

بسمه تعالی

ملاحظات اخلاقی در جراحی های تشخیصی و درمانی بیماران مبتلا به سرطان

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مقدمه



ملاحظات اخلاقی در نمونه گیری برای تشخیص سرطان



اصول اخلاق پزشکی

- سود رساندن (beneficence)
- ضرر نرساندن (non maleficence)
- احترام به استقلال فرد (Autonomy)
- رعایت عدالت (justice)

توجه به اصل "سود رساندن" در نمونه گیری برای تشخیص سرطان

- آیا نمونه برداری می تواند برای بیمار سود داشته باشد؟
- آیا نتیجه حاصل از بررسی نمونه در تشخیص نهایی و همچنین
- سیر درمانی بیمار موثر خواهد بود؟

توجه به اصل "ضرر نرساندن" در نمونه گیری برای تشخیص سرطان

- نمونه برداری تا چه حد تهاجمی است؟
- آیا نمونه برداری ممکن است موجب آسیب یا ضرر جدی در فرد شود؟
- آیا نتیجه بررسی نمونه ممکن است در زندگی آینده و کیفیت زندگی فرد
- نتیجه منفی داشته باشد؟

توجه به اصل "احترام به استقلال فرد" در نمونه گیری برای تشخیص سرطان

- به بیمار اطلاعات کافی در مورد بیماری و نوع ضایعه داده شود.
- در مورد پروسه نمونه برداری و اهمیت آن و فواید و ضررهای آن توضیح دهیم.
- اگر گزینه های مختلف برای تشخیص بیماری وجود دارد در مورد همه آنها به بیمار توضیح دهیم و حق انتخاب را نهایتاً به بیمار بدهیم
- مطمئن شویم که بیمار از روی اختیار و داوطلبانه برای انجام نمونه گیری رضایت داده است.

توجه به اصل "عدالت"
در نمونه گیری برای تشخیص سرطان

• برای هر بیماری باید متناسب با نیازها و نوع بیماریش رفتار
• شود

• برخورد یکسان با بیماران مشابه

• خصوصیات فردی و اجتماعی افراد (سطح سواد، روابط
فامیلی،

• ...) نباید موجب تبعیض در رفتار با بیماران شود

حقیقت گوپی به بیمار سرطانی : چالشی اخلاقی





Delivering Bad News to Patients: Survey of Physicians, Patients, and Their Family Members' Attitudes

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Abstract

Background: Breaking bad news to patients is an unpleasant process, but it is essential for the medical team, which is giving information about a person's illness; without proper planning, it leads to a negative impact on people's feelings and quality of life. Cultural differences can be effective in telling bad news.

Objectives: This study aimed to identify the attitudes of physicians, patients, and patients' families towards breaking bad medical news.

Methods: This cross-sectional study was performed among physicians, patients, and their families referred to Namazi Hospital, Shiraz, Iran, during 2016- 2017. Their attitudes regarding how to tell bad news were evaluated by self-administrated questionnaires.

Results: A total of 397 valid questionnaires completed by physicians, patients, and their families were analyzed in this study. All groups of participants preferred telling bad news to patients about the diagnosis of their disease; they also believed that in the case of a patient's dissatisfaction, this information should not be given to other family members. Patients' family members would rather tell lies to the patient about their diagnosis.

Conclusions: There is a tendency towards not telling bad news in Iranian culture; Iranian people tend to protect those around them, and the desire to give bad news to those around them is lower than the tendency to hear bad news about one's own illness. With increasing education, the tendency to telling bad news increases.

Keywords: Bad News, Patient, Physicians, Patients Family, Attitude



To Tell or Not: The Chinese Doctors' Dilemma on Disclosure of a Cancer Diagnosis to the Patient

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One approach ?!

- **Before the diagnosis is disclosed, the doctor, the patient, and the family should discuss about who will be informed first, regardless of whether the diagnosis is good or not. Indeed, it is the patient's right to decide whether to know or not.**

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MEDICINE AND SOCIETY: PEER-REVIEWED ARTICLE

Where's the Value in Preoperative Covenants Between Surgeons and Patients?

Robert Ledbetter and Buddy Marterre, MD, MDiv

Informed costent

British neurosurgeon Henry Marsh states:

“‘informed consent’ sounds so easy in principle—the surgeon explains the ... risks and benefits, and the calm and rational patient decides what he or she wants—just like ... choosing from the vast array of toothbrushes on offer.” He continues: “The reality is very different

- **In informed consent and all perioperative communication for surgical and palliative care , clarifying the suffering that patients are willing to endure for the possibility of achieving their goals is key to success, since many patients prefer their dying process not to be prolonged, especially if other values (ie, self-sufficiency, dignity, enjoyment, or comfort)are compromised**

medical decision making :

- It transformed from a paternalistic view in which the physician made decisions for the patient to that of patient autonomy

- **Patients are both terrified and ignorant ...[and] will try to overcome their fear by investing the surgeon with superhuman abilities.**

Patient-surgeon relationship

- An important foundation of this relationship is the principle of implicit trust.
- trust that the physician will do what is best for the patient.

“providing patients with honest information without destroying hope” and “preserving patient choice.”

- **Values, preferences, and feasible goals—understood by all parties in the context of either acceptable trade-offs or unacceptable levels of suffering are needed for substituted judgment and shared decision making and are key to generating preoperative covenants and maintaining ongoing, collaborative postoperative communication in SICU settings as clinical scenarios unfold**

terminally ill patients goals of care

- **It focused on enjoying their remaining time with relief of any distressing symptoms**

Or

- **the continued pursuit of life prolonging treatment, determination of a course of action will depend upon a shared decision making process that respects both patient and surgeon autonomy.**

- **Surgical specialties initially focus their attention on learning how to operate but It is necessary to spend the rest of their careers learning the more subtle art of when not to operate.**
- **Even though spirituality is a highly prevalent value that becomes more pressing near the end of life, spiritual concerns are rarely addressed by clinicians when patients are in a critical condition. Moreover, when surrogates initiate religious or spiritual discussions in the ICU, the topic is frequently buried by clinicians, who might redirect conversations to medical considerations**



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Original Article

Ethical Issues in the End of Life Care for Cancer Patients in Iran

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- **one must remember that what patients near the end of life need most is:**

for their physicians and surgeons to be sources of support during this time



با تشکر از توجه شما