

MEDICAL ETHICS, PROFESSIONALISM AND DOCTOR- PATIENT RELATIONSHIP



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Scientific discussion

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Section B will cover

- Definition of Medical Ethics
- Scope of Ethics in Medical Practice
- Theories and principles
- Consumer rights and responsibilities
- Duties of a Doctor
- Doctor Patient relationships
- Professionalism

What is ethics?

- **Ethics or moral philosophy is the systematic endeavour to understand moral concepts and justify moral principles and theories.**

Morality and ethics

The terms moral and ethics come from Latin and Greek, respectively (*mores* and *ethos*), deriving their meaning from the idea of “custom”. There is also another Greek word *ēthos* which denotes a character feature. Aristotle called his ethics a study of character traits, in sense of virtues and vices.



MEDICAL ETHICS

- Medical ethics is a branch of moral philosophy, in a simplest way it can be defined as “The obligations of a moral nature which govern the practice of medicine”.
- It is the study of moral aspects of a doctor's professional life.
- It is the discipline of evaluating the merits, risks, and social concerns of activities in the field of medicine.

Medical ethics

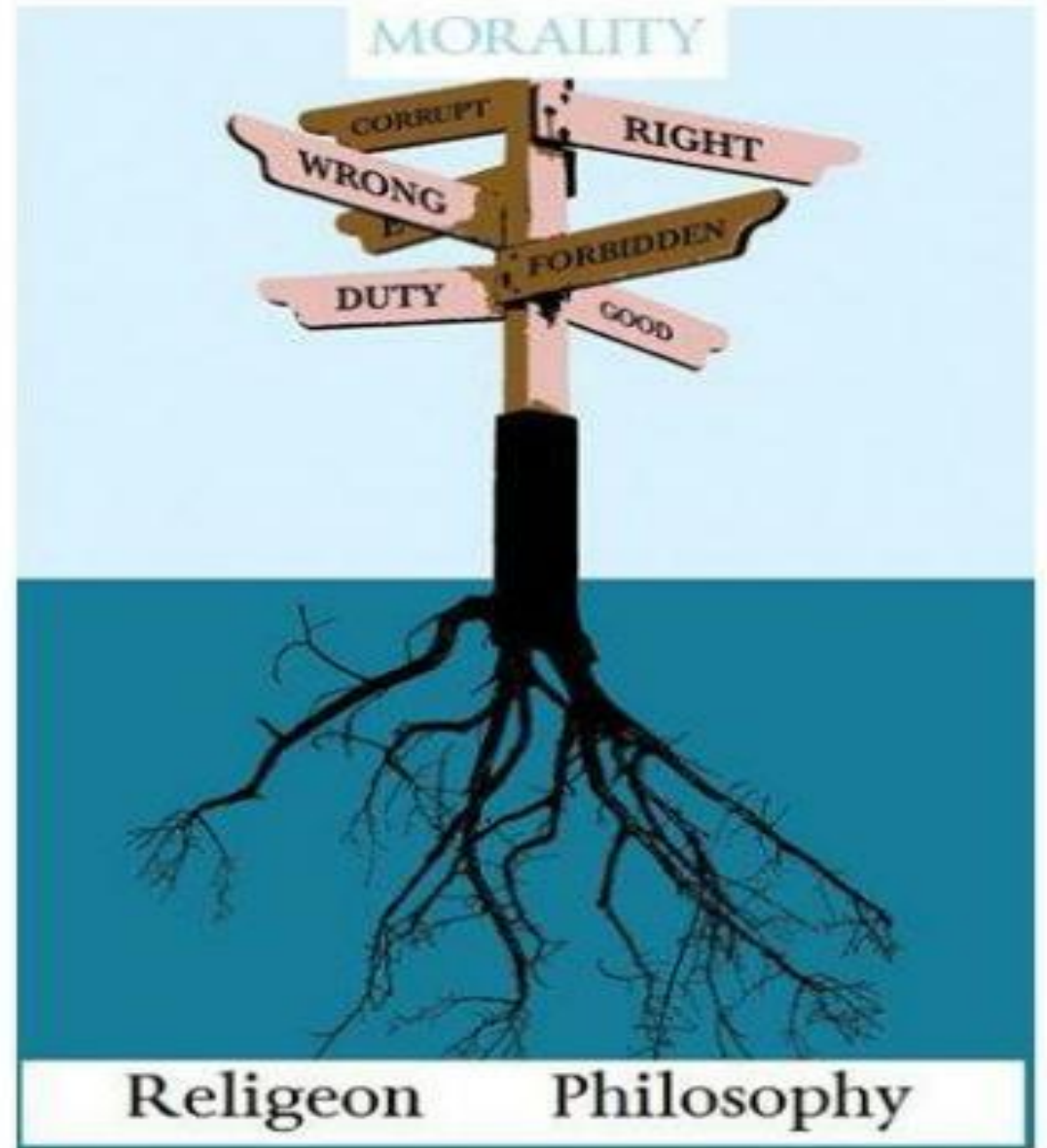
- Is based on philosophical ethics
- It isn't any special ethics but rather ethics of special cases.
- Medical ethics does not concern only doctors but also patients and society.
- The central question of medical ethics is the doctor-patient relationship.

Scope of ethics in Medical Practice

1. Historical background

- Hippocratic oath
- Derivations of the oath have been modified over the years in various countries. Geneva(1947), Sydney(1968), Tokyo(1975), Lisbon(1981). In the USA, most medical schools administer some form of oath.

2. Multidisciplinary nature



Hippocratic Oath:



- The Hippocratic Oath is an oath historically taken by doctors swearing to practice medicine ethically. It is widely believed to have been written by Hippocrates.
- The Hippocratic Oath was traditionally an oath taken on graduation from medical school.
- Medical graduates no longer automatically swear the oath.
- Reference to the oath can be made in a historical sense as part of descriptive ethics.
- Updated versions exist, but are not universally in use.

PHYSICIAN'S PLEDGE

- "I solemnly pledge to:
 - dedicate my life to the service of humanity;
 - give due respect and gratitude to my teachers;
 - practice my profession with conscience and dignity;
 - make the health of my patient my first consideration;
 - respect the secrets which are confided in me;
 - uphold the honor and noble traditions of the medical profession;
 - respect my colleagues as my professional brothers and sisters;
 - not allow the considerations of race, religion, nationality or social standing to intervene between my duty and my patient;
 - maintain due respect for human life;
 - use my medical knowledge in accordance with the laws of humanity;
 - comply with the provisions of the Ethical Code;
 - and constantly strive to add to my knowledge and skill;
 - I make these promises solemnly, freely and upon my honor."

Good Medical Practice

“Patients are entitled to good standards of practice and care from their doctors. Essential elements of this are professional competence, good relationships with patients and colleagues and observance of professional ethical obligations.”

