



Shared values in health care,
**common goals
and principles**

ETENE-publications 3



Invitation for discussion and responsibility

Our entire society needs constant discussion on the common ethical foundation for health care. Political decision-makers, persons of social influence, non-governmental organisations, and all groups of health care professionals have a key role here. The National Advisory Board on Health Care and Ethics (ETENE) has initiated debate on the ethics, values, goals and principles for health care in Finland. There are similar international initiatives as well, for example the code of ethics for health care decision-makers and professionals issued in January 1999 by the 'Tavistock Group' assembled by the British Medical Journal. In 1999, ETENE appointed a sub-committee to draw up a shared ethical code. The members of the sub-committee, representing the disciplines of medicine, nursing sciences and jurisprudence, were Irma Pahlman, Aira Pihlainen, Vuokko Rauhala, Anneli Sarvimäki and Ritva Halila. ETENE has been monitoring the sub-committee's work and commenting on it since its inception.

The Sub-Committee collected ethical codes and recommendations from various professional groups and specialist fields, and drafted a list of common ethical principles. These were then reviewed in the field and received a lot of support. The principles have now been incorporated into the attached document which includes a background memo plus a list of ethical principles related to health care which ETENE considers important. The publication of these principles is a step forward in the discussion concerning health care ethics. The document reflects public discussion on society, while it is also an attempt to promote debate on the subject of values. The principles are an expression of the current state of health care from an ethical point of view. As the discussion, the key issues and the world are constantly changing, the debate on principles needs to be continuous, too. ETENE is sending the principle memorandum to decision-makers, trustees and instructors in

the field of health care. We hope it will prove useful when creating a common framework for ethical discussions and ethical practices in health care.

Helsinki December 12, 2001

Martti Lindqvist
ETENE Chairman

Health care and ethics

Health care aims to promote public health, prevent and treat diseases and relieve suffering. Since the basic aspects of human life - such as sickness and health, birth and death, quality of life, the vulnerability and limits of human life - are everyday concerns in the health care sector, ethics is a tangible and practical issue in this field. Consequently, health care professionals have drawn up ethical codes and principles for themselves throughout history. However, they are not the only ones to shape the structure and practice of health care. Not all the key groups involved in health care have recorded their own ethical codes. Nevertheless, they could also be considered subject to the same ethical principles that have been established for other groups.

Ethics describes and gives grounds for good and acceptable ways to live in a world shared with others. Ethics is comprised of values, ideals and principles concerning good and evil, right and wrong. Ethics aims to help people make choices, to guide and to assess their own actions and those of others, and to analyse the grounds for their actions. Ethics provides no ready-made solutions, but tools for thinking and pondering. Many conceptions of good and evil, right and wrong are universal, but their emphasis and interpretations vary from one culture to another and according to political circumstances.

Codes of ethics for different health care professionals are based on shared values, although different codes emphasize different things. Key issues include respect for human dignity and the right of self-determination, protecting human life and promoting health. Many codes forbid torture and other inhuman actions. Treatments must be based on scientific research or solid clinical experience. When the patient's interests so require, health care professionals are encouraged to consult a colleague or a representative of some other profession. Furthermore, emphasis is also laid on the obligation to

keep confidential information secret, collegiality and respect for other professional groups. Looking after one's own well-being and recognizing one's own limits is also important from an ethical point of view. Employees are obliged to maintain and increase their skill and competence and to ensure that their work is of good quality. Some codes also take a stand on the merits of advertising procedures and public appearances by the individual private practitioner. Some acts and decrees also contain ethical obligations similar to those in codes of professional ethics. Legislation is partly based on the values and ethical conceptions prevailing in society. Ethical obligations often exceed the minimum requirements provided by the law.

The most important provisions regulating health care in Finland are the basic rights recorded in the Constitution (731/1999), the Act on the Status and Rights of Patients (785/1992), the Act on Health Care Professionals (559/1994), the Primary Health Care Act (66/1972) and the Act on Specialized Medical Care (1062/1989). In addition, many other statutes include norms on health care. Basic rights are anchored in the principle that all shall be equal before the law. Nobody shall be discriminated against, on the grounds of sex, age, origin, language, religion, political or other opinion, state of health, disability or other personal characteristics. Children shall be treated equally and as individuals, and they shall be allowed to influence any decisions concerning them in accordance with their individual stages of development. The statutes on basic rights guarantee everyone the right to life, personal freedom, bodily integrity and security. Public authorities are obliged to guarantee everyone sufficient social and health services and to promote public health.

