

# Duty of Care in Clinical Interactions: An Ethical Discourse from an Anaesthetic perspective

Dr. M A Biribo

Consultant Anaesthesiologist

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# Overview

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- ▶ Duty of Care
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# Introduction

- ▶ Requests for pre-op assessment on the day of surgery (patient already booked in)
- ▶ Inadequate patient documentation to facilitate pre-op assessment
- ▶ Setup of the Peri-operative medicine clinic (Mixed feelings toward this initiative)

# Duty of Care: First do no Harm

**Table 1. The professionalism requirements of the Accreditation Council for Graduate Medical Education\***

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

\*From reference 2.

**Table 2. Professional responsibilities defined by the charter on professionalism\***

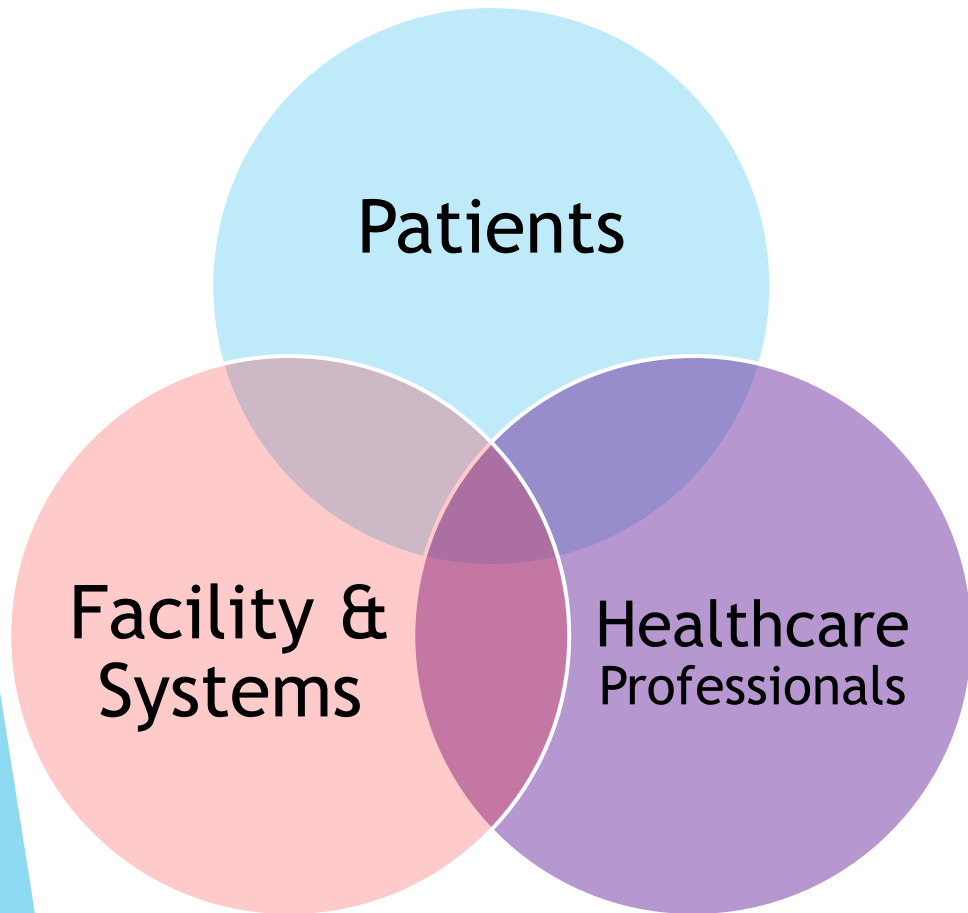
- Commitment to professional competence
- Commitment to honesty with patients
- Commitment to patient confidentiality
- Commitment to maintaining appropriate relations with patients
- Commitment to improving quality of care
- Commitment to improving access to care
- Commitment to a just distribution of finite resources
- Commitment to scientific knowledge
- Commitment to maintaining trust by managing conflicts of interest
- Commitment to professional responsibilities

\*From reference 3.

