



# Clinical Ethics and Values-Based Practice

*One in a series of curriculum statements produced by the Royal College of General Practitioners:*

- 1 Being a General Practitioner**
- 2 The General Practice Consultation**
- 3 Personal and Professional Responsibilities**
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  - 15.6 Metabolic Problems
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  - 15.8 Respiratory Problems
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# Acknowledgements

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## Key messages

- The provision of health care is guided by a framework of legal and ethical principles that are reflected in professional codes of practice.
- Ethical decision-making and behaviour in clinical practice requires the application and interpretation of these principles within a specific context, taking into account the perspectives and values of all involved.
- General practitioners need to be able to justify their decisions with reference to both the clinical evidence and the moral and other values that inform those decisions.
- The knowledge and skills acquired are applicable across the whole curriculum and should be incorporated into all aspects of clinical, managerial and research practice.

# Introduction

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## Rationale for this curriculum statement

General practitioners, in common with all health professionals, are expected to act in accordance with the ethical principles set out in professional codes of conduct.<sup>1</sup> These codes set both minimum standards and limits of behaviour beyond which a practitioner must not go. Within this framework health professionals make decisions that require application and interpretation of these codes and guidelines to the circumstances of particular cases or situations. To do this they must be able to identify ethical issues arising in practice, evaluate the moral justification for different courses of action, and justify their decisions.

Each healthcare encounter is informed by facts: the patient's history, examination findings, investigation results and evidence of effectiveness of treatment options. It is also informed by the values of all those involved in the encounter. These values include moral, cultural and aesthetic values, and are often implicit rather than explicitly articulated.

While general practice has focused on personalised care to individual patients, general practitioners also take part in public health programmes such as immunisation and health education, and have an obligation to use available resources efficiently to benefit all users of the healthcare system. Thus wider societal values will also inform their behaviour and decisions. General practitioners must be able to recognise and understand the range of values and perspectives that contribute to any healthcare decision, including their own personal values, and to take these into account in their decision-making processes.

Clinical ethics and values-based practice requires general practitioners to understand the ethical and legal framework within which they practise, to identify ethical issues that arise in their day-to-day practice, to recognise the relevant values of all those involved, and to demonstrate the moral reasoning on which their decisions are based. This will involve the development of a range of skills and competences that is broader than traditionally associated with medical ethics.<sup>2</sup>

## UK health priorities

The importance of ethics, values and attitudes, alongside competence in the clinical and laboratory sciences, respectively in medicine and in medical education, is spelled out in the GMC's *Good Medical Practice*<sup>1</sup> and *Tomorrow's Doctors*.<sup>3</sup>

The RCGP's *Good Medical Practice for General Practitioners*<sup>4</sup> builds on these documents. Nationally, the importance of ethics/values is highlighted by the priority afforded clinical governance and other mechanisms of quality assurance in primary care (see curriculum statement 3.1, *Clinical Governance*). The contribution of ethics and values-based practice will be crucial to the implementation of a number of specific policies in areas such as social inclusion<sup>5</sup> and black and ethnic minority services.<sup>6</sup> Combining ethics and values with clinical evidence will be increasingly important with the growing role of primary care in such areas as commissioning<sup>7,8</sup> and prioritising services within the Quality and Outcomes Framework.<sup>9</sup>

# Learning Outcomes

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The following learning objectives describe the core competences that a general practitioner requires to demonstrate relating to ethics and values-based practice. This curriculum statement should be read in conjunction with the other RCGP curriculum statements in the series. The full range of generic competences is described in the *core* RCGP curriculum statement 1, *Being a General Practitioner*.

All general practitioners should be able to:

- Recognise the ethical dimension of every healthcare encounter
- Understand the nature of values and how they impact on healthcare
- Identify the values that patients, families and members of the healthcare team bring to a specific healthcare decision
- Demonstrate moral reasoning skills in the process of choosing an appropriate course of action or resolving conflicting values
- Demonstrate the knowledge skills and attitudes for effective communication in eliciting and understanding the values of patients, negotiating an acceptable course of action and justifying that course of action
- Demonstrate knowledge of the professional ethical guidelines and legal framework within which healthcare decisions should be made
- Recognise their personal values and how these influence their decision-making.

## Primary care management

By the end of the GP training the specialty registrar (GP) should demonstrate:

- Awareness of the range of values that may influence a patient's behaviour or decision-making in relation to his or her illness
- How to integrate knowledge of patients' values with the relevant scientific evidence and clinical experience to achieve the best outcome for the patient
- Ability to recognise the ethical issues raised by public health programmes and develop appropriate approaches to their implementation.