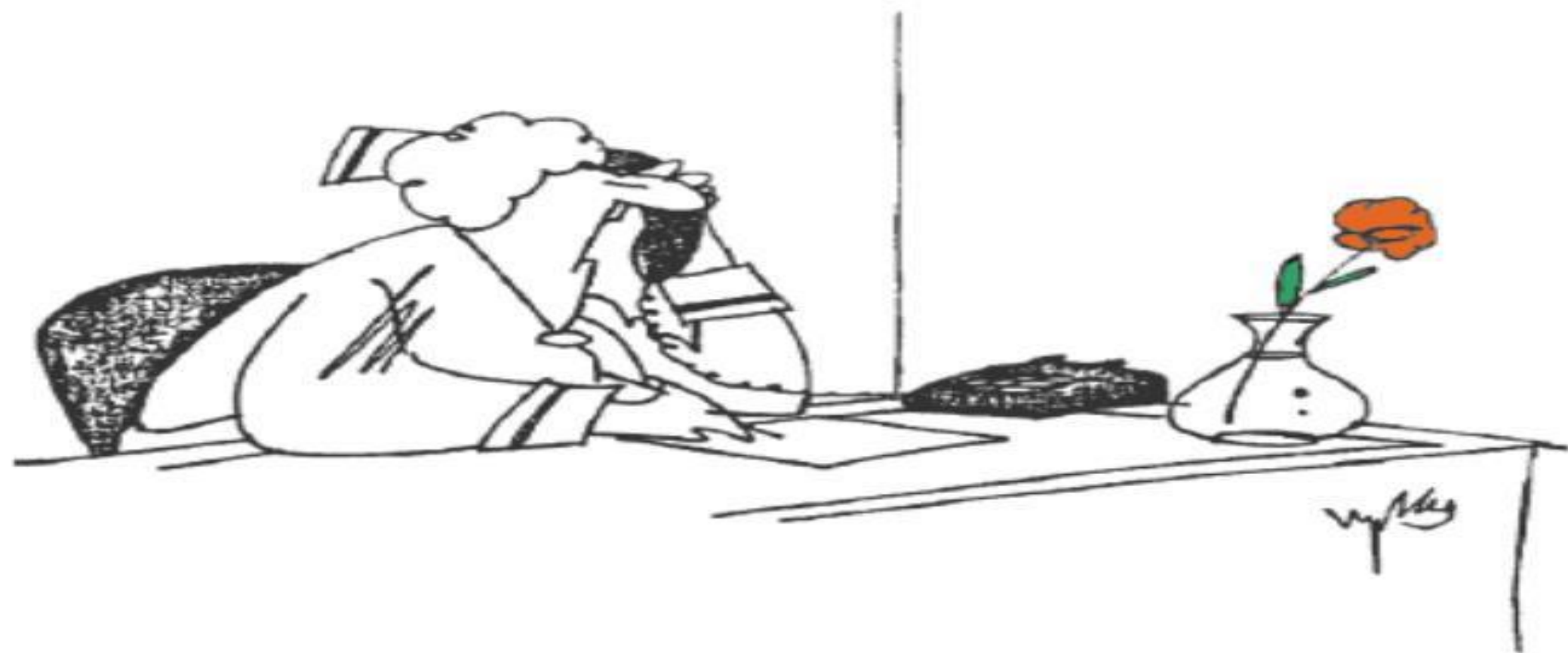
From Good Medical Practice, GMC.

RELEVANCE OF ETHICS IN THE LIFE OF A DOCTOR:

- A good doctor is one who adheres to ethical principles, norms, regulations, customs and commitments of his profession under all circumstances.
- He must therefore have a clear understanding of what medical ethics are and what their scope is.

Quotes !!!!

- *A doctor who cannot take a good history and a patient who cannot give one are in danger of giving and receiving bad treatment. ~Author Unknown*
- *The only equipment lack in the modern hospital? Somebody to meet you at the entrance with a handshake! ~Martin H. Fischer*



"The doctor isn't in right now. When you hear the beep, please leave your name, number and a short diagnosis."

BLOOD
BANK

SORRY, I CAN'T GIVE YOU
A TRANSFUSION ~
YOUR ACCOUNT IS ALREADY
OVERDRAWN.

MACEY



Components of Medical Ethics

- The Physician -- Patient Relationship
- The Physician -- Physician Relationship
- The relationship of the Physician to the System of Healthcare
- The Relationship of the Physician to Society

Branches of Ethics, relevant to Medical Professionals:

Normative ethics: (Prescriptive ethics)

Descriptive ethics: (Comparative ethics)

Analytic ethics: (Metaethics)

NORMATIVE ETHICS

- Theoretical framework and principles with established norms of conduct.
- Concerned with criteria of what is morally right and wrong.
- The central question of normative ethics is determining how basic moral standards are arrived at and justified.
- The category of normative ethics involves creating or evaluating moral standards.

DESCRIPTIVE ETHICS

- The category of descriptive ethics is the easiest to understand - it simply involves describing how people behave and/or what sorts of moral standards they claim to follow.
- Descriptive ethics incorporates research from the fields of anthropology, psychology, sociology and history as part of the process of understanding what people do or have believed about moral norms.

ANALYTIC ETHICS

- It is the study of what ethical terms and theories actually refer to.
- Basically, metaethics involves reasoning about the presuppositions behind the moral systems developed under the category of normative ethics. Whenever a moral system is created, it is based upon certain premises about reality, human nature, values, etc.
- Metaethics is all about questioning the validity of those premises and arguing that perhaps we don't really know what we are talking about after all.

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FOUR PILLARS OF MEDICAL ETHICS:

AUTONOMY

BENEFICENCE

NON-
MALEFICENCE

JUSTICE

AUTONOMY:



- Refers to the capacity to be one's own person, to live one's life according to reasons and motives that are taken as one's own and not the product of manipulative or distorting external forces.
- The principle of autonomy recognizes the rights of individuals to self determination and respect for the client's right to be self-governing.
- Psychiatrists are often asked to evaluate a patient's competency for making life-and-death decisions at the end of life.

The Principle of Autonomy

- right to information and self determination
- free and informed consent
- free will and accord - intentional participation in treatment
- respect and dignity maintained

BENEFACTENCE:



- The term beneficence refers to actions that promote the wellbeing of others. In the medical context, this means taking actions that serve the best interests of patients.
- It is a commitment to promoting the client's well-being.

The Principle of Beneficence

- do only that which benefits the patient
- patient's welfare as the first consideration
- care consideration competence

NON- MALEFICENCE:



- The concept of non-maleficence is embodied by the phrase, "first, **do no harm**," or the Latin, *primum non nocere*. Many consider that should be the main or primary consideration (hence *primum*): that it is more important not to harm your patient, than to do them good.
- Depending on the cultural consensus conditioning (expressed by its religious, political and legal social system) the legal definition of Non-maleficence differs.
- It is a commitment to avoiding harm to the client.

