



醫學倫理與道德

陳祖裕

主題

□ 醫學倫理是什麼？

ethics [eth`iks]

1. a branch of philosophy dealing with values pertaining to human conduct, considering the rightness and wrongness of actions and the goodness or badness of the motives and ends of such actions.

2. systematic rules or principles governing right conduct. Each practitioner, upon entering a profession, is invested with the responsibility to adhere to the standards of ethical practice and conduct set by the profession. *adj.*, *adj* eth`ical.

applied ethics **practical ethics**.

descriptive ethics a type of nonnormative ethics that simply reports what people believe, how they reason, and how they act.

medical ethics the values and guidelines governing decisions in medical practice.

醫學倫理：指導醫療決策的價值和指引

metaethics.

normative ethics an approach to ethics that works from standards of right or good action. There are three types of normative theories: *virtue theories*, *deontological theories*, and *teleological theories*.

med·i·cal eth·ics

the principles of proper professional conduct concerning the rights and duties of the physician, patients, and fellow practitioners, as well as the physician's actions in the care of patients and in relations with their families.

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關於醫療人員、病人和同儕的權利和義務，以及醫療人員在照護病人及與家屬互動的行動的適當專業行為原則。

medical ethics

Etymology: L, *medicare* + Gk, *ethikos*

the moral conduct and principles that govern members of the medical profession.

Mosby's Medical Dictionary, 9th edition. © 2009, Elsevier.

指導醫學界的道德行為和原則。

medical ethics The moral construct focused on medical issues affecting patients and medical practitioners. Medical ethics is a field that formally considers the morality (and potential problems thereof) of medical decision-making, and addresses:

- (1) The broad ethical principles that impact on patients, physicians and healthcare institutions; and
- (2) The code of ethics of healthcare providers, first delineated in the Hippocratic oath.

Landmark legal cases may delineate the boundaries of medical ethics, in particular those regarding autonomy and right-to-die.

Segen's Medical Dictionary. © 2012 Farlex, Inc. All rights reserved.

聚焦於影響病人與醫療人員的醫療議題的道德架構。醫學倫理正式考慮醫療決策的道德領域，涉及：

1. 影響病人、醫療人員和醫療機構的廣泛倫理原則
 2. 醫療人員的道德準則，首先在希波克拉底誓言中描繪
- 指標性法律案例可以釐清醫學倫理的界限，特別是關於自主權和死亡權的倫理道德界限。

medical ethics The moral construct focused on the medical issues of individual Pts and medical practitioners.

McGraw-Hill Concise Dictionary of Modern Medicine. © 2002 by The McGraw-Hill Companies, Inc.

聚焦於個別病人與醫療人員醫療議題的道德架構。

med·i·cal eth·ics (med'i-käl eth'iks)

The moral conduct and principles that govern members of the medical profession.

Medical Dictionary for the Health Professions and Nursing © Farlex 2012

指導醫學界的道德行為和原則。

medical ethics A code of practice by which doctors govern their professional behaviour. As well as the avoidance of **MALPRACTICE**, medical ethics is concerned with the many moral questions and dilemmas that have arisen in consequence of medical advances—questions such as the rightness of prolonging life by extraordinary means, choices in allocating limited resources, decisions about organ transplantation, the propriety of psychosurgery, how far research on fetuses is justified, how trials of new drugs should be conducted, whether the diagnosis of genetic defects in embryos is always justified and how far genetic engineering may ethically proceed.

Collins Dictionary of Medicine © Robert M. Youngson 2004, 2005

例管理其職業行為的實踐守則。除了避免醫療失當之外，醫學倫理還涉及醫學進步引起的許多道德問題和困境，例如通過特殊手段延長生命的正確性、分配有限資源的選擇，器官移植的決定、精神心理學的適當性、什麼是胎兒研究的合理程度、新藥試驗該如何進行、胚胎遺傳缺陷的診斷是否必然合理，以及遺傳工程可能在道德上的界限。

med·i·cal eth·ics (med'i-käl eth'iks)

Principles of proper professional conduct concerning the rights and duties of the physician, patients, and fellow practitioners, as well as the physician's actions in the care of patients and in relations with their families.

