

A Multidisciplinary Forum for Ethics in Medicine: Our Seven Years Experience

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Abstract

The Rappaport Faculty of Medicine of the Technion established an Ethics in Medicine Forum in March 1993. The main objective of the forum was to increase awareness of the philosophical principles of ethics in medicine, as defined and developed in the western world during the last three decades. The multidisciplinary forum meets once a month during the academic year. Our 7 years experience is documented. Of the 45 meetings, 30 were clinically oriented and of these more than half were based on cases. Only 15 meetings were purely theoretical. Our principal assumption was that any and every topic could be discussed, including those covered by the law. We explored how well western philosophical principles and rules fit the Israeli picture. Many of the forum discussions related to the draft of the Patient's Bill of Rights, which came into effect on 12 May 1996. The role of the "legal" hospital ethics committees was compared to that of the "advisory" ethics committees whose members constituted a large share of our forum. The multicultural Israeli population and the practice of medicine therein raised many lively discussions. The principle of autonomy in the ultra-orthodox and in the family setting was a highly controversial issue. The forum served as a workshop for examining traditional medical ethical principles, which we strongly feel needs to be amended in light of the 1996 Patient's Bill of Rights. From our 7 years experience with an Ethics in Medicine Forum we recommend that medical ethical deliberations focus on genuine medical cases.

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The Technion's Rappaport Faculty of Medicine established a forum on Ethics in Medicine in March 1993. The main objectives were to expose faculty members to the philosophy of medical ethical principles that have evolved during the last 30 years in the western world [1] and to promote their understanding by interdisciplinary discussions. After more than 7 years of conducting this forum we would like to share our experience with others.

The forum meets once a month during the academic year, and each meeting is strictly limited to 90 minutes. The topics of each meeting are defined well ahead of time. Prior to each meeting the participants receive a debriefing of the topic and, when applicable, the case(s) sketch(es) and selected references for discussion. The participants include pre-clinical, clinical and healthcare staff of the Faculty of Medicine and its affiliated hospitals, as well as other interested professionals. We have neither publicized the meetings of the forum outside the faculty nor actively advertised participation within the faculty – being satisfied with the turnout of 20–25 permanent attendees and 15–20 additional participants whose presence is determined by their interest in specific topics. At times we have invited outside visitors such as judges, newspaper reporters, various academicians and army personnel.

From its inception the forum has been highly clinically oriented. Of the 45 meetings held until 1999/2000, 30 were clinically affiliated, and of these more than half were related to a particular clinical case, leaving only 15 purely theoretical discussions [Table 1].

Our basic assumption has been that every topic is amenable for discussion – including topics that have been dealt with in court or where a law has been passed. We have tried to analyze the applicability of philosophical principles as well as specific rulings (the law) to local constraints such as culture, religion, etc. We have not tried to achieve consensus or to summarize our meetings with practical recommendations, but rather to raise the issues and promote deliberations resulting from them.

Our initial objectives were as follows:

- To function as a multidisciplinary forum for discussing moral dilemmas that arise during routine clinical activities
- To map the area of "medical ethics" in Israel. The Israeli Patient's Bill of Rights was passed in 1996 and many discussions of our forum were dedicated to the preliminary drafts of this Bill. One of us (G.B.G) even participated actively in the parliament (Knesset) committee, presenting parts of the forum's discussions.