Principle of Non-Maleficence

- first do no harm
- sanctity of life
- calculated risk or risk benefit

JUSTICE:

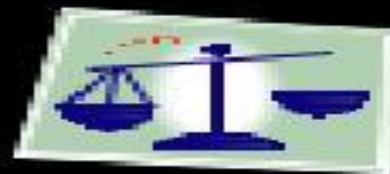


- Concerns the distribution of scarce health resources, and the decision of who gets what treatment with fairness and equality.
- The fair and impartial treatment of all clients and the provision of adequate services, respecting their human rights and dignity.

The Principle of Justice and Social Responsibility

- Actions are consistent, accountable and transparent
- not to discriminate on age, sex, religion, race, position or rank
- greater good of society
- respect of the Law
- equity and distribution of burden & benefits

Balancing Beneficence and Non-maleficence:



- *Double effect* refers to two types of consequences which may be produced by a single action, and in medical ethics it is usually regarded as the combined effect of beneficence and non-maleficence.
- One of the most common ethical dilemmas arises in the balancing of beneficence and non-maleficence.
- This balance is the one between the benefits and risks of treatment and plays a role in nearly every medical decision such as whether to order a particular test, medication, procedure, operation or treatment.

Conflicts between autonomy and beneficence/non-maleficence

- **Autonomy can come into conflict with Beneficence when patients disagree with recommendations that health care professionals believe are in the patient's best interest.**
- The principles of autonomy and beneficence/non-maleficence may also be expanded to include effects on the relatives of patients or even the medical practitioners, the overall population and economic issues when making medical decisions.

Ethical Principles !!!!

1. **Autonomy**
2. **Beneficence**
3. **Non-Maleficence**
4. **Justice**

Also include !!!!

1. **Trust**
2. **Truth telling**
3. **Confidentiality**
4. **Preservation of Life**

**empower the patient
preserve the doctor
patient relationship**



COMMON ETHICAL ISSUES



- **INFORMED
CONSENT**



- **CONFIDENTIALITY**

INFORMED CONSENT:

- **Informed consent in ethics usually refers to the idea that a person must be fully-informed about and understand the potential benefits and risks of their choice of treatment.**
- If the patient is incapacitated, laws around the world designate different processes for obtaining informed consent, typically by having a person appointed by the patient or their next of kin make decisions for them.
- The value of informed consent is closely related to the values of autonomy and truth telling.

Exceptions to the rule of informed consent and the standards used to determine the incompetence !!!!

- Inability to express or communicate a preference or choice.
- Inability to understand one's situation and its consequences.
- Inability to understand relevant information.
- Inability to give a (rational) reason.
- Inability to give risk/benefit related reasons.
- Inability to reach a reasonable decision.
- Patient brought to ER and is unconscious and alone and require life saving measures.
- Child under 16 years.

CONFIDENTIALITY:

- Confidentiality is commonly applied to conversations between doctors and patients. This concept is commonly known as patient-physician privilege.
- Legal protections prevent physicians from revealing their discussions with patients, even under oath in court.
- Traditionally, medical ethics has viewed the duty of confidentiality as a relatively non-negotiable tenet of medical practice.

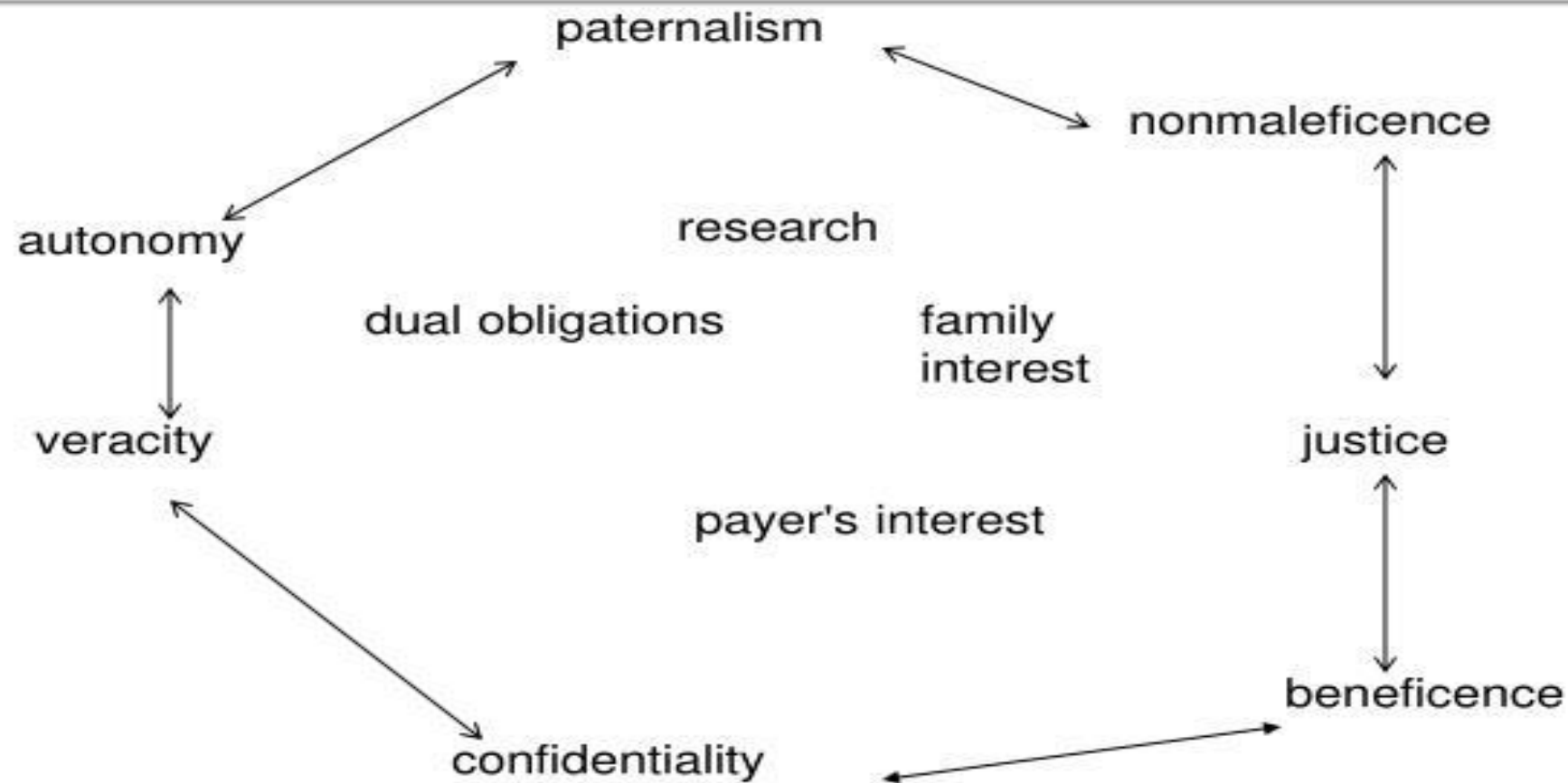
The Principle of Confidentiality

- Based on loyalty and trust
- Maintain the confidentiality of all personal, medical and treatment information
- Information to be revealed with consent and for the benefit of the patient
- Except when ethically and legally required
- Disclosure should not be beyond what is required

Situations when breaches of confidentiality can be made !!!!!