Medical Dictionary for the Dental Professions © Farlex 2012

關於醫療人員、病人和同儕的權利和義務，以及醫療人員在照護病人及與家屬互動的行動的適當專業行為原則。

為何定義不清？

□ 倫理與道德的混淆

道德：人類共同生活時，行為舉止應合宜的規範與準則。
易經說卦：和順於道德而理於義，窮理盡性，至於命。

華人在傳統上所指 之倫理，定義模糊不清

倫理：人倫道德的常理。
禮記禮記：凡音者，生於人心者也；樂者，通倫理者也。

淮南子·要略：經古今之道，治倫理之序。

倫理道德：維繫人倫關係的道德準則。如：「四維八德是倫理道德的主要內涵。」

英文怎麼說？

□ 倫理與道德的混淆

Morality :

1. The **relation** of conformity or nonconformity to the moral standard or rule (是否符合道德標準或尺度之評值)
2. **Quality** of an intention, a character, an action, a principle, or a sentiment, when tried by the standard of right. (一個人的意圖、特質、行動、原則或情操在正義的標準之評價)
3. The **doctrines or rules** of moral duties, or the **duties** of men in their social character; **ethics**. (道德責任的教義或準則、人們在其社會角色中應盡的責任，倫理)

英文怎麼說？

□ 倫理與道德的混淆

Ethics :

1. The science of human duty; the body of rules of duty drawn from this science (研究人類本分的科學；此科學所延伸出來對人類本分的許多規範)

2. A particular system of principles and rules concerting duty, whether true or false (判別這本分對或錯的一套特殊原理或規範的系統)

3. Rules of practice in respect to a single class of human actions; such as, political or social ethics; medical ethics (針對某特定人類活動操作的規範)

有人說.....

- 放諸四海皆準是道德，因時因地制宜是倫理
- 對自己是道德，對別人是倫理

對嗎？

從童年「修身」課程談醫學倫理

- …最近醫院評鑑突然重視到「醫學倫理」的重要性而規定醫師一定要上醫學倫理課目，且要修完三個學分的繼續教育。「醫學倫理」絕對不是只靠上幾個小時的課程就能達到，而應從童年開始，如上述的「修身」教導而一步一腳印從實際經驗慢慢累積才能落實。……當今之計，政府當局應當重視如何從童年開始給予類似「修身」之課程，並且全面實行，多年下來，我們的醫學倫理與社會道德之提升才可期待。……

陳醫師

有什麼問題？

荒謬的「醫學倫理」繼續教育學分

- …「倫理」是不能速成的，它必需在「被塑造成形」以前給予教育、薰陶、培養、灌溉，並透過實踐，才能有一定的成果顯現。「醫學倫理」亦然，它必需在進入醫學之初，就要開始透過人文課程，在自己從小已培養好的「倫理」基礎之上，給予教育、薰陶、培養、灌溉，包括實例的討論，更重要的是學醫路上各級老師的身教，「絕對不是只靠幾小時的課程就能達到的」。如果等到成形了，成為醫師了，才想用幾小時的課程修幾個學分來提升「醫學倫理」，則緣木求魚絕無可能。 ……

廖醫師

有什麼問題？

台灣醫學倫理教育徹底破功

- …一般而言，醫學倫理，其實就是把基本做人的道理運用到醫療的情境中而已。如果是一個誠實、守法的人，他就不會草率行事，敷衍病人，也不會做出違反《醫療法》的事情。…重要的是，醫院所提供的執業環境與醫院管理政策是否容許在裡面工作的醫護人員實踐生活中做人做事的基本道理。所以，要推動醫學倫理，應該是由醫院的管理階層自我檢討其核心價值，並確定其所制定的政策是否與其核心價值是一致的。…

黃醫師

有什麼問題？

請討論.....

倫理與道德差異何在？

Tuskegee Study of Untreated Syphilis in the Negro Male

- ❑ 使美國蒙羞的研究
- ❑ 促成Belmont Report的發表
- ❑ 1932年
- ❑ Public Health Service & Tuskegee Institute
- ❑ 在阿拉巴馬州Macon County對黑人進行梅毒自然病程的記錄

The Tuskegee Syphilis Study

- ❑ 參加者：600位黑人男性，399人患梅毒，201人為未患梅毒的對照組
- ❑ 研究人員謊稱要治療他們的“bad blood”（是當地對梅毒、貧血及倦怠等症的通稱）
- ❑ 事實上：沒有任何治療（盤尼西林在1940年代成為梅毒之drug of choice）
- ❑ 交換條件：體檢、免費餐、喪葬保險
- ❑ 原訂只進行6個月，卻持續了40年
- ❑ 至少100人死於梅毒或相關併發症
- ❑ 至少40位病患妻子受感染
- ❑ 19名兒童在出生時染病

