



ΠΑΝΕΠΙΣΤΗΜΙΟ ΙΩΑΝΝΙΝΩΝ
ΑΝΟΙΚΤΑ ΑΚΑΔΗΜΑΪΚΑ ΜΑΘΗΜΑΤΑ

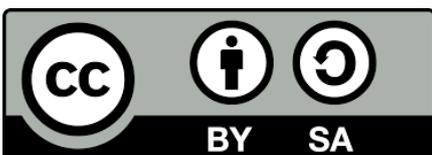


Τίτλος Μαθήματος: Αγγλική Γλώσσα II - Ιατρική ορολογία

Ενότητα: Ιατρική ηθική (medical ethics)

Διδάσκων: Θεοδώρα Τσελίγκα

Τμήμα: Ιατρικής



Με τη συγχρηματοδότηση της Ελλάδας και της Ευρωπαϊκής Ένωσης

Medical English II – MEDICAL ETHICS

Pre-reading questions

- *What is your opinion on 'euthanasia'? Who should give consent for assisted dying?*
- *Should women be allowed to give birth to children (using IVF) at any age they wish?*
- *What should the rights of a surrogate mother be over the child she is carrying?*

Medical Ethics

Ethics is concerned with moral principles, values and standards of conduct. The field of health and health care raises numerous ethical concerns, related to, for example, health care delivery, professional integrity, data handling, use of human subjects in research, and the application of new techniques, such as gene manipulation.

Updating the Hippocratic Oath for 20th century use, the World Medical Association (WMA) came up with the Declaration of Geneva, which has been revised several times since, most recently in 2006.

International code of medical ethics

DUTIES OF PHYSICIANS IN GENERAL

A PHYSICIAN SHALL	always exercise his/her independent professional judgment and maintain the highest standards of professional conduct.
A PHYSICIAN SHALL	respect a competent patient's right to accept or refuse treatment.
A PHYSICIAN SHALL	not allow his/her judgment to be influenced by personal profit or unfair discrimination.
A PHYSICIAN SHALL	be dedicated to providing competent medical service in full professional and moral independence, with compassion and respect for human dignity.
A PHYSICIAN SHALL	deal honestly with patients and colleagues, and report to the appropriate authorities those physicians who practice unethically or incompetently or who engage in fraud or deception.
A PHYSICIAN SHALL	not receive any financial benefits or other incentives solely for referring patients or prescribing specific products.
A PHYSICIAN SHALL	respect the rights and preferences of patients, colleagues, and other health professionals.
A PHYSICIAN SHALL	recognize his/her important role in educating the public but should use due caution in divulging discoveries or new techniques or treatment through non-professional channels.
A PHYSICIAN SHALL	certify only that which he/she has personally verified.
A PHYSICIAN SHALL	strive to use health care resources in the best way to benefit patients and their community.
A PHYSICIAN SHALL	seek appropriate care and attention if he/she suffers from mental or physical illness.

A PHYSICIAN SHALL respect the local and national codes of ethics.

DUTIES OF PHYSICIANS TO PATIENTS

A PHYSICIAN SHALL always bear in mind the obligation to respect human life.

A PHYSICIAN SHALL act in the patient's best interest when providing medical care.

A PHYSICIAN SHALL owe his/her patients complete loyalty and all the scientific resources available to him/her. Whenever an examination or treatment is beyond the physician's capacity, he/she should consult with or refer to another physician who has the necessary ability.

A PHYSICIAN SHALL respect a patient's right to confidentiality. It is ethical to disclose confidential information when the patient consents to it or when there is a real and imminent threat of harm to the patient or to others and this threat can be only removed by a breach of confidentiality.

A PHYSICIAN SHALL give emergency care as a humanitarian duty unless he/she is assured that others are willing and able to give such care.

A PHYSICIAN SHALL in situations when he/she is acting for a third party, ensure that the patient has full knowledge of that situation.

A PHYSICIAN SHALL not enter into a sexual relationship with his/her current patient or into any other abusive or exploitative relationship.

DUTIES OF PHYSICIANS TO COLLEAGUES

A PHYSICIAN SHALL behave towards colleagues as he/she would have them behave towards him/her.