- When the patient authorizes.
- When information is to be shared within healthcare team.
- When the disclosure is in the best interest of the patient.
- When disclosure is in best interest of the public who may be at risk of harm from the patient.
- For research purposes and for legislative requirements.

Conflicts of Ethical Principles



Resolution of Ethical Dilemmas

- Principles
- Ethical codes
- Clinical judgement
- Reasoned analysis
- Ethical committees
- Ethical tests
- Declarations
- Oaths & Pledges
- Commonsense
- Debate
- Ethical Consults
- The Law

Medical students and issues of consent and confidentiality

Medical students should:

- Respect the needs, values and culture of patients they encounter during their medical training;
- Never exploit patients or their families;
- Hold clinical information in confidence;
- Obtain informed consent from patients before involving them in any aspect of training;
- Appreciate the limits of their role in the clinical setting and in the community;
- Respect the staff who teach and assist them in their clinical training;
- when involved in clinical research adhere to the ethical principles in the appropriate national and international guidelines;
- Maintain their personal integrity and well being.



The Patient Care Partnership **Understanding Expectations, Rights and Responsibilities**



The moral duties of the doctor:

- The duty to help, cure
- The duty to promote and protect the patient's health
- The duty to confidentiality
- The duty to protect the patient's life
- The duty to respect the patient's autonomy
- The duty to protect privacy
- The duty to respect the patient's dignity

Rights and Responsibilities of Patients/ Doctors.

- The doctors have certain duties.
- The basic rights of patients involving expression, decision and action must be protected, and we must show concern for our patients' dignity and human relationships.
- The doctor must work to make sure that these rights are upheld for our patients.
- The doctor also has the right to expect certain kinds of behavior from our patients. Patients, relatives, and friends should behave reasonably and correctly.

Consumer/ Patient Rights:

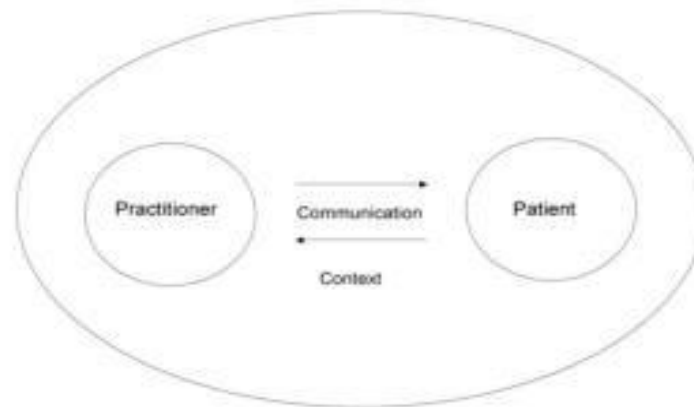
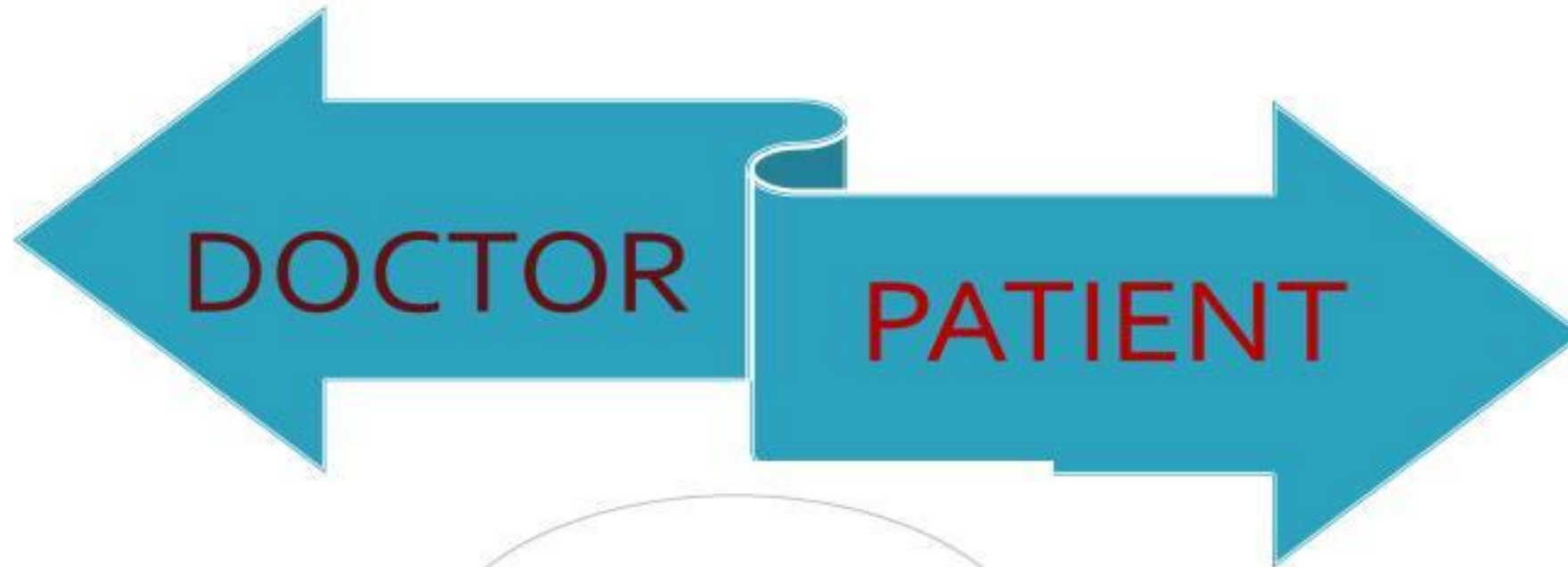
- The right to receive information from physicians and to discuss the benefits, risks, and costs of appropriate treatment alternatives;
- The right to make decisions regarding the health care that is recommended by the physician;
- The right to courtesy, respect, dignity, timely attention, and responsiveness to health needs;
- The right to confidentiality;
- The right to continuity of health care;
- The basic right to have adequate health care.

