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Nom : Service :

Lieu :

Anesthésie

Informed consent for epidural analgesia in labour: a survey of UK practice

Auteur(s) : Middle, J.V. and Wee M.Y.

Source : Anaesthesia. 2009 Feb;64(2):161-4

Anaesthetists are legally obliged to obtain informed consent before performing regional analgesia in labour. A postal survey of consultant-led UK anaesthetic units was performed in September 2007 to assess practice regarding obtaining informed consent before inserting an epidural, and documentation of the risks discussed. The response rate was 72% (161/223). There was great variation between units regarding which risks women were informed about and the likely incidence of that risk. One hundred and twenty-three respondents out of 157 providing an epidural service (78%) supported a national standardised information card endorsed by the Obstetric Anaesthetists' Association, with all the benefits and risks stated, to be shown to all women before consenting to an epidural in labour.

Cellules souches

Human embryonic stem cell research, justice, and the problem of unequal biological access

Auteur(s) : Moller, M.S.

Source : Philos Ethics Humanit Med. 2008 Sep 29;3:22

In 2003, Ruth Faden and eighteen other colleagues argued that a "problem of unequal biological access" is likely to arise in access to therapies resulting from human embryonic stem cell research. They showed that unless deliberate steps are taken in the United States to ensure that the human embryonic stem cell lines available to researchers mirrors the genetic diversity of the general population, white Americans will likely receive the benefits of these therapies to the relative exclusion of minority ethnic groups. Over the past five years the problem of unequal biological access has not received much attention from politicians, bioethicists and even many researchers in the United States, in spite of the widely held belief in the country that there is an obligation to prevent and correct ethnic disparities in access to medical care. The purpose of this paper is to increase awareness of the problem of unequal biological access and of the need to do more than is currently being done to ensure that ethnic disparities in access to human embryonic stem cell-based therapies do not arise. Specifically, this paper explains why the problem of unequal biological access will likely arise in the United States in such a way that white Americans will disproportionately receive most of the benefits of the therapies resulting from human embryonic stem cell research. It also argues for why there is an obligation to prevent these ethnic disparities in access from happening and outlines four steps that need to be taken towards meeting this obligation.

Chirurgie

When does the 'learning curve' of innovative interventions become questionable practice?

Auteur(s) : Healey P, Samanta J.

Source : Eur J Vasc Endovasc Surg. 2008 Sep;36(3):253-7

Demand for less invasive surgical intervention has increased in recent years resulting in surgeons occasionally being pressurised into adopting new techniques before evidence of safety and efficacy has been established. Unlike pharmaceutical research, most innovative surgical procedures enter surgical practice without regulatory oversight. This anomaly was recently highlighted in the 'Bristol

Report' resulting in a recommendation that unproven therapies or surgical techniques be subjected to ethical overview or independent oversight. When a novel technique is introduced, the surgeon will find himself/herself gaining proficiency and experience on suitable patients. Hence the surgeon embarks on a 'learning curve'. A learning curve can be defined as a graphic representation showing the relationship between experience with a procedure and outcome. Studies demonstrate that learning curves generally 'flatten out' as experience increases, resulting in fewer complications and less of a need to convert to the standard procedure. In addition to lack of regulatory oversight, it is this learning curve that gives rise to many ethical and legal dilemmas. This paper considers the ethical issues relating to a surgeon's candour and clinical equipoise, the legal standard of care in a negligence action and the ethical and legal implications regarding risk disclosure during informed consent. The paper concludes by considering a more patient centred approach where new and innovative therapies are being considered in order to ensure good medical practice and avoid litigation for allegations of negligence or breach of human rights

Just how far goes DNR?

Auteur(s) : Jones JW, McCullough LB.

Source : J Vasc Surg. 2008 Dec;48(6):1630-2

Mr T. Ragic presented with a thrombosed limb of an aortobifemoral graft placed over 2 decades ago. He has unresectable stage VI lung cancer and do not resuscitate (DNR) orders that were suspended during the thrombectomy. A cardiac arrest resulted in him being in the intensive care unit a day later ventilator-dependent and comatose, and repeated computed tomography scans show severe cerebral edema. He has frequent ventricular dysrhythmias. His eldest daughter is about to deliver his first grandchild, which is the main reason that he requested the procedure to extend his life. In discussions with the family, they express uncertainty about the implications of his DNR order for current treatment. They ask you for your thinking on this matter.

