

Medical Secrecy and the Development of Virtue in Medical Oncology Practice the Secret of Sugar Canes

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ABSTRACT

This case concerns the reckless words of Doctor A., who, under the influence of alcohol, revealed the name and medical condition of Mr. L. at a social gathering. The patient learned about this event through a nurse who attended the party. The issue of medical confidentiality is very important in medical oncology practice. I decided for this reason to address this topic. The objective of this commentary is to analyze four ethical dilemmas concerning medical secrecy: Does a doctor have the duty to remain silent while off duty? How to resolve an ethical conflict? Is the extension of secrecy lawful? In addition, can confidentiality be violated in any circumstance? A broad ethical overview allows us to conclude that the duty of silence accompanies the doctor in all times of life. The nurse mismanaged this conflict. The secret can be shared, and it is relative because sometimes it is lawful to violate confidentiality. Finally, this article presents a fable about the virtue of prudence. This is applicable to medical oncology practice.

Keywords

Consequentialism, Deontological ethics, Medical secrecy, Prudence, Virtue.

Case

I have been practicing medical oncology for several years. I did not expect what my profession had in store for me that day. Next, I will describe what happened as I recall it:

"Go ahead, sir, have a seat, how can I help you?" A 30-year-old man came into my office, with a plump face that did not hide his weight loss and emaciated skin. Mr. L. sat down with obvious outbursts of discomfort. Then he wiped his glasses with obvious nervousness.

"I have all my exams in this folder. I need to tell you what is wrong with me. Can I trust you? Will you keep it a secret?"

I noticed a particular discomfort in this patient, so I prepared to listen to him carefully.

"Doctor, I'm infected and that makes me feel discriminated against. I recently consulted with Doctor A. and it turned out that

he talked about my case at a social gathering." Mr. L. went on with his account as he waved his arms as a sign of anxiety and catharsis. "Explain yourself, please," I replied as I tried to be as kind as possible to reassure him.

"At a social gathering, I don't know for what reason, probably under the influence of champagne, your colleague mentioned my full name and that I suffer from Kaposi's sarcoma. It is easy to deduce that I have it because of my acquired immune deficiency syndrome. A nurse who attended that party, a great friend of mine, told me everything," the patient replied with agitated breathing and stressed tones. "Now, even people who don't know me may judge me. They have no right! And your colleague shouldn't have violated medical secrecy."

I invited the patient to show me his exams and let me examine him while I apologized on behalf of the medical college. I could not think of anything better to calm him down. The patient had Kaposi's sarcoma with cd4 lymphocytes less than 200 cells/millimeter [3].

"My infectiologist prescribed antiviral therapy [1]", Mr. L. interrupted my reading of the medical reports.

"You have high-risk Kaposi's sarcoma [2], so you should also receive liposomal doxorubicin [3-5]. I will submit your case to the oncology committee of this clinic for approval of your chemotherapy."

"I agree. Regarding the incident I told you about, I did not want anyone to know the name of the reckless doctor or anything related to that meeting," the patient said with shame in his eyes, which were reflected through his glasses, which were once again fogging up.

"No problem. However, in Chile, I am obliged to notify the ministry of your acquired immunodeficiency." After a pause, I continued. "In addition, if you have sex, you must use a condom." "I understand. I already told my boyfriend. I swore to him that I do not want to hurt him and we will take care of each other. He is healthy and I love him. Thank you for your understanding, I feel relieved."

Commentary

Medical secrecy is the duty and obligation of the doctor to remain silent about information provided by the patient. It is derived from the principle of autonomy or respect for the patient [6]. Hippocrates establishes the basis of confidentiality and is imposed not only in the field of medical practice, but also in everything that the doctor learns about his patient outside the strictly professional circumstances [7]. The Geneva Declaration emphasizes the maintenance and respect of secrecy, even after the patient's death [8]. Likewise, the International Code of Medical Ethics emphasizes the patient's right to confidentiality [9]. Next, we will analyze the ethical dilemmas, which arose in the previous case:

a) I think that the actions of Doctor A. were not intended to cause harm, but were reckless and resulting in causing Mr. L. emotional harm. It was an unjust act in merit and equity. It was not beneficial, and it was to the detriment of the patient's autonomy (it violated ethical principles [6] and the hierarchy in ethics of minimums and maximums) [10]. Certainly, in this case, the value of confidentiality was violated, as the Doctor's duty and responsibility to remain silent extends to every location and circumstance. Thus, being a doctor is not just a profession or means of subsistence, but an ontological essence that does not accept relativisms. It is a way of being and acting as such in every area of life, without exception.

