# Brief Review of Laboratory, Research and Clinical Ethics

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# Today

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By the end of this session, you will understand:

- The ethical theories and principles as applied to laboratory, research and clinical practices
- The defining moments in the development of Western ‘ethics’ to understand the emergence of some significant ethical concepts
- The formation of ‘ethical’ organisational cultures
- The importance of ethics in the everyday interactions of those working in laboratories

# Ethics and the Laboratory

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- Ethical issues arise daily in laboratory settings
- Laboratory as a pressurised environment
  - rapid results, large scale, significance for the person, implications for clinician, room for error
- Rapid advancements in technology
  - Limited ability and opportunity to reflect of ethical aspects of work
- Evidence shows that individuals have different levels of understanding of ethical concepts
- Concern that international and national ethical codes of conducts developed by associations, societies, and governments are not sufficient on their own to promote ethical behaviour
- Ethics training is vital to in order to recognise ethical challenges and therefore support patient safety

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# Ethical Theories and Principles

# Common Ethical Theories

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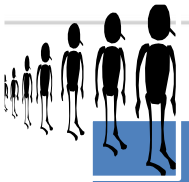
## Deontological

- Duty-based
- Faith vs universal obligations e.g. 'do unto others...' or not lying
- 'Wrong' acts regardless of their consequences
- Acts may be morally unacceptable even if carried out to pursue morally admirable ends
- Potentially many 'right' acts

## Virtue

- Develop character traits to become a person who makes the right decisions
- Assumes that there are 'right' decisions
- The 'right' act is one that a virtuous person would do
- A virtuous person is someone who exhibits the virtues?!



## Consequentialism

- Right acts if and only if it promotes the best consequences
- Usually only one right act
- E.g.s Utilitarianism
  - Assesses the consequences of particular acts by how useful (for the majority) they are for people

# Virtuous Laboratories

- Places emphasis on the character of the agent who performs the actions (Beauchamp & Childress, 2008)
- Pre-disposition to act so as to attain the highest goals of good laboratory practice.
- What would a virtuous laboratory person do in these circumstances? What is the good that the laboratory person tries to achieve? (Stempsey, 1989)
- Five virtues (Wijeratne & Benatar, 2010)
  - Compassion
  - Discernment
  - Trustworthiness
  - Integrity
  - Conscientiousness

# Other Ethical Theories Applied to Donor Welfare

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## Libertarian

- Emphasis on respecting individual donor autonomy
- Donor's right to take part in 'risky' activities and practices

## Paternalistic

- Duty of organisation is not to put a donor at any risk of harm

## Communitarianism

- Individual donors are members of community
- Communities can benefit from research
- Donors have a moral duty to participate

Adapted from Hope *et al* (2009) Medical Ethics & Law chp14

# Common Ethical Principles

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- Four Principles
  - Respect for Autonomy
    - should respect people's right to make informed and voluntary choices about what happens to them
  - Beneficence
    - should act in ways that will benefit a person / actions that promote well being in others / ought to prevent harm and promote good
  - Non-Maleficence
    - should not act in ways that are likely to harm people / avoid the causation of harm
  - Justice
    - should treat people fairly and equitably / all people should be treated equally / fair distribution of benefits

# Ethical Laboratories

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| | |
|---|---|
| **Autonomy**<br>- **Checking donor's informed consent, maintaining confidentiality**<br>- **Donor counselling, privacy**<br>- **Protecting donor information** | **Beneficence**<br>- **Seeking expert advice on complex cases, informing clinicians of unexpected results**<br>- **Risk factor analyses of genetic information**<br>- **Providing good written reports** |
| Justice<br>- Aiming for fair resource allocation<br>- Justification of genetic screening<br>- Respecting individual's values, ensuring equal access to healthcare resources | Non-Maleficence<br>- Avoiding mistakes, writing good reports, advising clinicians of the limitations of certain tests<br>- Obtaining optimal benefit from a procedure<br>- Disclosing errors |