Surgical education: Eschewing the doing

Auteur(s) : Jones, J.W. and L.B. McCullough

Source : J Vasc Surg. 2008 Oct;48(4):1060-1

Discernement

Extrait de l'arrêt de la IIe Cour de droit public dans la cause X. contre Département de la santé et de l'action sociale du canton de Vaud (recours en matière de droit public) 2C_5/2008 du 2 avril 2008 236-43

D'une manière générale, l'avis du mineur doit être pris en considération, s'il est capable de discernement. En l'espèce, la jeune patiente, âgée de treize ans et deux mois, s'est clairement opposée au traitement, mais le praticien n'en a pas tenu compte, en se fondant sur le consentement de la mère, présente au moment des faits . Notion de capacité de discernement au sens de l'art. 16 CC; cas d'une adolescente qui, malgré son état, était en mesure d'apprécier en toute connaissance de cause la lésion dont elle souffrait, ainsi que la portée du traitement proposé. Justification de l'amende disciplinaire infligée au praticien.

Fin de vie

Development of palliative care and legalisation of euthanasia: antagonism or synergy?

Auteur(s) : Bernheim, J.L. et al.

Source : BMJ. 2008 Apr 19;336(7649):864-7

Debates about euthanasia often polarise opinion, but Jan Bernheim and colleagues describe how in Belgium the two camps grew up side by side to mutual benefit

Gynécologie - Obstétrique

Paediatrics-based fetal care: unanswered ethical questions

Auteur(s) : Brown, S.D. et al.

Source : Acta Paediatr. 2008 Dec;97(12):1617-9

Something new is happening in perinatal health care. Many leading children's hospitals are creating fetal care centers as part of the continuum of care that they offer. We, and others, call this the paediatrics-based model of fetal-care. This is in contrast to the obstetrics-based model that offers

traditional care to pregnant women and fetuses and has traditionally been the domain of obstetrics services

Cesarean delivery on maternal request: can the ethical problem be solved by the principlist approach?

Auteur(s) : Nilstun, T.

Source : BMC Med Ethics. 2008 Jun 17;9:11

In this article, we use the principlist approach to identify, analyse and attempt to solve the ethical problem raised by a pregnant woman's request for cesarean delivery in absence of medical indications. We use two different types of premises: factual (facts about cesarean delivery and specifically attitudes of obstetricians as derived from the EUROBS European study) and value premises (principles of beneficence and non-maleficence, respect for autonomy and justice). Beneficence/non-maleficence entails physicians' responsibility to minimise harms and maximise benefits. Avoiding its inherent risks makes a prima facie case against cesarean section without medical indication. However, as vaginal delivery can have unintended consequences, there is a need to balance the somewhat dissimilar risks and benefits. The principle of autonomy poses a challenge in case of disagreement between the pregnant woman and the physician. Improved communication aimed to enable better informed choice may overcome some instances of disagreement. The principle of justice prohibits unfair discrimination, and broadly favours optimising resource utilisation. Available evidence supports vaginal birth in uncomplicated term pregnancies as the standard of care. The principlist approach offered a useful framework for ethical analysis of cesarean delivery on maternal request, identified the rights and duties of those involved, and helped reach a conclusion, although conflict at the individual level may remain challenging.

What do medical students experience as moral problems during their obstetric and gynaecology clerkship?

Auteur(s) : Olthuis G, Dukel L.

Source : J Med Ethics. 2008 Sep;34(9):e2.

This article reports on moral problems that were raised by medical students as the basis for an ethical case-conference in an obstetrics and gynaecology clerkship. After introducing the issue of teaching clinical ethics, the method of our case-conference is explained. Next, the variety of topics and related moral problems are presented. The article continues with a discussion of three distinct and challenging aspects that characterise obstetrics and gynaecology as a domain for teaching clinical ethics. The conclusion puts forward three significant points our review raises.