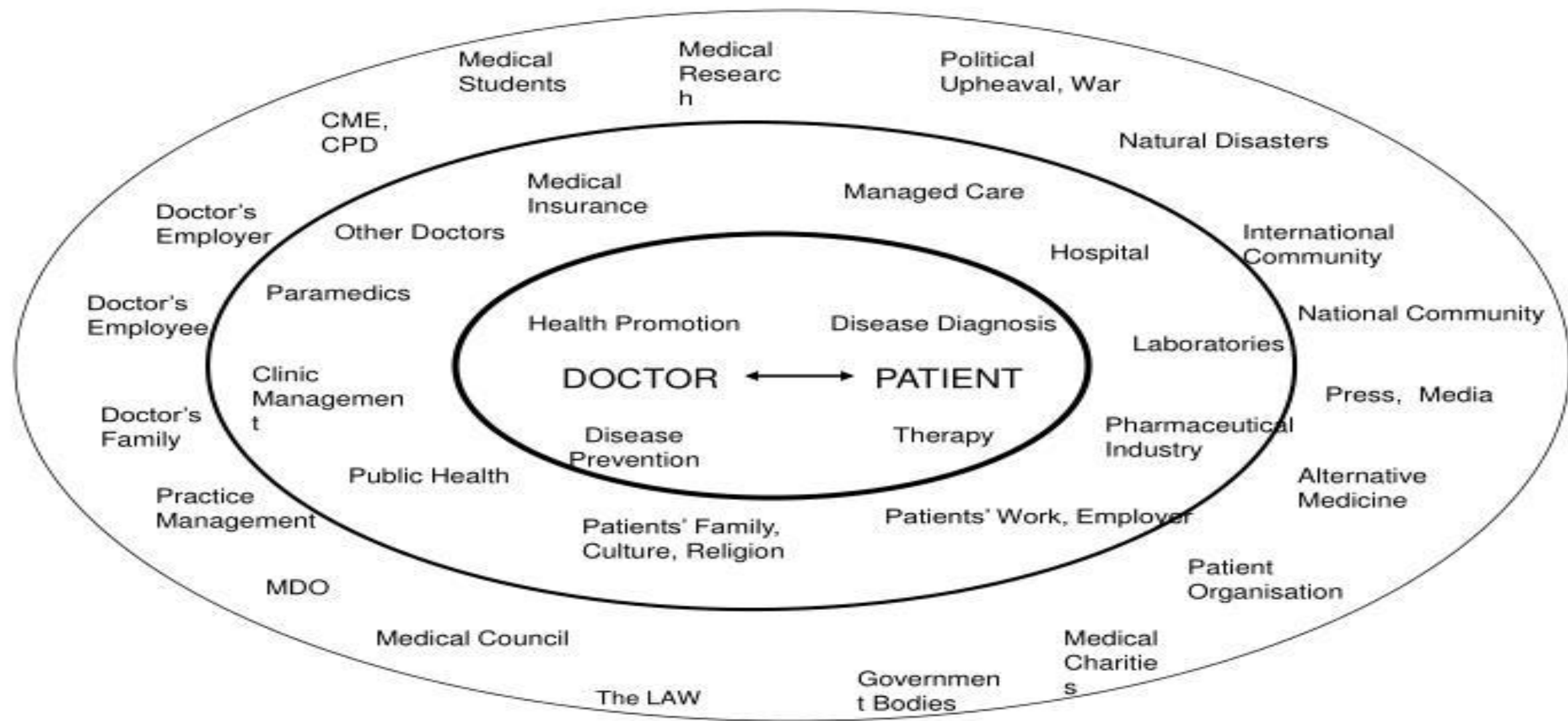
Consumer/ Patient Responsibilities:

- To give complete and accurate information about your condition and care.
- To follow doctor's orders and instructions and the staff's instructions. This responsibility includes the keeping of appointments
- To let a doctor or nurse know if your condition changes.
- To accept what happens if you refuse treatment.
- To consider the needs and desires of other patients by following all hospital rules and regulations, especially those concerning smoking, noise, visitors, and general conduct.
- To accept financial obligations caused by receiving care.
- To treat staff members with respect.



