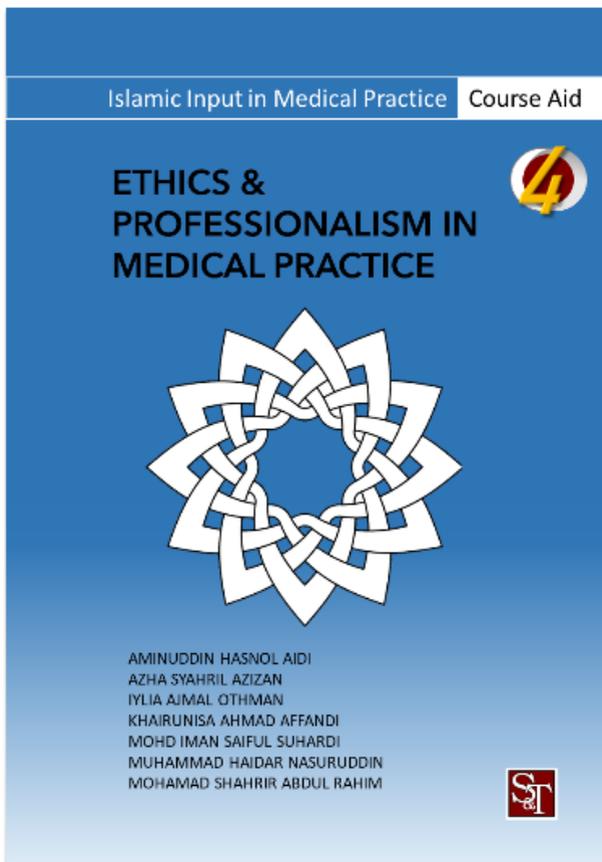


ETHICS & PROFESSIONALISM IN MEDICAL PRACTICE: INSTRUCTORS' NOTES



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Case discussion 1: Autopsy / post-mortem examination

Facilitator notes:

Task 1:

- a) Justice: Only if there is a justifiable need to gather the information needed to identify and unlock the incident that led to death will a post-mortem examination be performed. Every reason of death should be documented, especially if it involves violence or criminal activity. Sections 329, 330, and 331 (1) of the Criminal Procedure Code (Act 593) enable a police officer (sergeant and higher) to investigate any reported fatalities. As a result, it is the responsibility of Government Medical Officers in

government hospitals to conduct a post-mortem examination when the investigating police officer requests it.

- b) **Beneficence:** The goal of postmortem is to protect other people's rights and well-being, to avoid harm, to remove circumstances that will cause damage, and to save those who are in danger.
- c) **Non-maleficence:** no to cause harm or mutilation of the body.
- d) **Autonomy:** Clinical postmortems are frequently performed in instances that are not being investigated by police investigators. As a result, family members' approval is essential.

Task 2:

Based on lecture notes by Prof. Dr. Omar Hasan Kasule Sr. 2008 (website: omarkasule-05.tripod.com/id134.html)

For both life and death, the human has dignity. When a funeral procession goes by, the prophet advises people to rise up out of respect for the deceased. Mutilation was forbidden by the prophet. Embalming, cryopreservation, dissection, and study on the deceased body would be illegal since they entail a delay in burial, constitute contempt, and cause bodily harm to the body. The following conditions must be met in cases of permissible cadaver dissection, autopsy, and research: proper informed consent from the family and the deceased (where possible), a legal decision from a local judge, treating the body with respect during the process, and proper funeral of the body after the procedure.

Ethico-legal issues in autopsy for legal or forensic purposes

The requirement for a forensic post-mortem is founded on Islamic Law's supreme ideal of justice. If an autopsy is the only means to obtain evidence concerning a crime committed by a deceased person, it becomes necessary to do the autopsy. A forensic or medico-legal autopsy is more thorough, looking for clues to the cause of death and mode of death. It's just as vital to keep track of positive results as it is to keep track of bad results. The dead should be correctly recognised. The documentation is extensive. It is necessary to estimate the time of death. The postmortem record is a legally binding document that may be shown in court.