## Person-centred care

By the end of GP training the specialty registrar (GP) should demonstrate:

- Skills to achieve meaningful consent by a patient to a plan of management by seeing the patient as a unique person in a unique context
- Skills to balance conflicting duties to individual patients who are members of the same family
- Ability to apply the ethical guidance on consent and confidentiality to the particular context of primary care
- Awareness of the research evidence on patient values that are likely to influence a given healthcare situation
- Understanding of the importance of continuity of care and long-term relationships with patients and their families in identifying and understanding the values that influence a patient's approach to health care.

## Specific problem-solving skills

At the end of GP training the specialty registrar should demonstrate:

- The skills to analyse the effect of different values on specific decisions by patients, families and health professionals
- Ability to draw on frameworks of moral reasoning to think through the issues and resolve conflicts of values.

## A comprehensive approach

At the end of GP training the specialty registrar should demonstrate:

- Understanding that patients' views and perspectives may change through the course of a chronic disease
- Understanding that co-morbidity or disease progression may affect decision-making capacity
- That they can recognise and respond to a patient entering a terminal stage of illness, and the values that are important in managing this
- Ability to identify potential ethical difficulties and develop proactive strategies to prevent or reduce the likelihood of conflict arising for themselves and for patients.

## Community orientation

At the end of GP training the specialty registrar should be able to demonstrate:

- Understanding of the different conceptions of distributive justice that are used in resource allocation debates
- Recognition of the range of values that influence choices about healthcare provision
- Awareness of the obligation to use public resources in a prudent manner to benefit the whole community
- Ability to give morally relevant reasons for decisions that balance individual patient needs with the needs of the wider community.

## A holistic approach

At the end of GP training the specialty registrar should be able to demonstrate:

- Understanding of the complexity of values that influence patients' attitude to their illness and their health care
- Ability to identify and involve appropriate resources and skills in other disciplines and other agencies to respond to the patient's individual needs and concerns
- Understanding that respect for patient autonomy is in essence a holistic approach. To enable a patient to make choices about how he or she wishes to live his or her life, a GP must explore what is important to the patient overall and not restrict information-sharing to clinical data.

## Contextual aspects

At the end of GP training the specialty registrar should be able to demonstrate:

- Understanding of the local community and culture
- How the values and beliefs prevalent in the local culture impact on patient care
- Understanding of how the social context of primary care frames the identification and resolution of ethical issues by general practitioners
- The ability to apply the results of research appropriately to the needs of individual patients and their families.

## Attitudinal aspects

At the end of GP training the specialty registrar should be able to demonstrate:

- Awareness of his or her own capabilities and values
- Understanding that his or her attitudes/feelings/values are important determinants of how he or she practices
- Ability to clarify and justify his or her personal ethics
- Awareness of the interaction of work and private life, and the ethical tensions that this can create.

### **Scientific aspects**

At the end of GP training the specialty registrar should be able to demonstrate:

- Understanding of the ethical principles that underpin the conduct of medical research
- Awareness of the process for gaining ethics approval for research conducted in primary care.

# Further Reading

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## Examples of relevant texts and resources

### Professional ethics

GENERAL MEDICAL COUNCIL. *Good Medical Practice (3rd edn)* London: GMC, 2001, [www.gmc-uk.org/guidance/good\\_medical\\_practice/index.asp](http://www.gmc-uk.org/guidance/good_medical_practice/index.asp)

BRITISH MEDICAL ASSOCIATION. *Medical Ethics Today. The BMA's handbook of medical ethics and law (2nd edn)* London: BMA, 2004

### Medical ethics

BATTIN M, RHODES R, SILVERS A (eds). *Medicine and Social Justice* New York: Oxford University Press, 2002

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FOSTER C. *The Ethics of Medical Research on Humans* Cambridge: Cambridge University Press, 2001

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FULFORD KWM, MURRAY TH, DICKENSON D (eds). *Many Voices: introduction to health care ethics and human values: an introductory text with readings and case studies* Malden, USA: Blackwell, 2002

GILLON R. *Philosophical Medical Ethics* Chichester: John Wiley, 1986

GLOVER J. *Causing Death and Saving Lives* Harmondsworth: Penguin, 1990

JONSEN AR. *The Abuse of Casuistry: a history of moral reasoning* Berkeley: University of California Press, 1988

PARKER M (ed.) *Ethics and Community in the Health Care Professions* London: Routledge, 1999

### Practical reasoning and skills

HOPE T, FULFORD KWM, YATES A. *The Oxford Practice Skills Course. Ethics, law and communication skills in health care education* Oxford: Oxford University Press, 1996

