



LEARNING FROM BEST PRACTICE: INTERNATIONAL CLINICAL PERSPECTIVES

Dr.S. MADHURI PARADESI¹ and Y. Uma Maheswari²

1. Associate Professor, HOD, Department of Law, SPMVV, TIRUPATI

2. B.A., LL.B, Vth Year, SPMVV, TIRUPATI

Abstract: *Healthcare professionals have a lot to learn from international best practices in clinical care. By studying how different countries and cultures approach patient care, healthcare providers can gain valuable insights and ideas to improve their own practice. A key learning area is communication. In some countries, like Japan, healthcare providers value respectful communication and empathy. Healthcare providers take the time to listen to patients' concerns and values and incorporate them into their decision-making. This approach leads to better treatment outcomes and higher patient satisfaction. Another learning area is teamwork and collaboration. In countries like Sweden, healthcare providers work in multidisciplinary teams to provide comprehensive care. This approach ensures that patients receive seamless, coordinated care from a team of experts. International clinical perspectives can also influence our approach to patient safety. In Australia, healthcare providers have implemented rigorous patient safety protocols, including strong infection control measures and regular quality improvement efforts. These efforts have significantly reduced harm to patients and improved outcomes. Furthermore, international best practices can generate innovative solutions to common challenges. For example, telehealth has been successfully implemented in countries such as South Africa, expanding access to healthcare for rural and underserved populations. Additionally, learning from international clinical perspectives can improve cultural competency. Understanding different cultural beliefs and values allows healthcare providers to better tailor care to the individual needs of different patient groups. Learning from an international clinical perspective offers valuable opportunities for growth and improvement in healthcare. Studying best practices from around the world can give healthcare providers new insights, ideas, and approaches to improve patient care and outcomes. Considering an international perspective can lead to a more compassionate, effective, and patient-centered healthcare system.*

Key words: *Healthcare, Compassionate, Effective and Patient-Centered, Protocols, Multidisciplinary Teams, Improve Cultural Competency.*

Introduction

A simple understanding of the principles and their application can lead to immature thinking. Often times, cases may arise where there is a conflict between the principles and one needs to violate the other in order to follow one principle. For example, a conflict of principles arises when a certain treatment is absolutely necessary to save the patient's life and involves risks, but the patient is unconscious and cannot consent to that treatment. The alliance-based approach ignores the fact that patients may not have the correct knowledge, which may result in incorrect treatment by doctors. Most primary treatments involve causing harm, even if it is just a needle prick. Therefore, telling

doctors to "do no harm" is counterproductive. Furthermore, our understanding of utility may change depending on the perspective from which we analyze it. At best, this approach may be good in hypothetical situations, but applying it to real life raises many complex issues, since people are not necessarily born virtuous. The above theories do not capture the fundamental principles of respect and purity. Many aspects such as religious beliefs, community ethics, and virtue ethics remain unaccounted for and are often contested in debates on medical law and ethics. Until we develop a universally accepted and solid theory of human dignity from which the values used in the principles are derived, it is not clear that it will be difficult to reach a conclusion in ethical debates.

What is medical ethics?

There is no universal definition of medical ethics, and it is often very difficult to explain it. When interpreted broadly, it can mean a moral obligation rather than a legal obligation that doctors must adhere to. However, many of the standards known as medical ethics have the force of law.

Medical law is made up of parts of many different areas of law, including criminal law, human rights law, tort law, contract law, and family law, which can undoubtedly be very confusing. Health law is undergoing great change. Rapid advances in science mean that lawyers and ethicists must constantly grapple with new issues. There are many laws and regulations related to health law, including family planning policies, surrogacy laws, abortion laws, and gender determination testing laws. However, the challenges they pose are not simply a matter of liberal versus conservative perspectives.

It is undeniable that everyone has certain moral obligations toward others that may conflict with the law. For example: everyone has an obligation not to lie, avoid harm, not to steal, etc. However, physicians have special moral obligations as a result of their profession. These obligations are linked to their roles as physicians, therapists, nurses, etc. These specific obligations are expressed through professional codes of ethics, principles of biomedical ethics, the concept of fiduciary relationships, and detailed descriptions of virtues and obligations inherent in the doctor-patient relationship.

