

WHAT IS THE ROLE PLAYED BY BIOETHICS IN THE EVERYDAY PRACTICE OF HEALTHCARE PROFESSIONALS? RATHER THAN BIOETHICS (AN EXTREMELY BROAD TERM), I WILL REFER TO CLINICAL ETHICS, THAT PART OF BIOETHICS CONNECTED WITH CLINICAL PRACTICE, AND HENCE THE ASPECTS MOST INVOLVED IN THE WORK OF HEALTHCARE PROFESSIONALS.

Healthcare Professionals' Perspective on Bioethics

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Clinical practice and clinical ethics

The aim of healthcare professionals is to heal, to alleviate, to cure or prevent illness¹. They do so by means of clinical practice, in other words the practical application of medical science. Clinical practice gathers data through clinical records and supplementary tests, before issuing a clinical judgement and establishing a plan of treatment. Most decisions taken by physicians are connected with clinical practice, the implementation of the scientific techniques of medicine. One example of a clinical decision would be a case of a digestive haemorrhage caused by a gastric ulcer. The doctor in A&E must consider what would be the best treatment to control the haemorrhage. After consulting the relevant bibliography and discussing the case with a specialist, bearing in mind the resources available at the hospital, he decides that the best approach would be an endoscopy. The patient agrees and the procedure is performed. The basis of clinical practice is science and technology, although other aspects must be taken into consideration, such

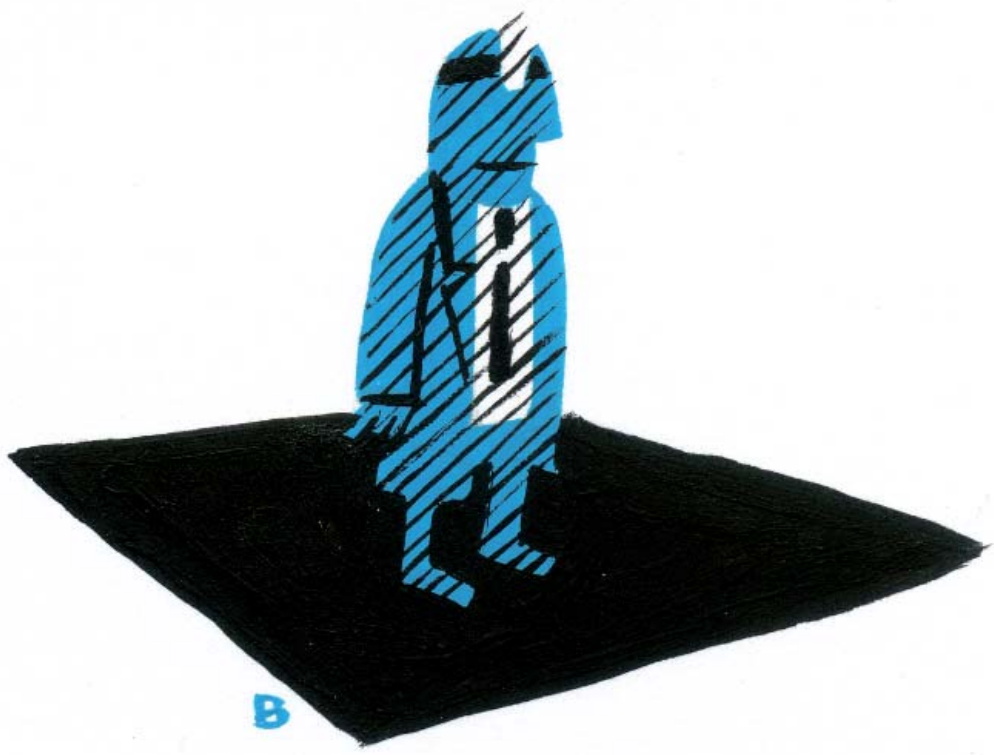
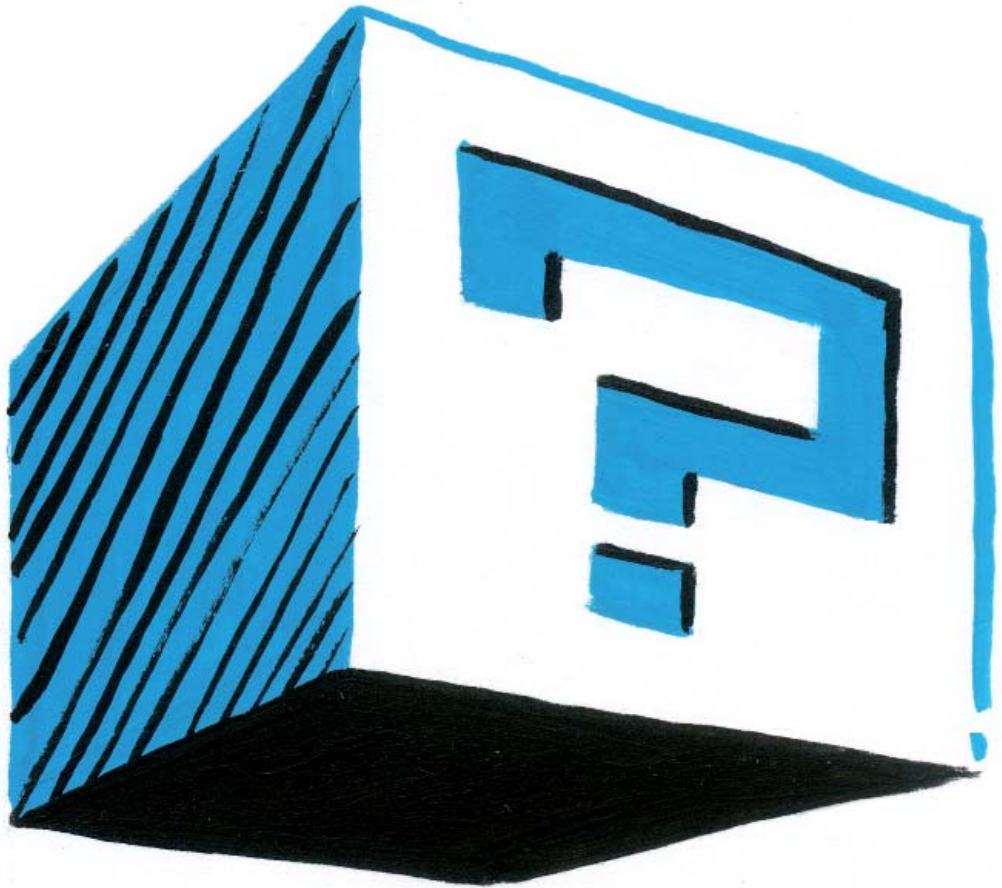
as the resources available or the circumstances under which the decision is taken.