b) The nurse is guided by her loyalty to her friend in telling him what happened. Ethical deontology states that every moral action has an intrinsic value and duties must be carried out regardless of the consequences [11,12]. However, the consequence is completely maleficent for Mr. L. Therefore, in this case, the consequentialist ethic must prevail, which states that the value of an action depends on the degree of good it produces [12,13]. The best thing would have been if the nurse had not said anything to her friend. Instead, she should have conversed privately and calmly with Doctor A. Only if the latter does not recognize his fault and/or does not amend, should the nurse follow the formal procedure and report the case to the Head of the Department and the hospital's ethics committee.

c) Medical secrecy is an act that can be shared or extended to other people without violating this patient's right [14]. Thus, this extension of confidentiality is lawful in health work (usually for working as a team), when the patient requests that his or her

case be discussed with family members or other persons, and in medical research work. In our case, presenting the case to a clinical committee is common, seeks the best care for the patient, and is considered ethical conduct, which does not violate confidentiality.

d) The International Code of Medical Ethics determines that confidentiality is relative and can be violated ethically if the patient consents or if it is the only way to avoid real and imminent harm to the patient or third parties [9]. Other reasons include legal requirements or the patient's own disabilities [15]. In this case, Chilean law requires the reporting of acquired immunodeficiency virus infection [16]. In addition, as a doctor, it is his duty and obligation to inform the patient's boyfriend of his sexually transmitted disease if the patient does not do so himself (a lawful act despite violating confidentiality because it is in the interest of a third party).

Now, in deontology, morality arises from norms while in consequentialism, morality depends on the result of the act. However, in the ethics of virtue, morality is born from people's internal traits (the virtues). Following this last line of thought:

a) In Aristotle, Greek philosopher, the prudent man is the one who knows how to act well, prudence being the mother of all virtues [17]. In Marcus Aurelius, Roman emperor and thinker, prudence advises self-control and the considering of the consequences of our actions [18]. In our case, Doctor A. was reckless, did not think before acting, and did not consider the possible consequences of his actions.

b) Prudence maintains equanimity during conflict [18]. In this case, the nurse was reckless in her handling of the ethical conflict that occurred at that party.

c) Virtues are practical and learned [17]. The education and practice of values at home, at school and subsequently at university are fundamental in preventing unethical or reckless acts in future health professionals [19].

d) Finally, prudence can be considered the ethical principle on which the medical practice is based [20].

It seems that my father, Dino Schiappacase Olmos, a writer by profession, knows about the virtue of prudence. Because at the beginning of my medical studies, he called me into his office and told me the following fable:

"A terrible secret was revealed to a humble farmer. He had to swear secrecy, or calamities would fall upon the kingdom, the village, and his beloved family. It was extremely difficult for him to keep his promise and as a result, his blood was poisoned and he became ill. However, as he was very cunning, he dug a deep hole in the ground. He stuck his head into this hole and said the secret aloud. No one could hear. The farmer returned to his home with his health restored and boasting of being so cunning. The seasons continued their course and sugar canes grew from that hole in the ground. Not long after, the wind blew and made the reeds whistle. In addition, in his whistle, one could clearly hear the voice of the farmer, revealing the secret.

At that time, I did not understand what my father was trying to tell me. However, now I understand:

In medical practice, especially in medical oncology, the patient in his pain and vulnerability entrusts his privacy to the doctor. The confidentiality of the professional is necessary to strengthen the doctor-patient bond. However, the doctor must develop the virtue of prudence to maintain medical secrecy.

Thus, only the man who is virtuous knows how to keep silence when he should.

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I do not have the written authorization of Mr. Dino Schiappacasse because he passed away 10 years ago. However, I am sure that he would authorize this paragraph if he lived.

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