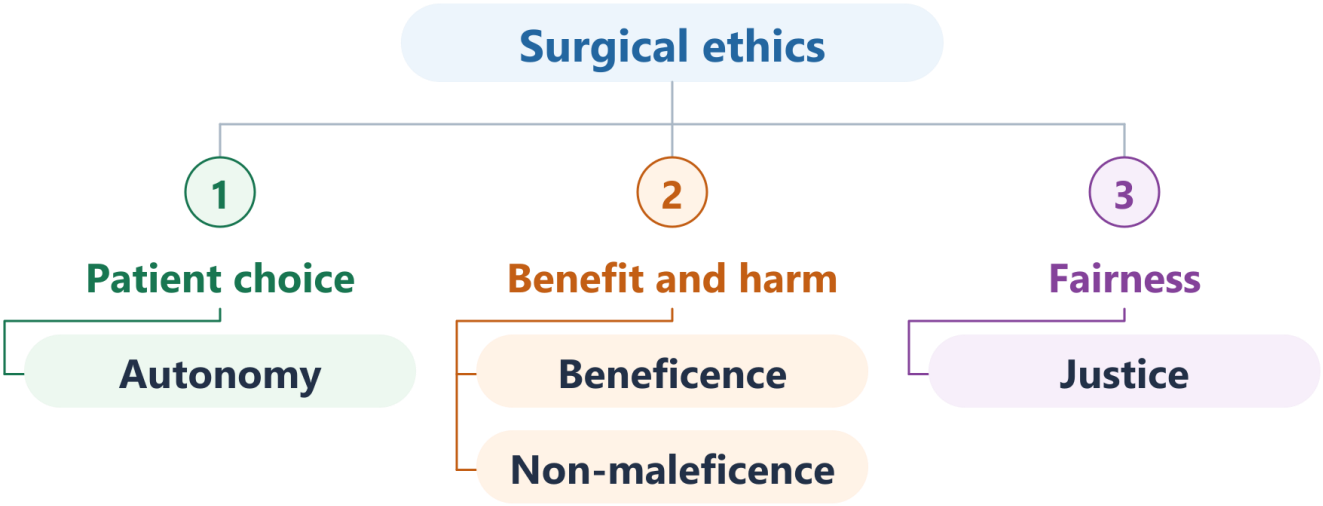
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# General Surgery - Topic 8 - Ethics

## Ethical Principles in Surgical Care

### The Four Main Principles




1. **Respect for Autonomy**
   - A patient who can make the decision should be able to choose whether to accept the proposed treatment.
   - Provide understandable information and respect an informed refusal, even when the clinician disagrees.
   - The patient's decision should be free from coercion by staff, relatives or financial pressure.
2. **Beneficence**
   - Recommend care that offers a reasonable prospect of benefit according to the patient's needs and goals.
   - The likely benefit includes survival, function, comfort and quality of life, rather than technical success alone.
3. **Non-Maleficence**
   - Avoid unnecessary harm through appropriate investigation, careful technique and recognition of personal limits.
   - A necessary operation may carry risk, but the expected benefit should justify that risk after discussion.
4. **Justice**
   - Provide care fairly without discrimination based on wealth, caste, religion, gender, disability or social influence.
   - Use limited resources through transparent clinical priorities and established policies.

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- Personal financial gain should not determine whether a patient is offered an investigation, implant or operation.

## Applying the Principles Together

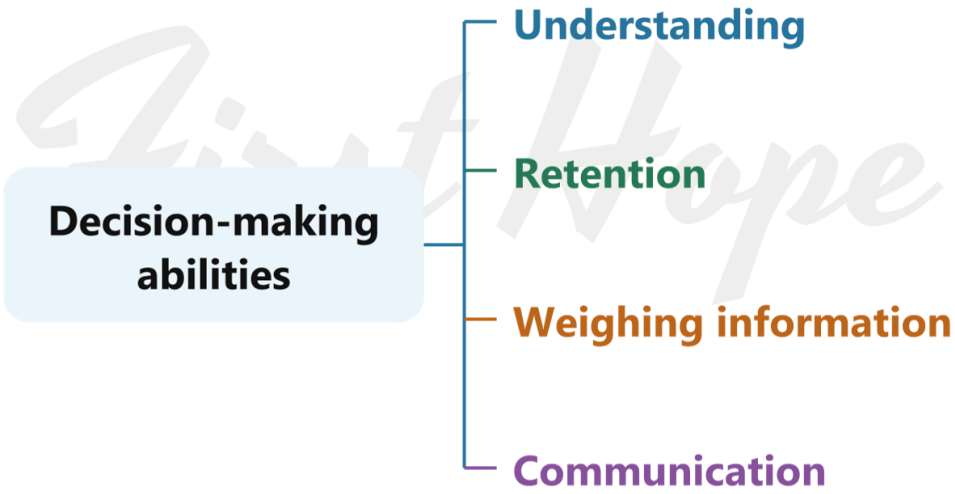
- Ethical principles can conflict, so identify the patient's preferences, expected benefits, burdens and alternatives.
- Discuss difficult decisions with senior clinicians and the appropriate ethics or legal support when necessary.
- Document the reasoning and the patient's views, rather than recording only that counselling was done.