Ethico-legal issues in autopsy for educational purposes

Permissibility under the concept of necessity, dharuurat: As with cadaver dissection, autopsy for educational reasons can be approved under the concept of necessity, dharuurat. However, this may only be done with the informed permission of relatives who have the legal right to consent in accordance with the law. If the deceased's will on this topic was known before death, this permission should take it into account as much as practicable.

Research on human corpse

There are numerous sorts of study on the recently deceased that can be allowed under the concept of need if it leads to better health care,

which satisfies the Law's second aim, *hifdh al nafs*. Instead of using living people, physiological, pharmacological, and surgical research can be conducted on the tissues or organs of the recently deceased. This sort of study is becoming more prevalent, and colleges in the United States have banded together to develop ethical norms. Experiments on cadavers to explore the consequences of vehicle accidents on humans are abhorrent owing to the inhumane treatment of the person and absolute disregard for it.

Based on National Fatwa Council in 1989 and 2004 (JAKIM 2005):

Muzakarah Jawatankuasa Fatwa Kebangsaan ke-25 (13 Disember 1989):

“Pembedahan mayat orang Islam hanya boleh dilakukan jika keadaan benar-benar memerlukan

(darurat) sahaja seperti terlibat di dalam kes-kes jenayah yang sangat memerlukan post mortem atau tertelan benda yang berharga atau si mati yang sedang mengandung sedangkan kandungannya masih hidup”.

Muzakarah Jawatankuasa Fatwa Kebangsaan ke-61 (27 Januari 2004):

“Hukum asal pembedahan mayat adalah haram tetapi dibolehkan sekiranya dalam keadaan darurat dan terdapat keperluan yang mendesak seperti membuat kajian terhadap penyakit, mengenalpasti punca kematian dan penyelidikan serta pendidikan khususnya dalam bidang perubatan”.

Objectives of post-mortem examination:

Malaysians have differing opinions on the importance of post-mortem examinations. Some are favourable, while others are unfavourable.

Whatever one's point of view, the post-mortem assessment has requirements and interests, including:

1. Comply with legal requirements
2. To establish the deceased's identification.
3. The goal is to figure out what caused the death.
4. To figure out what caused the death, how it happened, and when it happened.
5. To put an end to any doubts concerning the cause of death.
6. To show the effects of sickness and incapacity.
7. Diseases and injuries both outside and within the body are traced, drawn, and documented.
8. Getting a sample for examination as a germ, aberrant tissue, or other investigation.

9. To capture pictures and video recordings for use in court as evidence or exhibits.
10. For a complete formal report of the autopsy results.
11. To give professional advice on the evaluation of autopsy results.
12. To heal severely damaged corpses as much as possible before handing them over to relatives.
13. In the medical profession, for academic research, study, and research.
14. To improve one's abilities and knowledge.
15. To go over a disease's treatment options.

Clinical Post-Mortem

The main objective of the clinical post-mortem examination is to study and identify the main reasons that lead to the death of an individual after appropriate treatments and interventions

that have been given fails to recover or save the individual. Clinical post-mortems are conducted in cases usually not under the investigation of police officers. There are also situations post-mortem examination will be carried out even if the cause of death was known. This is mainly due to the requirements of further research on the characteristics of the disease to increase knowledge and understanding of the medical field towards the disease. The information and knowledge gained from a post-mortem examination will be used to treat and save patients who face the same problem in the future.

Only after written agreement from relatives or close family members can a clinical post-mortem examination be performed. After getting explanation or information from the patient's treating physician, the next of kin must sign a

specific form giving approval to the hospital administrators to do an autopsy. If the next of kin believes there is no necessity or interest in allowing an autopsy, they have the authority to refuse the hospital's request. After a comprehensive assessment and consideration of all relevant factors, the next of kin is advised to make a final choice.

There may be circumstances where a post-mortem examination is conducted without the approval of the next of kin; however, this is only done if the death was proven to be caused by contagious or lethal illnesses in the public interest (section 16, Prevention and Control of Infectious Diseases Act 1988). In such instances, approval to conduct a post-mortem is subject to the Director General of Health Malaysia's authority granted by applicable governing legislation.

Clinical post-mortem instances include:

1. Deaths caused by infectious diseases such as the H1N1 virus, SARS, AIDS, and other similar illnesses.
2. Death in the ward is known why, but further information about the death and the amount of organ damage/infection is needed.
3. The mother's death (maternal death).

