

Basics of Ethical Issues in Obstetrics

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Obstetrics is a high-risk specialty with the challenge of wellbeing of mother and baby.

Medical ethics, a disciplined study of morality concern obligations of physicians and health organizations to patients as well as the obligations of the patients, is an integral part of medical practice which builds and sustains physician patient relationship and involves a systemic approach to decision making and actions while being secular.

Primary strands of thoughts: Utilitarian, considers most positive outcome and Deontological, judges if action right or wrong, consequences of actions not considered.

Fundamental principles:

- Autonomy
- Beneficence
- Non-maleficence
- Justice]
- Rather “Paternalism” shared decision making (SDM) followed
- Motivation, unconditional moral obligation, respecting autonomy, informed consent and confidentiality.

In US “Advance Directive” followed. Informed refusal documented.

Beneficence and Respect for autonomy in obstetric practice: Obligations both beneficence and autonomy based to the pregnant woman.

Physician’s perspective: beneficence-based to

Pregnant woman and to the fetus when it is a patient.

Women’s perspective: physicians’ autonomy-based obligations.

Counseling for fetus:

A. Directive counselling: for fetal benefit recommending against termination and against non-aggressive management or recommending aggressive management. It considers presence and severity of

1. fetal anomalies
2. Prematurity: Extreme prematurity, directive counseling for fetal benefit.
3. Pre -viable if patient confers the status.

B. Non-directive counselling: Severe fetal anomaly, Anencephaly. Pre-viable, if to continue or opt abortion. Near- viable, 22-23 weeks, because of anecdotal reports of survival.

In- vitro embryo: a pre-viable fetus, sure to be presented to physician so is a patient. Medical interventions depend if becomes viable. Counseling of pre-implantation diagnosis is non-directive.

Conclusion: Primary conscientious duty of an obstetricians and gynecologists always is to treat, to provide best, to prevent harm. Ethical dilemmas and conflicts are faced while fulfilling the primary commitments. It is essential to create patient-physician relationship, by following informed consent, disclosure, respecting autonomy avoiding paternalism, doing good to patients



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