South Dakota's abortion script--threatening the physician-patient relationship

Auteur(s) : Lazzarini, Z.

Source : N Engl J Med. 2008 Nov 20;359(21):2189-91

Under a law that went into effect in July, physicians in South Dakota must tell any woman seeking abortion that she is terminating the life of a « whole, separate, unique, living human being »

The ethics of direct and indirect referral for termination of pregnancy

Auteur(s) : Chervenak, F.A. and L.B McCullough

Source : Am J Obstet Gynecol. 2008 Sep;199(3):232.e1-3

Referral of pregnant patients for termination of pregnancy by physicians morally opposed to the procedure is ethically controversial, with polarized positions taken by physician organizations. Based on the ethical principles of beneficence and respect for autonomy, we establish the distinction between direct and indirect referral. Direct referral is beneficence based and requires the referring physician to ensure that the referral occurs. Indirect referral is autonomy based, with a beneficence-based component that requires that the physician provide information to the patient about health care organizations that will provide competent medical care. We show that only indirect referral is ethically required in healthy women for termination of an unwanted pregnancy or a pregnancy complicated by fetal anomalies because the indications for this procedure are solely autonomy based. Direct referral for termination of pregnancy is not ethically required but is permissible. Conscience-based objections to direct referral for termination of pregnancy have merit; conscience-based objections to indirect referral do not.

Preventing transmission of maternally inherited mitochondrial DNA diseases

Auteur(s) : Poulton, J. et al.

Source : BMJ. 2009 Jan 30;338:b94

About 1 in 400 people have a maternally inherited pathogenic mutation of mitochondrial DNA.

Mutations may be asymptomatic or cause illnesses such as developmental regression, deafness, blindness, neuropathy, diabetes, cardiomyopathy, and liver failure.

Patients may present at any age.

Families with affected children often seek genetic counselling.

Risk of recurrence is difficult to estimate because both mutant and normal mitochondrial DNA is present.

New approaches using preimplantation genetic diagnosis, oocyte donation, or oocyte sampling may now give hope to affected families.

Methods :We used our personal archive of references, Medline searches, and consultation with other experts in the field to produce this review. It is derived from 22 years of research and 11 years of genetic counselling in mitochondrial DNA diseases.

Human oocyte research: the ethics of donation and donor protection

Auteur(s) : Levens, E.D. and A.H.DeCherney

Source : JAMA. 2008 Nov 12;300(18):2174-6

Questions of ethical research conduct have particular relevance for investigation using human reproductive materials. In recent years, few undertakings have generated as much controversy as donating oocytes for research. Placing this research in the context of ethical principles offers assistance in resolving ethical concerns regarding this work.

Finding autonomy in birth

Auteur(s) : Kukla, R. et al.

Source : Bioethics. 2009 Jan;23(1):1-8

Over the last several years, as cesarean deliveries have grown increasingly common, there has been a great deal of public and professional interest in the phenomenon of women 'choosing' to deliver by cesarean section in the absence of any specific medical indication. The issue has sparked intense conversation, as it raises questions about the nature of autonomy in birth. Whereas mainstream bioethical discourse is used to associating autonomy with having a large array of choices, this conception of autonomy does not seem adequate to capture concerns and intuitions that have a strong grip outside this discourse. An empirical and conceptual exploration of how delivery decisions ought to be negotiated must be guided by a rich understanding of women's agency and its placement within a complicated set of cultural meanings and pressures surrounding birth. It is too early to be 'for' or 'against' women's access to cesarean delivery in the absence of traditional medical indications--and indeed, a simple pro- or con- position is never going to do justice to the subtlety of the issue. The right question is not whether women ought to be allowed to choose their delivery approach but, rather, taking the value of women's autonomy in decision-making around birth as a given, what sorts of guidelines, practices, and social conditions will best promote and protect women's full inclusion in a safe and positive birth process.

Oncologie

What oncologists tell patients about survival benefits of palliative chemotherapy and implications for informed consent: qualitative study

Auteur(s) : Audrey S.