DOCTOR-PATIENT RELATIONSHIP

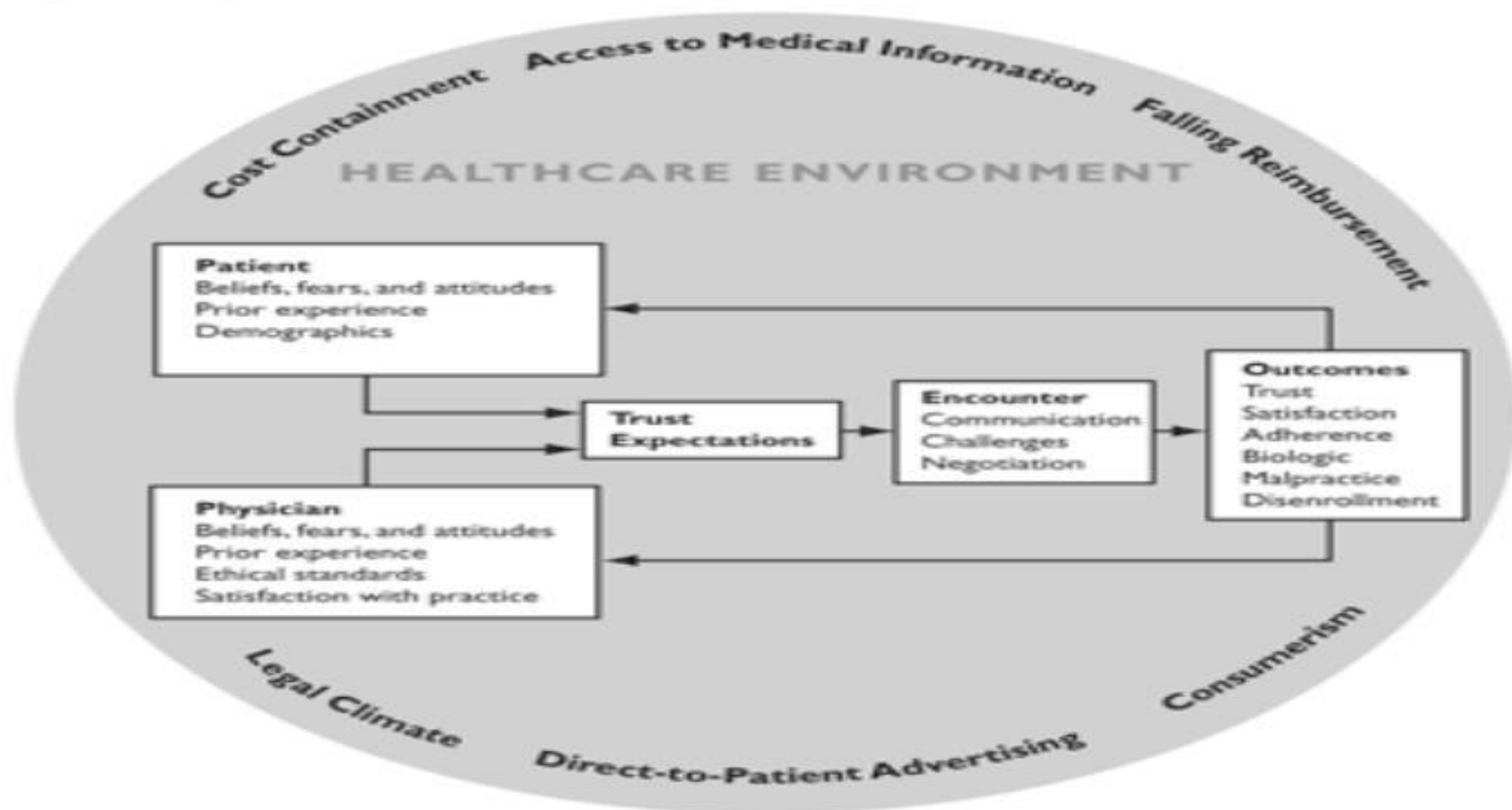




THE MEDICAL ECOSYSTEM

- Enlarging Circle of Influence

Figure. Physician-Patient Relationship in Context



Checklist for Clinicians

1. I put the patient at ease. —
2. I recognized the patient's state of mind. —
3. I addressed the patient's distress. —
4. I helped the patient warm up. —
5. I helped the patient overcome suspiciousness. —
6. I curbed the patient's intrusiveness. —
7. I stimulated the patient's verbal production. —
8. I curbed the patient's rambling. —
9. I understood the patient's suffering. —
10. I expressed empathy for the patient's suffering. —
11. I tuned in on the patient's affect. —
12. I addressed the patient's affect. —
13. I became aware of the patient's level of insight. —
14. I assumed the patient's view of the disorder. —

15. I had a clear perception of the overt and the therapeutic goals of treatment. ----
16. I stated the overt goal of treatment to the patient. —
17. I communicated to the patient that I am familiar with the illness. -
18. My questions convinced the patient that I am familiar with the symptoms of the disorder. —
19. I let the patient know that he or she is not alone with the illness. -
20. I expressed my intent to help the patient. —
21. The patient recognized my expertise. —
22. The patient respected my authority. —
23. The patient appeared fully cooperative. —
24. I recognized the patient's attitude toward the illness. —
25. The patient viewed the illness with distance. —
26. The patient presented as a sympathy-craving sufferer. —
27. The patient presented as a very important patient. —
28. The patient competed with me for authority. —
29. The patient was submissive. —
30. I adjusted my role to the patient's role. —
31. The patient thanked me and made another appointment. —

Bond between doctor and patient:

Vertical Model

- Paternalistic
- Teacher- student

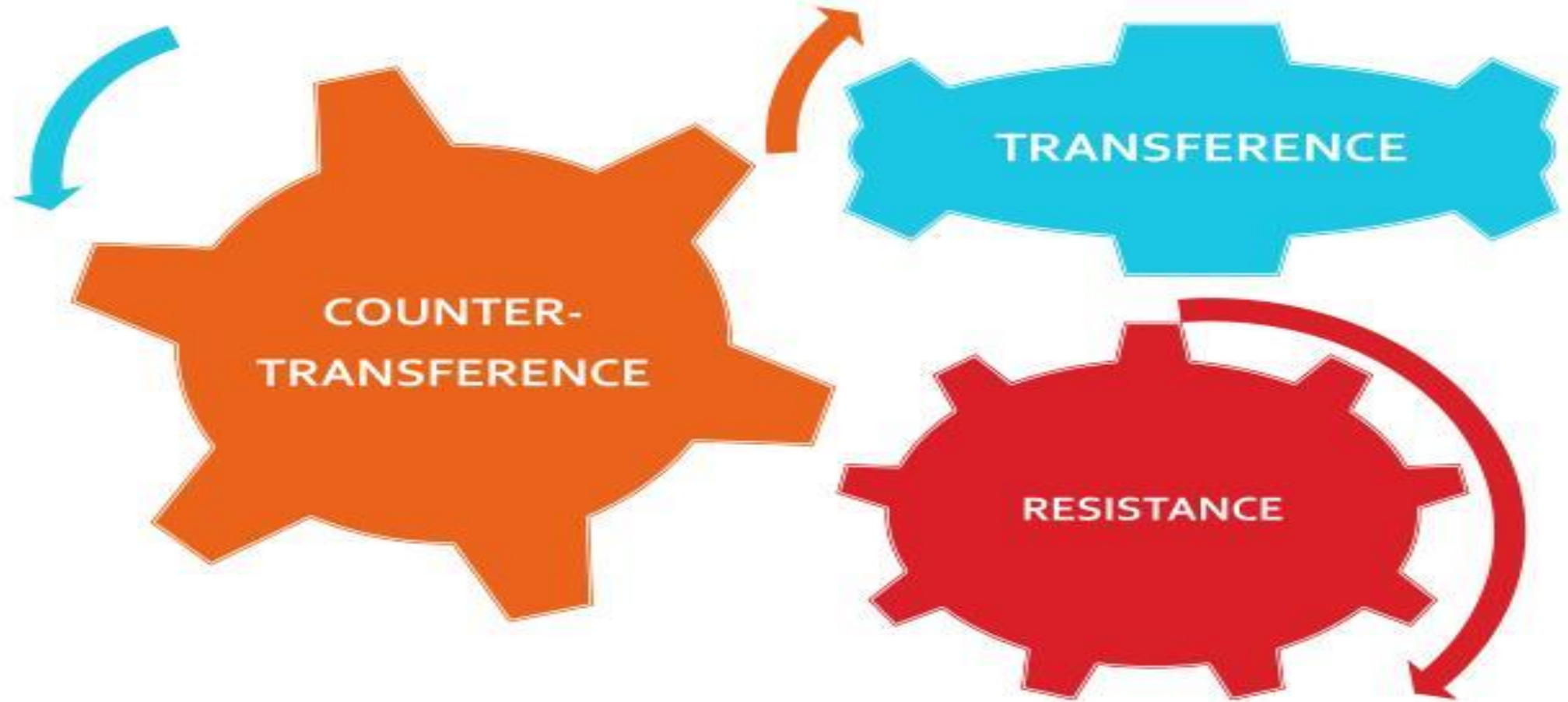
Horizontal Model

- Informative
- Interpretive
- Deliberative

Models of Interaction Between Doctor and Patient:

- **The paternalistic model.** In this model, also called the “autocratic model,” the physician asks most of the questions and generally dominates the interview.
- **The informative model.** The doctor in this model dispenses information.
- **The interpretive model** – The doctor in this model is flexible, and is willing to consider question and alternative suggestions.
- **The deliberative model** – The physician in this model acts as a friend or counselor.

DOCTOR-PATIENT RELATIONSHIP: (Psychological Reactions)



TRANSFERENCE:



- **Transference refers to redirection of a patient's feelings for a significant person to the therapist.** Transference is often manifested as an erotic attraction towards a therapist, but can be seen in many other forms such as rage, hatred, mistrust, parentification, extreme dependence, or even placing the therapist in a god-like or guru status.
- When Freud initially encountered transference in his therapy with patients, he felt it was an obstacle to treatment success. But what he learned was that the analysis of the transference was actually the work that needed to be done.