A PHYSICIAN SHALL NOT undermine the patient-physician relationship of colleagues in order to attract patients.

A PHYSICIAN SHALL when medically necessary, communicate with colleagues who are involved in the care of the same patient. This communication should respect patient confidentiality and be confined to necessary information.

WMA Declaration of Lisbon on the Rights of the Patient

PREAMBLE

The relationship between physicians, their patients and broader society has undergone significant changes in recent times. While a physician should always act according to his/her conscience, and always in the best interests of the patient, equal effort must be made to guarantee patient autonomy and justice. The following Declaration represents some of the principal rights of the patient that the medical profession endorses and promotes. Physicians and other persons or bodies involved in the provision of health care have a joint responsibility to recognize and uphold these rights. Whenever legislation, government action or any other administration or institution denies patients these rights, physicians should pursue appropriate means to assure or to restore them.

PRINCIPLES

Right to medical care of good quality

- Every person is entitled without discrimination to appropriate medical care.
- Every patient has the right to be cared for by a physician whom he/she knows to be free to make clinical and ethical judgements without any outside interference.
- The patient shall always be treated in accordance with his/her best interests. The treatment applied shall be in accordance with generally approved medical principles.
- Quality assurance should always be a part of health care. Physicians, in particular, should accept responsibility for being guardians of the quality of medical services.
- In circumstances where a choice must be made between potential patients for a particular treatment that is in limited supply, all such patients are entitled to a fair selection procedure for that treatment. That choice must be based on medical criteria and made without discrimination.
- The patient has the right to continuity of health care. The physician has an obligation to cooperate in the coordination of medically indicated care with other health care providers treating the patient. The physician may not discontinue treatment of a patient as long as further treatment is medically indicated, without giving the patient reasonable assistance and sufficient opportunity to make alternative arrangements for care.

Right to freedom of choice

- The patient has the right to choose freely and change his/her physician and hospital or health service institution, regardless of whether they are based in the private or public sector.
- The patient has the right to ask for the opinion of another physician at any stage.

Right to self-determination

- The patient has the right to self-determination, to make free decisions regarding himself/herself. The physician will inform the patient of the consequences of his/her decisions.
- A mentally competent adult patient has the right to give or withhold consent to any diagnostic procedure or therapy. The patient has the right to the information necessary to make his/her decisions. The patient should understand clearly what is the purpose of any test or treatment, what the results would imply, and what would be the implications of withholding consent.
- The patient has the right to refuse to participate in research or the teaching of medicine.

The unconscious patient

- If the patient is unconscious or otherwise unable to express his/her will, informed consent must be obtained whenever possible, from a legally entitled representative.
- If a legally entitled representative is not available, but a medical intervention is urgently needed, consent of the patient may be presumed, unless it is obvious and beyond any doubt on the basis of the patient's previous firm expression or conviction that he/she would refuse consent to the intervention in that situation.
- However, physicians should always try to save the life of a patient unconscious due to a suicide attempt.

The legally incompetent patient

- If a patient is a minor or otherwise legally incompetent, the consent of a legally entitled representative is required in some jurisdictions. Nevertheless the patient must be involved in the decision-making to the fullest extent allowed by his/her capacity.

- If the legally incompetent patient can make rational decisions, his/her decisions must be respected, and he/she has the right to forbid the disclosure of information to his/her legally entitled representative.
- If the patient's legally entitled representative, or a person authorized by the patient, forbids treatment which is, in the opinion of the physician, in the patient's best interest, the physician should challenge this decision in the relevant legal or other institution. In case of emergency, the physician will act in the patient's best interest.

Procedures against the patient's will

- Diagnostic procedures or treatment against the patient's will can be carried out only in exceptional cases, if specifically permitted by law and conforming to the principles of medical ethics.