Ethics during post-mortem examination:

1. To honour, respect, and maintain the deceased's privacy and honour.
2. An autopsy should be performed as quickly as feasible.
3. Obtain family members' informed permission.

4. Begin the post-mortem with the word "basmallah."
5. Saying Alhamdulillah once the post-mortem is completed.
6. When treating the body, be gentle.
7. To simply do the necessary autopsy.
8. To safeguard the body's awrah.
9. Confidentiality protection
10. Do not speak ill of the departed.
11. Cleanliness
12. To use care and safety procedures.
13. To treat the body with respect by sewing it up neatly and not removing any portion or taking a sample without permission.

References:

1. ISLAMIC MEDICAL EDUCATION RESOURCES (Prof Dr Omar Hassan

Kasule).

<https://omarkasule.tripod.com/index.html>

2. Website:

<http://www.myhealth.gov.my/en/autopsy-medico-legal-vs-clinical/>

3. JAKIM 2005: Garis Panduan Bedah Siasat Mayat Menurut Perspektif Islam. Retrieved from http://e-smaf.islam.gov.my/e-smaf/index.php/main/mainv1/garis_panduan/7

Case discussion 2: End of life / palliative care

Answer Scheme

A good (aspiring) specialist should not only be well-equipped with the knowledge and skills of his/her field but should also strive to gain the attribute of a Trustworthy Practitioner with good Akhlak:

- A professional who is very passionate about his work
- Has high level of tolerance and patience towards colleagues and patients.
- Has good counselling and communication skills; the ability to choose the right words, know when to pause and let the recipient digest the information and grieve, respect their privacy and confidentiality.

- Has the leadership quality to make firm decision, able to take charge but not in a condescending manner.
- Familiar with ethical principles, both the conventional and islamic principles.

When dealing with palliative / end of life care and terminally ill patients; always encourage our patients to seek forgiveness and repentance until their last breath (according to their faith & belief).

Justice:

- Treat and provide the best medical care and advice fairly, to the best of our ability to all patients.
- Appropriate resource allocation.
- Patients in identical conditions should be able to get the same treatment.

Beneficence:

- All decisions / alternative therapies for a patient are created with the intention of doing good
- Do what is important for the patient
- What is "best" may be determined by the physician's assessment based on his or her medical experience and knowledge OR the preferences of the patient or his or her carer (autonomy)

Non-maleficence:

- "Primum non nocere"; First, do no harm
- Physicians are fallable (capable of making wrong decisions / making mistakes)
- We are equally capable of inflicting more harm to the patient based on our decisions

Autonomy:

- Honor a person's right to choose what is best for them.
- A physician should respect the decision of his/her patient, although it may be against your medical advice.
- Everyone has the autonomy to make his/her decision independently if they are in the sound state of mind

References

1. U Tun Aung MAS @. Euthanasia from the Islamic Perspective: Ending Life of a Patient whose Recovery is Absolutely Impossible. *imjm* [Internet]. 2018 Dec. 14 [cited 2021 Sep. 21];17(2). Available from: <https://journals.iium.edu.my/kom/index.php/imjm/article/view/952>

2. Ayuba, Mahmud Adesina. "Euthanasia: A Muslim's perspective." (2016). DOI:10.7833/115-0-1175
3. Kassim PN, Alias F. End-of-life decisions in Malaysia: Adequacies of ethical codes and developing legal standards. *J Law Med.* 2015 Jun;22(4):934-50. PMID: 26349388.
4. Jahn Kassim PN, Alias F. Religious, Ethical and Legal Considerations in End-of-Life Issues: Fundamental Requisites for Medical Decision Making. *J Relig Health.* 2016 Feb;55(1):119-134. doi: 10.1007/s10943-014-9995-z. PMID: 25576401.
5. Malek MM, Abdul Rahman NN, Hasan MS, Haji Abdullah L. Islamic Considerations on the Application of Patient's Autonomy in End-of-Life Decision. *J Relig Health.* 2018 Aug;57(4):1524-1537. doi:

10.1007/s10943-018-0575-5.
29417395.

