



Karl Landsteiner Institute
for Neurorehabilitation
and Space Neurology

Ethics Dilemma in Neurology

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7th Teaching course
Multiple Sclerosis, Epilepsy, Headache

June 17, 2011
Kazimierz Dolny
Poland

Hippocratic Oath

Obligation to heal
Not do anything to harm the patient
No continuation of therapy in untreatable disease
No therapy in advanced physical and mental destruction
No continuation of life prolongation for hours or days
No prolongation of suffering during dying
Not to tell anyone the details of patients
No admitting of lethal poison, even as advice

Will to respect the teacher like own parents, sharing one's life support with teacher and his successors, treat them like own brothers

Medical teaching to own sons and the sons of the teacher or to pupils bound by physician's rules and oath

Status quo of Greek medicine during the time of Hippocrates

- No knowledge about anatomy and physiology, dissection of humans forbidden
- 2 „schools of medicine“
 - Knidian school of medicine
 - Focused on diagnosis
 - Koan school of medicine
 - Focused on patient care and prognosis, not on diagnosis
 - Great experience in clinical practice

Theory of illness

Development of Hippocratic school

- Humorism
 - Imbalance in the body of the four humors, fluids which in health naturally equal in proportion
- Four fluids
 - Blood, black bile, yellow bile, phlegm
- Diseases: bad mixture of the four fluids
- Hippocratic therapy, directed towards restoring balance of the four fluids
- Therapy: “Bed rest” and immobilization of capital importance
- Healing: power of nature

Hippocratic philosophy

- Separation between discipline of medicine and religion
- Diseases are not a punishment of gods
- Diseases are the product of environmental factors, diet and living habits
- Disease no mystical illness
- Development of “Corpus Hippocraticum”

Corpus Hippocraticum - 1

- Authors: Hippocrates, his pupils and followers
- Collection of around 70 medical papers, written in Ionic Greek, contains text books, lectures, research papers, notes, philosophical essays and various subjects in medicine
- Papers assigned Hippocrates: Epidemics I, III, VII; Prognostikon, possibly “About The Sacred Disease” and “About the environment”

Corpus Hippocraticum - 2

- Written for specialists and laymen
- Notable treatises:
 - The Hippocratic Oath
 - The Book of Prognostics
 - On Regimen in Acute diseases
 - Aphorisms
 - On Airs, Waters and Places
 - Instruments Of Reduction
 - On the Sacred Disease

Hippocratism Definition

- Hippocratism is a combination of scientific thinking with great medical experience based on high quality observations and deep criticism
- Hippocrates defined medicine as an art with high medical ethics – Hippocratic principles

Medicine after the Hippocratic Period I

- The practice of Corpus Hippocraticum died out after the death of Hippocrates
- Galen (129-200 AD) continued Hippocratic medicine
- Hunayn-Ibn-Is'Haq translated Greek medical articles to Arabian language (ca. 800 AD)

Medicine after the Hippocratic Period II

- In mediaeval times the Islamic medicine was leading
- In succession, Arabian medical articles have been translated to Latin language with several mistranscriptions (Constantinus Africanus, ~1080 AD)
- Crusaders inspired by the hospitals in Middle East spread Arabic Medicine to Europe

Definition of Ethics After the European Philosophy

- **Ethics:** Part of philosophy dealing with morality
- **Moral** is search for an inner standard
- **Highest Principle:**
 - **Kant's Categorical Imperative**
 - The individual shall act in a way that his action can be regarded as general law

Ethics European Definition

- Altruism
- Sense of Honour
- Justness
- Respect for others
- Solidarity
- Ability to forgive

**Development of European Ethics
Occidental Ethics**

Western ethical thinking, "Christian Ethics"

- Founders:
 - Socrates, Plato, Aristoteles
 - Greek philosophy: moral, virtue,
values are natural rather than
conventional, ethics as a science
- Christian influence:
 - Saint Augustinus, Thomas Aquinas
 - Christian doctrine incorporated in
Greek ethics
 - God given natural order

Christian Ethical Principles

Categorical imperative:

*"The individual shall act in a way, that his
action can be regarded as general law."*

Modern Ethical Schools

- Value ethics
- Existentialistic ethics
- American bioethics
- Marxian ethics
- Theological ethics

"Non Western" Ethics

- Ethical rules in Mosaic religion
- Ethical rules in Islamic religion
- Ethical rules in Confucianism
 - appreciation of well being of the community
above the well being of the individual
- Ethical rules in Buddhism
 - end of rebirth, Nirvana
- Ethical rules of natural religions
 - African religious communities, Massai
civilization, Schamanism

Human Rights

- 1948: Universal Declaration of Human Rights
(UDHR)
 - International reaction after the 2nd World War and
medical experiments with human beings
 - Adopted by the United Nations General Assembly

