Professional-Patient Relations

Veracity, Privacy, Confidentiality, and Fidelity
Last Time

We were talking about medical research abuses and specifically problems of consent and coercion.
Rothman’s Coercion Argument

R1. Prima facie consent was given to an experiment that causes a risk that is less than a natural risk.

R2. If [R1], then consent was coerced.

R3. If consent was coerced, then it was not genuine.

R4. If consent was not genuine, then the experiment was not justified.

RC. The experiment was not justified.
Today

We are going to talk about four issues of professional ethics:

- Veracity
- Privacy
- Confidentiality
- Fidelity
Veracity

Truthfulness to patients and research subjects seems like a serious ethical requirement.

In the context of informed consent, O’Neill claimed that there is a basic requirement that physicians be non-deceptive.
Veracity

Varieties of deception / deceptive practices other than outright lying:

- Evasion
- Suppression
- Euphemism
- Exaggeration
- Disguise
- Silence
Veracity

Is it ever okay to lie to a patient?
What about therapeutic placebos?
What about placebos in research?
What about research deception?
Milgram, Asch, etc.
Veracity

Disclosure
  Bad News
  Medical Errors
Veracity

Against disclosure of bad news:

1. Non-malevolence & Beneficence
2. Difficulty of communication
   Especially due to patient false belief
3. Patients really don’t want to know
Veracity

Should the medical community be required to accurately report medical errors, including those resulting in death?

What if accurate reporting leads people to avoid treatment?
Veracity

Deception of Third-Parties

To get better standard of care
Privacy

Informational
Physical
Decisional
Proprietary
Associational
Privacy

What might justify a right to privacy?
Confidentiality

A relative of informational privacy.

Violating the right to privacy need not violate a right to confidentiality.
Confidentiality

B&C report that 70% of house staff and medical students discussed cases at parties.

Is that the same as discussing the cases with patient names attached?
What about anonymized data?
Decision

Decision problems are often represented in terms of gambles or lotteries.

Prescriptive decision theory operates under a simple rule: maximize expected utility.

What does that mean?
Decision

Suppose we have a variable $X$ that may take on any of several values $x_i$. If the variable takes on value $x_i$ with probability $p_i$, then its expected value is given by:

$$E[X] = \sum_{i} x_i p_i$$

$$E[X] = \int x f(x) \, dx$$
Decision

Consider an example. Suppose you throw a single fair six-sided die. You will be paid a number of dollars equal to the dots that come up on the die.

If I offer you this gamble for a stake of $3, should you take it?
Decision

The expected value is given by:

\[ E[X] = \sum_{i} x_i p_i \]

\[
= 1 \cdot \frac{1}{6} + 2 \cdot \frac{1}{6} + 3 \cdot \frac{1}{6} + 4 \cdot \frac{1}{6} + 5 \cdot \frac{1}{6} + 6 \cdot \frac{1}{6}
= 3.5
\]
Decision

The expected value is given by:

$$E[X] = \sum_i x_i p_i$$

$$= 1 \cdot \frac{1}{6} + 2 \cdot \frac{1}{6} + 3 \cdot \frac{1}{6} + 4 \cdot \frac{1}{6} + 5 \cdot \frac{1}{6} + 6 \cdot \frac{1}{6}$$

$$= 3.5$$

Since $3.5 > 3$, expected value theory says to take the gamble.
Decision

For rational decision, we want to replace the raw money that one might win in a gamble with its *utility* – its *felt value* to the gambler.

The utility of a good is a subjective measure of the *value* of that good.
Decision

One important feature of utility is that it has a decreasing margin.

The utility of some additional amount of a good decreases as one acquires more of that good.
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The utility of some additional amount of a good decreases as one acquires more of that good.
Decision

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Lots of utility!
Decision

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Decision

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The utility of some additional amount of a good decreases as one acquires more of that good.

Did I need a second piece?
Decision

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Decision

One important feature of utility is that it has a decreasing margin.

No, I really didn’t need three.

The utility of some additional amount of a good decreases as one acquires more of that good.
A consequentialist in ethics operates by optimizing something like expected utility.

In fact, consequentialists are often called *utilitarians* even when they are not trying to maximize utility.
Confidentiality

Ethical problems of disclosure are solved by consequentialists by asking whether the act of disclosing in a given case maximizes the good, however the good is defined.


Duty to warn (following Tarasoff) increased homicide rate by 5%.
Confidentiality

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Duty to warn (following Tarasoff) increased homicide rate by 5%.

In Illinois, about 37 more homicides each year.
Fidelity

Two traditional demands of fidelity:

The patient comes before physician self-interest.

The patient comes before third-party interests.
Next Time

We will talk about the ethics of experimental design.