JONSEN AR, SEIGLER M, WINSLADE WJ. *Clinical Ethics: a practical approach to ethical decisions in clinical medicine* New York: McGraw-Hill, 1997

THOMSON A. *Critical Reasoning in Ethics* London: Routledge, 1999

### Values-based practice

COLOMBO A, BENDELOW G, FULFORD KWM, WILLIAMS S. Evaluating the influence of implicit models of mental disorder on processes of shared decision-making within community based multidisciplinary teams *Soc Sci Med* 2003; 56: 1557–70

FULFORD KWM, THORNTON T, GRAHAM G. *Oxford Textbook of Philosophy and Psychiatry* Oxford: Oxford University Press, 2006

WOODBIDGE K AND FULFORD KWM. *Whose Values? A workbook for values-based practice in mental health care* London: Sainsbury Centre for Mental Health, 2002

### Ethics in general practice

DOWRIK C AND FRITH L (eds). *General Practice and Ethics: uncertainty and responsibility* London: Routledge, 2005

SLOWTHER A AND PARKER M. Ethics support and education in primary care. In: Bowman D and Spicer J (eds). *Primary Care Ethics* London. Radcliffe Publishing (forthcoming, 2007)

SLOWTHER A, FORD S, SCHOFIELD T. Ethics of evidence based medicine in the primary care setting *Journal of Medical Ethics* 2004; 30: 151–5

TOON P. *What is Good General Practice?* London: Royal College of General Practitioners, 1994

## Medical law

KENNEDY I AND GRUBB A. *Medical Law: text with materials* London: Butterworth, 2000

MASON JK AND LAURIE GT. *Mason & McCall Smith's Law and Medical Ethics (7th edn)* Oxford: Oxford University Press, 2006

## Journals and web-based resources

*Journal of Medical Ethics*: [www.jmedethics.com](http://www.jmedethics.com). Provides a useful list of classified websites, as well as a good selection of articles from the journal and abstracts for most articles published since 1990. This is also the website for the journal *Medical Humanities*.

*Clinical Ethics*: [www.rsmppress.co.uk/ce.htm](http://www.rsmppress.co.uk/ce.htm). Aimed at practising clinicians and researchers. This journal has practically focused articles on ethical and legal issues in health care.

*Bioethics*: [www.blackwellpublishers.co.uk](http://www.blackwellpublishers.co.uk) (then follow links to journal).

National Reference Center for Bioethics Literature: [www.georgetown.edu/research/nrcbl](http://www.georgetown.edu/research/nrcbl). The website for the largest library in medical ethics with useful bibliographies, search tools, educational material and web links.

Social Science Information Gateway: [www.sosig.ac.uk](http://www.sosig.ac.uk). A comprehensive and well-classified gateway to web resources in social sciences including ethics and law.

The Nuffield Trust Bioethics Reports: [www.nuffieldbioethics.org](http://www.nuffieldbioethics.org). Full text of these significant reports available online.

## National organisations

The General Medical Council: [www.gmc-uk.org](http://www.gmc-uk.org). Contains GMC guidelines covering many areas of medical practice and includes draft guidelines for comment and feedback.

The British Medical Association: [www.bma.org.uk](http://www.bma.org.uk). Some of the BMA's reports and codes of practice (such as that about advance directives) are available online.

UK government reports: [www.dh.gov.uk/PublicationsAndStatistics/fs/en](http://www.dh.gov.uk/PublicationsAndStatistics/fs/en). Law commission reports are available as well as some government-sponsored educational documents such as that on consent.

UK Clinical Ethics Network: [www.ethox.org.uk/](http://www.ethox.org.uk/). Useful links to guidelines on ethical issues and discussions of key ethical issues in clinical practice.

National Institute for Health and Clinical Excellence: [www.nice.org.uk](http://www.nice.org.uk). For information on clinical guidelines and directives regarding health technology interventions.

National Institute for Mental Health in England: [www.nimhe.csip.org.uk/our-work/-values/-values-based-practise.html?keywords=values%20based](http://www.nimhe.csip.org.uk/our-work/-values/-values-based-practise.html?keywords=values%20based). For values framework in mental health.

Royal College of General Practitioners: [www.rcgp.org.uk/college\\_information/college\\_information/committees/medical\\_ethics\\_committee.aspx](http://www.rcgp.org.uk/college_information/college_information/committees/medical_ethics_committee.aspx). The RCGP Medical Ethics Portal.

## Law databases

The British and Irish Legal Information Institute (BAILII) database: [www.bailii.org](http://www.bailii.org). An excellent database of recent legal cases available free online.