Right to information

- The patient has the right to receive information about himself/herself recorded in any of his/her medical records, and to be fully informed about his/her health status including the medical facts about his/her condition. However, confidential information in the patient's records about a third party should not be given to the patient without the consent of that third party.
- Exceptionally, information may be withheld from the patient when there is good reason to believe that this information would create a serious hazard to his/her life or health.
- Information should be given in a way appropriate to the patient's culture and in such a way that the patient can understand.
- The patient has the right not to be informed on his/her explicit request, unless required for the protection of another person's life.
- The patient has the right to choose who, if anyone, should be informed on his/her behalf.

Right to confidentiality

- All identifiable information about a patient's health status, medical condition, diagnosis, prognosis and treatment and all other information of a personal kind must be kept confidential, even after death. Exceptionally, descendants may have a right of access to information that would inform them of their health risks.
- Confidential information can only be disclosed if the patient gives explicit consent or if expressly provided for in the law. Information can be disclosed to other health care providers only on a strictly "need to know" basis unless the patient has given explicit consent.
- All identifiable patient data must be protected. The protection of the data must be appropriate to the manner of its storage. Human substances from which identifiable data can be derived must be likewise protected.

Right to Health Education

- Every person has the right to health education that will assist him/her in making informed choices about personal health and about the available health services. The education should include information about healthy lifestyles and about methods of prevention and early detection of illnesses. The personal responsibility of everybody for his/her own health should be stressed. Physicians have an obligation to participate actively in educational efforts.

Right to dignity

- The patient's dignity and right to privacy shall be respected at all times in medical care and teaching, as shall his/her culture and values.
- The patient is entitled to relief of his/her suffering according to the current state of knowledge.
- The patient is entitled to humane terminal care and to be provided with all available assistance in making dying as dignified and comfortable as possible.

Right to religious assistance

- The patient has the right to receive or to decline spiritual and moral comfort including the help of a minister of his/her chosen religion.

Sources:

- 1) wikipedia:
- 2) World Medical Association, International Code of Medical Ethics:
<http://www.wma.net/en/30publications/10policies/c8/>

ABORTION IN GREECE

Abortion in Greece has been fully legalized since January 27, 1984. Abortions can be performed on-demand in hospitals for women whose pregnancies have not exceeded twelve weeks. In the case of rape or incest, an abortion can occur as late as nineteen weeks, and as late as twenty-four weeks in the case of fetal abnormalities. Girls under the age of 18 must get written permission from a parent or guardian before being allowed an abortion.

As of 2007, the abortion rate was 7.2 abortions per 1000 women aged 15-44 years.

Exercise 1

Read the following abstract from an article by Ioannidi-Kapoglou, E. (2004). Use of contraception and abortion in Greece: A review. *Reproductive Health Matters*, 12(24), 174-183, and try to fill in the gaps using the words given in parenthesis.

Greece has one of the highest rates of abortions in Europe and a very low _____ (**prevail**) of _____ (**contraception**) use apart from _____ (**withdraw**) and condoms. Based on limited data from the past 30 years, this paper describes the context in which Greek women make _____ (**reproduce**) decisions, and the history of family _____ (**plan**) and abortion policies and services in Greece. It shows that in spite of the _____ (**persist**) of the traditional importance placed on marriage and motherhood, the _____ (**fertile**) rate in Greece is very low. Sex education is still not included in the school curriculum, and the lack of accurate information on contraception and the prevention of _____ (**not want**) pregnancy, especially in adolescence, still have critical repercussions for women's life choices. Although the public sector has been required to provide family planning services since 1980, only 2% of women of _____ (**reproduce**) age were accessing these services in 1990, based mainly in urban centres. In 2001, one in four women of reproductive age had had at least one unwanted pregnancy ending in abortion; the rate was one in ten in the 16–24 age group and one in three in the 35–45 age group. With an almost complete lack of _____ (**prevent**) policies in Greece, women continue to have to rely on abortion to control births.

Exercise 2

Now read the Conclusion from an article by Georges, E. (1996), Abortion policy and practice in Greece. *Reproductive Health Matters*, 42(4), 509-519, and try to put the sentences in the correct order.

