TT TEXTBOOK TESTBANKS

Solutions Manual for Ethical and Legal Aspects of Health Care Practice 1st Paola

SOLUTIONS MANUAL SAMPLE PREVIEW

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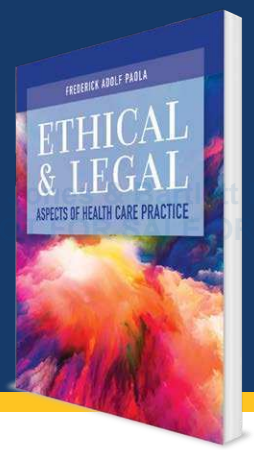

CHAPTER 2
ANSWER TO INSTRUCTOR CASE

Ethical & Legal Aspects of Health Care Practice, First Edition
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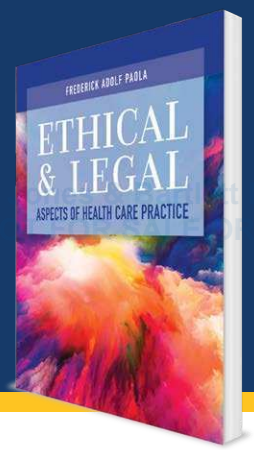
Analysis

Dr. Somuah-Boateng's behavior violated the internal morality of medicine. The sexual relationship was *colorably* medical, for either or both of two reasons: 1) the sexual relationship took place in the context of a doctor–patient relationship; and 2) medical ends (improvement of the patient's MS) were ostensibly being pursued. It goes without saying that the means employed were neither legitimate nor medical. They were illegitimate because they violated the general moral rule "do not deceive" and violated the specific medical ethical rule prohibiting sexual contact with patients. Since the events described took place in Britain, the controlling ethical guidelines are those of the General Medical Council—"You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them."[1] Finally, engaging in sexual intercourse for the purpose of benefiting MS is futile with respect to that goal.

From a professionalism perspective, if the patient's allegations are to be believed, Dr. Somuah-Boateng abused his *expert authority*—"Trust me I'm a doctor"—in convincing her that sexual intercourse would benefit her disease. Even putting those allegations aside, Somuah-Boateng's conduct was a violation of the act of profession that is the traditional Hippocratic Oath (see above), which unambiguously prohibits sexual contact between physicians and their patients. Further, his conduct was a violation of the ethical guidelines of the General Medical Council, as noted above. Finally, the behavior described was clearly not motivated by any desire for professional status and reputation.

1 General Medical Council. Domain 4: Maintaining trust. *Good Medical Practice*. https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/domain-4---maintaining-trust



CHAPTER 2
ANSWERS TO REVIEW QUESTIONS

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Chapter 2

1. What does the term *under color of medical authority* mean?

   An act done under color of medical authority is one in which 1) the act took place in the context of a health professional-patient relationship, 2) the act employed health care means and/or 3) the act was reportedly done in pursuit of medical goals.

2. List six goals of medicine.

   Goals of medicine include 1) the prevention of disease and injury and the promotion and maintenance of health; 2) the relief of pain and suffering caused by maladies; 3) the care and cure of those with a malady, and the care of those who cannot be cured; 4) the avoidance of premature death and the pursuit of a peaceful death; 5) the diagnosis of disease or injury; and 6) reassuring the worried well who have no disease or injury.

3. What are the three ways in which an act may violate the *internal morality of medicine*?

   An act may violate the internal morality of medicine because 1) it is done in pursuit of an illegitimate (nonmedical) goal (goal illegitimacy), 2) illegitimate (nonmedical) means are employed (means illegitimacy), or 3) the goal being pursued and the mean being employed are not appropriately related (means-goal disjunction).

4. How is *medical futility* related to the *internal morality of medicine*?

   Providing *medically futile* treatment, in which the stated goal cannot be achieved by the chosen means, is a violation of the *internal morality of medicine* because of a complete lack of any nexus between the goal and the means.

5. What are the three subtypes of *medical futility*?

   The three subtypes of medical futility are *physiologic futility, qualitative futility,* and *quantitative futility.*

6. Explain the relationship between *professionalism* and the *internal morality of medicine*.

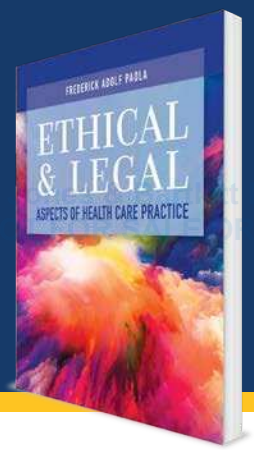
   They are two sides of the same coin. *Professionalism* may be thought of as the virtue-based analog of the duties corresponding to the *internal morality of medicine*—virtue ethics focuses on the character of the agent, and medical professionalism focuses on the character of medical professionals.

7. Explain the relationship between *professionalism* and the virtues.

   See answer to question 6, above.

8. According to Parsons, what elements should characterize a profession?

   According to Parsons, characteristics of a profession include 1) the expert authority of the professional; 2) the professional's role as a mediator between individual clients/patients and society; 3) the professional's unique motivations; and 4) the professional's acts of profession, which include acts related to professional self-regulation.



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Consider the following case.

In 2017, a senior-level physician with the National Health Service (UK) had an affair with a patient with multiple sclerosis (MS). The patient indicated Dr Kwame Somuah-Boateng told her sex would help improve her illness, specifically the muscles in her legs and pelvic floor, as well as improve sensation in her vagina. He said, "Trust me I'm a doctor - it will help you to get your sensitivity back," after which they engaged in sex in his hospital sleeping quarters. At a subsequent medical appointment for her MS, the patient learned that the information from Dr Somuah-Boateng regarding the benefits of sex was incorrect.

Dr Somuah-Boateng indicated the following in a statement: "There is not even a single text or message from me to her saying that her MS will improve by her having any sexual relationship with me. I completely and utterly deny that I ever said that". . . .

Dr. Somuah-Boateng was found guilty of misconduct by the Medical Practitioners Tribunal Service in Manchester, UK. He claimed his behavior had been due to burnout and apologized. He received professional help in the form of counseling and a course on professional boundaries. He received a 12-month suspension; however, his medical credentials were not revoked.

Dr Nigel Westwood, panel chairman of The Medical Practitioners Tribunal Service told him: "There is no . . . history of inappropriate relationships with patients and there is nothing to indicate that clinically you are anything other than a competent doctor. You have demonstrated a willingness and capacity to learn from your past wrongdoing and you have developed a degree of insight . . . Your misconduct, although serious, is not fundamentally incompatible with continued registration as a doctor . . . public interest can be addressed by a period of suspension of adequate length."[1]

Analyze the case from an internal morality of medicine perspective, and then from a professionalism perspective.

1 Senior NHS doctor, 43, who had an affair with a patient and promised her that sex would be 'good' for her illness will KEEP his job after claiming he was suffering from 'professional burnout.' DailyMail.com. https://www.dailymail.co.uk/news/article-4685164/NHS-doctor-told-patient-sex-help-MS.html. Published July 11, 2017. Accessed March 29, 2019.