Journal of Intercultural Management and Ethics

JIME

ISSN 2601 - 5749, ISSN-L 2601 - 5749

published by

Center for Socio-Economic Studies and Multiculturalism
Iasi, Romania
www.csesm.org

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PATIENT COMPLIANCE WITH BIOTECHNOLOGICAL APPLICATIONS IN GASTROENTEROLOGY

Andreea-Luiza Palamaru [1,*], Tudor Winzinger [1,], Dumitrașcu Diana-Lăcrămioara[3], Elena Toader[1,2,3]

[1] „Gr. T. Popa" University of Medicine and Pharmacy, Iași, Romania
[2] Gastroenterology and Hepatology Institute, Iași, Romania
[3] "St. Spiridon" Emergency County Hospital, Iași, Romania
*corresponding author, E-mail: luiza.palamaru@yahoo.com

Abstract

Gastroenterology has made a real revolution in medicine by moving in just a few decades, from a medical discipline to a predominantly interventional one. In this context, the issue of the "new" appears, represented by the technological progress in medicine.

Acceptance and assimilation of the notion of "new" is configured in the form of a two-way approach, both by the medical community and the patient. In practical approaches, the concept of "new in medicine" explores three levels: communication, the benefit and the risk for the patient. The gastroenterological community responded promptly to the "new" by professionally assimilating biotechnologies designed to improve the patient's quality of life, regardless of age and severity of the disease. This approach requires performance from professionals in the field of interventional gastroenterology, proven by the priority for accuracy in establishing the diagnosis. The performance aims at managerial procedures for the coherent implementation of the technological progress in the digestive endoscopy, in connection with the duty to do good for the patient.

The purpose of this paper is to analyze from an ethical perspective how the compliance from the patient regarding the adherence to the new medical biotechnologies in the field of endoscopic explorations, can increase the quality of the medical act. An important contribution has the sources of patient information that are both medical and non-medical.

Patient compliance with new biotechnologies is directly proportional to the level of trust obtained through effective communication, sensitive to his values and moral beliefs.

Keywords*:* biotechnology, compliance, digestive endoscopy

Introduction

The constant development of both science and technologies has had major impact as well as significant contribution to human civilization, particularly as related to medical field. Changing how healthcare is provided shall also challenge the medical staff, whether it is about various medical specializations or any auxiliary staff. Thus, medical evolution has enabled technology infiltration at medical jobs level, which has triggered may issues of ethical nature both in terms of doctors as well as patients are concerned. The need to think of a moral dimension of medical development in terms of service providing, new scientific developments and technologies has required by default the due setting forth of some ethical code regarding directly both the justice and equity of the medical act and the medical staff's direct responsibilities. Medical ethics field stands for healthcare professionals' constantly pondering on their conduct and morality as well as on patients' conduct, particularly while conducting various medical interventions. In a faster and more comprehensive way than other medical specializations, gastroenterology has suffered some deep mutations which in their turn have modified the doctors' activity coordinates as result of the technologization and professionalization degree of the medical act. The unprecedented growth of modern medicine

power and the complex sociological conditions under which the latter is practiced, raise new ethical issues regarding what is just, what is good and what is fair in terms of doctors' and patients' conduct, as well as the conduct of individuals and that of society itself. The extraordinary progress at medical technology level, the high costs of healthcare given the underfinanced system, the increase of demands and public expectations, as well as values versatility require one to reconsider some of the old ethical principles, or in other words, to reconsider the latter's enforcement under new circumstances. (Beauchamp & Childress, 2001).

At the level of healthcare field, gastroenterology has caused a real record time revolution in medicine, in just few decades, turning from one medical subject to one that is mainly interventional. Specialized literature shows this particular evolution as cutting-edge, leading to one highly efficient management, modelled substantially by digestive endoscopy which, by higher quality accessories and devices has brought great contribution to the huge increase of diagnosis and therapy – specific potential of modern gastroenterology. Perhaps, gastroenterology stands for the medical specialization having the widest possibilities for diagnosis and treatment that may be provided to patients. (Fritzsche, 2000).