Source : BMJ. 2008 Jul 31;337:a752

OBJECTIVE: To examine how much oncologists tell patients about the survival benefit of palliative chemotherapy during consultations at which decisions about treatment are made. DESIGN: Qualitative study in which consultations were observed and digitally recorded. SETTING: Teaching hospital and district general hospital in south west England. PARTICIPANTS: 37 patients with advanced non-small cell lung cancer (n=12), pancreatic cancer (n=13), and colorectal cancer (n=12); and nine oncologists, including four consultants and five registrars. MAIN OUTCOME MEASURES: All recordings were transcribed completely, anonymised, and electronically coded with ATLAS.ti. Constant comparison was used to identify themes and patterns. The framework method of data management, in which data were charted, was used to aid transparency of interpretation. RESULTS: During the consultations, information given to patients about survival benefit included numerical data ("about four weeks"), an idea of timescales ("a few months extra"), vague references ("buy you some time"), or no mention at all. In most consultations (26/37) discussion of survival benefit was vague or non-existent. CONCLUSIONS: Most patients were not given clear information about the survival gain of palliative chemotherapy. To aid decision making and informed consent, we recommend that oncologists sensitively describe the benefits and limitations of this treatment, including survival gain.

The role of chemotherapy at the end of life: "when is enough, enough?".

Auteur(s) : Harrington, S.E. and T.J. Smith
Source : JAMA. 2008 Jun 11;299(22):2667-78

Patients face difficult decisions about chemotherapy near the end of life. Such treatment might prolong survival or reduce symptoms but cause adverse effects, prevent the patient from engaging in meaningful life review and preparing for death, and preclude entry into hospice. Palliative care and oncology clinicians should be logical partners in caring for patients with serious cancers for which symptom control, medically appropriate goal setting, and communication are paramount, but some studies have shown limited cooperation. We illustrate how clinicians involved in palliative care and oncology can more effectively work together with the story of Mr L, a previously healthy 56-year-old man, who wanted to survive his lung cancer at all costs. He lived 14 months with 3 types of chemotherapy, received chemotherapy just 6 days before his death, and resisted entering hospice until his prognosis and options were explicitly communicated. Approaches to communication about prognosis and treatment options and questions that patients may want to ask are discussed

Agitation and delirium at the end of life: "We couldn't manage him"

Auteur(s) : Breitbart, W. and Y. Alici
Source : JAMA. 2008 Dec 24;300(24):2898-910, E1

Delirium is the most common neuropsychiatric complication experienced by patients with advanced illness, occurring in up to 85% of patients in the last weeks of life. Using the case of Mr L, a 59-year-old man with metastatic lung cancer who developed an agitated delirium in the last week of life, we review the evaluation and management of delirium near the end of life. Although some studies have identified agitation as a central feature of delirium in 13% to 46% of patients, other studies have found up to 80% of patients near the end of life develop a hypoactive, nonagitated delirium. Both the agitated (hyperactive) and nonagitated (hypoactive) forms of delirium are harbingers of impending death and are associated with increased morbidity in patients who are terminally ill, causing distress for patients, family members, and staff. Delirium is a sign of significant physiological disturbance, usually involving multiple causes, including infection, organ failure, and medication adverse effects. Often these causes of delirium are not reversible in the dying patient, and this influences the outcomes of its management. Delirium can also significantly interfere with the recognition and control of other physical and psychological symptoms, such as pain. Unfortunately, delirium is often misdiagnosed or unrecognized and thus inappropriately treated or untreated in terminally ill patients. To manage delirium in terminally ill patients, clinicians must be able to diagnose it accurately, undertake appropriate assessment of underlying causes, and understand the benefits and risks of the available pharmacological and nonpharmacological interventions.

Pédiatrie

Conducting clinical trials in pediatrics

Auteur(s) : Macrae, D.
Source : Crit Care Med. 2009 Jan;37(1 Suppl):S136-9

Conducting clinical trials in pediatric critical care patients are necessary both to determine the value of new treatment strategies and to improve clinical outcomes. However, there are significant challenges to clinicians, parents, and child subjects. There is a serious danger to children through exposure to unforeseen risk as a result of lack of pediatric trials if "trickle down" from adult treatments is permitted. The relatively small size of the pediatric critical care population and relatively low mortality rates limit the utility of mortality as a primary trial outcome in many trials. Innovative trial designs including incorporation of nonfatal outcome measures are increasingly being developed. Increasingly, effective research collaborations are developing either for specific clinical trials or to form the base from which clinical trials are commissioned and supervised. Involvement of children and parents in the development of clinical trials is recommended and valued both by ethical review boards and patient/parent support organizations.

