Online Ethics Course

Topic 5: Understanding risk and questions of disclosure
Intended learning outcomes

After completing the topic, learners should be able to:

1. Explain why the ethics of risk is important to patient care
2. Understand the importance of risk communication and disclosure in the context of patient care
Terminology 1

Risk

a) an ethical, legal and social construct important for weighing risks, burdens and benefits (e.g., in relating to an intervention) [see topic 3]

b) a scientific construct linked to the probability and severity of a range of possible outcomes, both adverse and intended, and often expressed as a percentage
Terminology 2

**Risk management**
A formal method for minimising patient harm caused by human error and/or poor quality care, such as hospital-acquired infection, systems failures or clinical negligence

**Risk disclosure**
Information that needs to be revealed to maximise patient autonomy and allow patients the opportunity to make an informed decision [see topic 2]
Data and evidence 1

• Data on risk can be misleading
  – e.g., to say that a particular intervention carries an 10% of failure may not be evidence-based and could be an over-simplification
  – data could be referring to an individual doctor, a team, a hospital, a system, national data or best medical science, each and all of which could be relevant
  – When patient comorbidities are factored in, the picture can become even more confused
Data and evidence 2

• Medical science is complex and available information may be a best estimate, based on probability

• However, information is better than no information, and analogy is often a good way to present the science, referring to something that a patient understands (e.g., ‘suppose that 10 people have the same problem and they all have this treatment, 1 of them could suffer a serious complication, so overall there is 90% chance of success')
Patients can only give meaningful consent to an invention such as surgery if they understand what it entails (i.e., what could go wrong and how likely it is that this would happen).

A 10% risk of death may seem a high probability, but doing nothing could present the greater risk.
Consent 2

- Patients need to know the difference between the likelihood of something happening, including how serious that complication could be, and what could happen if the condition is left untreated.

- For a valid consent, you should test the patient’s understanding; however, remember that patients are not always rational when it comes making personal decisions [see topic 2].
Rationality 1

• For instance, is it rational for a patient to refuse drug treatment because of an outside chance of an adverse reaction compared to an increased risk of death or significant harm from doing nothing?

• In non-emergencies, time needs to be made available in the consultation in order to talk this through
• An irrational decision is probably a bad decision; nonetheless, it is still the (competent) patient’s decision to make, not the doctor’s
• The ethics require you to try to ensure that the patient understands the consequence of a decision, irrespective of whether or not you (the doctor) agree with it
Legal defence 1

- Defensive practice can sometimes lead to patients having more or less interventions than they might otherwise need; however, it can also promote a culture of ‘playing safe’, which could be beneficial.

- The legal definition of what constitutes negligent care varies, and case law continues to evolve [e.g., Fernandes v. Portugal (European Ct. of Human Rights), and Montgomery v. Lanarkshire (UK Supreme Ct), both in 2015] (see topic 9)
Legal defence 2

• Doctors are often mindful of the need to avoid getting sued; this mind-set may or may not be in the patient’s best interests

• If patients receive good quality care, the question does not arise, but if the standard of care is sub-optimal, the issue is whether or not medical staff gave the best care in the circumstances, or showed disregard for patient safety and well-being
Reading suggestions


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