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Vulnerable groups

In the unequal doctor-patient relationship, the patient is obviously vulnerable and dependent on the skill and knowledge of the doctor in diagnosis and treatment. The patient is also unwell and in need of compassion, patience, and information. Clearly, the patient is not in control in the process of treatment and recovery. This is the general condition of vulnerability that doctors can recognize and empathize with. Most patients are uncomfortable about this vulnerability, but realize it is unalterable. Empathy and respect, expressed by doctor through honest communication, is one way to reassure the patient.

In addition to this general vulnerability in patients, there are special groups that are vulnerable due to special physical, mental, or social conditions. They could have compromised autonomy, or incapacity to give consent. Some cases would need surrogate consent. The doctor has the duty to recognize and protect such

patients and ensure that any decisions taken on their behalf are in their best interest:

- 1- Children cannot give valid consent and decisions are usually made on their behalf by parents or guardians. However, older children who are capable of understanding should be encouraged to give assent for medical procedures.
- 2- Unconscious or comatose patients.
- 3- Mentally disabled patients and those with neurological conditions that compromise autonomy and decisions - making capacity.
- 4- Minority groups, like tribal or religious sect, may have belief systems that limit their choices in important health decisions.
- 5- Elderly patients may have diminished autonomy and capacity to take decisions.
- 6- Women are vulnerable when health decisions are subject to spouse or family approval.
- 7- Imprisoned persons may be subject to restrictions and limit autonomy.

- 8- Socially marginalized persons like sex workers, drug addicts, and the homeless.
- 9- Immigrants and economically disadvantaged persons.
- 10- Persons with stigmatizing diseases like HIV and leprosy.
- 11- Patients with temporally impaired competence due to acute or chronic disease.

Surrogate decisions

Patients without capacity for consent or medical decisions, like children or comatose patients, have surrogate decisions-makers who may be parents, legally appointed guardians. The doctor has to take these persons into confidence regarding treatment options and management of the patient, and their decisions should be made in the best interest of the patient. In emergencies, in the absence of family, the doctor himself may decide on the behalf of the incapacitated patient.

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Parental decisions cannot be blindly accepted and may have to be evaluated. Is parental judgment always the best? Parents may base decisions on financial capacity, personal belief, or caregiving capacity. The doctor should (evaluate and collect information..) and take in consideration that parents rights important but not absolute.

Best interest of the patient

How does the doctor decide what course of action would be best for the patient?

Should the decisions be made strictly from medical perspective?

Does evaluation of the best interest of the patient include a broader consideration?

What if the patient cannot afford what may be best for him?

In such situations, the doctor is expected to take into account the following:

- Options of treatment available.
- Any evidence of the patient's preference in the form of advance directives.

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- Any knowledge of the patient's background, cultural, religious, or employment consideration.
- Views of the patient's preferences given by family members, parents.
- The option that would least restricts the patient's future choices.
- The views of other members of the health care team on any wishes, feelings, or beliefs expressed earlier by the patient.