Macon County Health Department

ALABAMA STATE BOARD OF HEALTH AND U.S. PUBLIC HEALTH
SERVICE COOPERATING WITH TUSKEGEE INSTITUTE

Dear Sir:

Some time ago you were given a thorough examination and since that time we hope you have gotten a great deal of treatment for bad blood. You will now be given your last chance to get a second examination. This examination is a very special one and after it is finished you will be given a special treatment if it is believed you are in a condition to stand it.

If you want this special examination and treatment you must meet the nurse at _____ on _____ at _____ M. She will bring you to the Tuskegee Institute Hospital for this free treatment. We will be very busy when these examinations and treatments are being given, and will have lots of people to wait on. You will remember that you had to wait for some time when you had your last good examination, and we wish to let you know that because we expect to be so busy it may be necessary for you to remain in the hospital over one night. If this is necessary you will be furnished your meals and a bed, as well the examination and treatment without cost.

REMEMBER THIS IS YOUR LAST CHANCE FOR SPECIAL FREE TREATMENT. BE SURE TO MEET THE NURSE.

Macon County Health Department

Found here.

The “special free treatment” was, in fact, nothing of the sort. The researchers conducted various examinations, including spinal taps, not to treat syphilis but just to see what its effects were. In fact, by the 1950s it was well established that a shot of penicillin would fully cure early-stage syphilis. Not only were the men not offered this life-saving treatment, the researchers conspired to be sure they didn’t find out about it, getting local doctors to agree that if any of the study subjects came in they wouldn’t tell them they had syphilis or that a cure was available.

The abusive nature of this study is obvious (letting men die slow deaths that could have been easily prevented, just for the sake of scientific curiosity) and shows the ways that racism can influence researchers’ evaluations of what is acceptable risk and whose lives matter. The Tuskegee experiment was a major cause for the emergence of human subjects protection requirements and oversight of federally-funded research once the study was exposed in the early 1970s. Some scholars argue that knowledge of the Tuskegee study increased African Americans’ distrust of the medical community, a suspicion that lingers to this day. In 1997 President Clinton officially apologized for the experiment.

Macon County Health Department

Alabama State Board of Health and US Public Health
Service Cooperating with Tuskegee Institute

Dear Sir:

Some time ago you were given a thorough examination and since that time we hope you have gotten a great deal of treatment for bad blood. You will now be given your last chance to get a second examination. **This examination is a very special one** and after it is finished **you will be given a special treatment** if it is believed you are in a condition to stand it.

If you want this special examination and treatment you must meet the nurse at _____ on _____ at _____. Mr. She will bring you to the *Tuskegee Institute Hospital* for this free treatment. We still be very busy when these examinations and treatments are being given, and **still have lots of people to wait on**. You will remember that you had to wait for some time when you had your last good examination, and we wish to let you know that because we expect to be so busy it may be necessary for you to remain in the hospital over one night. If this is necessary you will be furnished your meals and a bed, as well the examination and treatment without cost.

Remember **this is your last chance** for **special free treatment**. Be sure to meet the nurse.

Macon County Health Department

U. S. PUBLIC HEALTH SERVICE



This certificate is awarded to

In grateful recognition of 25 years
of active participation in the
Tuskegee medical research study.



Lucy C. Burney

Surgeon General

Awarded 1958

美國公共衛生署於1958年
頒發獎狀予試驗參與者
感謝他們25年來的貢獻

美國聯邦
政府也是
共犯

Citation: Records of the Centers for Disease Control and Prevention

The Tuskegee Syphilis Study

- ❑ 行騙40年後.....
- ❑ 1972年媒體揭露
 - ❑ *Washington Star*, 25 July 1972
 - ❑ *New York Times*, 26 July 1972 頭條報導
- ❑ 通過聯邦法規：涉及人類受試者的研究須經**IRB**核准 ⇒ 建立：人體試驗委員會 (IRB) 制度
- ❑ 成立「保護生醫行為研究受試者」國家委員會
(*National Commission for Protection of Human Subjects of Biomedical and Behavioral Research*)