# Consent and Shared Decisions

## Elements of Valid Consent

### 1. Capacity and Voluntariness

#### Decision-Making Capacity




- Assess whether the patient can understand relevant information, retain it long enough, weigh it and communicate a choice.
- Capacity is specific to the decision and may change with delirium, pain, sedation or acute illness.
- Ageing, disability, a psychiatric diagnosis or an unusual decision does not automatically remove capacity.
- Use interpreters, hearing aids, simplified explanations and treatment of reversible problems to support decision-making.

#### Voluntary Choice

- Ask the patient privately if there is concern about pressure from relatives or others.
- A patient may ask relatives to help with a decision, but support should not become coercion or replace the patient's own valid choice.

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## 2. Information and Understanding

### Benefits, Risks and Alternatives

- Explain the diagnosis, proposed procedure, purpose, expected benefits and material risks in plain language.
- Discuss reasonable alternatives, including no operation, and explain the likely consequences of each option.
- Include important patient-specific issues such as a possible stoma, loss of a limb, fertility effects or blood transfusion when relevant.
- Discuss recovery, rehabilitation, uncertainty, likely costs and the need for further treatment.

### Checking Understanding

- Use teach-back to check understanding and allow time for questions whenever the clinical situation permits.
- A signature records part of the process but does not replace an adequate discussion.

## 3. Scope and Documentation

- Identify the specific procedure, site, side and any reasonably foreseeable additional procedures discussed in advance.
- Do not treat consent for a diagnostic procedure as unrestricted permission for unrelated definitive surgery.
- Confirm consent again when the plan changes or a substantial interval has passed.
- Record who explained the procedure, the information discussed, questions, the decision and any interpreter or witness.
- Obtain separate appropriate consent for teaching, identifiable photography and research activities.

# Special Situations

## 1. A Patient Refuses Treatment

- Check understanding, capacity, reasons for refusal and whether misinformation or a practical barrier can be addressed.
- Explain likely consequences without threats and offer reasonable alternatives or a second opinion.
- Respect a valid informed refusal and document the discussion, continuing all accepted appropriate care.
- Do not abandon the patient or describe disagreement itself as lack of capacity.

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### 2. The Patient Cannot Decide

- Treat reversible causes of impaired capacity and postpone a non-urgent decision when this is appropriate.
- For a necessary decision, follow applicable law and institutional policy on authorised surrogate involvement and the patient's known wishes.
- A relative's preference does not automatically override the decision of an adult who has capacity.
- For children, seek the legally appropriate guardian's permission and involve the child through age-appropriate explanation and assent.

### 3. An Immediate Emergency

- When the patient cannot consent and delay threatens life or serious health, provide necessary emergency care under the applicable legal framework.
- Limit treatment to what is justified by the emergency and document the urgency, capacity assessment and attempts to contact appropriate representatives.
- An emergency exception is not permission for an unrelated elective procedure.

# Professionalism and Empathetic Communication

## Daily Professional Conduct

### Respect and Privacy

- Introduce yourself and your role, confirm the patient's identity and ask permission before examination.
- Provide privacy, suitable draping and an offered chaperone for intimate examinations according to policy.
- Explain the role of students and accept the patient's choice about their participation.
- Avoid dismissive language, humiliation and discussion of personal details in public areas.

### Competence and Teamwork

- Work within your competence and obtain supervision for unfamiliar or high-risk procedures.
- Seek timely referral when the patient needs skills or facilities that are not available locally.
- Give a clear handover of the diagnosis, risks, pending results and actions that need follow-up.
- Respond respectfully when a colleague raises a safety concern and escalate unresolved risks.
- Disclose relevant conflicts of interest and do not accept improper referral commissions or inducements.

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## An Empathetic Surgical Consultation




### Listening and Clear Explanations

- Begin by asking what the patient understands and what concerns them most.
- Listen without interruption and acknowledge fear, pain or uncertainty before giving more information.
- Use short explanations and pause to check understanding.

### Sensitive News and a Practical Plan

- Discuss sensitive news in a private setting with the people the patient wishes to include.
- Explain the next practical steps and identify a contact for further questions.
- Avoid false reassurance and promises of a guaranteed cure.

## Responding to an Adverse Event

### Immediate Safety and Honest Explanation

- Attend first to the patient's immediate safety and obtain appropriate help.
- Explain known facts honestly, acknowledge the patient's distress and describe the plan to investigate and reduce harm.
- Do not speculate about blame or conceal a complication by altering records.

### Reporting and Professional Review

- Report the event through the local safety process and participate in a fair review.
- An adverse outcome is not automatically negligence, but it still requires appropriate care and clear communication.

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