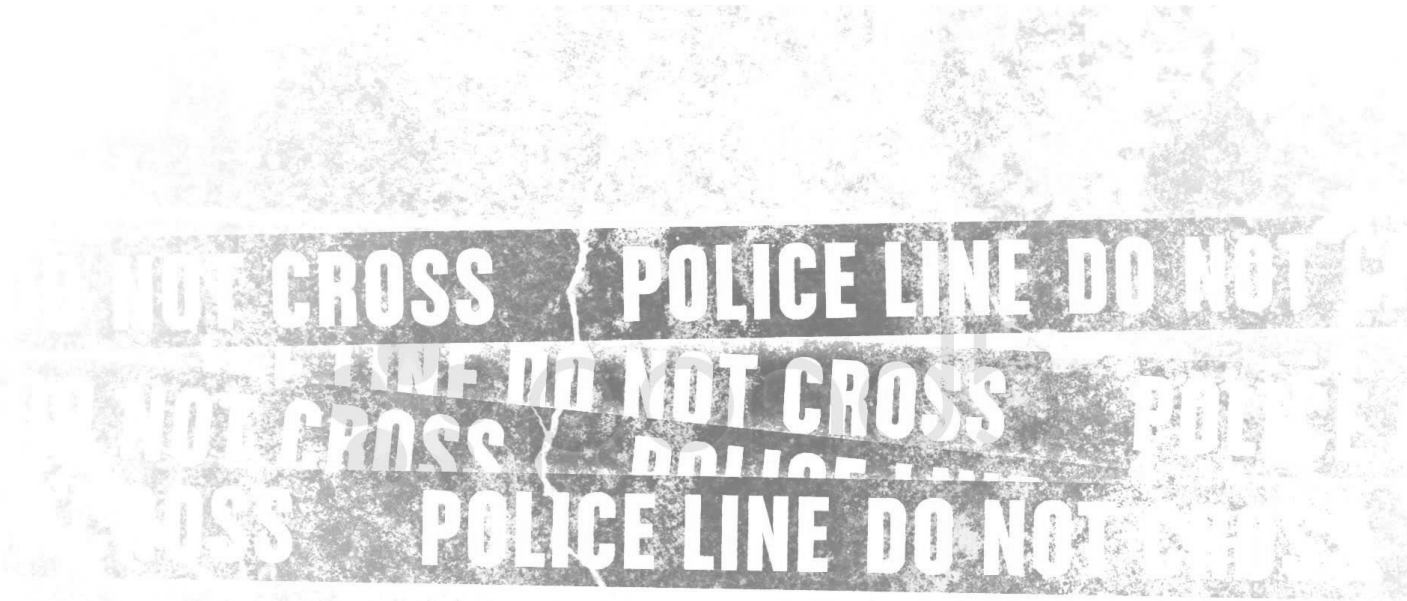


Ethics and Legal, COD, DC, autopsy

Chapter 2,3 & Appendix 1

Done by:

Sheikhah Aldossari

Revised by:

Abdulaziz Alsaud & Sara Aljebrin

Correction file

Chapter 2

The Ethics of Medical Practice

General Concepts

- Medical ethics are influenced by three factors: society, legal profession, and the medical profession itself.

- The laws on the practice of medicine vary from country to country but the broad principles of medical ethics are universal and formulated by international organizations such as the World Medical Association (WMA).

- The Hippocratic oath was restated in a modern form in the declaration of Geneva (1948) due to the violations of medical ethics during the 1939-45 war. It was more recently revised in 2006.

Warning: what you are about to read is not super interesting.

but the good news it is only takes approximately 3 minutes to read…
Here's a picture of funny cats to brace yourself.