Belmont Report

- ❑ 1974年著手草擬：「保護研究受試者之倫理原則和指引」
- ❑ 1976年2月四天大會
- ❑ 1978年完成，稱為Belmont Report
- ❑ 1979年發表（前美國衛生教育福利部發表，即現時
的DHHS）
- ❑ 1981年：DHHS創立IRB法規 (45 CFR 46)

為何叫Belmont Report？

因草擬於Baltimore以南10哩處之Belmont Conference Center。

Belmont Report

- ❑ 三個必要的基本倫理原則：
 - ❑ 對人的尊重 (Respect for Persons)
 - ❑ 行善 (Beneficence)
 - ❑ 公平正義 (Justice)
- ❑ 應用
 - ❑ 知情同意
 - ❑ 風險與利益評估
 - ❑ 受試者的選擇

Specification of Ethical Guidelines

- 1978：國家委員會完成**Belmont Report**，
⇒ 人體試驗的基本倫理原則
- 1979：前美國衛生教育福利部*發表
- 1981：衛生與人類服務部創立IRB法規 (45 CFR 46)

*即現時的DHHS

President Bill Clinton's Apology

May 16, 1997

□ 致存活者、妻子和家人、子女和孫子女：

我說的是您們知道的：

- 世上沒有任何力量可以挽回已逝的生命、受過的傷痛，以及受盡煎熬與苦痛的歲月
- 做過的事不能恢復原狀
- 但我們可以終結沉默
- 我們可以不再規避不見
- 我們終於可以看著您們的眼睛，代表國人對您們說：**美國政府做了可恥的事，對不起！**



Eunice Rivers,
nurse and study
coordinator

Some of the Tuskegee Study Group clinicians. The third figure to the right is **Dr. Reginald D. James**, a black physician involved with public health work in Macon County, not directly involved in the study. **Nurse Rivers** is on the left.

Photograph of the Tuskegee Syphilis Study clinical Group. US government material.



Records of the Centers for Disease Control and Prevention

Eunice Rivers, R.N.



- 數十年如一日
- 與研究參與者有深厚情誼
- 放棄到紐約市的工作機會而繼續投入
- 退休後仍繼續奉獻 (1965 - 1972)

Twenty Years of Followup Experience
In a Long-Range Medical Study

整個研究中最令人厭惡的人
也是最忠於職守的人



Miss Evers' Boys is a 1997 HBO television film starring Alfre Woodard and Laurence Fishburne, based on the true story of the decades-long Tuskegee experiment. It was directed by Joseph Sargent and adapted from the 1992 stage play written by David Feldshuh. The film was nominated for eleven Emmy Awards and won in four categories, including Outstanding Made for Television Movie.



坦白說，那些人得到各種他們原先得不到的檢查和醫療照護。我曾帶他們到醫院做消化道、心臟、肺部和其他所有檢查。一般人不可能獲得這些檢查。

.....他們得到各種額外的檢查，如心電圖，以及.....有些我還從來沒有聽說過的。這些事我倒覺得不太公平。那些人比我們可以負擔醫療費用的人得到更多的醫療照護。

我沒有任何遺憾。你不會對你做得對的事有所遺憾。我很清楚自己的感受。我跟這些人一起時我有做好自己的工作。

我知道我沒有誤導任何一個人。



Historians found evidence that Nurse Rivers may have helped some of the men to get treatment and leave the study.



她到死也不知錯，
是因為...

心地不善良？
沒有學倫理！



她到死也不知錯，
是因為...

~~心地不善良？~~

沒有學倫理！

道德 vs. 倫理

- 道德 vs. 品德 vs. 操守：善與惡
- 倫理 vs. 倫理學：行為合適不合適，鑽研人類行為合適不合適的一門學問

心惡，一定不合適

心善，不一定合適

道德 vs. 倫理

- 倫理：在道德的前提下做合適的事
- 不道德：無倫理可言

找您去相親 = 您人很優秀
叫您學倫理 = 您人很善良

謝謝聆聽
敬請賜教



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如何進行倫理抉擇

陳祖裕

倫理議題

- ❑ 為取得移植器官而等待病人死亡
- ❑ 病人似是有意又像無意的性騷擾
- ❑ 病人因家庭社會問題而拒絕出院
- ❑ 同事隱瞞醫療錯誤不知如何面對
- ❑ 家屬放棄難產未知預後的新生兒
- ❑ 家屬要將末期病人轉入加護病房
- ❑ 幫顱內出血的病人決定是否開刀
- ❑ 向病人提出檢驗愛滋病抗體被拒
- ❑ 家屬哀求偷驗病人尿液毒品反應
- ❑ 病人骨折住院卻死於敗血性休克
- ❑ 同事治療家人發生嚴重的併發症

Bioethics Tools

This index is a guide to various concepts and methodologies of bioethics. These tools are meant to help you reason through difficult cases or provide a different perspective that may help clarify complex situations. A frequently used ethical decision making framework is included, along with a sample case discussion. Select *resources* from our main tool bar for additional support.

