
SOME ETHICAL POINTS IN ORTHOPAEDIC PRACTICE (Part II)

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Research and publications

Orthopaedic surgeon should always stay on the current by learning what is new and by keeping his standard high. This can only be achieved by reading, writing and by performing research projects, research is the life blood of our wonderful specialty. We are currently witnessing profound and far-reaching progress in the technology and biosciences with breakthroughs in human genetic, organ transplantation and the highly sophisticated means for internal fixation. We should go hand in hand with the recent advances, which should be harnessed and guided for the welfare and happiness of mankind and not to be left to go astray for decremental uses. At this juncture it suffices to state that biomedical area which has intimate relations to human life and well being, should receive careful analysis under the broad teaching of medicine and religion in order to ascertain their legality. The cost of each study should be weighed against the anticipated benefits to be derived from it. It is not only appropriate but also an obligation of clinicians who develop new interventions or diagnostic assessments to perform proper clinical research to objectively demonstrate the efficacy and safety of any new procedure¹. The World Medical Association developed specific guidelines for performing a research with several basic principles.

Among these are²:

- Health and well-being of human subject must be the first consideration.
- Patients and families must be fully informed of all risks as well as benefits of research and so indicated in a proper informed consent.

The protocol must be scientifically based.

There must be no other way to obtain the information except through use of human subject. Results must be reported accurately.

Statements should not just accept because they are said or written by an authority. We have to be aware of those authors who have a special financial interest in the product under review³.

Continuous education which is the heart and soul of orthopaedic surgery is very vital for the physician, the patient and the public. It is absolutely essential for our practice and economic well-being. The products of orthopaedic research are truly golden eggs and we should forever nourish and cherish these magnanimous geese⁴.

Good reasons for performing a study and for publishing its results are to provide information to improve patient care and to record data from a well known study in an accurate fashion, so that the present and future generations of readers will be able to build up upon solid research⁵. Regrettably many

articles were written to serve the author rather than improve the standard of patient care or to add solid scientific basis for the orthopaedic dictionary. Scientific research to establish original work is always mandatory to improve the methods of diagnosis and treatment, but this freedom should not entail harm to the patient or even to the experimental animals, all patients should be adequately informed about all aspects of a study. Protocol of methodology should be prepared, studied and adopted by experienced and scientific bodies in the light of honest practice that should serve humanity. Ethical behavior also comes into place when writing and submitting a manuscript for publications. The best possible information should be provided to the journal readers, author or authors should strive for perfection during writing or revising the manuscript, details about the problem studied, its relevance, the appropriateness of the methodology, the inclusion and exclusion criteria, the uniformity of the group selected, the comparability of the study and control group, conclusions and recommendations should always be supported by the data.

It is always better not to sacrifice excellence and good scientific methodology in a desire to please vested interests¹.

When there is multiple authorship of manuscript Cowell⁶ stated that: It is to be clearly understood that each individual who is listed as an author has participated in the design of the experiment, normally has contributed to the collection of data, has participated in the writing of the manuscript and assume full responsibilities for the content of the manuscript. Anyone can copy but not everyone can innovate⁷. Hasty publications in prominent medical journals appear to provide data used by the author to recommend treatment;

hasty publications can scare the public, generate enormous costs for the health care system and produce unwanted resupercussions affecting all segments of society¹. Cowell⁸ suggested that the author should ensure that time and resources are not wasted on project that has no hope of proving or discovering the hypothesis. The Peer-Review System of a journal is one of the process by which the editor can strive to ensure that the information provided to the reader will be as accurate as possible⁹. Scientific and ethical adherence to the standard by the author would I believe help to make our publications more meaningful, instructive and very useful too.

Editorial Boards are increasingly worried by fraudulent practices which are often difficult to detect¹⁰. There are reports of falsified data and illustrations. Intellectual honesty is of paramount importance and finally it is unethical to submit the same papers simultaneously to more than one journal.

Sanctity of human life

Human life is sacred; no physician has the right to take life away except upon indications clearly specified in medical practice. Physician shall not take away life even when motivated by mercy. Mercy killing for painful, hopeless illnesses is refuted. This also applies to killing to obviate the miseries of deformities. We should do our utmost best to deal with incurable patient by moral support, alleviation of suffering and anxiety. The patient has the right to know his disease and we have to acquire appropriate ways of answering the patient's questions. We should thoroughly study the psychological acumen of our patient and tailor our explanations to each particular situation that do not increase sufferings and anxiety.

Responsibility and liability

Orthopaedic practice is allowed to those who are duly qualified by recognized institutions. The advances in this field made it mandatory to practice within boundaries of certain specialties or subspecialties.

We must honor the responsibilities and trust which the patient or his family and the society place upon our shoulders. The fulfillment of this responsibility can not be fully achieved without continuous and diligent efforts to improve and upgrade our knowledge and skill and we should put the maximum capacity for the welfare of our patients, who so ever try to treat people without the required standard knowledge and experience becomes liable.

The physician is bound to his patients by the general principles applying to all kinds of contract. He however does not guarantee the outcome of his services because this goes beyond his capabilities¹¹.