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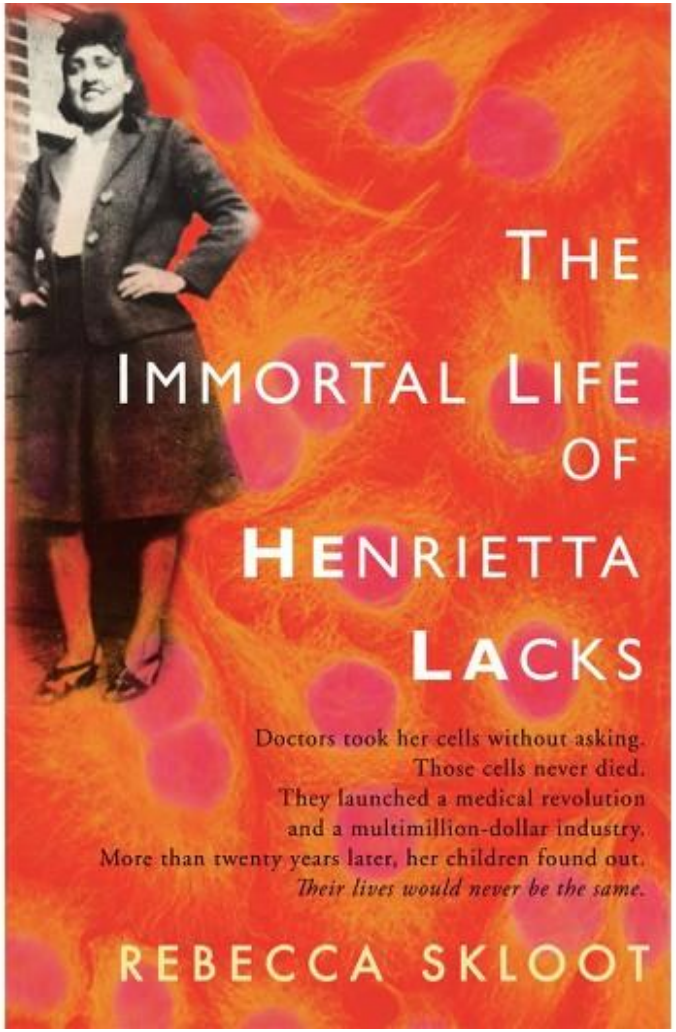
# An Emerging and Evolving Ethics Culture

# Defining Moments in 'Ethics'




Common 'Ethical' Considerations

- Consent
- Anonymity
- Confidentiality
- Harm
- Burden
- Vulnerability
- Dignity and respect
- Justice
- Benefit
- Consequences

# Modern Day Origins of Research Ethics

- An autopsy-orientated study, started 1932
- 40 years later, US Public Health Service had deceived and exploited hundreds of black men with syphilis near Tuskegee, Alabama using free meals and burial insurance to incentivise participation in research, received no treatment for potentially deadly disease, never told of infectious disease, nor offered any treatment
- Very few of health service saw anything wrong with this
- Whistleblower, Peter Buxton, nobody would listen / fear of retribution, media brought study to an end

# Organisational Cultures and Influences

- Formal Organisational Culture
  - Stated, intended, & formally endorsed
- Hidden Organisational Influences
  - Can include the unofficial expectations, unintended learning outcomes, construction of social relations (Hafferty, 1998)
  - Can be a positive or a negative thing
- Only a portion of an organisation's culture is conveyed formally
- Much of what employees adopt as *values, attitudes, and beliefs* are learned through the hidden organisational influences

# Organisational Cultures and Ethical Erosion

- We imitate and copy what is going on around us without sufficient thought and reflection
- We want to fit in with what is going on around us
- It is easy for the gravity of the decisions that senior leaders make to imbue them with a sense of authority and entitlement.
- Consequences:
  - Adverse coping strategies – not caring, or being dismissive are ways of coping when we make mistakes
  - Separate work code of ethics from your personal code of ethics
- Antidote: Role modelling ☺

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# Concluding Remarks

# Laboratory Ethics Matter

- Those working in laboratories are recognised and acknowledged to play a crucial role in healthcare, research and development (Lock, 2004)
  - Those working in laboratories have intimate knowledge of at least part of a patient, donor or participant – the specimen (Stempsey, 1989)
  - Part of a wider relationship (e.g. clinician, patient, donor) and an important contribution to a potential 'life-altering' decision/event (Stempsey, 1989; Pollanen, 2009)
- Sustaining high ethical standards is vital (Wijeratne & Benatar, 2010)

# *Everyday* Laboratory Ethics

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- Ethical challenges e.g. reporting results, error reporting

- Ethics are embedded everywhere in your laboratory work
  - Equipment, technology, clothing, computer
  - People, committees
  - Paperwork
  - Policies, statements, codes
  - Communication, behaviour, attitudes
  - Environment, spaces

# Your Laboratory Ethics

- What ethical principles or concepts underpin your work?
  - Autonomy, Maximise benefits, Minimise harms,
  - Courage, Respectfulness, Resoluteness,
  - Sincerity, Humility, Reflexivity,
  - Dignity, Respect for persons as individuals and members of communities, Do as you would be done by

# Your Laboratory Ethics

- What is your code of ethics?
  - ‘Dedicated to use laboratory science to benefit humanity’; ‘Safeguard the dignity and privacy of patients/clients’; ‘Continuously improve professional skills and knowledge’ *(International Federation of Biomedical Laboratory Science Code of Ethics for Biomedical Laboratory Scientists, 2010)*
  - ‘Rigour, honesty and integrity; respect for life, the law and the public good; responsible communication’ *(Universal Ethical Code for Scientists, 2007)*
  - ‘Exercise their professional skills and judgement to the best of their ability and discharge their professional responsibilities with the highest standards of competence and integrity’; Conduct themselves honourably in the practice of their profession’ *(Code of Professional Conduct of the Association for Clinical Biochemistry and Laboratory Medicine, 2013)*