The purpose of this paper is to analyze from an ethical perspective how the compliance from the patient regarding the adherence to the new medical biotechnologies in the field of endoscopic explorations, can increase the quality of the medical act.

The attention paid to this particular field, which combines the medical with the (technical) interventional side, is way greater in the century we are living in, as result of the large number of digestive conditions and disorders that occur at global level. (Beauchamp & Childress, 2001).

The context of modern medicine

Despite the fact that digestive endoscopy may be perceived as one currently well accepted and shaped up medical procedure at the level gastroenterology professional communities, however, the ratio of periprocedural complications is still constant. (Kaptein, 1998). Patients' safety stands for concern in medical and healthcare systems all around the world. Consequently, the international specialized literature is characterized by a significant number of studies on periprocedural complications of digestive endoscopy, in terms of the latter's consequence, amplitude and incidence. One subject that is yet poorly studied at the level of the academic medical community in our country is represented by the overall methods for the due management of invasive interventional procedures from an ethical perspective. Under such circumstances, one focuses on the ethical issues of the medical act and, by default, of the doctor-patient relation, under modern medicine conditions. It's just obvious that any sustained efforts in terms of finding various issues of relevance for the ethical management of endoscopic interventions are more than welcome, regardless of the European country involved. At the same time, the actual concern, interest and priority in terms of accuracy when timely issuing a diagnosis, which would enable targeted, efficient therapies that are able to cure, ameliorate or even improve patient's life quality, regardless of the latter's age and the serious character of his condition, aim at having some managerial procedures for the coherent implementation of technological process in terms of digestive endoscopy, in one logical structuring of activities that focus on enhancing the quality of the medical act, in connection with the actual call of doing good for your patient. (Kaptein, 1998).

Morality and ethics in the medical act

Nowadays, the relevance of the moral dimension of medical acts has started requiring at the level of healthcare actors knowledge a set of motivations for taking the ethical contents

from one marginal area, without yet any statistical support, towards one more central position of the management. To this end, in the relevant academic debates and hands-on approaches, the positive argumentation of ethics duly applicable to medical acts as well as at the organizational culture level, shapes up the features of ethical management at several levels of interest. Approaching the connection in-between the clinical and the ethical in terms of endoscopic procedures management in gastroenterology stands for one interesting research field, poorly explored however at this time at the level of the Romanian academic community. (Fritzsche, 2000).

At institutional level, the grounds for motivations become one significant factor in guiding moral choices towards maximizing one's own interests, maximizing joint interests or complying with universal principles. In practice, accepting moral involvement within the process of running highly professionalized procedures, the case of new biotechnologies, new medical techniques or the solving of any moral dilemmas which might occur within the process of running the medical act, has as its equivalent at ethical decision level `a demo`, within the meaning of being sensitive to patients' value as well as being able to earn the latter's trust. A fact of the same relevance is also that each and every specialist in a European Union country is able to apply such biotechnological procedures in any other European Union member state, without actually holding any right of practice specific to the given country. Once again this also requires several approaches and identifications in terms of legislation and specifically medical normative deeds. (Alboraie et al., 2020).

Practical applications of biotechnologies

The unprecedented development of modern medicine power and the complex sociological conditions under which medicine is nowadays practiced, raise new ethical issues regarding what is just, what is good and what is fair and equitable, as related to doctors' and patients' conduct, as well as the conduct of individuals and of the very society in itself. The remarkable progress achieved in medical technology field, the high costs of medical care, resources scarcity, the increase of demand and public expectations, as well as the modification of values require the intensive re-evaluation of the future of healthcare system and the actual reconsideration of some of the former ethical principles or, more precisely, of their applicability to new circumstances. (Chiu et al., 2020).