Bioethical principles

Medical conduct, physicians obligations
(Belmont Criteria, 1979)

- Autonomy of the patient
- Beneficence
- Non-maleficency
- Justice
- Trust

**World Medical Association, Helsinki Declaration, 1964
Medical Research Involving Human Subjects
Ethical Principles**

- Medical progress is based on research which ultimately must rest in part on experimentation involving human subjects
- In medical research on human subjects, considerations related to the well-being of the human subject should take precedence over the interest of science and society

**World Medical Association, Helsinki Declaration, 1964
Medical Research Involving Human Subjects
Ethical Principles**

- International Code of Medical Ethics:
A physician shall act only in patient interest when providing medical care which might have the effect of weakening the physical and mental condition of the patient
- Ethical Principles to provide guidance for physicians and other participants in medical research involving human subjects
Including identifiable material or identifiable data

**UNESCO Bioethics Declaration on
Human Rights - 1
Paris, September 2005
Aims – Article 2**

- Universal framework of principles and procedures to guide States in bioethics
- to guide the actions from individuals as well as communities, public and private
- to promote respect for human dignity and protect human rights

**UNESCO Bioethics Declaration on
Human Rights - 2
Paris, September 2005
Aims – Article 2**

- to recognize the importance of freedom in scientific research
- to foster multidisciplinary and pluralistic dialogue
- to promote equitable access to medical, scientific and technological development
- to safeguard and promote the interest of the present and future generations
- to underline the importance of biodiversity

**UNESCO Bioethics Declaration on
Human Rights
Paris, September 2005**

- Art. 3: Human dignity and human rights
 - Fundamental freedom: full respect
- Art. 4: Benefit and harm
 - Applying and advancing scientific knowledge, medical practice and associated technologies, direct and indirect benefits to patients including research participants
- Art. 5: Autonomy and individual responsibility
 - Persons to make decisions while taking responsibility for those decisions and respecting the autonomy of others
- Art. 6: Consent

Principles of ICH-GCP for Clinical Trials

- In accordance with ethical principles
- Only if benefits justify the risks
- Rights, safety and well-being of trial subjects are most important
- Supported by adequate non-clinical and clinical information
- Scientifically sound with clear detailed protocol
- Compliance with protocol and after approval by ethics committee
- Physician responsible for medical care of subjects and medical decisions

Patient-Doctor Relationship

- Expectation of personal attention
- Trust
- Individualized treatment
- Best available and best care
- Best benefit to risk/ratio

Main demands of patient's care generally

- To preserve the life of a patient with best nursing and medical care
- To beware of needless pain
- To preserve the personal identity
- To preserve social contacts
- To improve the quality of life
- To provide all necessary resources:
 - structural
 - personal
 - financial

Conflict Issues in Medicine - 1 General examples after J.L. Bernat

- Diagnosis – right or wrong?
- Treatment program – acceptance
- Aggressive treatment of a terminally ill patient
- Abortion debate (medicaments addiction, drugs, rapes, etc.)
- Neonates with profound somatic damage
- Triage in emergency medicine – decision of life sustained measurements

Conflict Issues in Medicine - 2 General examples after J.L. Bernat

- Final of life – decision
- Handling of "positive" examination results of "healthy volunteer" proposed for a clinical trial (antibodies, tumor marker, etc.)
- Handling of incidentally discovered abnormalities in normal volunteers
- In-vitro-fertilization (question of paternity)
- Medical support of healthy people to enhance cognitive and physical performance

Conflict Issues in Neurology - 1

- Neonates with profound brain damage
- Decision "brain (stem) death" and its consequences
- End of life decision in hopeless neurological conditions – respect of advanced directives
- End of special treatment in severe neurological diseases – time of changement to a "care status"
- How to handle the end state of dementia, Huntington Disease, etc.
- Inherited diseases: offer or recommendation of predictive tests?
- The refuse of treatment in patients with psychiatric symptoms: respecting and determination, if refusal is rational or overruling the patient's will?

Conflict Issues in Neurology - 2

- Handling of unexpected "positive" examination results – breaking of confidentiality?
- Confrontation the patient with medically unexplained signs and symptoms
- In case of doubt: decision to neurosurgical interventions?
- Controversial opinions in treatment decision – different meaning (physicians vs patients vs relatives vs nurses)
- Randomized clinical trials: selection of volunteers (control group!)
- Conflict of interest: working in public health system versus private practice
- Enhancement of cognitive performance in healthy people

Basic Principles of Human Personality

- Values
- Morality
- Ethics

- Commonly confound with each other because of their inherent overlap

Values

- Values are the qualities or ideas which each of us cares about and considers important
- Can be morally or ethically based, or simply based on natural wants or needs
- Can be good or bad, reasonable or unreasonable
- Values are the elements on which we base our actions.

