

Medical Ethics Can Be Classified As Evidence-based Medicine

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Abstract

Medical ethics (ME) is an applied branch of ethics which analyzes the practice of clinical medicine and related scientific research based on a set of values that professionals can refer to in the event of any confusion or conflict. ME is particularly relevant in decisions regarding involuntary treatment and involuntary engagement. To practice medical ethics with many challenges from the patient's right to autonomy, the patient's beneficence and non-maleficence, the patient's justice are included. Now, however, evidence-based medicine (EBM) is as important in the developing world as it is in the developed world. Evidence-based practice medicine is one of the ways to reduce health and knowledge gaps significantly. Patient autonomy is done after being explained by the physician based on the EBM. The other three principles also depend on EBM from weak level, average level to strong level. EBM meets the needs, the demands of all four principles of medical ethics. Through this article, the challenges of ME are highlighted below and we introduce ME that can be classified into 4 levels as in the 4 levels of EBM to contribute to an effective balance in the practice of ME.

Keywords: medical ethics; evidence-based medicine; challenge; conflict; effective.

1. Overview:

Medical ethics is a ethics in the practice of clinical medicine and scientific research based on a set of values that professionals can refer to in case of any confusion or conflict. Tom Beauchamp and James Childress in their textbook Principles of Biomedical Ethics (1978) are recognized four basic ethical principles with respect: [1] [2]: • “Autonomy”: The patient has the right to refuse or choose the method of treatment. their treatment. • “Non-maleficence”: No harm to the patient - not the cause of harm. • “Patient’s beneficence”: A physician should act in the best interest of the patient, highlight the good over the bad and • “Patient’s justice”: The distribution of scarce medical resources and deciding who gets treatment with the spirit “One for All and All for One” are involved. ME is particularly relevant in decisions regarding involuntary treatment and involuntary engagement.

Development history of ME: Some rules of conduct: 1. The Hippocratic Oath discusses basic principles for medical professionals. 2. The Declaration of Helsinki (1964) and the Nuremberg Code (1947) are both well-

known and respected documents that contribute to the issue of medical ethics. More recently, new techniques for gene editing for therapeutic purposes have emerged, the prevention and cure of diseases using gene editing, are raising important ethical questions about their applications in medicine and treatments, as well as the societal impact on future generations controversial due to their connection to eugenics. [3] [4] ME includes rights, autonomy, and justice as they relate to conflicts such as sense of death, patient confidentiality, informed consent, and conflicts of interest in healthcare. [5] [6] [7] [8] In addition, ethics and medical culture are interrelated as different cultures practice different ethical values, sometimes emphasizing multiple values, more on family values and downplaying the importance of autonomy. This has resulted in a growing need for culturally sensitive physicians and ethics committees in hospitals and other healthcare settings.[9] [10] [11] Since the 1970s, the growing influence of ethics in contemporary medicine can be seen in the increasing use of Institutional Review Boards to evaluate experiments on human subjects, the establishment of hospital ethics committees, the expansion of the role of clinician ethicists, and the integration of ethics into many medical school curricula. [12]

2. Challenges in medical ethics practice:

2.1 Conflict: Between autonomy and interests / does not cause bad consequences.

Autonomy can conflict with interests when a patient disagrees with recommendations that healthcare professionals believe are in the patient's best interest.

2.2 Informed Consent: Ethical informed consent generally refers to the idea that a person should be well informed and understand the potential benefits and risks in choosing a method of their treatment. [13]

2.3 Confidentiality: is an important issue in primary healthcare ethics, where physicians care for many patients from the same family and community, and where third parties often request information from the institution. Substantial medical databases are commonly collected in primary health care.

2.4 Cultural differences: can create difficult medical ethics problems.

Ethics committees: In a complex case, a simple communication is not enough to resolve a conflict and a hospital ethics committee must convene to decide. For example, the United States proposes that the Research and Ethical Boards (REB Research and Ethical Boards); Eurozone with European Forum for Good Clinical Practice (EFGCP) and Australia with Australian Health Ethics Committee (AHEC) recommendations 1996. Some believe that medical lifestyle counseling and building healthy habits around our daily lives is one way to tackle healthcare reform. [14]

Other cultures and healthcare:

- Buddhist Medicine: Death is only a stage in an infinite life process, not an end.
- Chinese Medicine: The passing and coming of the seasons, life, birth and death are considered to be

cyclical and eternal, believed to be regulated by the principles of yin and yang.

- Islamic culture and medicine: believing that faith and the supreme god can cure diseases

2.5 Other challenges:

- Conflict of interest: is very common between both academic and practicing physicians. Studies show that doctors can be swayed by pharmaceutical company enticements, including gifts and food. [15]
- Treat family members: "Buddhist in-house without sacred" means that a prophet is without honor in his own country. The American Medical Association (AMA) states that "Physicians in general should not treat themselves or members of their immediate family". [16]
- Sexual relationships: Results from those studies suggest that some forms of discipline are more likely to be offenders than others. For example, psychiatrists and obstetricians and gynecologists are two professions that are noted for having higher rates of sexual misconduct. [18]
- Possibility of useless medical care: In some hospitals, medical futility is called a treatment that cannot benefit the patient.

3. Medical ethics and evidence-based medicine:

3.1 Evidence-based medicine (EBM): is as important in the developing world as it is in the developed world. The most noticeable forms of poverty are hunger and poor housing. Both are powerful killers, the poverty of medical and knowledge is also considerable. Evidence-based practice is one of the ways these problems can be mitigated. Potentially, the internet, one of the biggest benefits, is its ability to end knowledge poverty and in turn influence all the factors that undermine wellbeing and sustainable lifestyles. [18]

3.2 Medical ethics and patient response based on EBM: Medical ethics with 4 basic ethical principles: patient's right to autonomy, patient beneficence, non-maleficence and justice for the patient are closely related to EBM. Patient autonomy is done after being explained by the physician based on the EBM. The other three principles also depend on EBM from weak level, average level to strong level. Choosing a vaccine during the Covid 19 pandemic is a balance between ME and EBM. Evidence-based medicine that meets the needs, the demands of all four principles of ME is an integral part of ME. Thus, medical ethics can be classified into 4 levels as in the 4 levels of EBM: weak, average, strong, and strongest to contribute to an effective balance in the practice of medical ethics. [18]

Table I: Medical ethics and evidence-based medicine with 4 levels

	Medical ethics	Evidence-based medicine
1	Strongest	Randomized controlled trial, cohort.
2	Strong	Controlled clinical trial
3	Average	Clinical Trials with mass cases.
4	Weak	Expert opinion in several cases based on basic medicine.

4. Conclusion:

Medical Ethics has recognized four basic ethical principles: the patient's right to autonomy and the other three principles that are the patient's beneficence and non-maleficence, the patient's justice. Evidence-based medicine that meets the needs, the demands of all four principles of medical ethics, is an integral part of medical ethics. Thus, medical ethics can be classified into 4 levels: weak, average, strong, and strongest to contribute to an effective balance in the practice of medical ethics.

Declaration of Interests: The author states that he has no conflicts of interest to declare.

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