Duties of a Physician Defined by the WMA

World Medical Association

1. In General (كثير واللهي)

- ❑ Always exercise his/her independent professional judgment and maintain the highest standards of professional conduct.
- ❑ Respect a competent patient's right to accept or refuse treatment.
- ❑ Not allow his/her judgment to be influenced by personal profit or unfair discrimination.
- ❑ Be dedicated to providing competent medical service in full professional and moral independence, with compassion and respect for human dignity.
- ❑ Deal honestly with patients and colleagues, and report to the appropriate authorities those physicians who practice unethically or incompetently or who engage in fraud or deception.
- ❑ Not receive any financial benefits or other incentives solely for referring patients or prescribing specific products
- ❑ Respect the rights and preferences of patients, colleagues, and other health professionals
- ❑ Recognize his/her important role in educating the public but use due caution in divulging discoveries or new techniques or treatment through non-professional channels.
- ❑ Certify only that which he/she has personally verified.
- ❑ Strive to use healthcare resources in the best way to benefit patients and their community.
- ❑ Seek appropriate care and attention if he/she suffers from mental or physical illness.
- ❑ Respect the local and national codes of ethics.

...Continue Duties of a Physician Defined by the WMA

World Medical Association

2. To Patients

- Always bear in mind the obligation to respect human life.
- Act in the patient's best interest when providing medical care.
- Owe his/her patients complete loyalty and all the scientific resources available to him/her. Whenever an examination or treatment is beyond the physician's capacity, he/she should consult with or refer to another physician who has the necessary ability.
- Respect a patient's right to confidentiality. It is ethical to disclose confidential information when the patient consents to it or when there is a real and imminent threat of harm to the patient or to others and this threat can be only removed by a breach of confidentiality.
- Give emergency care as a humanitarian duty unless he/she is assured that others are willing and able to give such care.
- In situations when he/she is acting for a third party, ensure that the patient has full knowledge of that situation.
- Not enter into a sexual relationship with his/her current patient or into any other abusive or exploitative relationship.

3. To Colleagues

- Behave towards colleagues as he/she would have them behave towards him/her.
- Not undermine the patient–physician relationship of colleagues in order to attract patients.
- When medically necessary, communicate with colleagues who are involved in the care of the same patient. This communication should respect patient confidentiality and be confined to necessary information.

Medical Ethics in Practice

- ★ **Patient autonomy** and their right to refuse or choose treatment.
- ★ **Non-maleficence** – do no harm.
- ★ **Beneficence** – acting in the patient's best interests.
- ★ **Dignity**.
- ★ **Honesty** – providing informed consent.
- ★ **Justice** – how healthcare is apportioned when health and financial resources may be limited.

Confidentiality

- ★ This is important because the key to a doctor-patient relationship is trust.
- ★ It is a primary, but not an absolute duty. Meaning that doctors must use their own judgment to apply confidentiality and be ready to later justify their reasons when breaching that confidentiality. (in next slide will understand very clear what meant here)

Situations when Confidentiality May Not Apply

1) **<u>If required by law</u> :** this may be necessary due to statue (statue means a specific and written law). An example would be notification of known or suspected types of **communicable diseases.**

2) **<u>If the patient consents:</u>** doctors must always seek express (specific) consent for any reason beyond clinical care and audit (audit means an official inspection of an individual's or organization's accounts, typically by an independent body). Typical requests may apply to **insurance claims.**

3) **<u>If justified in the public interest:</u>** to protect specific individuals or society in general from harm. Another occasion where this applies is in areas such as research, education, and public health (in these cases the patients involved should be anonymous).

4) **<u>Reporting</u>** concerns about driving capabilities, gunshot and knife wounds, and in relation to insurance or employment purposes.

Note On Confidentiality

If a competent patient refuses disclosure of information for **their own protection,** their wish should be respected. For example: in the case of domestic violence (unless their or somebody else's life is in danger).

If there is a belief that the patient (adult or child) is a victim of neglect, or physical, sexual or emotional abuse this requires prompt disclosure of information to appropriate bodies (the police). This also applies in cases that involve serious crimes (murder, rape, etc..).

Confidentiality persists after death as well. Disclosure may be required by Coroners, others responsible for investigating deaths, and on statutory forms such as death certificates.