- A) During this period, profound social and economic transformations have (in ways that have yet to be fully understood) prompted Greeks to dramatically limit their fertility.
- B) As occurred in Europe's 'demographic transition' over the last century, much of this decline was due to 'traditional' techniques of controlling fertility, and coitus interruptus in particular.
- C) In a matter of a couple of generations or so, both the ideal and the reality of large families have been abandoned, as most couples adopt a pattern of 'early stopping' after just one or two children.
- D) In this article, I have examined abortion as a part of a Greek contraceptive culture which has taken shape during the postwar period both in response, and in esistance to, a variety of macro- and micro- political institutions and forces.

Correct order:

1 ____ 2 ____ 3 ____ 4 ____

- E) At the same time, the pronatalist policies and discourses of both state and church combined to foreclose most medical contraceptive alternatives.
- F) When the legalization of female methods finally occurred in 1980, it came at the end of a decade-long 'flight from the pill' and a barrage of negative experiences with the IUD in the U.S. and Europe.
- G) Nonetheless, as I have argued in this article, Greek women's resistance to medical contraceptives was not only a consequence of fears rooted in an increasingly dominant biomedical paradigm, although this was certainly important.
- H) To further put this moment in context, just as Greek women began to have access to readily available information on contraception, Dutch women stopped taking the pill in large numbers.
- I) The Greek context differs, how-ever, in that safe, medicalized abortions were an additional option, readily accessible first to urban women, who led the fertility decline, and eventually to others as well. An abundant supply of doctors and a widespread political culture of legal evasion created the conditions for this option.
- J) Resistance was also nourished by ethnomedical understandings of health and its maintenance. Part of a larger and influential discourse of social, moral and physical order, these alternative understandings in many cases were reinforced by women's experience, both direct and indirect, with the undesirable bodily effects of the two available medical methods.

Correct order:

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____

CASE STUDIES on medical ethical issues (adapted from:
<http://www.scu.edu/ethics/publications/submitted/cirone/medical-ethics.html>)

Case 1

A woman enters the emergency room with stomach pain. She undergoes a CT scan and is diagnosed with an abdominal aortic aneurysm, a weakening in the wall of the aorta which causes it to stretch and bulge. The physicians inform her that the only way to fix the problem is surgically, and that the chances of survival are about 50/50. They also inform her that time is of the essence, and that should the aneurysm burst, she would be dead in a few short minutes. The woman is an erotic dancer; she worries that the surgery will leave a scar that will negatively affect her work; therefore, she refuses any surgical treatment. Even after much pressuring from the physicians, she adamantly refuses surgery. Feeling that the woman is not in her correct state of mind and knowing that time is of the essence, the surgeons decide to perform the procedure without consent. They anesthetize her and surgically repair the aneurysm. She survives, and sues the hospital for millions of dollars.

Questions for Case 1:

- *Do you believe that the physician's actions can be justified in any way?*
- *Is there anything else that they could have done?*
- *Is it ever right to take away someone's autonomy? (Would a court order make the physicians' decisions ethical?)*
- *What would you do if you were one of the health care workers?*

Case 2

You are a general practitioner and a mother comes into your office with her child who is complaining of flu-like symptoms. Upon entering the room, you ask the boy to remove his shirt and you notice a pattern of very distinct bruises on the boy's torso. You ask the mother where the bruises came from, and she tells you that they are from a procedure she performed on him known as "cao gio," which is also known as "coining." The procedure involves rubbing warm oils or gels on a person's skin with a coin or other flat metal object. The mother explains that cao gio is used to raise out bad blood, and improve circulation and healing. When you touch the boy's back with your stethoscope, he winces in pain from the bruises. You debate whether or not you should call Child Protective Services and report the mother.

Questions for Case 2:

- *Should we completely discount this treatment as useless, or could there be something gained from it?*
- *When should a physician step in to stop a cultural practice? (If someone answers "when it harms the child" remind that person that there is some pain in many of our medical procedures, for example, having one's tonsils removed)*
- *Should the physician be concerned about alienating the mother and other people of her ethnicity from modern medicine?*
- *Do you think that the physician should report the mother?*

General medical English vocabulary exercises

Exercise 1

Medical supplies and tools

(adapted from: <http://www.englishclub.com/english-for-work/medical-supplies.htm>)

Here is a list of some of the most common supplies found in doctor's offices, operating rooms, and medical kits. Study the vocabulary and try to do the matching exercise.