Clinical Ethics

- [Summary of Methodology](#)
- [Paradigm \(4 boxes\)](#)
- [Sample Case Analysis](#)
- [Introduction to Clinical Ethics, 4th edition](#)
- [Principles of Bioethics](#)

倫理案件分析

Decision Making Tool: The “4 boxes ”

- ❑ Medical Indications
- ❑ Patient Preferences
- ❑ Quality of Life
- ❑ Contextual Features

Jonsen, Siegler, and Winslade

Decision Making Tool

The "4 boxes"

Jonsen, Siegler, and Winslade

- ❑ ***Medical Indications*** - all clinical encounters include a review of diagnosis and treatment options
- ❑ ***Patient Preferences*** - all clinical encounters occur because a patient presents before the physician with a complaint. The patient's values are integral to the encounter
- ❑ ***Quality of Life*** - the objective of all clinical encounters is to improve, or at least address, quality of life for the patient
- ❑ ***Contextual Features*** - all clinical encounters occur in a wider context beyond physician and patient, to include family, the law, hospital policy, insurance companies, and so forth

Medical Indications:

Consider each medical condition and its proposed treatment.

Ask the following questions:

1. Does it fulfill any of the goals of medicine?
2. With what likelihood?
3. If not, is the proposed treatment futile?

Patient Preferences:

Address the following:

1. What does the patient want?
2. Does the patient have the capacity to decide? If not, who will decide for the patient?
3. Do the patient's wishes reflect a process that is informed?
understood?
voluntary?

Quality of Life:

Describe the Patient's quality of life **in the patient's terms.**

1. What is the patient's subjective acceptance of likely quality of life?
2. What are the views of the care providers about the quality of life?
3. Is quality of life "less than minimal?" (i.e., qualitative futility)

Contextual Features:

Social, legal, economic, and institutional circumstances in the case that can:
influence the decision
be influenced by the decision
e.g., inability to pay for treatment;
inadequate social support

Medical Indications:

Consider each medical condition and its

Patient Preferences:

Address the following:

Information Visualization

資訊可視化

Quality of Life:

Describe the Patient's quality of life **in the patient's terms.**

1. What is the patient's subjective acceptance of likely quality of life?
2. What are the views of the care providers about the quality of life?
3. Is quality of life "less than minimal?" (i.e., qualitative futility)

understood?

voluntary?

Contextual Features:

Social, legal, economic, and institutional circumstances in the case that can:
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be influenced by the decision
e.g., inability to pay for treatment;
inadequate social support

Ethical Decision-Making *Worksheet*

- I** Identify the facts
- D** Determine the ethical principles in conflict
- E** Explore the options
- A** Act on your decision and evaluate

提供一個
思維的架構

Step 1: Identify the Facts — 4 Box Method

Medical Indications:

陳述病人的醫療問題、病史和診斷；是急性、慢性、病危、急症和是否可逆？治療目標：成功的概率？若治療失敗有何計畫？照護的效益？如何避免傷害？如果停止照護的醫療風險？

Client Preference:

陳述病人的偏好。他們有能力決定嗎？如果是，病人的意願是否有被告知、了解、自願？如果不是，誰是替代決策者？病人有事先表達的意願嗎？有尊重病人的選擇權嗎？

Quality of Life:

以病人的言詞描述生活品質，病人對可能的生活品質的主觀接受度，以及照顧者的觀點和關注。檢查影響每個人的情緒因素，如現存的感覺、價值觀、偏見和先前的經驗。

Contextual Features:

任何其他涉及的家族成員或重要關係？到目前為止的任何照護計畫？相關的社會、法律、經濟和機構環境？其他相關特質，例如：宗教和文化因素、保密性的限制、資源分配問題、法律含義、涉及的研究或教學、照顧者的利益衝突？須考量的組織價值觀？