What are the different approaches?

Basic Approaches:

Tom L. Beauchamp and James F. Childress, in *Principles of Biomedical Ethics*, developed four principles that are now considered fundamental to medical ethics.

The four principles are respect for autonomy, non-maleficence, beneficence, and justice. They believe these four principles represent a common morality and offer a variety of arguments in support of it:

1. Respect for autonomy –

Respect the patient as an individual (e.g. respect privacy by maintaining confidentiality and being honest about medical care). Example: Psychologists should not disclose patients' personal records. Failure to comply may result in legal and disciplinary action.

Provide patients with information and opportunity to make their own decisions about their treatment. Example: Informed consent – Doctors cannot impose their will on patients or give them medicines or diagnoses that they think will benefit the patient's health. Informed consent must be obtained. However, if the patient is unable to consent, a family member can consent on their behalf. And in emergency cases, doctors can do what they think is right based on their experience and knowledge. We respect and honor the patient's choice to accept or refuse treatment. For example, Jehovah's Witnesses believe that blood transfusions are unethical and would never consent to a blood transfusion. Patients not only have the right to refuse diagnostic or therapeutic interventions, but also the right to refuse to accept information.

2. Beneficence –

Act in the patient's best interest and advocate for the patient. Misrepresenting facts or misleading patients with false information or prescriptions is considered highly unethical.

3. Non-maleficence –

Avoid injury or suffering to patients. Healthcare professionals must not cause harm to patients. All treatments involve some harm, even if minimal, but that harm should not be disproportionate to the benefits of treatment.

4. Justice –

Treating patients fairly and equitably. Allocating benefits, risks, and costs fairly. The idea that patients in similar situations should be treated similarly.

However, the law forces doctors to violate the four principles above in various ways, such as:

For example, the principle of respecting patient autonomy would be violated if a doctor had to lie about the link between breast cancer and abortion. The principle of respecting autonomy would also be violated if a doctor forced a patient to listen to the fetal heartbeat or observe an ultrasound scan of the fetus before starting the abortion procedure. Failure to provide patients with full and truthful information violates the “do no harm” or “do no harm” principle, because decisions made based on this information are often not in the patient’s best interest. For example, false information about an increased risk of breast cancer can cause women to suffer lifelong anxiety and make them more susceptible to unnecessary cancer screenings, such as mammograms. The principle of beneficence is violated when doctors do not do all they can to promote the well-being of their patients. For example, when parents are not asked about gun ownership, they are ignoring very important information that may be in their child’s best interest. The moral obligation to prevent avoidable harm to children is considered a central part of pediatric medical ethics, and physicians who do not adhere to it arguably violate this principle. Principles of justice are violated when some patients, thanks to better education or better insurance, are able to avoid legal restrictions on the doctor-patient relationship while others are significantly restricted.

What is the state of medical law and ethics in India?

The Medical Council Act, 1956 deals with medical malpractice in India. In 1933, the Indian Legislative Assembly passed the Indian Medical Council Act, 1933. This act was heavily criticized and the entire act was repealed. A new act was drafted and passed called the Indian Medical Council Act, 1956. This is the governing law of the country. In *A.S. Mittal and Another v. State of United States and Others*, 1989 AIR 1570, the Court had taken the view that there exists a possibility of conviction in a criminal court for offences involving moral turpitude, as the Supreme Court very clearly observed in *Poonam Varma v. Ashwin Patel*, AIR 1996 SC 2111. The medical profession is one of the most established professions in the world and the one with the most charitable activities. The General Medical Council (operating at the state level) is the apex body for punishing medical malpractices. The State Medical Councils have been given additional powers to

expel and suspend doctors (if necessary). It also has the power to employ doctors who have been disciplined.

The Medical Council of India (Professional Conduct, Etiquette and Ethics) Rules, 2002 (amended up to 8th October 2016) lay down the duties and responsibilities of a registered doctor.