Consent

- ★ Consent may be given **orally** or in **writing** – this is express consent. It may also be given implicitly, for example by allowing blood pressure to be taken by removing clothing to give access to the arm.
- ★ It is generally accepted that for **higher risk** or more **complex procedures,** if there is a risk to **life or lifestyle**, for research or in the criminal setting (e.g. the taking of intimate samples like swab or urine sample or semen or pubic hair) that written consent is appropriate, some time mandatory.

Patients with capacity to make decisions

In this case there are 4 stages to be followed when considering treatment:

I. Both doctor and patient make an assessment

II. The doctor identifies relevant investigations and treatment to benefit the patient and explains the options with their respective potential risks, burdens, and side effects.

III. The patient weighs up the potential benefits, risks and burdens and any related issues then makes his own decision.

IV. The patient may request a treatment that the doctor considers of no overall benefit, which the doctor does not have to provide but must explain his reasons of doing so.

Patients without capacity to make decisions

In this case the doctor must engage those who are close to the patient and fellow colleagues involved in the healthcare. When making the final decision the doctor must:

I. Make the care of the patient the primary concern.

II. Ensure the patient is treated as an individual and with dignity.

III. Support and encourage the patient to be involved in decisions about treatment and care within the limits of their abilities.

IV. Treat the patient with respect and without discrimination.

Young people and children

Age is not a rigid factor. It's generally accepted that children 16 years and older have the capacity to make their own decisions. 'Gillick Competence' is dependent on the child's chronological age, mental age, and emotional maturity while recognizing a child's increasing autonomy with age.

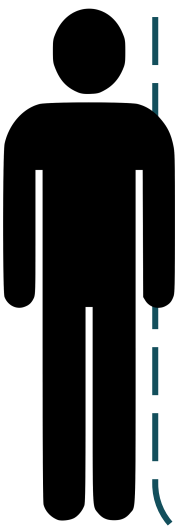
Chapter 3

The Medical Aspect of Death

What is Death ?

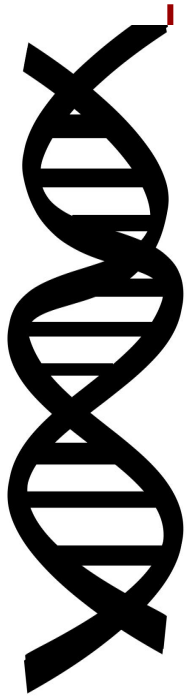
It is the PROCESS of the cessation of life in a previously living organism. When 'death' actually occurs has caused much debate due to the differential rate of cellular death. (فطس بس يحبون الفلسفه)

Somatic



This means that the individual irreversibly will never again communicate or deliberately interact with the environment. الله يرحمه

Cellular



This is the cessation of respiration (the utilization of oxygen) and the normal metabolic activity in the body tissues and cells.

This can happen to one cell or multiple cells at the same time and can also occur while you are alive! The differences in cellular metabolism determine when cells die: Skin and bone cells remain 'alive' and can be cultured days after somatic death, WBCs are capable of movement for up to 12 hours after cardiac arrest, and cortical neurons die after just 3-7 minutes of complete oxygen deprivation.

غيبوبة
Vegetative state

- When brain-stem function is retained in the absence of cortical function.
- If this state persists for **12 months** following traumatic brain injury or 6 months after another cause, then it is judged to be **'permanent'**
- It is possible for a patient to **recover** from this state or enter a 'minimally conscious state' (MCS).
- If it is permanent, the withdrawal of hydration and assisted nutrition can be considered in the 'best interests' of the patient.

Criteria for the Diagnosis and Confirmation of Death Following

From 433

This is produced by the Academy of Medical Royal Colleges!

