

Learn more about Empowering Patients:
burnabydivision.ca/empowering-patients