Morality

- Morality is one's individual perception of right and wrong, good and evil.
- While one's perception of morality does not directly affect others, it does influence the attitudes and values of a society.

Ethics

- The word *ethics* refers to a set or system of moral ideals. Just as many people's thoughts and ideas are needed to develop an ideology, ethics is a product of society.
- Therefore it is not surprising that many ethical issues deal with the relationship between the individual and the group. This is the area with most changes in ethics throughout time.

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Demands in untreatable conditions

- Best medical and nursing care
- Availability of all methods of life support
- Beware of needless pain
- Beware of social contacts
- Improvement of quality life
- No economic, personal and structural restrictions
- No discussion about financial resources
- No discussion of end of life decision

Ethical Dilemma

- Is a complex situation which will often involve an obvious mental conflict between moral imperatives, in which to obey one would result in transgressing another
- This is also called an ethical paradox since in moral philosophy paradoxes often play a central role in ethics debates:
 - "Love your neighbour" (Matthew 5:43) is sometimes in contradiction to an armed robber, if he succeeds, we will not be able to love him
 - alternative: fight-or-flight response

Ethical Dilemmas Explanation of backgrounds

- Advance directive
- Surrogate decision making
- Refusal of treatment (patients, relatives)
- Conflicts with caregivers
- Foregoing life-sustaining treatment
- "Do no resuscitation orders"
- "Futile" care determination
- Other issues perceived as ethical issues (cultural-, religious-based, etc.)

Future Outlook and Recommendations

- Ethical training for physicians, lectures at Medical University
- Teaching program for neurological trainees
- Organization of special training courses for ethics in neurology
- Annual colloquium in neuroethics
- Review committee for neuroethics

"The principal lesson I have learned over the years of performing these consultations is **humility**" (J.L. Bernat).

"Cynics say it cannot be taught - you either have it or you don't. But clearly, there are methods of ethical analysis and proven strategies to resolve dilemmas that can be taught. I have always been an advocate of the power of teaching trainees by example. When students and residents observe their teachers and mentors practicing ethical behaviors, they learn by emulation (J.L. Bernat).

Ethics can be taught.

PROGRAM NAUKOWY / SCIENTIFIC PROGRAMME

16 czerwiec 2011 (czwartek), June 16, 2011 (Thursday)

- 9:30 OTWARCIE / OPENING CEREMONY**
- 11:00 Dunube lectures**
Przewodniczący/Chairpersons: Z. Stelmasiak, F. Gerstenbrand, L. Vécsei
- 10:00 F. Gerstenbrand – Ethics dilemma in neurology X
- 10:30 V. Brinar – Differential diagnosis in MS
- 11:00 L. Vécsei – Pathomechanism of Parkinson's disease: recent therapeutic consequences
- 11:30 B. Machaliński, P. Nowacki – Humoralna rola komórek macierzystych/progenitorowych w neuroprotekcji u chorych na stwardnienie boczne zanikowe. / Humoral role of adult stem cells in ALS patients neuroprotection
- 12:00 *Przerwa na kawę / Coffee-break*
- **13:15 SM u dzieci**
Przewodniczący/Chairpersons: S. Józwiak, K. Mitosek-Szewczyk
- 12:25 S. Józwiak – Obraz kliniczny dziecięcego SM / Clinical Picture of pediatric MS
- 12:50 K. Mitosek-Szewczyk – Różnicowanie SM u dzieci / Differential diagnosis of MS in children
- 13:15 K. Kotulska – Leczenie SM u dzieci / Treatment of MS in children
- 14:15 *Przerwa na posiłek / Lunch-break*
- **16:10 SM u dorosłych**
Przewodniczący/Chairpersons: V. Brinar, H. Bartosik-Psujek, K. Selmaj
- 14:40 J. Losy – Przeciwciała neutralizujące w SM / Neutralizing antibodies in MS
- 15:05 K. Selmaj – Transdermalna aplikacja peptydów mielinowych w terapii SM / Transdermal application of myelin peptides in MS therapy
- 15:30 H. Bartosik-Psujek – Problemy diagnostyczne i terapeutyczne u chorych z SM / Diagnostic and therapeutic problems in MS



Stwardnienie rozsiane
Padaczka
Bóle głowy

Multiple Sclerosis
Epilepsy
Headache

June 16-17
2011

Kazimierz
Dolny

POLAND

International Danube Symposium for Neurological Sciences
and Continuing Education

in collaboration with

Lublin Branch of Polish Neurological Society
Department of Neurology, Medical University of Lublin

VII Warsztaty Szkoleniowo-Naukowe
7TH TEACHING COURSE



PROGRAM
FINAL PROGRAMME