Cardiorespiratory arrest	Irreversible cessation of brain-stem function
➔ Irreversible onset of apnea and unconsciousness in the absence of circulation. ➔ One of the following applies: 1. Criteria for not attempting (CPR) are fulfilled. 2. CPR failed. 3. Life-sustaining treatment has been withdrawn. ➔ Absence of a central pulse and heart sounds for 5min. ➔ Asystole (on ECG), absence of contractile activity (on Echo), or pulsatile flow (using direct intra arterial pressure monitoring). ➔ Absence of pupillary responses to light, corneal reflexes, and any motor response to supra-orbital pressure. ➔ The time of death is recorded when these criteria have been fulfilled.	➔ Absence of brain-stem reflexes. ➔ Brain-stem testing should be made by at least two medical practitioners (who have been registered for over 5 years), one of these must be a consultant. ➔ Ancillary investigations when there are extensive maxillofacial injuries. ➔ Irreversiable brain damage resulting from damage of known aetiology, and no possibility of a reversible or treatable underlying cause. ➔ Excluding the following causes: coma, drugs (depressants, narcotics, and tranquilizers), hypothermia, potentially reversible circulatory, metabolic and endocrine disturbances, and reversible causes of apnea (neuromuscular blocking agents).

Tissue and Organ Transplantation

The laws relating to tissue and organ donation and transplantation are dependent upon the **religious** and **ethical views of the country**. For example, Jehovah's Witnesses are forbidden from transplantation.

Sources of Transplanted Organs and Tissues :-

Homologous Transplant	★ Tissue is moved between sites on the same body. For example, skin grafts and bone chips. Note: Homologous blood transfusions can be done when there is religious objection to anonymously donated blood
Live Donation	★ In this process, tissue is taken from a living donor whose tissues have been matched to those of the recipient. ★ The most common example is, blood transfusion. Marrow Transplantation is also becoming common. Kidneys and the liver can also be donated, but it is much more common for transplant kidneys to be derived from cadavers
Cadaveric Donation	★ The major source of all transplant tissues, but best results are obtained if the organs are taken while circulation is present or immediately after its cessation. ★ Some organs (kidneys) are more resilient to anoxia and can survive up to 30 mins after cessation of cardiac activity. ★ Opting in: it must be ensured that the donor either gave permission during life or at least did not object and that no close relative objects after death. ★ If an autopsy is required by law permission of the coroner, procurator, or any other legal officer must be obtained first
Xenografts	★ It is the act of grafting animal tissue into humans. ★ Three factors make this source difficult to use: 1) Difficulty in cross-matching tissues. 2) The risk of transferring viruses to an immunocompromised host. 3) It is expensive. Note: Pigs are the animals being experimented on mostly to fix these issues
Cloning	A cheaper solution is to clone animals and use then as transplant donors.

Cause of Death Determination and Certification

- ☆ It is considered more intellectually honest to provide the cause of death in a 'narrative style'.
- ☆ The format for certifying the cause of death is now defined by the World Health Organization (WHO).
- ☆ All death certificates should be scrutinized by a medical examiner who will form a link between the local health authority and Coroner.
- ☆ International classifications of disease are now well established and the WHO produced a book: International Statistical Classification of Diseases and Related Health Problems (ICD) which can be used for both clinical diagnoses and death certificates. In this classification, each disease is given a 4-digit ICD code.

The (WHO) format divides cause of death into two parts

Part 1

- ✾ Describes the conditions that led directly to death and is divided into 3 subsections (a), (b), and (c) which are causally related; (a) is caused by (b) and (b) by (c).
- ✾ This means that the lowest in part I which is (c) is the MOST IMPORTANT. Because it is the cause of (b) and (a).
- ✾ Here are some examples:
  I. 1a: Cardiac failure/1b: Hypertrophic cardiomyopathy
  II. 1a: Coma/ 1b: Subarachnoid hemorrhage/ 1c: Ruptured congenital aneurysm
- ✾ Doctors should not record the mode of death in isolation on the death certificate. However, it is acceptable in the UK if the patient dies of old age or sudden infant death syndrome (SIDS).