1. antiseptic	a. tool used to cut bandages
2. bandage	b. paper that is placed on an examining table or head-rest to prevent the spread of germs
3. bandage scissors	c. liquid used to sterilize (clean) the surface of the skin
4. blood pressure monitor	d. thin, netted material used for dressing wounds
5. dressing	e. sharp pointed metal piece that pricks the skin (attached to a syringe), used for taking blood or administering medicine
6. elastic tape	f. a thin roll of stretchy material that is sticky on one side
7. eye chart	g. equipment that makes small things appear larger than they are
8. forceps	h. an object that is used to separate the doctor and patient from others in an open room
9. gauze	i. a tool that measures the force of blood flow through a person's body
10. hypodermic needle	j. protective covering that is placed over a wound
11. IV bag	k. equipment that fits over the nose and mouth and supplies oxygen
12. medicine cup	l. a cylinder-shaped piece that attaches to a needle and can be filled with liquid
13. microscope	m. a poster of letter, word, and number combinations of various sizes used to test a person's eyesight
14. otoscope	n. A small bottle or container used for storing liquids
15. oxygen mask	o. the pouch that contains liquids to be pumped into a patient's body
16. privacy screen	p. instrument used during operations and medical procedures (assists the doctor in pulling, holding, and retrieving)
17. scales	q. glass cylinder that is filled with blood or other liquids and can be capped and placed in a storage area
18. stethoscope	r. equipment for listening to a person's heart and lungs
19. syringe	s. small plastic measuring cup
20. table and head-rest paper	t. a cloth covering that is placed over a wound to prevent bleeding, swelling and infection

21. test tube	u. an instrument used to check a person's body temperature
22. thermometer	v. a device that measures a person's weight
23. vial	w. a device used for looking into a patient's ears

1.	2.	3.	4.	5.
6.	7.	8.	9.	10.
11.	12.	13.	14.	15.
16.	17.	18.	19.	20.
21.	22.	23.		

Exercise 2

Choose the correct answer. (Adapted from:

http://www.businessenglishsite.com/exercise_doctormedical11.html)

1. I'm _____ for surgery (= having surgery) tomorrow.
 - a. going in
 - b. going up
 - c. going out
2. The tests are _____. We have to retest you.
 - a. incredulous
 - b. inconclusive
 - c. inclined
3. Are you experiencing any _____? = Do you feel tired?
 - a. dizziness
 - b. pain
 - c. fatigue
4. Please _____ me (= let me know) of any changes in your condition.
 - a. notify/inform
 - b. note
 - c. review
5. When there is a decrease in or disappearance of signs and symptoms of cancer, you can say that the cancer is in _____.
 - a. regression
 - b. remittance
 - c. remission
6. How _____ is this treatment? (= how well does this treatment work?)
 - a. affected
 - b. effective
 - c. ineffectual
7. I have a strange _____ (= red patches) on my skin.
 - a. rash
 - b. rush
 - c. reach

8. This won't _____ long = This won't require a lot of time
 a. do
 b. take
 c. make
9. Your regular doctor is often referred to as your "_____ care doctor".
 a. primal
 b. primary
 c. principal
10. Most operations are not emergencies and are considered _____ surgery. (= surgery that you choose to have)
 a. choosy
 b. picked
 c. elective

Exercise 3

Medical Abbreviations

Try to write the meaning of the following abbreviations:

Abbreviation	Meaning
1/12	
1/52	
a&w	Alive &
BAL	b..... alcohol l.....
BMSc	Bachelor of
BP	
BWt	Birth
c/o	c..... of
CA	
CAD	c..... artery d.....
CHF	chronic h..... f.....
CNS	c..... nervous s.....
Cx	
DOA	dead o... a.....
DOB	date o... b.....
Dx	
EEG	electro.....
CBC	

**Ανοικτά Ακαδημαϊκά Μαθήματα
Πανεπιστήμιο Ιωαννίνων**

Τέλος Ενότητας

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Σημείωμα Αναφοράς

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