



**College of Intensive Care Medicine
of Australia and New Zealand**
ABN: 16 134 292 103

STATEMENT ON THE ETHICAL PRACTICE OF INTENSIVE CARE MEDICINE

Professional codes and guidelines impose **ethical responsibilities** on Intensivists. In addition, Intensivists must be aware that they also have **legal responsibilities** relating to the ethical practice of Intensive Care Medicine. This Statement is not intended to replace or supersede these ethical and legal responsibilities. It is the responsibility of each Intensivist to be aware of all ethical and legal requirements relating to their practice which have been recommended by their relevant professional and regulatory bodies. This document is intended to set professional standards of practice at the highest level and to document the ethical and professional responsibilities of Intensivists. It does not presume to inform Intensivists of their legal obligations.

The College of Intensive Care Medicine aims to maintain the highest standards of practice, teaching and research in Intensive Care Medicine. The College also recognises that the overall welfare of the patient is the principal goal of Intensive Care management.

The relationship between the Intensivist and the patient must have regard to the following concepts:

- **patient autonomy**, meaning the patients have the right to decide their own treatment, with Intensivists respecting the principles of truthful disclosure and informed consent;
- the principle of **beneficence**, or the obligation to do good;
- the principle of **non-maleficence**, or the duty to do no harm; and
- the principle of **social justice**, as it applies to the fair distribution of resources.

Other important ethical principles include:

- **Fidelity** (faithfulness) to duties and obligations. This principle underlies confidentiality, truthfulness, a commitment to ongoing education, vigilance and devotion to patient care.
- **Paternalism**, which may be justified or unjustified, but always tends to negate patient autonomy.
- **Utility** or the principle of achieving maximum benefits, with the best use of resources.

Informed consent:

Many Intensive Care patients, as the result of illness, injury or the side effects of medication, may not be competent to make legal decisions. Management must then fully involve the patient's legally recognised representative, unless precluded by an emergency.

1. Patients' Rights

Patients themselves (or through their legally recognised representatives) have the right to:

- 1.1 Expect that the services provided are of optimal quality and that they will receive the most appropriate care available.
- 1.2 Be treated with care, consideration and dignity including the respect for personal, religious, cultural and social beliefs.
- 1.3 When realistically possible, know the identity and professional status of all attending medical and other staff.
- 1.4 When realistically possible, be informed, with a clear, concise and understandable explanation of the proposed care and procedures, including the relevant alternatives and known side effects and risks, unless precluded by an emergency.
- 1.5 Give verbal or written consent for a procedure, after explanation and before treatment, unless precluded by an emergency.
- 1.6 Know what services are available in the hospital.
- 1.7 Receive a second opinion when requested, without prejudice to any aspect of future treatment.
- 1.8 Be provided with appropriate information and give appropriate consent for involvement in teaching or research activities, and to understand that non-involvement will not prejudice treatment.
- 1.9 Refuse treatment without the requirement to justify that decision, and to be informed of the consequences of such refusal.
- 1.10 Expect that all aspects of care will remain confidential, including personal privacy relating to conversations and physical examinations.
- 1.11 Know the financial implications to themselves of therapy.

2. Patients' Responsibilities

Patients themselves (or through their legally recognised representatives) have a responsibility to:

- 2.1 Inform the Intensivist fully of all relevant medical history.
- 2.2 Consider the recommended treatment plan and if agreeable, comply with this plan or alternatively inform the Intensivist of their intention not to comply.

3. Clinical Research

When Intensive Care patients are to be involved in research, the Intensivist must recognise:

- 3.1 The need for further medical knowledge through research, but respect that the well being of the individual patient takes precedence over the proposed benefits to society.
- 3.2 The requirement for providing appropriate information and obtaining, where possible, written consent, whenever considered appropriate by Human Research Ethics Committees, before patient participation.

The College recognises that unconscious, semiconscious or critically ill patients from whom or on behalf of whom consent for treatment or other interventions cannot be obtained, because of the urgency of their condition, merit special attention.

4. **Clinical Teaching**

- 4.1 The Intensivist has an obligation to pass on professional knowledge to junior and other colleagues.
- 4.2 Whenever teaching involves elective situations or conscious patients, consent should be obtained from the patients themselves (or through their legally recognised representatives).

5. **Professional Conduct**

Intensivists should:

- 5.1 Conduct themselves at all times with integrity and honesty.
- 5.2 Accept responsibility for the physical and mental health of both themselves and their colleagues, especially when impairment of health affects patient care and professional conduct.
- 5.3 Participate in continuing medical education, and recognise the need for ongoing professional development.
- 5.4 Participate in the establishment and updating of appropriate professional standards.
- 5.5 Not undertake procedures and treatment known not to be of benefit to the patient.
- 5.6 Understand that the decision to withhold or withdraw treatment does not imply termination of care. Implicit in these decisions is an understanding of the ethical principles involved in "not for resuscitation" orders, orders related to foregoing life sustaining treatment, and care of the dying patient.
- 5.7 Comply with so-called "Privacy legislation" in Australia and New Zealand which relates to the disclosure of patient information to third parties.
- 5.8 Familiarize themselves with the relevant statutory requirements in Australia and New Zealand regarding refusal of medical treatment and the appointment of Medical Powers of Attorney, Enduring Guardians or equivalent.

These guidelines should be interpreted in conjunction with the College Document:

IC-14 Statement on Withholding and Withdrawing Treatment

*Promulgated by FICANZCA: 1997
Reviewed: 2002 (JFICM)
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This policy document has been prepared having regard to general circumstances, and it is the responsibility of the practitioner to have regard to the particular circumstances of each case, and the application of this document in each case.

Policy Documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure that the practitioner has obtained the current version. Policy Documents have been prepared having regard to the information available at the time of their preparation, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

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