Microethics in Clinical Practice

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Ethics is defined as moral philosophy or code of morals practiced by a person or group of people.

When the term 'ethics' is considered in clinical practice or medical education one tends to think only about the long established ethics like biomedical ethics, research ethics etc. but there are more.

The ethics a medical practitioner must solely abide by are

1. Autonomy
2. Beneficence
3. Non-maleficence
4. Justice

1. Autonomy: Here the patient has the right to refuse or choose their treatment after the benefits and risks have been explained.

2. Beneficence: Here the Practitioner chooses the course of action which is the best for that particular patient.

The doctor considers all types of treatment options that are available and then chooses the best one for the patient.

3. Non-maleficence: The doctor avoids any harm that could have been caused by neglect or any other factor. If any treatment is bound to cause more harm than good the doctor doesn’t consider that management. This is basically a constant ethic in the doctor's mind.

4. Justice: The medical decisions made should be fair in burden and benefit, there must be equal distribution of scarce resources and new treatments, and for medical practitioners to abide by the applicable laws and legislation when making choices.

Ethics are divided into macro and micro ethics.

Macro ethics: the ethical issues dealing with the allocation, utility and management of health resources.

Micro ethics: the complete process of interactions between the doctor and the patient.

The term Micro ethics was introduced by Paul Komesaroff in 1995 and has undergone modifications from then. One cannot point out to a particular part of a conversation and tell 'that's microethics'. Micro ethics unlike macroethics is not easily demarcated but it coexists with macro ethics. Micro ethics is a continuous sign existing in the doctor patient interaction that happens every day in a doctor's life. It is something within the doctor that makes him behave so.

The hospital setting is dynamic that on one side you can see a paediatrician showing the bystanders a new born baby and on the other you can see a doctor looking drained announcing a bad news. The paediatrician in the first case was there to announce a happy news to the relatives. The surgeon on the other hand was there to inform the relatives of the demise of his patient who died even though he did whatever he could.

The way to look at the relatives and talk calmly without striking inappropriate conversation is mainly macro ethics which is the broad good and bad categorisation. But microethics is what he feels from within and the words the surgeon chooses to tell the relatives that the patient is no more.

The decisions the practitioner makes for his patients, the tone of his voice and the expression with which he converses with the patients and their relatives, the way he tries to make them comfortable are examples of micro ethics.

Many a times the doctor avoids prescribing multiple expensive investigations which makes it relatively easy for him to make a diagnosis but taking into account the patient's financial status he prescribes a more affordable and important tests.

Therefore, the compassion and empathy the doctor feels for his patient and their relatives considering their limitations can be called as microethics.

Conclusion

It Doesn't matter what you call it macro or micro, ethics are important and ethical decisions of everyday life are not taken on the basis of clear-cut demarcation and rationalisation or logic. But in a series of conversations from within. Many patients and their relatives may forget the medical or surgical treatment a doctor offered them but they have vivid memories of the exact words spoken to them by the doctor during their hospital visit. Years later, when you meet them again they will talk to you freely like you have known them all along even though u may not have the slightest memory of who they were. This is the beauty of this profession.