

PITTT



AMSA

Ethics in Healthcare

10/12/2022

Announcements

- Medical Student Mentor application drops TONIGHT!
- Next Mentor-Mentee Event: Making a 4-Year Plan, Sun. 10/23
- Old T-shirt Sale for \$5!! (Venmo-@AMSA412 or Cash)
- *WhyMed?* Shorts Sign-Ups!
 - Form link in this week's email and on www.amsa.org under AMSA TV
- VCR Shadowing
 - See this week's email for shadowing forms for Dr. Gunn (Critical Care) & Dr. Rosenkranz (Pediatric Rheumatology).
- Save the date! - **AMSA Research Recruitment Fair**
 - Friday, November 11, 2022
 - 5:30 - 7:30 pm
 - O'Hara Student Center Ballroom



Today's meeting: Ethics Discussion

1. We'll present background information and pro/con about a controversial medical ethics topic
2. Discuss with the people around you for 3 minutes
3. Vote online
4. We will regroup and you will have the opportunity to share some of the points you came up with!

Youth Autonomous Medical Decisions

BMC Pediatrics Study:

- Four components to Medical Decision-Making:
 - Communicating a choice (able to communicate preference of treatment)
 - Understanding (sufficient intelligence and short-term memory to integrate information)
 - Reasoning (weighing risks and benefits)
 - Appreciation (understand relevance of options for personal situation)

- Adolescents in the United States are able to gain legal right from parental control through “emancipated minor” status

Question 1:



Adolescents should have the right to make autonomous medical decisions

Pro

- Adolescents are developed enough to make these decisions
 - Ex. if they can drive a car, they should be able to make medical decisions
- Allows them to make decisions that would be restricted by parental intervention
- Not allowing them to make autonomous medical decisions would take away a fundamental liberty

Con

- Adolescents have not developed the mental capacity to make their own decisions
- Aside from emancipated youth individuals, parents have the best interest for children in mind
- Since youth have not reached legal age of 18 years old, no rights would be violated if not granted medical autonomy

Organ Transplantation

- Currently over 100,000 people in the US waiting for a life-saving organ transplant
 - On average, ~17 patients die every day while waiting for an organ
- Only medical and logistical factors are taken into consideration
 - No personal or social characteristics
- Criteria used to decide transplantations
 1. Organ type and size, and blood type
 2. Distance between organ and patient
 3. Level of medical urgency
 4. Time on waiting list

Question 2:



Lifestyle and a patient's personal details should affect access to organ transplant

Personal details include: marital status, children accomplishments, personal qualities, healthy lifestyle, ect.

Pro

- Current system puts people who ruined their organs by lifestyle choices (ex. smoking, alcohol) equal to others
 - Makes waiting list longer
 - More difficult for those who had no control over their organ failure to get help
- Due to organ shortage and long waiting list, we should prioritize patients that will have a more successful transplantation
- Could make the same damaging lifestyle choices and destroy their transplanted organ, which goes to waste

Con

- People reserve the right to autonomy and to make decision about their own life. By considering lifestyle choices, we would be undermining free will
- Many older adults on the transplant list did not know the relationship between disease in lifestyle
 - Ex. link between cancer and smoking was discovered in 1960s
- Addiction prevents quitting unhealthy lifestyle
- We would need to consider ALL “risky” activities (motorcycles, skiing, extreme sports)

Healthcare Information Current Policy - HIPAA

- Currently possible to disclose healthcare information without consent in certain situations: (not exhaustive)
 - Public health activities - prevent spread of disease, etc.
 - Victims of abuse, neglect, domestic violence, etc.
 - Judicial and administrative proceedings / to law enforcement officials
 - Serious threat to health and safety
- Most of these cases are to public health officials, law enforcement, government officials, etc.

Google and Health Data

- In 2018, Google launched an effort to buy millions of identified health care records from national health network, Ascension, without informing patients
 - “Project Nightingale”
- Purpose: To make it easier for clinicians to search medical records & eventually move data to Google Cloud AI-software
- Technically legal under HIPAA
 - Healthcare companies are allowed to share patient data with business associates without patient knowledge if it used to improve healthcare functions.
 - Some companies exploit a HIPAA loophole by selling all patient data but just leaving out names (assigning each person a case number instead)

Question 3:



Healthcare information can be disclosed without specific consent

Pro

- Could be necessary to prevent or lessen an imminent threat to the patient or the public
 - When patient is at risk for self-harm
 - Public health crisis
- Genetic testing
 - Physicians have duty to warn at risk family members
- Improved clinical care by making the process of sharing patient data easier
 - Also in terms of case studies and advancing medical research

Con

- Less regard for patient's privacy and consent
- To preserve patient-provider relationship:
 - Patients may not feel safe enough to disclose important information in the future with healthcare providers in a fear that it can be disclosed
 - Patient is more willing to seek care in the future
- Information disclosed to employer, insurer, or family can result in stigma/embarrassment

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Attendance Link: <https://bit.ly/3MpuqLL>