Part 2

- ✾ Describes other conditions, not related to those in part I, that may have also contributed to death.

Medico-Legal Investigation of Death

- In the case of a natural death, a doctor can just sign a death certificate. However, deaths that cannot be certified by a doctor are examined by: Coroners, procurators fiscal, medical examiners, magistrates, judges and even police officers.
- The Coroner then attempts to find a family practitioner to obtain medical details and have him complete the death certificate. If no family practitioner was found, then the Coroner a right to require an autopsy.
- An autopsy examination is not the complete and final answer to every death, but without an internal examination it can be impossible to be certain about the cause and mechanism of death.
- Deaths are usually referred to the Coroner by doctors, police, and members of the public.
- Currently, the circumstances in which the Registrar of Deaths must refer a death to the Coroner are contained in the Registration of Births and Deaths Regulations 1987:

Very Important

1) **The deceased was not attended in his last illness by the doctor completing the certificate.**
2) **The deceased hadn't been seen by a doctor either after death or 14 days before dying.**
3) **Unknown cause of death.**
4) **Death appears to be due to poisoning or industrial disease.**
5) **Death may have been unnatural, caused by violence, neglect, abortion, or is associated with suspicious circumstances.**
6) **Death occurring during a surgical operation or before recovery from an anesthetic**

Autopsy (AKA Necropsy and post-mortem examination)

☆ Reasons for performing an autopsy are:

1) Clinical: this is done in a hospital mortuary after the relatives have granted consent. These examinations are used for teaching medical students and for research.
2) Medico-legal: this is performed on behalf of the state. The aims of this examination are much broader than the clinical autopsy (because we don't know all the details of death in this scenario). Photographs are essential in this scenario.

☆ A properly trained pathologist should perform autopsies. However, forensic pathologists should perform medico-legal autopsies.

☆ If no trained staff is available (like in developing countries) then an autopsy is to be performed by a non-specialist doctor and a medico-legal autopsy by a histopathologist.

☆ Many autopsies will require ancillary investigations (radiology, toxicology, and biochemistry).

The Minnesota Protocol

☆ A model autopsy protocol produced by the United Nations within the context of the investigation of human rights abuses.

☆ It is used for dealing with difficult, sensitive, or controversial cases.

☆ Covers all stages of the pathological death investigation process, from scene examination to ancillary tests, and recognize the need for well-trained pathologists to deal with such cases.

Exhumation:

☆ A body that is removed from its grave for further examination.

☆ The most common reasons for exhumation are personal (e.g. if the cemetery is being close or the family wishes to move the body)

☆ If poisoning may have played a part in the death then samples of soil should be taken from all sides of the coffin and submitted to toxicology. A control sample should also be taken from a distant part of the cemetery.

Appendix 1

Guidelines for an Autopsy and Exhumation

Guidelines

1. Where the death is definitely due to crime or if there is a possibility of crime, the doctor should attend the scene (locus) before body is moved Notes on the scene and photographs should and usually are taken by the police.
2. The identity of the body should be confirmed to the doctor by a relative or a police officer who knows the deceased personally or has had the body positively identified.
3. If the remains are mummified, skeletalized, decomposed, burnt or disfigured to a point at which visual identification is impossible, other methods of establishing the identity must be used, but the autopsy cannot be delayed while this is done.
4. In a suspicious death, if there can be no direct identification of the body, a police officer must directly confirm to the doctor that the body presented for autopsy are those that are the focus of the police inquiry.
5. The body should be examined with the clothing in place so that defects caused by trauma that may have damaged the body (stab wounds, gunshot injuries, etc.) can be identified. When removed, clothing must be retained in clean, new bags that are sealed and labeled for later forensic science examination.
6. The body should be photographed clothed and then unclothed and then any injuries should be photographed in closer detail.
7. X-rays are advisable in victims of gunshot wounds and explosions and where there is a possibility of retained metal fragments, and are mandatory in all suspicious deaths in children.
8. The surface of the body should be examined for the presence of trace evidence (fibers, hair, blood, saliva, semen). This is performed by police officers or forensic scientists, often with the assistance of the pathologist. Where samples are to be removed from the body itself as opposed to the surface of the body – fingernail clippings, head and pubic hair, anal and genital swabs – these should be taken by the pathologist.