COUNTER – TRANSFERENCE:

- It is defined as redirection of a therapist's feelings toward a patient, or more generally, as a therapist's emotional entanglement with a patient.
- Not only does this help the therapist regulate their emotions in the therapeutic relationship, but it also gives the therapist valuable insight into what the patient is attempting to elicit in them.



RESISTANCE:



- It is the phenomenon often encountered in clinical practice in which patients either directly or indirectly oppose changing their behavior or refuse to discuss, remember, or think about presumably clinically relevant experiences.
- Resistance is an automatic and unconscious process.
- Nowadays many therapists work with resistance as a way to understand the client better. They emphasize the importance to work with the resistance and not against it.
- Working with the resistance provides a positive working relationship and gives the therapist information about the unconscious of the client.

Common Ethical Dilemmas In A Doctor's Life:



- Accepting gifts from Patients.
- Sexual boundaries.
- Fees from patients, students, teachers, colleagues, and relatives.
- E- consultations & Telemedicine.
- Media and Medicine.
- Euthanasia and physician assisted suicide (Mercy Killing).
- Relationship with pharmaceutical companies.

Gifts From Patients:

- *Issues to consider:*

- Monetary value of the gift.
- Context of the gift (implication, hidden agenda, expectations).
- Patient's cultural background.

Sexual Boundaries:

- **Issues to consider:**

- Recognition of sexual/ erotic feelings toward a patient.
- It is unethical for a physician to become sexually involved with a current patient even if the patient initiates and consents to the contact.
- If patient appears seductive and aggressive, see the patient with nursing attendant.

Relationship with Pharma Industry:

- **Issues to consider:**

- Any gift/support accepted by a physician should primarily entail a benefit to patients and should not be of substantial value.
- Individual gifts of minimal value are permissible as long as they relate to the physician's work.
- Grants/ support for educational and learning activities, research purposes and improving healthcare facility aimed exclusively to welfare of the patient are acceptable exceptions.

Euthanasia:

- **Euthanasia** (from the Greek) meaning "good death"
- The precise definition of euthanasia is "a deliberate intervention undertaken with the express intention of ending a life, to relieve intractable suffering."
- Euthanasia may be classified according to whether a person gives informed consent into three types: voluntary, non-voluntary and involuntary.

The sanctity of human life is a basic concept in Islam

- All Muslims believe that Allah (THE GOD) is the Creator and the Owner of all life. He starts human life from conception and only He will end it through natural death. The moment of death is fixed only by our Creator.
- *"Do not kill yourselves, for verily Allah has been to you most merciful" (Chapter 4, verse 29)*
- *"....take not life which Allah has made sacred" (Chapter 6, verse 151)*
- *"...and (Allah) is the one who gave you life, then shall He ordain you to die, then shall He give you your life again, truly mankind is ungrateful" (Chapter 22, verse 66)*

Euthanasia in Pakistan

- Active euthanasia is illegal and considered as a criminal act by PMDC.
- Passive euthanasia is permissible, but it should be done under the supervision of the High Court, that life support can be legally removed for some terminally ill patients.
- Death in certain conditions can be allowed, only if life support, nutrition or water is removed.



GOOD MEDICAL PRACTICE MEANS:

- Patients are entitled to good doctors.
- Good doctors make the care of patients their first concern;
- They are competent,
- keep their knowledge and skills up to date,
- Establish and maintain good relationships with patients and colleagues,
- Are honest and trustworthy and act with integrity.

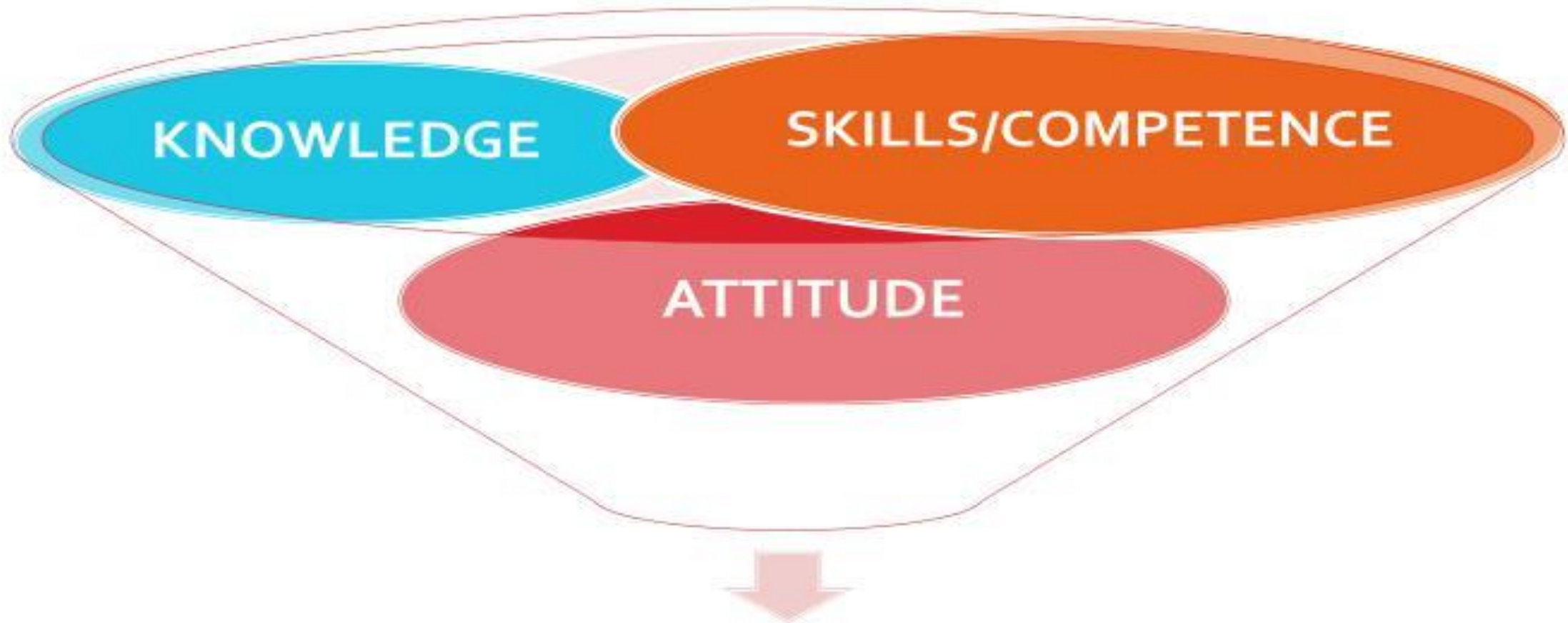
ETHICAL STANDARDS FOR MEDICAL PRACTICE:

- The provision of the best possible treatment by providing the best therapy available consistent with accepted scientific knowledge and ethical principles. and concerned with the equitable allocation of health resources.
- To keep abreast of scientific developments of the specialty and to convey updated knowledge to others.
- The doctor-patient relationship must be based on mutual trust and respect to allow the patient to make free and informed decisions.
- Treatment must always be in the best interest of the patient.
- Information obtained in the therapeutic relationship is private to the patient and should be kept in confidence and used, only and exclusively, for the purpose of improving the mental health of the patient.