Placebos

Prescribing "placebo treatments": results of national survey of US internists and rheumatologists

Auteur(s) : Tilburt, J.C. et al.
Source : BMJ. 2008 Oct 23;337:a1938

OBJECTIVE: To describe the attitudes and behaviours regarding placebo treatments, defined as a treatment whose benefits derive from positive patient expectations and not from the physiological

mechanism of the treatment itself. *DESIGN*: Cross sectional mailed survey. *SETTING*: Physicians' clinical practices. *PARTICIPANTS*: 1200 practising internists and rheumatologists in the United States. *MAIN OUTCOME MEASURES*: Investigators measured physicians' self reported behaviours and attitudes concerning the use of placebo treatments, including measures of whether they would use or had recommended a "placebo treatment," their ethical judgments about the practice, what they recommended as placebo treatments, and how they typically communicate with patients about the practice. *RESULTS*: 679 physicians (57%) responded to the survey. About half of the surveyed internists and rheumatologists reported prescribing placebo treatments on a regular basis (46-58%, depending on how the question was phrased). Most physicians (399, 62%) believed the practice to be ethically permissible. Few reported using saline (18, 3%) or sugar pills (12, 2%) as placebo treatments, while large proportions reported using over the counter analgesics (267, 41%) and vitamins (243, 38%) as placebo treatments within the past year. A small but notable proportion of physicians reported using antibiotics (86, 13%) and sedatives (86, 13%) as placebo treatments during the same period. Furthermore, physicians who use placebo treatments most commonly describe them to patients as a potentially beneficial medicine or treatment not typically used for their condition (241, 68%); only rarely do they explicitly describe them as placebos (18, 5%). *CONCLUSIONS*: Prescribing placebo treatments seems to be common and is viewed as ethically permissible among the surveyed US internists and rheumatologists. Vitamins and over the counter analgesics are the most commonly used treatments. Physicians might not be fully transparent with their patients about the use of placebos and might have mixed motivations for recommending such treatments.

Radiologie

Moral principles and medical practice: the role of patient autonomy in the extensive use of radiological services

Auteur(s) : Hofmann, B. and K.B. Lysdahl

Source : J Med Ethics. 2008 Jun;34(6):446-9

There has been a significant increase in the use of radiological services in the past 30 years. There are many reasons for this, but one has received little attention: the increased role of patient autonomy in healthcare. Patients demand x rays, CT scans, MRI, and positron emission tomography scans. The key question in this article is how a moral principle, such as respect for patient autonomy, can influence the extension of radiological services. A literature review reveals how patient autonomy is acknowledged in radiology, and how it is used both to explain and to justify the increase in radiological examinations. Furthermore, it also shows how the premises favouring patients' exercise of their autonomy are not always present, which makes patient autonomy subject to adverse side effects and even abuse. Patient autonomy can be used to reduce the professionals' responsibility for radiological examinations (by avoiding complaints and lawsuits), to increase the popularity of the profession (by giving the people what they want), to increase the income of the professionals or their institutions, and to promote professional activity. Patient autonomy intended to reduce paternalism, to legitimise otherwise morally unjustifiable actions (such as exposure to radiation), and to protect patients, can easily be used as a moral means for opposite ends. These adverse effects are not peculiar to radiology. However, they emerge particularly clearly in explanations and justifications of the substantial increase in radiological services, as well as in debates on overuse of radiological services.

Recherche

Truly independent research?

Auteur(s) : Lenzer J.

Source : BMJ. 2008 Aug 21;337:a1332

Research contracted to commercial or academic organisations might sound less biased than that done by industry. But as Jeanne Lenzer reports, influence is hard to avoid

Santé publique

Ethics, pandemics, and the duty to treat

Auteur(s) : Malm, H. et al.