The choices and decisions involved in health care are also considerably influenced by enacted international human rights treaties, with the Council of Europe

Convention for the Protection of Human Rights and Fundamental Freedoms (439/1990) and the Convention on Human Rights and Biomedicine (ETS 164/1997) among the most important.

The Act on the Status and Rights of Patients comprises the most important judicial principles concerning the care and treatment of patients. Among the key patient rights are the right to good health care and nursing and humane treatment, the right to information and the right to self-determination. The most important of these is the patient's right to self-determination, which provides that the patient's informed consent is required for all treatment. The patient is entitled to refuse the intended treatment. In such cases attempts must be made to find some other medically acceptable treatment in agreement with the patient. The patient must be supplied with all the information relevant for making decisions on a course of treatment. Patients must be treated with respect for their human dignity, personal convictions and privacy. Patient information must remain secret and confidential. From the legal point of view, even members of the immediate family or other relatives count as third parties. They are consulted about the patient's wishes if the patient is not well enough to express them him/herself.

The Act and Decree on Medical Research (488/1999, 986/1999) regulate medical research on human embryos and fetuses. The most important principle is the inviolability of human dignity that shall be respected in all research activities referred to in the Act.

The health care system and its structure

The Finnish health care system has to provide the people living in Finland with health care and nursing services: prevention of illnesses, diagnostics, medical treatment and rehabilitation. Municipalities maintain health centres and hospitals which are responsible for most of these. Private health care also provides for some of the services, for instance a considerable part of occupational health care. Pharmacies are an important pathway to health care for many customers, since their staff instruct patients in the correct and safe use of pharmaceuticals. A good part of rehabilitation services is provided by private medical care institutions. In addition to people working with patients, the health care system also includes administrators, trustees involved in political decision-making and many others. Cooperation within the health care sector and flexible operation with the other sectors of society and individual patients are increasingly important in the pursuit of improved health, general fitness and well-being for the Finnish population.

Our health care system has undergone significant changes over the past few years. The reform of the state subsidy system diminished government control and the responsibility for organizing health care services was transferred to municipalities. Resources were reduced as a result of demands for improved operating efficiency. In many cases these rationalization measures served to clarify operations, increase efficiency and improve cost management. The regional inequality, which varies according to medical specialties has increased, however, and sometimes the treatment received by patients falls short of the standards recommended by professionals. Restructuring, the accelerating pace of work and the feeling that one is no longer in control of one's work are leading to burnout among health care staff.

Our society and our operating environment are constantly changing. Examples of factors contributing to change include increasing life expectancy plus a declin-

ing birth rate and the consequent change in the population's age structure, scientific and technological achievements and their applications, and globalization. The latest achievements of medicine, such as organ transplants and the increasingly efficient means of sustaining life have given rise to great expectations. However, there has been some overestimation of the significance and potential of medicine, and confusion with regard to ethics. The ethical values on which health care is founded have to a great extent remained unchanged for some two thousand years. Respect for life, doing good, avoiding harm, and justice are still key principles, to which more recently have been added the emphasis on the patient's right of self-determination and the dignity of life. All actors in the health care sector from decision-makers to those working directly with patients will have to reconcile ethical obligations with legislation and the changes in the operating environment and society. They need to resolve the disparities between the abundance of means available, changing service needs and resources.

Setting priorities means ranking things in order of importance. In health care this is usually a question of choices in conflicts between service needs and financial resources. The aim should be a balance between individual and common good, and the guiding principle helping the greatest possible number of people within the limits set by the available resources. Choices should be based on ethical criteria, such as the effectiveness of the treatment, justice and equality, and respect for human dignity and the rights of the patient. Without discussion on values and clear ground rules, such choices tend to be based on chance, the status of the individual, the ability of the service claimant to plead his/her cause or other grounds that do not stand up to critical assessment.

The huge number of cooperating interests, the complexity of treatments and specialization may cause the whole to become blurred and result in bottlenecks,

delays, inefficiency, or, in actual fact, wasteful spending. In order to avoid this, the different levels and the different actors in the health care sector must redefine both the opportunities and the obligations for cooperation. By determining the interrelationships that affect operations we can improve the smoothness of treatment, eliminate overlaps and increase efficiency. Unprejudiced cooperation between the parties is a prerequisite for good care.

