

Karl Landsteiner Institute  
for Neurorehabilitation  
and Space Neurology



## Ethical obligations and dilemma in Neurology

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## 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 Definition

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

## 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.

## Human Rights

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

## Ethical Principles I

World Medical Association,  
Helsinki Declaration, 1964

Medical Research Involving Human Subjects

- 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

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

- International Code of Medical Ethics:  
A physician shall act only in patient's 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 interests of present and future generations
- to underline the importance of biodiversity

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

- Art. 3: Human dignity and human rights  
– Fundamental freedoms: fully 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

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

**Patient-Doctor Relationship**

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

### **Rights and responsibilities Physician and patient**

- The treating physician has the individual responsibility for his patient. Highest level of his education and training is essential and necessary.
- The treating physician is guided by ethical principles, medical guidelines, declaration, domestic and international law and human rights law.
- The personal responsibility of the physician to his patient can't be replaced.
- Patient's right is to accept or to refuse the recommendation of a treatment program.
- Patient's right is to interrupt a running treatment program
- The physician's obligation is to inform the patient about the danger for his health when refusing or interrupting a treatment program.

### **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 sustaining measurements

### **Conflict Issues in Medicine - 2**

General examples after J.L. Bernat

- Final decision to end life
- Handling of "positive" examination results of "healthy volunteers" 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 on "brain (stem) death" and its consequences
- End of life decision in hopeless neurological conditions – respect of previously received directives
- End of special treatment in severe neurological diseases – time of change 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 – breach of confidentiality?
- Confronting the patient with medically unexplained signs and symptoms
- In case of doubt: decision for 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

### **Ethical Dilemma**

- Stands for a complex situation which will often involve an obvious mental conflict between moral imperatives, where following one would lead to the transgression of another
- This is also referred to as an ethical paradox, since in moral philosophy the paradox often plays a central role in ethical debates:
  - "Love your neighbor" (Matthew 5:43) sometimes contradicts 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

- Advanced directives
- Surrogate decision making
- Refusal of treatment (patients, relatives)
- Conflicts with caregivers
- Avoid life-sustaining treatment
- "No resuscitation orders"
- "Unsuccessful" 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**  
**Ethics have to be taught.**



# 47. Danube Neurology Symposium

## Danube-Symposium

Das 47. Danube-Symposium ist eine jährlich stattfindende internationale Tagung mit langer Tradition. Ursprünglich initiiert zum wissenschaftlichen Austausch west- und osteuropäischer Neurologen hat sich diese Tagung im Wandel der Zeit zu einer festen pan-europäischen Plattform klinisch und wissenschaftlich tätiger Neurowissenschaftler etabliert. Der diesjährige Wechsel von der Donau an den Rhein unterstreicht diesen pan-europäischen Gedanken und es ist eine Ehre, dass die internationale neurologische Danube-Gesellschaft Düsseldorf als Austragungsort ihrer 47. Tagung ausgewählt hat.

Dieses Symposium wird sich mit aktuellen Entwicklungen in allen relevanten Krankheitsgebieten der Neurologie beschäftigen unter besonderer Berücksichtigung aktueller Diagnosekriterien und Therapiemöglichkeiten.

Die Anbindung dieser Veranstaltung an den gleichzeitig stattfindenden 88. Kongress der Deutschen Gesellschaft für Neurologie bietet eine weitere Möglichkeit der engen Zusammenarbeit von Neurologen über Landesgrenzen hinweg in einem vereinten Europa.

Die Teilnehmer des DGN-Kongresses sind herzlich zum 47. Danube-Symposium eingeladen und können kostenfrei teilnehmen.

## 47. Danube Neurology Symposium

Freitag, 25. September 2015



**08:30 – 11:30 Danube-Symposium: 1st Session – Stroke-Update 2015**  
Raum 18/19 *Vorsitz: H.-P. Hartung (Düsseldorf, DE)  
L. Vécsei (Szeged, HU)*

08:30 **Welcome**

08:45 **Ethical obligations and dilemma in Neurology**  
*F. Gerstenbrand (Wien, AT)*

09:15 **Update on endovascular therapy**  
*W. Hacke (Heidelberg, DE)*

09:45 **Update on stroke prevention**  
*S. Jander (Düsseldorf, DE)*

10:15 **Stroke imaging today**  
*A. Gass (Mannheim, DE)*

10:45 **Stroke and the immune system**  
*T. Magnus (Hamburg, DE)*

11:15 **Discussion**

**16:30 – 19:30 Danube-Symposium: 2nd Session – Neurodegeneration**

Raum 18/19 *Vorsitz: Z. Pirtošek (Ljubljana, SL)  
P. Riederer (Würzburg, DE)*

16:30 **Is Parkinson's a prion disease?**  
*A. Korczyn (Tel Aviv, IL)*

17:00 **Virus and Parkinsonism**  
*P. Riederer (Würzburg, DE)*

17:30 **Pathomechanism and novel treatment strategies of PD**  
*J. Schulz (Aachen, DE)*

18:00 **Experiences with DB in PD**  
*L. Wojtecki (Düsseldorf, DE)*

18:30 **PD and dementia**  
*V. Kostic (Belgrad, RS)*

19:00 **Botox in extrapyramidal disorders**  
*M. Reija (Zagreb, HU)*

Danube-Symposium

**88. Kongress  
der Deutschen Gesellschaft  
für Neurologie  
mit Fortbildungsakademie**

**23. – 26. September 2015  
Düsseldorf**

**und**

**47. Danube Neurology  
Symposium**

**25.-26. September 2015  
Düsseldorf**



**Mensch  
im Blick  
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im Fokus**

**Hauptprogramm**

**[www.dgnkongress.org](http://www.dgnkongress.org)**



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