PROFESSIONALISM:

- Professionalism is a term which embodies numerous qualities of physicians as public servants.
- A healthy doctor patient relationship depends on professional standards and excellence of the doctor, who is expected to treat both the *psyche and soma* of the patient using knowledge, skills and attitude.

Attributes of Professionalism



Professional Standards & Excellence of a Doctor

KNOWLEDGE:

- Distinguish normality from abnormality.
- Relate biological factors with psychological factors in health and disease.
- Use principles of behavioural sciences in clinical practice
- Request and justify any investigations.
- Use of pharmacological and non-pharmacological interventions effectively.
- Apply evidence base to clinical situation.

Medical care using adequate knowledge

- Adequately assessing the patient's condition, taking account of the patient's history & views and examining the patient as appropriate.
- Have adequate knowledge of the patient's health.
- Providing or arranging investigations or treatment when needed.
- Taking suitable and prompt action when needed.
- Referring the patient to another practitioner when this is in the patient's best interests.
- Keep your knowledge up to date throughout your working life.

SKILLS/COMPETENCE:

- **Written communication skills** – Record keeping and documentations.
- **Verbal management skills** – use of language, ability to communicate clearly and providing informational care.
- **Patient management skills** – clinical competence.
- **Cultural competence & sensitivity** – Respect without judgment and bias.
- **Skills in research** – Keep your knowledge and skills up to date throughout your working life.

ATTITUDES:

- **Towards patients** – Doctor patient relationship.
- **Towards self development** – Professional character development, self education, self care and respect of colleagues.
- **Towards Society** – Cultural, social, legal, and ethical obligations.

Assessment of Professionalism:


- Professional attire.
- Respect of time and punctuality.
- Availability.
- Integrity in professional practice and reporting.
- Grasp Knowledge of patient's condition.
- Responsibility and accountability.
- Relationship with colleagues, staff & pts.
- Financial and commercial dealings.
- Conflicts of interest.
- Self care.

CONCLUSION:

- The practice of medicine is rooted in the **covenant** of **trust** among patients, physicians and society
- The Physician is obligated to be a **healer** and a **professional**. This role is built on **expertise**, **ethics** and **service**
- Just as a Vet is expected to love animals, a Physician must have inherent **love** for humans and **Humanity**

Case Scenario # 1

- A 17 year old female is diagnosed as having Blood Cancer. You wish to begin chemotherapy, but she refuses, in the presence of her parents, who support her refusal. She indicates a strong religious belief that it is divine intervention that has caused her disease, and that divine intervention alone be allowed to cure it. She believes that drug treatment is against God's will. She, and her parents maintain this belief, even when told that the disease will be fatal.

- 
-
- Please analyze this case from an ethical standpoint, and indicate what practical steps you would take to achieve a resolution of the problem?

Model answer:

- **Autonomy:**
- **Benefit/Burden:**(beneficence/non-maleficence).
- **Resolution:** If it is clear that she is competent to exercise her autonomy, then no further steps are needed. It is important not to abandon the patient, simply because she will not accept your recommendations. One might negotiate some acceptable interventions to alleviate the symptoms . One should emphasize that she may change her decision at any time.

Case Scenario # 2

- A 45 year old woman is undergoing knee transplant surgery, and is a Jehovah's Witness. She refuses all blood products.
- What would be your approach to her management. Justify your decisions from an ethical viewpoint?

Model answer:

- **Autonomy:**
- **Benefit/Burden** (beneficence/non-maleficence).
- **Resolution:** This is fairly simple from an ethical standpoint, although not medically. If she is competent (ie she understands, and is not coerced) then one simply abides by her decision, and makes the best of whatever other treatment might help her.

Case Scenario # 3

- A 35 year old male develops Acute Myeloid Leukemia. He enters complete remission after one cycle of chemotherapy. He has no siblings, and his parents are not suitable as transplant donors. 9 months later he relapses, and further chemotherapy is given, with successful attainment of a second complete remission. You decide that a Matched Unrelated Donor Transplant is indicated.
- He is a prisoner at the local Maximum-Security Penitentiary, and is well-known for his crimes, which involve the sexual assault and particularly brutal murder of several young women. He is serving life imprisonment, without hope of parole.
- What is the right thing to do?

Case Scenario # 4

- A 55 years old man has 3 months history of chest pain and fainting spells. You feel his symptoms merit cardiac catheterization. You explain the risks and potential benefits to him and include your assessment of his likely prognosis without interventions. He is able to demonstrate that he understands all of this, but refuses the intervention.
- Can he do that legally?
- Should you leave him like that?
- How will you convince him?

Case Scenario # 5

- A 4 years old girl with an obviously broken forearm is brought to ED by her maid. Both maid and emergency room staff attempted to reach her parents, but with failure.
- Can you treat this child without parental consent?
- How will you communicate with illiterate maid?

Case Scenario # 6

- A 64 years old woman with CVA is hospitalized. The team feels that she needs to be on NG tube to assure adequate nutrition. They ask the patient about this in the morning and she agrees. However, in the evening, before the tube has been placed, she becomes disoriented and seems confused about her decision to have the feeding tube placed.
- You have to call her NOK and take an informed consent for NG tube insertion. How will you proceed? Which preference should be honored?

Case Scenario # 7

- Obtain an informed consent from an illiterate young male who requires an urgent operation, Appendicectomy?
- OR
- Obtain an informed consent from a young girl aged 18 for ECT to treat her depression during pregnancy?

Case Scenario # 8

- You will have to deliver a talk on sexual boundary violation- the concept and related issues.
- Define sexual violation and its boundaries.
- Discuss all forms of liaisons and relationship involved in this issue.
- Discuss all the intervention which can be taken to avoid sexual harassment at work, with patients and with colleagues.

Case Scenario # 9

- **The Supreme Court has admitted a petition seeking to end the life of a former Mumbai nurse who has been lying in hospital in a vegetative state for the past 36 years.**
- Aruna Shanbaug has been admitted at Mumbai's KEM Hospital in this condition following a sexual assault she suffered in the same hospital in November 1973. She is being kept alive by doctors by being fed through a food pipe.

Case Scenario # 10

- You are a resident at an elective rotation at a private practice. You have been providing care to a young girl with minor wound infection following an appendicectomy. On the day of discharge, the patient gave you a Mont Blanc pen and a box of chocolate and invited you for a dinner sometime next week. Your elective ends at two weeks and you will not be returning to same surgery after that.

Reference

<https://www.slideserve.com/shirin/medical-ethics-professionalism-and-doctor-patient-relationship>