Table 1. Topics discussed at monthly meetings of the Medical Ethics Forum

Date	Subject	Presented by
26.03.93	Ethical dilemmas encountered with oncology patients	E. Robinson ¹
30.04.93	Ethical dilemmas in genetic counseling	R. Gershoni-Baruch ¹
28.05.93	The draft of the Patient's Bill of Rights: legal, ethical and medical points of view	A. Gross ² , G. Grunfeld ³ , G. Alroy ¹
29.10.93	Living Wills	R. Hochheuser ⁴
26.11.93	Medical Ethics Hospital Committees	A. Bloom ⁵
31.12.93	Terminating life in pediatrics	R. Brik ¹ , M. Benharosh ¹
28.01.94	Moral aspects of prenatal diagnosis by ultrasound	E. Shalev ⁶
04.03.94	Moral aspects of Military Medicine	B. Lev ⁷
29.04.94	To attach to ventilator or not in severe neuromuscular disorders	B. Sharff ⁸
24.06.94	Truth Telling	B. Brenner ¹
28.10.94	Halachic aspects of quality of life	P. Singer ⁵ , I. Wiener ⁹
25.11.94	Moral aspects in psychiatry	D. Rabinowitz ¹
20.01.95	Moral aspects of the National Health Insurance Bill	M. Revach ¹
31.03.95	Moral aspects of screening	G. Rennart ¹⁰
26.05.95	Moral aspects of treating AIDS patients	S. Polack ¹
24.11.95	Hospital policy regarding DNR	G. Bar-Joseph ¹
29.12.95	DNR	B. Scharff ⁸
26.01.96	Loyalty to individual patient vs. loyalty to society	M. Lorber ¹
29.03.96	Should we be ostriches? Or; Do we want to look at our genetic mirror?	A. Ciehanover ³ , K. Skorecki ¹
31.05.96	How far does the patient's "Right to Know" go?	B. Abrahami ¹
27.12.96	Organ donation from live donors	K. Skorecki ¹
24.01.97	What options should one offer the parents of a mentally retarded child in renal failure?	E. Hazani ¹
28.02.97	Ethical dilemmas in treating premature newborns	S. Blazer ¹
28.03.97	Resource distribution	Y. Bar-El ¹
20.06.97	To screen or not to screen for adult-onset genetic diseases: cross-cultural perspectives on a case study	D. Macer ¹²
25.07.97	Love Thy Patient	R. Rhodes ¹³
26.12.97	Abstaining from treating and terminating treatment of children	J. Lantos ¹⁴
29.05.98	Dilemmas of an endocrinologist in genetic vs. clinical gender revelation	R. Loboshitsky ⁶
30.10.98	Medical ethics and media (newspaper) ethics	R. Ber ³ , H. Marmari ¹⁵
27.11.98	End of life decisions – futility	L. Lev ⁸
25.12.98	Practical limitations to medical secrecy (privacy)	R. Ber ³ , G. Alroy ¹
29.01.99	Conventional medicine and alternative medicine – ethical problems	M. Oberbaum ¹⁶
25.02.99	Ethical dilemmas in newspaper reporting	R. Ber ¹ , I. Krauz ¹⁵
26.03.99	The psychiatric patient's rights	D. Rabinowitz ¹
30.04.99	Assisted suicide	D. Cohen ¹⁷
28.05.99	Ethical problems in clinical trials (new medications)	N. Krivoy ¹
26.06.99	The bio-psycho-social model of G.Engel – where are we today? (Journal Club)	D. Rabinowitz ¹
29.10.99	The medical library's role in providing information to patients and families	I. Char ³
26.11.99	Enforcing medical treatment for psychiatric reasons	L. Lerner ¹⁸ , M. Oren ¹⁸
31.12.99	Ethical dilemmas of third-trimester pregnancy termination committees	R. Gagin ¹
28.01.00	Second thoughts on patient autonomy	D. Beck ¹
25.02.00	DNR and the medical staff in geriatrics	D. Cohen ¹⁷
31.03.00	Laboratory (genetic) screening and confidentiality	M. David ¹⁰ , H. Dar ⁸
26.05.00	Ethics and multiculturalism	G. Alroy ¹
30.06.00	Breaking confidentiality survey – a research study	Y. Zadik ¹

DNR = Do not resuscitate

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4 The Right to Die with Dignity Society, Israel

5 Rabin Medical Center (Beilinson Campus), Petah Tiqva

6 HaEmek Hospital, Afula

7 Israel Defense Force (IDF)

8 Bnai Zion Hospital, Haifa

9 Medical Halachic Institute, Jerusalem

10 Carmel Medical Center, Haifa

11 Western Galilee Hospital, Nahariya

12 University of Tsukuba, Japan

13 Mt. Sinai School of Medicine, New York, NY

14 University of Chicago, IL

15 HaAretz newspaper, Israel

16 Alternative Medicine Clinic, affiliated with the Shaare Zedek Medical Center, Jerusalem

17 Nof Hagefen Home, Haifa

18 Hillel Yaffe Medical Center, Hadera

- To influence the pre-clinical and clinical teaching at our medical faculty and its affiliated hospitals and clinics.

The field of Medical Ethics is relatively young, with considerable input by ethicists/philosophers, who play a major role in western thought today. A major issue of our times is that while the medical-scientific and technological revolution of the twentieth century has led to immense changes in the lifestyle of the western world, it has brought in its wake a number of weighty moral dilemmas. Medical Ethics aims at building a normative, workable structure and creating tools for the physician and allied staff confronted with the dilemmas that arise during their daily work with patients. There are those who believe that Medical Ethics has "saved" modern Philosophy [2].