Given such context, there is the issue of the "new" represented by technological progress in medicine. Accepting and assimilating the concept of "new" shapes up under the form of one bidirectional action, both on the part of the medical community in its capacity of medical service provider and on the part of the actual patient, in the latter's capacity of such medical services beneficiary. At the level of hands-on approaches, the concept of `new in terms of medicine` covers the three levels, namely: communication with the patient, the benefits brought to patients and the risks for the said patients. Any efficient running of the medical act involves the due compliance by the patient in terms of adhering to the new medical biotechnologies in endoscopic examination field. To this end, one significant contribution is brought by patient's information sources which are both from the medical field and from the non-medical one. At the same time, the actual preoccupation, interest and priority for accuracy in timely establishing a diagnosis, which would enable targeted, efficient therapies, that are able to heal, ameliorate or even improve the patient's quality of life, regardless of the latter's age and the serious character of his condition, focus on managerial procedures for coherent implementation of technological progress in digestive endoscopy. (Ladas et al., 2007).

One needs to understand the principles laying the foundation of making decisions in the medical field and the elements triggering how such decisions are currently made. Each one of us is responsible for assuming there are contradictions and conflicts in-between such

principles. Any individual's fundamental rights derive out acknowledging that person's human status, his life inviolability and the fact that such individual has been born and shall always be free. (Fritzsche, 2000).

The informed consent - the first step in assimilating the new

The level of communicating with the patient involves showing deference for each individual's values and wishes and such duty gets even stronger when the individual gets vulnerable. Since both the autonomy and responsibility of each individual, including of the one in need of health care, are accepted as relevant values, then such individual's involvement in or attendance to the making of decisions regarding his own body or heath should be acknowledged as universal rights. Being informed means holding the adequate level of knowledge, acceptance, appreciation, intention and understanding. One's opinion and choice cannot be final and acceptable unless based on due knowledge to that effect. (Fritzsche, 2000).

No informed consent shall be actually valid unless based on the individual's agreement. Any patient should be capable to understanding the meaning of the information he is given, as well as be able to balance the pros and the cons, draw conclusions with reasonable reasoning based on the data he has been provided with, assess the existing circumstances, assess the various aspects of one given situation and reach a well thought of decision based on the information at hand. And this is why information must be provided to the patient in a way that is coherent with the latter's capacity to understand and under a form that would maximize his understanding. (Chiu et al., 2020).

The informed consent doctrine requires the doctor to tell his patient any information which might be deemed useful for the latter to be allowed to make a smart decision, in full knowledge of the facts, as related to both medical care and treatment. Under the typical therapeutic context, doctors should provide their patients with more and more specific information. On the other hand, doctors should keep a certain balance in-between providing large amounts of information, and by doing this cutting down on the patient's ability to make rational choices, and the selective supply of such information, for the purpose of simplifying and facilitating the decision-making. One of the most difficult social, moral and medical issues is represented by the matter regarding the adequate approach of a patient suffering from an incurable condition. Patient's right to know and be informed on the serious character of his condition should be balanced against the actual right of not knowing, when the fact of being informed may cause a traumatizing state of feeling helpless and getting on the verge of having a breakdown, since in order for one to survive, one needs to show an active behavior and conduct, focused on solving the issues that may occur. No patient has any obligation within the meaning of keeping his health status or getting any treatment whatsoever. Any patient is duly entitled to deny or stop any given medical intervention. Any patient shall be free to choose his treatment or the absence of the same, or only partial treatment for that matter. (Alboraie et al., 2020).

Can the new biotechnologies ensure the wellbeing of the patient?

In terms of the level of benefits brought to the patient, this level may, in its turn, consist of four sub-levels, subject to relating to the concept of `good`: `good` from the medical perspective, `good` as the patient's own personal asset, `good` as an attribute of the human being, and the spiritual `good`. (Mureșan, 2009).

From a medical perspective, the `good` correlates directly with the purpose or goal of medicine as art, being that particular medicine component that is based on knowledge, science and medical technique. From one such medical perspective, the `good` aims at restoring the physiological function of the mind and body, ameliorating pain and suffering,

by means of the therapeutic conduct at hand, by surgical interventions or by help of psychotherapy. At this particular level, the good for the patient is only conditional upon accurate and full enforcement by the doctor of the latter's knowledge and skills, since the latter stand for part and parcel of the relevant medical technique. Yet, such `medical good` should be harmoniously combined with the other patient's good levels. Otherwise, it may become inappropriate or even toxic. Whatever is deemed to be good from a medical opinion perspective, as related to the degree of physiological efficiency, may not be good from a patient's point of view, if one breaches upon other steps in terms of the 'good' concepts that the patient relates to a higher extent. (Chiu et al., 2020).

