Medical Ethics ***EMC 340***

basis for policy and decision making

Decision making in medical ethics is usually done prior to actual patient contact. That is, the EMS or medical policy has already been debated and is already established. The individual and administrative goals are to have in place a policy that can be adhered to every time. So when we talk about medical ethical decision making, we are not implying that this is usually done "from scratch" with each new patient. For better and for worse, the tradition in Western medicine is that ethical decision making be guided and dictated
by a "data base" that focuses primarily on the freedom and well being of the one individual patient being cared for.

The data base described by medical ethicists is composed of :
(in decreasing order of importance) :

1. **Intervention**
   - probability of success of:
     - cure
     - relief of symptoms
     - stabilization
   - policy is based on research and collective experience and "meta-analysis"
   - cost / benefit analysis
   - risk / benefit analysis

2. **Consent**
   - care provider contracts with the individual patient or guardian
     - actual
       - informed
       - expressed
     - implied

3. **Quality of Life**
   - probability of recovery (immediate +/or eventual)of what individual, family, society define as a "worthy" life
     - function
     - work
     - independence
     - ability to relate
     - **…**
   - subjective and culturally conditioned

4. **External Factors**
   - cost of care
   - charges for care
   - allocation of resources
   - agendae of provider, EMS service, hospital, **…**