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Case discussion 4: Breaking bad news

Assessment check list

| | Achieved | Not achieved |
|--|----------|--------------|
| Asks if a nurse is available to support patient's wife | | |
| Give salam and introduce self to patient's wife | | |
| Confirm patient's wife identity | | |
| Offer if the wife would prefer presence of anyone else with her | | |
| Offers condolences for the wife's attendance under difficult conditions. | | |

| | | |
|---|--|--|
| Clarifies what the wife has already learned. | | |
| Explain the events, as well as the neurological and CT results. | | |
| Offer to show the CT images to the wife | | |
| Demonstrates CT findings clearly and appropriately | | |
| Explain in clarity that the husband is unlikely to survive based on expertise knowledge | | |
| Explain/agree that all lives determined and belonged to Allah | | |
| Allows silence and time for wife to contemplate | | |

| | | |
|--|----------------------------------|--|
| Inquires if she wants anybody else called, and offers to do so. | | |
| Clarify with wife if she wants to see the husband and whisper <i>shahadah</i> to him | *consider policy during pandemic | |
| Explains the procedure to terminate life support and the management of body | | |
| Entertain the question pertaining to coroner/autopsy and Islamic perspective on this | | |
| Asks if patient registered as an organ donor, if situation permissible | | |

| | | |
|--|--|--|
| Asks if the wife has any further questions | | |
| Demonstrate appropriate level of empathy | | |
| Overall mark from wife | | |
| Overall mark from examiner/audience | | |

Adapted from Somani, K, & Jain, N., (2016). MRCEM Part C : 125 OSCE Stations. JP Medical Ltd.

Case discussion 5: Handling a difficult referral

Assessment check list

| | Achieved | Not achieved |
|---|----------|--------------|
| Introduces self to ICU registrars by name and grade | | |
| Confirms ICU registrars and grade | | |
| Explains wish to discuss patient | | |
| Explains concerns regarding head injury, toxins and GCS | | |
| Explains it is unsafe for the patient not to be intubated | | |

| | | |
|---|--|--|
| Explains as the ED senior, the candidate is unable to leave the ED | | |
| Does not react to interruptions and abrupt manner of the ICU registrar | | |
| Allows ICU registrar to explain their position | | |
| Does not react to derogatory comments about ED referrals | | |
| Politely asks the ICU registrar to explain their lack of concern | | |
| Reiterates concern for patient's safety | | |

| | | |
|---|--|--|
| Acknowledges ICU registrar is busy | | |
| Firmly asks ICU registrar to review the patient in person rather than over the telephone | | |
| Offer to prepare all equipment for airway management and patient transfer | | |
| Remain professional and non-confrontational throughout discussion | | |
| Achieves satisfactory conclusion to discussion | | |
| Overall mark from patient | | |
| Overall mark from instructor | | |

Adopted from Somani, K, & Jain, N., (2016). MRCEM Part C :
125 OSCE Stations. JP Medical Ltd.

Case discussion 6: Dealing with angry patients

Assessment check list

| | Achieved | Not achieved |
|---|----------|--------------|
| Reviews notes and X-ray before speaking to mother | | |
| Introduces self to mother appropriately | | |
| Confirms mother and patient's identity | | |
| Offers mother a seat | | |
| Uses a sympathetic tone throughout the consultation | | |

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| Asks mother to explain her concerns | | |
| Allows the mother to speak without interruptions | | |
| Apologises to mother | | |
| Asks how her daughter is now in terms of pain and function | | |
| Explains the diagnosis | | |
| Offers to show mother the x-ray | | |
| Demonstrates X-ray to mother appropriately | | |
| Explains the events during the initial | | |

| | | |
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| assessment chronologically | | |
| Addresses the mother's concerns one at a time | | |
| Does not blame the doctor involved | | |
| Is honest about the system and potential missed fractures | | |
| Explains X-ray reporting to identify and recall missed fractures | | |
| Defends the junior doctor when mother questions their ability | | |
| Explains a plan to prevent similar incident in the future | | |

| | | |
|---|--|--|
| Explains an appropriate plan to manage the missed fracture | | |
| Offers the mother opportunity and information to complain formally | | |
| Overall mark from mother | | |
| Overall mark from instructor | | |

Adopted from Somani, K, & Jain, N., (2016). MRCEM Part C : 125 OSCE Stations. JP Medical Ltd.