These regulations prescribe certain standards that a doctor must adhere to. Failure to do so may result in legal action and punishment. Duties and responsibilities of a doctor include:

- Observance of proper medical practice
- Maintenance of medical records
- Ensuring highest quality in patient care
- Patience, sensitivity and thoughtfulness
- Patient should not be ignored
- Unnecessary consultations should be avoided
- Consultation time should be kept punctual
- Gender determination tests are not performed
- Advertisements are not allowed
- Violation of Cosmetics Act is not allowed
- Calls in emergency or military situations
- Report any suspected cause of death
- Informed consent from the patient is required
- Open pharmacy practices are not allowed
- Prohibition of euthanasia

Medical professionals must adhere to the standards laid down in the Code. The Code also lists certain actions and omissions by physicians that may amount to misconduct and lead to disciplinary action.

What are the specific laws regulating medical professionals in India?

There are numerous laws enacted and currently in force in India. The categories under which the laws fall are as follows:

- Laws regulating hospital commissioning
- Laws regulating professional qualifications/practice and conduct
- Laws regulating storage and sale of medicines and safe use of medicines
- Laws regulating biomedical research

- Patient treatment methods
- Laws relating to medico-legal aspects
- Laws relating to safety of patients, public and staff in hospital premises and environmental protection
- Laws relating to safety of patients, public and staff in hospital premises
- Labour and employment laws
- Laws relating to professional training and research
- Regulations relating to operational aspects of hospitals

Critical analysis

Medical professionals often find it difficult to choose between three:

- Use the best of their skills for the benefit of patients,
- Follow the law and
- Act as law-abiding citizens.

They need to protect themselves from the consequences of not following the law (such as revocation of license). They also need to be very sensitive about their actions. Even the actions of one person can have deadly consequences. Doctors who only follow the law but ignore professional ethics may undermine the integrity of the profession. Therefore, a balance must be maintained between complying with the law, maintaining the integrity of patients, and maintaining professional ethics.

Today, as medical care becomes more and more complicated, patients are becoming more and more dependent on doctors. Even the Internet may not be able to provide accurate information, or it may tend to provide incorrect information, which may cause complicated problems later. For doctors to intentionally give false information to patients will disregard the patient's autonomy and lose the patient's trust. This distrust of one doctor can lead to distrust of doctors in general.

Conclusion

Medical law is undoubtedly a constantly evolving field, with new advances complicating or simplifying the work of medical professionals. For

example, new genetic engineering developed by scientists can help parents to alter their children's genes to produce desirable offspring. To what extent is it ethical to play with the forces of nature? Some may argue that it helps cure diseases and increase mortality.

Even the dynamics of the doctor-patient relationship are changing, and it is clear that guidelines for ethical behavior require doctors to do more than comply with the law. Although there may be tensions, contradictions and similarities between a doctor's legal and ethical responsibilities, it is the doctor's duty to comply with both the law and professional ethics guidelines. Even if a doctor has difficulty complying with the law, perhaps because it seems against his ethical beliefs, compliance is not optional. Therefore, many doctors today follow pragmatism, which seeks to develop a methodology that starts from practical experience and develops an approach rooted in real life. Realists are not interested in grand ethical theories, but rather in problems that patients and medical staff face in real life. Instead of indulging in the beautiful words of philosophers, the emphasis is on exploring how they see, understand and interpret the problems. The field of medical law and medical ethics is certainly a complex and difficult concept, difficult for everyone to understand and formulate, since people have different beliefs, thoughts and interests related to their lives. However, experts and thinkers hope that in the future a better approach will come into force that will be acceptable to everyone. But until then, it is necessary to pay attention to what is being done all over the world, because people's lives are at risk.¹

References

1. Burton, A W (1971). *Medical Ethics and the Law* Sydney, Australian Medical Publishing Co, p 13.
2. E. D. Pellegrino, "The Internal Morality of Clinical Medicine: A Paradigm for the Ethics of the Helping and Healing Professions," *Journal of Medicine & Philosophy* 26 (2001): 559-79.

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3. Menon N R Madhava. "Medicine, ethics and the law." Indian Journal of Medical Ethics [Online], 5. 1 (2008): 31. Web. 10 Jun. 2019.
 4. T. L. Beauchamp and J. F. Childress, Principles of Biomedical Ethics, 7th ed. (New York: Oxford University Press, 2012).
 5. W. F. May, The Physician's Covenant: Images of the Healer in Medical Ethics (Philadelphia, PA: Westminster Press, 1983).