Step 2: Determine the Principles in Conflict

Identify ethical issues

什麼倫理原則是衝突的？請參閱社區健康和支持部門的倫理法典。

Principle	Explain the Issue

Step 3: Explore Options

Explore options and consider their strengths and weaknesses

單獨或與同儕一起思考和討論選項。要有創造性和使用想像力。考量妥協方案。預測每一替代方案的結果。替代方案適合病人/家屬的價值觀嗎？詢問替代方案是否符合相關機構的政策、指令和規定。

Option	Strengths	Weaknesses

Step 4: Act on Your Decision and Evaluate

Develop an action plan (The actual plan should be documented in the chart.)

根據你的所有信息，選擇可用的最佳選項。制定行動方案。向病人和相關人員介紹你提出的替代和行動方案。如果其他因素明朗化、情況發生變化，或者無法達成協議，重新審視替代方案。確定何時評估計畫。記錄並溝通計畫。

Evaluate the plan

計畫的結果是什麼？是否需要修改？記錄評估結果。

Self-evaluate your decision

你對決定和結果感覺如何？下一次你會有什麼不同的做法？你會採用什麼相同的做法？你對自己了解什麼？你對這個決策過程有什麼了解？

案例

- ❑ 美玲是某國立大學外文系二年級的學生
- ❑ 一個月前隨男友乘機車夜遊，在濱海公路被一名醉漢駕駛小貨車追撞
- ❑ 她被拋出十餘公尺外，因安全帽並未扣緊，後腦直接著地，當場頭破血流而陷入深度昏迷
- ❑ 被救護車送抵醫院時昏迷指數只有三分，瞳孔已呈擴大，血壓降至60/40 mmHg

案例

美玲的

- ❑ 父親：外商科技公司高級主管，意外發生時正在英國洽公
- ❑ 母親：幼稚園負責人
- ❑ 哥哥：在去年取得博士學位，目前在某醫療研究機構服國防役

案例

- 經緊急救治後，美玲的血壓稍為回升
- 神經外科的值班主治醫師看過美玲及電腦斷層掃描之後，認為情況極不樂觀，美玲可能已發生「腦死」
- 在家屬一再懇求請將美玲「死馬當活馬醫」的情況下，醫師答應為美玲進行緊急手術，去除血塊以降低顱內壓力

案例

- ❑ 緊急手術進行得非常勉強，在術中、術後顱內壓均極高，超音波檢查顯示動脈血液無法灌入腦部，「腦死」狀態更為確定
- ❑ 但在呼吸器及升壓藥物的支持下美玲的生命徵象及血氧飽和度尚稱穩定
- ❑ 為要讓遠在英國的父親趕回來看女兒最後一面，醫療小組竭盡所能地維持美玲的各種生命徵象
- ❑ 主治醫師每次巡房時均向家屬詳細解釋美玲康復無望，隨時會心跳停止

案例

- ❑ 當父親返國看到美玲時，完全不能接受康復無望的事實，極力要求院方繼續提供最積極的治療
- ❑ 每日除了全家陪伴在側之外，早晚都有一群教友為美玲祈福
- ❑ 他們相信這不是單純的交通意外，是上天對美玲父母信心的考驗，如果他們能夠虔誠禱告，就必定有奇蹟出現

案例

- ❑ 美玲的生命力似乎比預期強了很多，直至手術後第三個星期，發生高燒而濃痰幾乎把氣管插管完全塞住，血壓亦開始下降
- ❑ 主治醫師對家屬說：「美玲能存活二十多天實在並不容易，然而，這些努力可能都是白費，因為她根本沒有恢復意識的可能。而現在開始出現感染，表示不同的併發症將相繼到來。美玲的生命已到了終點，不該再在她的軀體上多打一針或多放一條導管，而應該讓她入土為安。」

案例

- 父親激動地反駁：「在兩個星期以前你就已經說她不行，你看，她現在還不是活著嗎？我有信心能把她喚醒……」說罷，病人之父母立即跪下伏拜

案例

- 在使用強效抗生素及更換氣管內插管之後，美玲情況又穩定下來
- 車禍至今已經一個月，其間耗用的醫療資源甚鉅
- 在未來的日子中，繼續耗費於這名不可能復原的病人身上的無效醫療，不知道還有多少！！