However, healthcare professionals must also deal with other types of decision which are not purely technical, but are ethical decisions (clinical ethics). Such decisions go beyond the boundaries of clinical practice, and cannot be dealt with on the basis of scientific knowledge alone. Many of the decisions involved in clinical ethics (and the problems of clinical ethics) arise in a clinical setting, adding further complexity to the already complicated business of clinical decision-making. Problems of clinical ethics have increased exponentially since the liberal revolution was extended to medicine, with the *de facto* recognition (not only in law) that patients have the right to decide as to their health^{2,3}. It is often now commonplace to find conflicts between the values of healthcare professionals and the values of patients or their families. This is an inevitable consequence of living in a plural and tolerant society with a plurality of values. Returning to the above example, it may be that the patient does not agree with the doctor's decision. The physician is then faced with a conflict of values, an ethical problem which

¹"The goals of medicine. Setting new priorities". *Hastings Cent Rep.* 1996 Noviembre-Diciembre; 26 (6): S1-27.

²SIMÓN P, JÚDEZ J.: "Consentimiento informado". *Medicina Clínica* 2001; 117 (3): 99-106.

³SIMÓN P, BARRIO IM.: "Un marco histórico para una nueva disciplina: la bioética". *Medicina Clínica (Barc)* 1995; 105: 583-597



atment (rejection of a treatment or requests which do not correspond to the *lex artis* the rules that regulate the profession)⁵. The ethics committees to which I belong have undertaken surveys of healthcare professionals at their institutions in order to uncover whether ethical problems play a major role in their clinical practice and to find out which are the most significant, so that the committee can offer support. In the questionnaire of the ASISA Bioethics and Healthcare Law Committee (answered by 25 ASISA healthcare professionals, most of them nurses), 72% of staff said that they had occasionally or frequently been faced with conflicts of an ethical nature in their daily work. Over half of these issues are resolved through discussion with colleagues. Among the most significant ethical conflicts they refer to are problems of information or confidentiality, cardiopulmonary reanimation, ethical problems at the end of the life of terminal patients and/or those with a very poor quality of life, and conflicts with patients' relatives. A further questionnaire was carried out by the Alcorcón Foundation University Hospital among 55 professionals. Here, the percentage of staff confronting ethical conflicts in their daily work was higher (81%), they were likewise resolved in consultation with colleagues (81%), while more than half felt that such issues, complicated their daily work.

Decision-making by healthcare professionals in matters of clinical ethics

Clinical decisions (clinical problems) are not simple. In order to practice clinical medicine with the most basic level of competence one requires some 11 years of training, but nonetheless certain doubts or uncertainties will remain. Each patient is different, and it is one thing to know the pathology (the study of the illness), and quite another how it expresses itself in that patient (clinical aspects). Hence the fact that healthcare professionals go on continuous refresher courses, consult with their colleagues and take decisions in teams. In the case of clinical ethics, the complexity of the clinical decisions is combined with an ethical conflict, further obscuring and increasing the uncertainty involved in the decision-making process.

For staff to deal with such complicated issues, as Diego Gracia indicates, they must learn to deliberate and to take decisions with prudence. There are two essential aspects to this: staff require training in bioethics, while the institutions themselves must have ethics committees in place to advise professionals in the event of more complex problems if they cannot adequately resolve the issue themselves. In both fields we are still at a halfway stage. Although the bioethics training of healthcare staff is improving, many have not even received the minimum input allowing them to analyse and deal with problems of clinical ethics. As for ethics committees, they are present at more and more

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healthcare institutions, but are still underused by both staff and users^{6,7} who are often unaware of their existence and their functions. These include bioethics training for the staff at the centre.

Conclusion

Clinical ethical problems are commonplace for healthcare professionals and often raise difficulties in their clinical practice. It is essential that healthcare professionals be able to deliberate on problems of clinical ethics in order to adopt prudent decisions. To this end, training in bioethics, which is still often inadequate, is essential, along with the contribution of ethics committees where necessary. Ethics committees are furthermore responsible for bioethics training in the organisational structure of healthcare institutions. Given all the above, such ethics committees have a fundamental responsibility for ethical aspects affecting healthcare professionals. The fact that they are currently underused demands that they be more firmly embedded at healthcare institutions.

⁵LÓPEZ-SORIANO F, Y COLS: "Mapa de conflictos éticos intrahospitalarios". *Calidad Asistencial*. 2007; 22 (1): 50-5.

⁶RIBAS RIBAS S.: "Assistential ethics committees competency and autoevaluation of its components. CEA-CAT (2) study". *Medicina Clínica (Bar)* 2007 Feb 17; 128 (6): 219-25.

⁷ABEL F.: "Care ethics committees. *An Sist Sanit Navar*" 2006; 29 Suppl 3: 75-83.