## Underlying Principles

- ▶ **Beneficence**
- ▶ **Non-maleficence**
- ▶ **Respect**
- ▶ **Justice**

# Context : Clinical Interactions



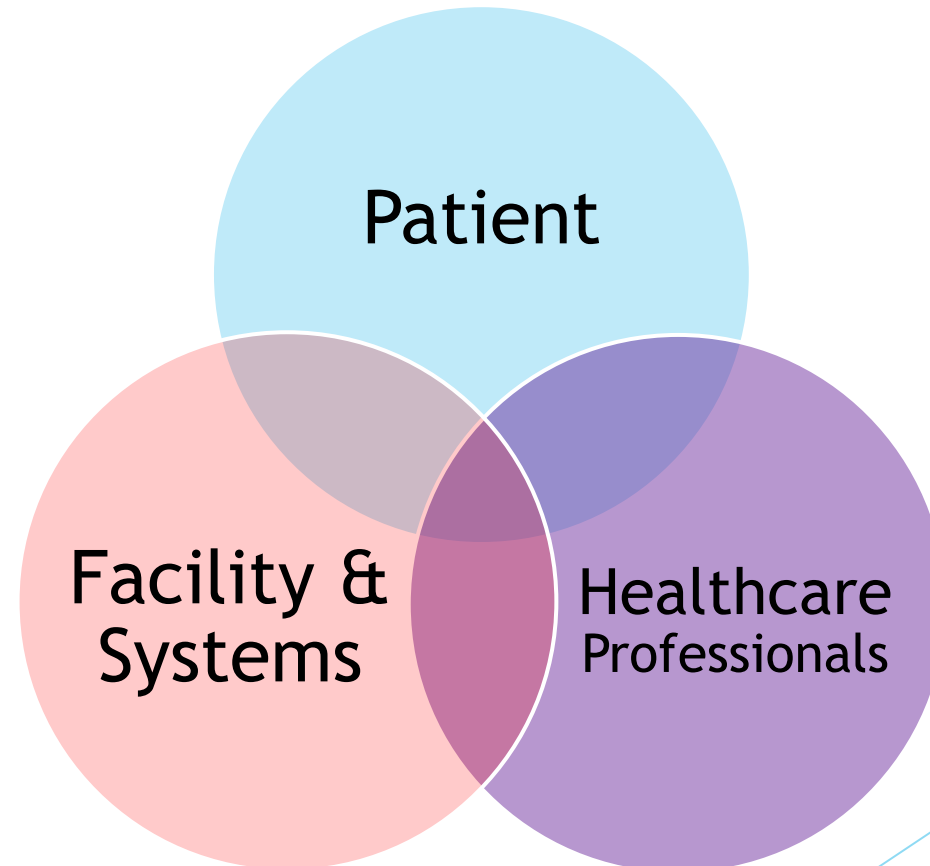
- ▶ Patients:  
Clinical problems/ patient types
- ▶ Facility and Systems:  
Hospital Infrastructure and operational systems
- ▶ Healthcare Professionals:  
Specialists

## Discussions

- ▶ Patient with pre-op Hb < 10g/dL. Started on BT.
- ▶ Patient with CBG of > 10mmol/L, given anti-diabetic medication just prior operation
- ▶ Systolic BP >180 mmHg, diastolic BP > 110 mmHg started on anti-hypertensives just prior to operation

# Conclusion

- ▶ Refer back to Principles of Professionalism and Duty of care
- ▶ **Duty of care:** Towards your discipline, your patient, and your colleagues





# References

1. Ref: Professionalism in Medicine: Considerations for Teaching. Lynne M Kirk: Proc (Bayl Univ Med Cent) 2007;20:13-16
2. Accreditation Council for Graduate Medical Education. General competencies. Chicago: ACGME, 1999. Available at <http://www.acgme.org/outcome/comp/compFull.asp#5>; accessed August 16, 2006.
3. American Board of Internal Medicine Foundation, American College of Physicians-American Society of Internal Medicine Foundation, European Federation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. Ann Intern Med 2002;136(3):243-246.