如何決擇？

Step 1: Identify the Facts — 4 Box Method

Medical Indications:

陳述病人的醫療問題、病史和診斷；是急性、慢性、病危、急症和是否可逆？治療目標：成功的概率？若治療失敗有何計畫？照護的效益？如何避免傷害？如果停止照護的醫療風險？

Client Preference:

陳述病人的偏好。他們有能力決定嗎？如果是，病人的意願是否有被告知、了解、自願？如果不是，誰是替代決策者？病人有事先表達的意願嗎？有尊重病人的選擇權嗎？

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案例分析

Medical Indications

- 本案例是一十分明確的無效醫療

Medical Futility

案例分析

Patient Preferences

- 美玲陷入昏迷狀態，代理人是她的父母
- 父母二人均希望積極治療

案例分析

Quality of Life

- 與medical indication完全符合，美玲生命的質與量均已到了盡頭

案例分析

Contextual Features

- 必須考量的因素：
 - 法：除非確認腦死，法律並未明確支持醫師單方面決定停止繼續救治病人
 - 理：本案例為確定之無效醫療
 - 情：父母難捨愛女，無法接受停止繼續救治的建議
- 醫師在法、理、情之間該如何衡量？

案例分析

- 類似判例很清楚：
 - 醫師應向親人說明無效醫療的狀況
 - 在未得親人認同之前單方決定停止繼續救治是殘忍的
- 建議：
 - 以同理心的溝通技巧進行解說
 - 往後每一項診療措施都在充分互信及共識的情況下執行

案例分析

□ 類似判例很清楚：

□ 醫師應向親人說明無效醫療的狀況

原來倫理抉擇並不難……

問題可能是在溝通不足！

□ 往後每一項診療措施都在充分互信及共識的情況下執行

Ethical Decision-Making *Worksheet*

- I** Identify the facts
- D** Determine the ethical principles in conflict
- E** Explore the options
- A** Act on your decision and evaluate

案例分析練習 (1/3)

- ❑ 朱約翰是一名32歲的律師，母親在幾年前因罹患Huntington's chorea死亡，自此，他一直擔心自己會罹患此病
- ❑ 約翰曾跟許多人提及，他不想步母親後塵，若真有此病寧願早些死去
- ❑ 為此他意志消沉、焦慮、酗酒，並有間歇性憂鬱
- ❑ 但他仍是一位活躍的律師
- ❑ 約翰在3個月前首次注意到面部發生抽搐，看過兩個神經科醫師都確認是Huntington's chorea

Huntington's chorea

- ❑ 亨廷頓病是導致腦中神經細胞逐漸衰竭（變性）的遺傳性疾病
- ❑ 亨廷頓病對人的功能能力具有廣泛的影響，並且通常導致運動，思維（認知）和精神障礙
- ❑ 大多數亨廷頓氏病患者在30或40歲時出現體徵和症狀，但疾病的發生可能早於或晚於生命
- ❑ 當疾病發病在20歲前開始時，該病稱為少年亨廷頓舞蹈病
- ❑ 早期發病通常導致症狀的表現和疾病進展更快
- ❑ 藥物可幫助控制症狀，但不能預防與病症相關的身體，精神和行為下降

案例分析練習 (2/3)

- ❑ 隨後他找精神科醫師，目的是請求協助他自殺
- ❑ 精神科醫師拒絕他時他表示不會付諸行動
- ❑ 在返家後卻在襯衫上釘上紙條留言表示不要救他，然後吃光他所有的抗憂鬱藥
- ❑ 約翰的太太還不知道的病情，發現他陷入昏迷，便立即把他送到急診室，卻沒有注意到仍在襯衫上的紙條，要求醫療團隊盡力救治約翰
- ❑ 住院醫師檢查約翰時發現這張紙條便立即交給主治醫師

案例分析練習 (3/3)

- 由於約翰的太太的請求明顯違背約翰留在身上的字條所表達的意願，主治醫師不知該怎麼辦，便照會倫理諮詢小組

案例分析練習

我患了不治之症
生無可戀
不要救我

倫理分析（約翰）

Medical Indications ?	Patient Preferences ?
Quality of Life ?	Contextual Features ?

