Evidence based medical ethics

SIR

As Hope discussed in his editorial (1), evidence based medicine is now fashionable. The main principle, hardly new, is that clinical decisions and procedures, for care, comfort or cure, should be based on the best available evidence, founded whenever possible on randomized clinical trials, and not applied just because they are received wisdom. Hope briefly raises an example where medical ethics might benefit from such an approach: keeping information about an epileptic driver from the licensing authority less or more helpful to other road users at possible risk, than breaking the principle of confidentiality without consent would be in deterring other epileptic drivers from seeking medical advice? However, he does not discuss the logical next step which is to propose a method of seeking evidence to try and clarify this particular ethical problem. A parallel problem of balancing confidentiality against possible harm to others, much discussed at present, is the desirability of unknowing consorts of HIV-positive subjects being informed of the risks that they run.

I take the example of informed consent to surgery - though I prefer the term valid consent, as merely informing is often not sufficient for adequate understanding. In our current rights-based society it is now taken as axiomatic that the doctor has the responsibility to inform the patient, who as an autonomous person has the right to know and understand all possible benefits and hazards of the procedure. This applies even if patients may not want the worry of knowing everything, but consider that their autonomy, value as persons, and freedom of choice are sufficiently respected by being given the basic information. But going through the full procedure of obtaining and checking such valid consent, with detailed explanations, takes much time and effort that could be devoted to other patients. My argument is that we have no evidence; this procedure does not fit with evidence based medicine; we do not know whether the consenting patient actually benefits, except philosophically. A utilitarian approach can be taken, that the benefit to the consenting patient is outweighed by the lessened opportunity of care for others.

No doubt it is a generation too late to do a controlled trial: patients who expressly wish only for basic information, or for full information and explanation, would be excluded in the same way as in a clinical trial. Randomized patients will either be subjected to the full consent procedure, or be treated as Sir Lancelot Spratt treated them when I was a student 50 years ago. 'What do you mean, you now want to know all about how I do the amputation and every possible hazard. You trusted me enough to come to my outpatients when I told you the choices and you agreed to surgery, so you can rely on me to do what is best for you'. 'Of course doctor, I leave it to you'. Seven o'clock in the morning'. One could then measure if there were any difference in mortality, morbidity, and happiness between the groups; and be able to balance this against the time and opportunity gained by not going through the full consent procedure. If this approach is Politically Incorrect - the deontology thought police and rights activists will get you (presumably in these columns) if you don’t watch out – then perhaps we could work out a thought experiment as done by the cosmologists. What if …?

References

JULIAN C HUGHES
Warneford Hospital, Oxford, England

D N BARON, MD DSc
47 Holme Chase, London N2 0QG
Evidence based medical ethics.

D N Baron

*J Med Ethics* 1996 22: 56
doi: 10.1136/jme.22.1.56

Updated information and services can be found at:
http://jme.bmj.com/content/22/1/56.citation

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/