"Medical good" covers the numerous complex sides of what the patient finds the concept of 'good` to be. When we refer to such concept of `good` as the patient's own personal asset, we focus on the patient's preferences, options, personal values and the type of life the latter relates to, the balance towards which he sets his existence to reach. Each patient has one unique set of qualities, values, ideals and principles that cannot be cancelled by any doctor, family or anyone else for that matter. The good from a medical perspective and the patient's vision of life's wellbeing should be correlated with the good governing the overall human nature, which fact is perceived as Aristotle once said, as the final telos of life. At this particular level, the concern focuses on the individual's specific good, such as caring for and protecting the latter's dignity, showing respect for his purpose as one unique and non-repeatable human being, whose value is inherent and it is not rendered by any material, education-related facts or social standing. At the doctor-patient relation level, the concept of good from a medical perspective should be harmoniously combined with the concept of good from the human being perspective. Doctors underestimating a patient's view on the concept of good, shall breach de facto upon the very fundamental principle of self-determination. At the same time, exposing one patient to risks that go beyond any potential benefits, even despite such patient's agreement, shall also breach a doctor's duty to act as a wellbeing promoter. (Ladas et al., 2007).

The highest step in terms of the concept of good, which should be predominant at the doctor-patient relation level, is represented by the good of the patient as one spiritual being, namely and attitude and conduct in which one is able to find the certainty of an inherent ending of man's life on earth, beyond any material wellbeing. This idea may also be transcribed in religious terms. It is preemptory the existence of one 'land of the spirit' which cannot be described in details, yet which provides one last meaning for the human life and for whose acquisition people – while being duly guided by faith and specific doctrines – are willing to sacrifice a bunch of material things. Thus, the fist three levels of the concept of `good`, as previously described classify on lower steps, in the hierarchy of valences of the concept of `good`, the top level being held by `spiritual good`. (Mureșan, 2009).

Conclusion

Given the above-described circumstances, we cannot help wondering if medical biotechnologies are actually succeeding in embedding the four sub - levels of the concept of `good` as far as patients are concerned. It goes without saying that `medical good` stands for the most difficult step to achieve from this particular point of view. However, in order to enjoy full compliance on the patient's part with the concept of `new in medicine' one should require that such new biotechnologies meet all the patient's four valences of the `good`. Within the process of enforcing the new biotechnologies, a doctor shall keep on acting as the main actor, the main individual in charge with making medical decisions and the guardianship of vulnerable patients' wellbeing.

In a pluralist society, there is another issue that focuses on the extent to which a patient's views, preferences, religious practices get in conflict with the doctor's own beliefs,

as to what he thinks such `good` means for his patient. Equal deference for the concept of `good` on both sides means keeping a balance within the process of conducting the medical act. The action relating to the acceptability of the `good` in medicine may not elude the level of risk for the patient. Biotechnologies application in medicine involves risks for the patient, and such risks lead to the decrease of patient's compliance. Therefore, our focus is to diminish such patient risks, by providing average and long-term efficient and cutting-edge interventional procedures. In order to do so, it shall be mandatory for one to get to know the rules laying the foundation of enforcing biotechnologies in gastroenterology.

Approaching the `new` in medicine means making medical decisions that are based on scientific reasons, as well as the ability to choose the accurate treatment methods, the shaping of various hands-on skills regarding the enforcement of guidebooks and protocols in medical practice, knowing the medical system – specific weak points and vulnerabilities, as well as the measures for managing malpractice cases and last, but not least, complying with patients' values and rights.

Patient's compliance with new biotechnologies is directly proportional with the level of trust achieved by efficient communication, sensitive to the latter's moral beliefs and values.

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