...Continue Guidelines

9. Forensic scientists may also wish to examine the body using specialist techniques, and the pathologist must be aware of their needs and allow them access at appropriate times.

10. Careful documentation of the external features of injuries or abnormalities is often the most important aspect of a forensic examination and often has much greater value in understanding and in reconstructing the circumstances of injury than the internal dissection of any wound tracks or of damaged internal organs.

11. The internal examination must fulfill two requirements: to identify and document injuries and to identify and document natural disease.

12. A complete internal examination of all three body cavities, with dissection of all of the body organs, must be performed to identify any underlying natural disease.

13. Samples of blood and urine will be routinely requested by the police. Blood should be collected from a large limb vein, preferably the femoral vein, and urine should be collected, preferably using a clean syringe, through the fundus of the bladder. All samples should be collected in the presence of the pathologist. Care must be taken to ensure that the correct preservative is added; if in doubt, ask a forensic scientist for advice.

14. When poisoning is suspected, other samples, including stomach contents, intestinal contents, samples of organs including liver, kidney, lung and brain, may be requested.

15. Tissue samples should be retained in formalin for microscopic examination. If there is any doubt, whole organs – brain and heart in particular – should be retained for specialist examination.

16. In all of these aspects of the examination, careful notes must be kept and augmented by drawings and diagrams if necessary.

Autopsy

1. An incision is made from the larynx to the pubis. The upper margin may be extended on each side of the neck to form a "Y" incision (useful in neck injuries or in children).
2. The skin on the front of the chest and abdomen is reflected laterally and the anterior abdominal wall is opened. The intestines are removed by cutting through the third part of the duodenum. Then dissecting the small and large bowel from the mesentery.
3. The ribs are sawn through in a line from the lateral costal margin to the inner clavicle and the front of the chest is removed.
4. The tongue and pharynx are mobilized by passing a knife around the floor of the mouth close to the mandible. These are then removed downward as the neck structures are dissected off the cervical spine.
5. The axillary vessels are divided at the clavicles, and the oesophagus and the aorta are dissected from the thoracic spine as the tongue continues to be pulled forwards and downwards.
6. The lateral and posterior attachments of the diaphragm are cut through close to the chest cavity wall and then the aorta is dissected off the lower thoracic and lumbar spine.
7. Finally, the iliac vessels and the ureters can be bisected at the level of the pelvic rim and the organs will then be free of the body and can be taken to a table for dissection.
8. The pelvic organs are examined in situ or they can be removed from the pelvis for examination.
9. The scalp is incised coronally. The skullcap is sawn through, leaving the dura intact. This is then incised and the brain removed by gentle traction of the frontal lobes while cutting through the cranial nerves, the tentorium and the upper spinal cord.
10. A novice should be following this order when dissecting so that nothing is omitted: tongue, carotid arteries, oesophagus, larynx, trachea, thyroid, lungs, great vessels, heart, stomach, intestines, adrenals, kidneys, spleen, pancreas, gall bladder and bile ducts, liver, bladder, uterus and ovaries or testes and finally the brain.

Questions

Who exactly is a coroner?

An official who investigates violent, sudden, or suspicious deaths. In some states the coroner must be a forensic pathologist and in others, he can just refer the body to a medical examiner.

What is an inquest?

An investigation conducted by a coroner, sometimes with the aid of a jury, into the cause of death of a person when the cause may be criminal.

Thank You

HAVING SEEN EVERY EPISODE OF CSI, JAMES WAS ABLE TO BLUFF HIS WAY THROUGH THE INTERVIEW BUT HIS CAREER AS A CORONER WOULD BE SHORT LIVED