Step 1: Identify the Facts - 4 Box Method

Medical Indications:

State the client's medical problem, history, and diagnosis; is it acute, chronic, critical, emergent, and reversible? Goals of treatment? Probabilities of success? Plans in case of therapeutic failure? Potential benefits of care? How can harm be avoided? Medical risks if service is discontinued?

Client Preferences:

State the client's preferences. Do they have the capacity to decide? If yes, are client's wishes informed, understood, voluntary? If not, who is substitute decision maker? Does the client have prior, expressed wishes? Is client's right to choose being respected?

Quality of Life:

Describe quality of life in client's terms, client's subjective acceptance of likely quality of life, and views and concerns of care providers. Examine the emotional factors influencing each individual, such as existing feelings, values, biases and prior experiences.

Contextual Features:

Any other family involved or significant relationships? Any care plans put in place so far? Relevant social, legal, economic, and institutional circumstances? Other relevant features, e.g. religious & cultural factors, limits on confidentiality, resource allocation issues, legal implications, research or teaching involved, provider conflict of interest? Organizational values to consider?

Step 2: Determine the Ethical Principles in Conflict

Identify ethical issues

What ethical principles are in conflict? Refer to the Code of Ethics for the Community Health and Support Sector.

Principle	Explain the Issue

Step 3: Explore Options

Explore options and consider their strengths and weaknesses

Brainstorm and discuss options either alone or with peers. Be creative and use your imagination. Consider a compromise. Predict the outcomes for each alternative. Does the alternative fit with the client/family values? Question whether the alternative meets the company policies, directives and regulations.

Option	Strengths	Weaknesses

Step 4: Act on Your Decision and Evaluate

Develop an action plan (The actual plan should be documented in the chart.)

Given all the information that you have, choose the best option available. Develop an action plan. Present your suggested alternative and action plan to the client and those involved. Re-examine the alternatives if other factors come to light, if the situation changes, or if an agreement cannot be reached. Determine when to evaluate the plan. Document and communicate the plan.

Evaluate the plan

What was the outcome of the plan? Are changes necessary? Document the evaluation.

Self-evaluate your decision

How do you feel about the decision and the outcome? What would you do differently next time? What would you do the same? What have you learned about yourself? What have you learned about this decision-making process?

Step 1: Identify the Facts - 4 Box Method

Medical Indications:

State the client's medical problem, history, and diagnosis; is it acute, chronic, critical, emergent, and reversible? Goals of treatment? Probabilities of success? Plans in case of therapeutic failure? Potential benefits of care? How can harm be avoided? Medical risks if service is discontinued?

約翰的情況當然是indicated。

Client Preferences:

State the client's preferences. Do they have the capacity to decide? If yes, are client's wishes informed, understood, voluntary? If not, who is substitute decision maker? Does the client have prior, expressed wishes? Is client's right to choose being respected?

病人希望不要救他。
太太要求救他。

Quality of Life:

Describe quality of life in client's terms, client's subjective acceptance of likely quality of life, and views and concerns of care providers. Examine the emotional factors influencing each individual, such as existing feelings, values, biases and prior experiences.

救回來之後生活品質與目前相同（不算差，僅有面部發生抽搐），未來則會惡化。

Contextual Features:

Any other family involved or significant relationships? Any care plans put in place so far? Relevant social, legal, economic, and institutional circumstances? Other relevant features, e.g. religious & cultural factors, limits on confidentiality, resource allocation issues, legal implications, research or teaching involved, provider conflict of interest? Organizational values to consider?

約翰在自殺時神智是否清楚
不得而知。
自殺者常會後悔。
醫療法：
醫師法：

Step 2: Determine the Ethical Principles in Conflict

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Principle	Explain the Issue
尊重自主 vs. 行善	尊重自主：約翰不想活。 行善：救回約翰的性命。

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Option	Strengths	Weaknesses
救	救回約翰的性命。 遵從太太的意願。 遵從醫療法和醫師法。	違背約翰的意願。
不救	遵從約翰的意願。	約翰失去性命。 違背太太的意願。 違反醫療法和醫師法。

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救

但救之後要做的事：

1. 會診精神科。
2. 安排心理諮商及其他輔導。

Evaluate the plan

What was the outcome of the plan? Are changes necessary? Document the evaluation.

Self-evaluate your decision

How do you feel about the decision and the outcome? What would you do differently next time? What would you do the same? What have you learned about yourself? What have you learned about this decision-making process?

謝謝聆聽
敬請賜教



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