Office of Public Sector Information: [www.opsi.gov.uk/legislation/uk.htm](http://www.opsi.gov.uk/legislation/uk.htm). UK statutes from 1988.

Scottish Legislation: [www.opsi.gov.uk/legislation/scotland/about.htm](http://www.opsi.gov.uk/legislation/scotland/about.htm).

See the Social Science Information Gateway (above) for many more websites relevant to law.

## Medical research

UK Central Office for Research Ethics Committees (COREC): [www.corec.org.uk](http://www.corec.org.uk). Gateway to guidelines on medical research.

Declaration of Helsinki 2000 (World Medical Association): [www.wma.net/e/policy/b3.htm](http://www.wma.net/e/policy/b3.htm).

# Promoting Learning about Clinical Ethics and Values-Based Practice

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## Work-based learning

Primary care is the ideal place for specialty registrars to learn about ethics and values-based practice. There will also be excellent opportunities while placed in the secondary care setting. Developing ethics and values-related competences is essential. In addition to specific areas, such as ethics and clinical governance, the ability to combine values with evidence in the clinical encounter is the key to the strong partnership between general practitioners, their patients and families that is at the heart of primary care practice.

Specialty registrars should have opportunities to discuss ethical and other values-related aspects of their practice with colleagues as these arise in their day-to-day work: in addition to contact with patients, their families and the wider community, relevant contexts include such areas as audit and review meetings, and developing practice policies (e.g. on rationing and other resource issues). It is particularly helpful if there is 'protected time' for reflection and shared learning in which training resources (articles, case studies, etc.) are combined with discussion of real issues arising in the specialty registrar's own practice. Presentation of cases to peer groups as part of the more formal training programme will promote reflective practice and can be used to illustrate the diversity of values within a specific professional group.

In some practices there are opportunities to contributing to more formal 'ethics events', including attendance at Local Research Ethics Committees or Clinical Ethics Committees. These provide valuable training experiences but the primary learning in this area should be through shared reflection on practice.

## Non-work-based learning

Although ethical and values-related competences should be gained primarily through work-based learning, specialty registrars should have opportunities for more formal training in ethics and the wider competences of values-based practice.

There are many excellent courses in ethics held around the UK, and many universities include modules or individual seminars on healthcare ethics or clinical ethics in their postgraduate courses.

The training manual in values-based practice, *Whose Values?*, which was produced in a partnership between the Sainsbury Centre for Mental Health and Warwick University's Department of Philosophy and Medical School (see above, Further Reading), is available from the Sainsbury Centre. *Whose Values?* is based on training exercises and is suitable for self-study or small-group work. Courses and training programmes in values-based practice, including work-based seminars, are run by the Sainsbury Centre, by Warwick Medical School and by the Royal College of Psychiatrists.

## Learning with other healthcare professionals

Many of the most difficult ethical and values-related issues in practice arise from differences in value-perspectives either between different healthcare professionals and/or between professionals and their patients, families

and the wider community.

In values-based practice these differences of value-perspective are a positive resource for balanced decision-making where values conflict.

For both these reasons, shared learning, with other professionals, and between professionals, their patients and families, is essential to developing ethics and values-related competences that are responsive to the demands of primary care.

## References

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- 1 GENERAL MEDICAL COUNCIL. *Good Medical Practice* London: GMC, 2006
- 2 FULFORD KWM. Ten principles of values-based medicine. Ch. 14. In: Radden J (ed.). *The Philosophy of Psychiatry: a companion* New York: Oxford University Press, 2004, pp. 205–34
- 3 GENERAL MEDICAL COUNCIL. *Tomorrow's Doctors* London: GMC, 2001
- 4 GENERAL PRACTITIONERS COMMITTEE OF THE BMA AND THE ROYAL COLLEGE OF GENERAL PRACTITIONERS. *Good Medical Practice for General Practitioners* London: Royal College of General Practitioners, 2002
- 5 OFFICE OF THE DEPUTY PRIME MINISTER SOCIAL EXCLUSION UNIT. *Final Report on Social Exclusion and Mental Health* London: Office of the Deputy Prime Minister, 2004
- 6 DEPARTMENT OF HEALTH. *Delivering Race Equality in Mental Health Care: an action plan for reform inside and outside services* London: Department of Health, 2005
- 7 DEPARTMENT OF HEALTH. *Practice-Based Commissioning: promoting clinical engagement* London: Department of Health, 2004
- 8 DEPARTMENT OF HEALTH. *Commissioning a Patient-Led NHS* London: Department of Health, 2005
- 9 THE NHS CONFEDERATION. *Factsheet on the Quality and Outcomes Framework* London: The NHS Confederation, 2003