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Principles of Health Care Ethics

1. Right to good care

The right to good care means that anyone in need of health care services is entitled to the professional help he or she requires without undue delays. When this principle is met, the patients and their families feel they are in safe, expert hands, receiving good care and being treated well. Their needs are understood and accepted. Care is an inherent part of good medical treatment where the patient's needs come first. The right to good care is also important at the end of life. It comprises good primary care, mental and spiritual support and relief for pain and other symptoms that cause suffering. Key issues include support and understanding for the grief of the patient's family and referring them to further help as necessary.

A precondition of good care is that all levels of the health care system share the responsibility. It is the decision-makers' duty to ensure that the necessary means and resources are available to health care service providers. Those who produce the actual services are responsible for their availability and quality, and for keeping decision-makers informed of the changing treatment needs of the population, the treatment methods required and their impact on national health. Regardless of their task, all staff must carry out the necessary examinations and treatment in agreement with the patient, applying medically approved methods.

2. Respect for human dignity

Everyone has equal and unique dignity. Respect for the individual comprises humane treatment, confidentiality and the protection of privacy, well-functioning interaction and honesty, and promotion of the right to information, the individual's own opportunities for influence and the right of self-determination. Patients at the end of life need the presence of other people, compassion, respect and compliance with their wishes. The respect

for human dignity must also be apparent in the way patients and their next of kin are treated and in the interrelationships within the health care sector.

3. Right of self-determination

The right of self-determination means people's right to make their own decisions in accordance with their personal philosophy of life, convictions and values. From the point of view of health care, this right refers to the patient's right to take part in making decisions that concern him/her. As a prerequisite for such participation, the patient needs information on the illness, the proposed treatment and treatment alternatives. Health care professionals must supply the patient with this information, making sure it is understood. The patient's wishes and personal experience must be respected and mutual understanding with him/her must be sought without leading, pressure or coercion. Professional staff must try to find alternative options and consult experts as necessary. If the patient is not able to express and has not previously expressed his/her wishes as regards treatment preferences, his/her legal representative, next of kin or other family must be consulted on the matter. The aim is to provide the patient with treatment that would likely meet his/her own wishes. The patient is entitled to refuse treatment even if it were necessary to eliminate a life or health threatening risk. If a minor is capable in terms of age and level of development of making decisions about his/her treatment, they will be complied with. Otherwise the decisions shall be made in agreement with the minor's guardian or other legal representative.

4. Justice

A prerequisite of justice is that patients needing similar care are treated in accordance with the same principles. People have the same right to proper care and humane

treatment regardless of age, domicile, social status, mother tongue, sex, ethnic background, culture, sexual preferences or personal convictions. Particular attention must be paid to the right to good care in the case of children, the elderly and legally incompetent patients, for instance. The distribution and usage of resources have a considerable impact on justice. The government is responsible for ensuring that all citizens are equal regardless of where they live, while the obligation to organize health care services rests with the municipalities. To ensure justice, health care must be allocated sufficient resources which must be used sensibly and in compliance with the principle of equality.

5. Good professional skills and an atmosphere conducive to wellbeing

All those working in the health care sector are both entitled and obliged to maintain and improve their professional skills, which is essential for good care. In addition to content skills, health care professionals need a good knowledge of the provisions and recommendations concerning their field of work, ethical competences, and skills in interaction and cooperation. These skills must be maintained and improved. The performance and wellbeing of a working community can be improved by adopting an approach which aims to follow universally accepted values and objectives and by providing the necessary resources to carry out this approach. One of the cornerstones of wellbeing is fair, interactive and encouraging leadership. Each member of a working community is responsible for his/her own wellbeing and that of others. For promoting the wellbeing and satisfaction of the working community, problems and shortcomings should be discussed openly, all employees should be heard and have opportunities for influence, and be made to feel successful and appreciated.

6. Cooperation and mutual appreciation

Cooperation is needed to maintain the balance between ethical aspects, cost management, effectiveness and efficiency in the health care sector. Everybody should try to think beyond their own sphere of interest and show appreciation for other people's tasks, areas of specialization, professional skills and competence. The health care sector needs interaction and a sensible division of labour between those performing different duties. Mutual trust and reciprocal support between health care professionals and decision-makers and a genuine sense of fellowship between all the parties make it easier to tackle the common challenge. Health care must respond to the population's growing need for care in a humane and ethically sustainable way. The better the cooperation and mutual respect between health care administration and the professionals in the field, the better and more humane will be the treatment given to patients. This is in the interests of everyone.



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