Source : Am J Bioeth. 2008 Aug;8(8):4-19

Numerous grounds have been offered for the view that healthcare workers have a duty to treat, including expressed consent, implied consent, special training, reciprocity (also called the social contract view), and professional oaths and codes. Quite often, however, these grounds are simply

asserted without being adequately defended or without the defenses being critically evaluated. This essay aims to help remedy that problem by providing a critical examination of the strengths and weaknesses of each of these five grounds for asserting that healthcare workers have a duty to treat, especially as that duty would arise in the context of an infectious disease pandemic. Ultimately, it argues that none of the defenses is currently sufficient to ground the kind of duty that would be needed in a pandemic. It concludes by sketching some practical recommendations in that regard.

Soins intensifs

Prolonging life and delaying death: the role of physicians in the context of limited intensive care resources

Auteur(s) : McDermid, R.C. and S.M Bagshaw

Source : Philos Ethics Humanit Med. 2009 Feb 12;4:3

Critical care is in an emerging crisis of conflict between what individuals expect and the economic burden society and government are prepared to provide. The goal of critical care support is to prevent suffering and premature death by intensive therapy of reversible illnesses within a reasonable timeframe. Recently, it has become apparent that early support in an intensive care environment can improve patient outcomes. However, life support technology has advanced, allowing physicians to prolong life (and postpone death) in circumstances that were not possible in the recent past. This has been recognized by not only the medical community, but also by society at large. One corollary may be that expectations for recovery from critical illness have also become extremely high. In addition, greater numbers of patients are dying in intensive care units after having receiving prolonged durations of life-sustaining therapy. Herein lies the emerging crisis -- critical care therapy must be available in a timely fashion for those who require it urgently, yet its provision is largely dependent on a finite availability of both capital and human resources. Physicians are often placed in a troubling conflict of interest by pressures to use health resources prudently while also promoting the equitable and timely access to critical care therapy. In this commentary, these issues are broadly discussed from the perspective of the individual clinician as well as that of society as a whole. The intent is to generate dialogue on the dynamic between individual clinicians navigating the complexities of how and when to use critical care support in the context of end-of-life issues, the increasing demands placed on finite critical care capacity, and the reasonable expectations of society.

Soins psychiatriques

Le déclin d'un partenariat

Auteur(s) : Drozdek, D.

Source : Soins infirmiers. 2008;9 :56-59

La pratique des directives anticipées fait son chemin en milieu hospitalier. Dans le contexte des soins psychiatriques, des problèmes se posent en lien avec la perte de discernement – parfois temporaire – chez le patient. Cet article montre que les directives anticipées ont néanmoins leur place dans la prise en charge psychiatrique et contribuent à la qualité des soins.

Test de dépistage

Challenges of informed choice in organised screening

Auteur(s) : Østerlie, W.

Source : J Med Ethics. 2008 Sep;34(9):e5

CONTEXT: Despite much research on informed choice and the individuals' autonomy in organised medical screening, little is known about the individuals' decision-making process as expressed in their own words. OBJECTIVES: To explore the decision-making process among women invited to a mammography screening programme. SETTING: Women living in the counties of Sør- and Nord-Trøndelag, Norway, invited to the first round of the Norwegian Breast Cancer Screening Program (NBCSP) in 2003. METHODS: Qualitative methods based on eight semistructured focus-group interviews with a total of 69 women aged 50-69 years. RESULTS: The decision to attend mammography screening was not based on the information in the invitation letter and leaflet provided by the NBCSP. They perceived the invitation letter with a prescheduled appointment as if a decision for mammography had already been made. This was experienced as an aid in overcoming the postponements that easily occur in daily lives. The invitation to mammography screening was embraced as an indication of a responsible welfare state, "like a mother taking care."

CONCLUSION: In a welfare state where governmental institutions are trusted, mass screening for disease is acknowledged by screening participants as a valued expression of paternalism. Trust, gratitude, and convenience were more important factors than information about benefits, harms, and risks when the women made their decisions to attend screening. These elements should be included in the ethical debates on informed choice in preventive medicine.