Operative interference

It may seem obvious that surgery should be offered only when it is in the patient's best interest; it is necessary therefore for the surgeon to have complete understanding of the patient's past history and social history to understand their life style and occupational requirements before recommending surgery¹².

Surgery performed in general for saving life, the protection of health or its recovery, for pain control or for correction of congenital and acquired deformity¹³, prophylactic internal fixation may be needed on some occasions, but certainly there is no place for surgery because of financial affairs. The patients should be informed regarding the studies 'that were to be done on their blood, any invasion of

privacy however small without informed consents would be inappropriate¹⁴. One of the most important Causes of patient's dissatisfaction following surgery is failure to receive sufficient information about surgery and its risk; this should be considered as part of the informed consent. The patient must understand clearly the operative procedures, the possible complications and the future outcome; the surgeon needs to observe his response after his full understanding of the situation. There is always a remote risk that the patient could be worse. He should be informed, in general terms, the risk of not being improved by surgery. So he is not allowed to sign the informed consent unless he is well informed about the operation. McCormack¹⁵ proved by his study that the majority of patients questioned were unsure of the meaning of simple terms such as fracture reduction or internal fixation and he concluded that many patients willingly consent to procedures that they do not fully understand.

Human errors which are not defensible are responsible for a lot of patient suffering, the surgeon can mistake, the laterality, and the exact site and he is supposed to make an adequate preoperative localisation and investigation. In U.S.A. within 10 years (1985-1995) 225 claims regarding wrong site surgery were related to orthopaedic procedures¹⁶. This is certainly an avoidable mistake the surgeon is never blameless; doing avoidable mistakes is certainly unethical behavior. We have to seriously consider the operation site. The patient and his family will react badly to this mistake. We should avoid unreasonable delay and unnecessary haste, the competent surgeon should be capable of performing sufficient surgery in the ideal time, and he must avoid

unnecessary dissection and damage to the structures close to his field.

The inexperienced surgeon should seek a second opinion before embarking on major surgery; there is no substitute for the experience and experience is often painful.

The wounded soldiers in the Second World War used to say that they had been wounded twice: once by the enemy and then by the inexperienced surgeon¹⁷. To avoid complications sometimes we need to understand the folly of our patients. Infection is a real disaster in orthopaedic practice, for that reason the surgeon should guard against it, because he is never blameless if infection occurs.

To complete the integrated system we have to consider seriously the postoperative care and evaluation of the results; some colleagues unfortunately are not willing to face their own complications at the same time they are eager to search for the others complications, Surgery is never without complications, so we have to be ready always to accept and handle our bad results exactly in the same way when we become proud and pleased with the good results. The patients and his family all together hurt by the bad result and we grieve with them. Evaluation of the results should have a comprehensive basis. Subjective judgment are usually inadequate, evaluation should be carried by unrelated observer¹⁸.

Emergency and life threatening situation

In emergency and life threatening situation we should not abandon a difficult patient in need of emergent care, irrespective of his religion, colour or financial status. The patient's status should not be exaggerated in his face so that the personal gain may be increased,

or an elective situation changed to an emergency one.

One thing should not be done under any condition and that is squeezing the patient in the corner. It should also not be forgotten that almost all the procedures we use in our daily work may under certain circumstance, cause emergency situations.

We should not alarm our patient, for example, by raising our eyebrows on the unexpected discovery of serious disease or by thinking loud. Careless use of words has frequently caused collapse of patient and relatives.

"Watch your world" is a good maxim for doctor faced with an emergency, for his word is a therapeutic instrument no less powerful to avert and no less dangerous to produce an emergency than a surgeon scalpel¹⁹.

Negligence

Since a charge of negligence may afflict the surgeon's attention to his patient, he tries his best to avoid it by sticking to the standard rules. In law, negligence is judged by the standard of prudence of an ordinary reasonable man, but a person who undertakes something requiring a special knowledge or skill is negligent if by reason of his not possessing that knowledge or skill, he bungles, although he does his best. The negligence does not consist in the lack of skill but in undertaking the work without skill¹⁹.

Extraordinary skill, however, is not required of any one and erroneous judgment in a difficult case does not constitute negligence. In some cases a patient may by his own negligence contribute to his injury or disease. Establishing contributing negligence weakens the patient's claim against the treating surgeon, provided that the patient was well advised. To avoid the charge of negligence the court should be provided with ample evidence that the

surgeon did every thing that an ordinary and reasonable skillful orthopaedic surgeon would be expected to do, improper investigations means negligence in the eyes of law¹⁹. The lack of information is not an excuse for making mistakes. In rare instance there will be a conflict between the ethically appropriate act and law, however, for more often ethical behavior is consistent with law.

Misunderstanding of the law may lead to inappropriate ethical behavior. The satisfaction of being able to relieve pain and restore function, the intellectual challenge of solving problems, and the variety of human issue we confront in daily clinical

practice will remain the essence of doctoring²⁰.

Suggestions

1. Medicine is field known by majority of public as a great profession, so we have to maintain this feeling by sticking to the standard rules of professional ethic. Bad ethical behavior probably worse than bad treatment in the eyes of law and patients.
2. Medical ethics must be taught in the training program in orthopaedic surgery, regular education program is also very useful for the qualified surgeon.

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