Until recently the relationship between physicians and patients was determined by the norms of behavior established centuries ago in the Physicians Oath (the so-called Hippocratic Oath), and mainly by the unwritten codes of behavior that characterized apprentice-master type guilds. Rules regarding *beneficence* and *non-maleficence*, defined according to ethical and philosophical precepts, were deeply rooted in medical professionalism, and *justice* was considered an integral part of general social and behavioral norms. The only ethical philosophical rule that did not have its roots in the medical profession was *autonomy* and its ramifications, namely disclosure and informed consent. Therefore,

philosophical deliberations concerning respect for the patient as a person, the patient's right to privacy, and especially patient autonomy, were foreign to the medical profession and often caused opposition among the physicians, mainly because of its impracticability.

The Israeli Patient's Bill of Rights, 1996, is quite unique to Israel and no such law exists anywhere else in the world. Influenced to a great extent by western philosophy [1], it was passed mainly because of public discontent with the medical establishment. Despite the passing of "Rules Concerning Ethical Conduct of Physicians" at the 38th general assembly of the Israel Medical Association (1995), no impetus was forthcoming from the physicians regarding the Israeli Patient's Bill of Rights 1996.

From our experience, implementing the 1996 Bill is not without problems. This is due both to the lack of knowledge about law among physicians and to the limitations of the Israeli reality and mentality (e.g., patient autonomy in many Israeli groups is not the norm, so that the individual's informed consent is problematic). The difficulty in accepting and acting upon external rules can be seen in other areas of medicine as well, such as medical decision making, quality assurance, educational principles, etc. This problem was characteristic of the guilds, where not only were information and knowledge limited to the members of the guild, but the guild objected to external regulation. This attitude may explain why 3 years after the Israeli Patient's Bill of Rights was passed only a minority of senior physicians is familiar with the 36 point law. It appears that the practical application of the law has failed since it is mainly interpreted to promote "defensive medical practice." Were we dealing with a novel medical technique or medication, it is inconceivable that it would be "absorbed" so slowly.

Before the passing of the 1996 Bill, a number of hospitals had "consulting" medical ethics committees (similar to those established in the west). These were established as local enterprises to address the needs arising from the daily practice of medicine, as well as to theoretically thrash out medical ethical problems [3]. Members of these "consulting" medical ethics committees in Haifa constituted the main component of our Ethics in Medicine Forum. The 1996 Bill's *Statutory medical ethics committees* are oriented entirely differently, i.e., they are tribunal committees whose functions are limited to four areas:

- Forcing therapy
- Non-disclosure of information to the patient
- Disclosure of information to "others"
- Non-recording of medical information

The tribunal nature of the Statutory medical ethics committees is also reflected by the small number (five) of their members and by the fact that they are headed by a lawyer or a judge. The law has given the Statutory medical ethics committees no role in deliberating the difficult dilemmas of prolonging or terminating life. This topic occupied many of the deliberations in our forum.

The four faculties of medicine in Israel run different types of courses in Medical Ethics, which are given by physicians, philosophers, ethicists, lawyers/judges and/or members of the clergy. In some faculties these are core courses, in others they are elective/selective. It is still too early to judge the effect of "consulting" medical ethics committees, courses in medical ethics, and the 1996 Bill on the daily medical work. Unlike the learning of new medical techniques, changing professional behavior patterns is a tedious process, all the more so when the underlying principles determining such change are not acceptable to all. The reasons for this are because:

- the Israeli medical establishment does not blindly accept western philosophical principles
- the Israeli Patient's Bill of Rights 1996 is considered deficient by many and impractical by others
- philosophical ethical rules in medicine conflict at times with ethical principles of *Halacha* (Jewish law)
- the cultural-sociological structure of Israel differs from that of many western countries. Even in the USA, ethicists/philosophers are writing about the need to consider multiculturalism and not imposing the "elitist" norms of behavior on others [4].

A question that arose frequently at our forum meetings was whether the principle of patient autonomy is valid and operational in the religious orthodox context and within the family. It is likely that this is an important and taxing question in other societies as well. In this respect the meetings of our forum served as a workshop for examining the traditional principles of ethics in medicine and their applicability to the multiculturalism of Israel today. In fact our discussions functioned as a floor for clarifying the amendments that the 1996 Bill so sorely needs.

Like Tomlin [2], we have learned that pure theoretical ethical discussions foster the divergence of opinions and standpoints, whereas discussions relating to specific cases generally lead to pragmatic solutions. In the event that plans are being made to establish an Ethics in Medicine Forum, we recommend that deliberations be based primarily on and around genuine clinical cases.

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