CORRESPONDENCE

Medical Ethical Knowledge and Moral Attitudes Among Physicians in Bavaria

by Jana Wandrowski, Dr. rer. nat. Tibor Schuster, Wolfgang Strube, Prof. Dr. med. Florian Steger in Heft 8/2012

Complex Medical Ethical Problems

Jana Wandrowski et al. published an informative article on physicians' knowledge and awareness of medical ethics. On the basis of our experience in patient care as well as continuing medical education in medical ethics, we think that some additional comments are warranted.

Better ethics in clinical practice requires more training in medical ethics. Even though one might intuitively agree that this hypothesis expressed by the authors is correct, the presented empirical data are too weak to support such a far-reaching statement. Others have rightly pointed out that the method used by the authors, of questions with predefined responses on a scale, does not do justice to the complexity of medical ethical problems (1). The superficial case description given in the questionnaire can test merely knowledge of the terminology of medical ethics, but does not promote deeper understanding of ethical positions. In contrast to the authors' assertions, non-insertion of a percutaneous endoscopic gastrostomy (PEG) tube does not automatically equate to passive assistance in dying since patients can also be fed intravenously. The term "passive assistance in dying" is actually outdated.

The article lacks a clear definition for the term "medical ethical knowledge". The authors' tacit understanding is led by the topic and focuses exclusively on autonomy. The subject of medical ethics entails more than just autonomy.

Physicians' ethical positions partly change as their professional experience grows. This finding is made clear in the study. Since we recognized this fact at an earlier stage, we initiated a special seminar course that is available to physicians (2). We agree with the authors in that an increased need for training exists at all levels of medical education in questions and problems in the area of medical ethics and law. The subject matter should be taught with the target audience in mind so that they can be applied in clinical practice.

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The Facts Are Incomplete

In the article, the example case that was to be assessed, the patient's advance directive was not fully reported. What is missing is any information on whether, according to the text of the patient's advance directive, life preserving measures should be suspended in principle as soon as the patient is in a coma—that is, irrespective of whether a chance exists that the patient may wake from the coma—or only if the patient's coma is irreversible. Furthermore we are not told whether there is a chance, there is no chance, or it is uncertain, that the patient will wake from, his/her coma. This means that the facts were not fully reported and the case could thus not be assessed in a meaningful way.

All texts of patients' advance directives articulate that life preserving measures should be stopped only if the patient's condition—of not being able to speak or agree—is "irreversible" or if there is "no hope for improvement." Since in the case under study, this standard and obvious text passage of the patient's advance directive was not included, physicians were therefore asked to assess a case that cannot actually occur as presented.

The physicians were then asked to answer the question whether their decision to stop life preserving measures depends on the prognosis. If there is a chance a patient may wake from a coma then of course the patient wants life preserving measures—at least until a prognosis is certain. This question could therefore only be answered by "yes," which makes it odd it was even asked.

The authors maintain that "personal values, moral positions, and knowledge of medical ethics are extremely important in the joint decision-making process of the patient–doctor interaction." This is incorrect. The legally competent patient's own wishes form the prerequisite for the legal implementation of an advance directive. Treatment and feeding are permitted only if the patient consents. If a legally competent patient withholds his/her consent then treatments and feeding equate to unlawful forced treatment and force feeding, because of the lacking consent, which is legally compulsory.

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The author declares that no conflict of interest exists.

In Reply:

We are delighted about the interest taken by our correspondents, who have written letters to the editor and approached us directly with their queries.

We agree with the correspondents of the first readers' letter, that a need exists for communicating and teaching knowledge of medical ethics. The selected topics, which have far reaching consequences for patients, have already highlighted fundamental insecurities in dealing with medical ethical questions. Using case examples takes into account the complexity of clinical ethical problems and uses as examples situations from clinical practice. Furthermore, as the correspondents themselves describe, they contribute to the consolidation of knowledge and to correcting inaccuracies. We defined the term "medical ethical knowledge," and our definition is much wider than the authors described.

The second correspondent's comments relating to the prognoses are understandable in the sense of "preservation of life," but they acknowledge only one dimension of physicians' fundamental objectives. The statement that the patient would naturally want life-preserving measures until the prognosis is clear is just that, a statement. It is problematic and confirms many patients' fears of "high-tech medicine developing a momentum of its own." Whether life-preserving measures are beneficial for a patient depends on many factors—for example, quality of life and attitudes to life—and should therefore be up to the patient's discretion. Our correspondent rightly states that for medical measures, a legally competent patient's consent is needed, but this is also true for life-preserving measures. If the patient cannot actually speak and give consent then the patient's wishes, in whatever form these have been expressed, are the crucial issue. As has become obvious again, physicians' personal values and moral attitudes play an important part. They affect not only the way in which the informed consent process is handled but also the patient's own decision-making process. Moreover they influence the treatment options that will be offered by the physicians.

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