

ETHICS IN OCCUPATIONAL HEALTH PRACTICE

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SASOM ANNUAL GENERAL MEETING AND CONFERENCE
STELLENBOSCH
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Disclaimer

None

Structure

- Introduction
- Ethical dilemmas in occupational health practice
- Moral and ethics theories
- Legal aspects
- Professional guidelines

Introduction



Decision/Action

Ethical dilemmas in OHP

Ethics vs good clinical practice

- Some scenario's:
 - Inadvertent over-testing
 - “Blind” vaccination for Hepatitis
 - Limitations due to pre-existing medical conditions not recognised
- When does failing to adhere to good clinical practice becomes unethical/unprofessional?

■ Virtue ethics

- “Character ethics”
- A virtue is a character trait manifested in habitual action, that is good for a person to have
- It is the midpoint between two vices
- Do you have?
 - ✓ Compassion
 - ✓ **Discernment (*phronesis*)**
 - ✓ **Trustworthiness**
 - ✓ **Integrity**
 - ✓ **Conscientiousness**
 - ✓ **Benevolence**
 - ✓ **Competence**
 - ✓ “Noblesse oblige”



Employer



Statutory



Patient

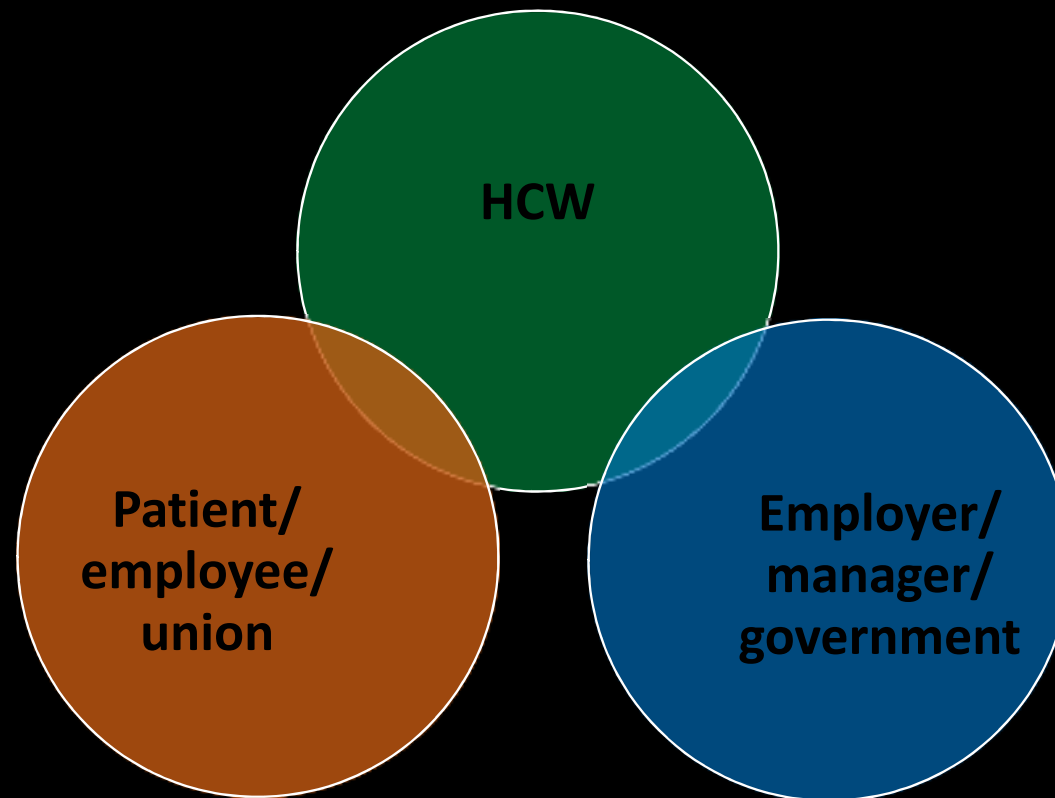


Society

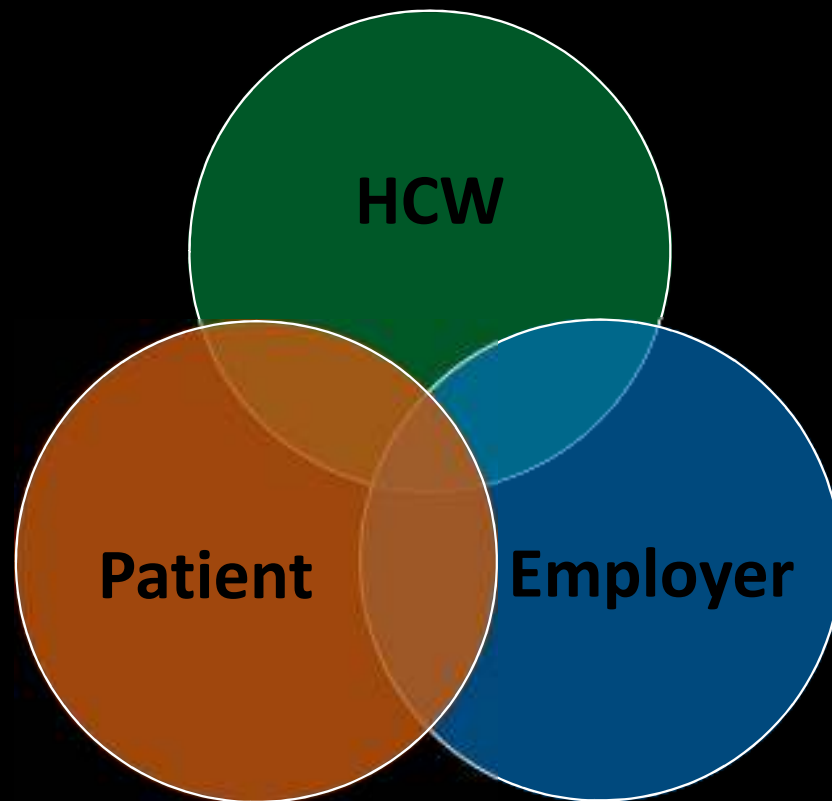


Environment

Dual loyalties/double agency

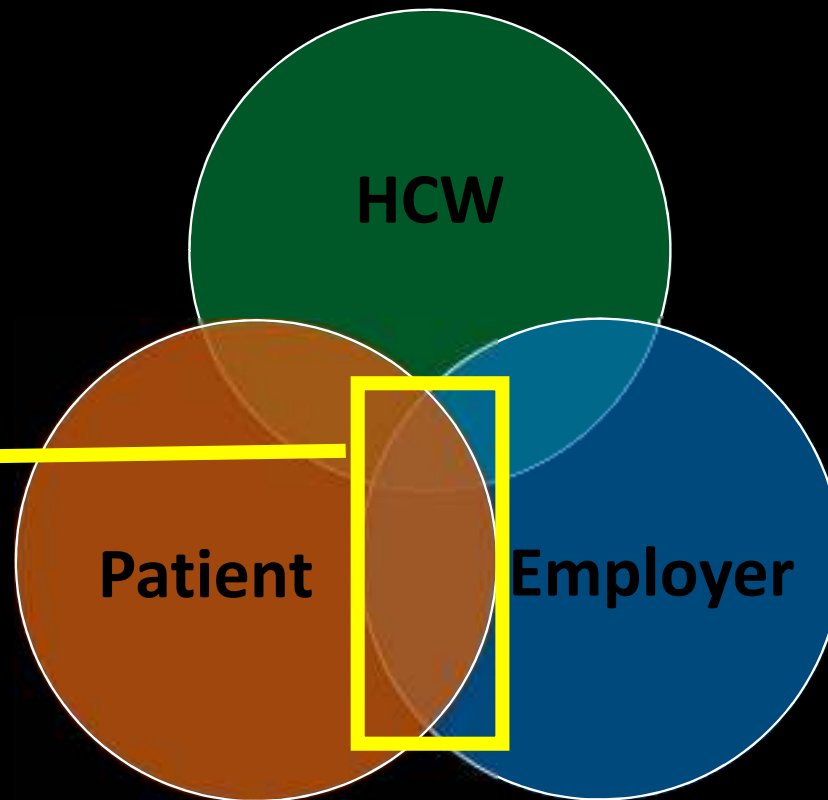


Tripartite relationship



Tripartite cooperation

Balance between
individual good and
common good



Strategies for minimising dual loyalty dilemma's

- Defence of professional independence
- Advocacy for patients
- Employment contracts to recognise professional responsibilities to patients
- Explicit procedures for dealing with public health emergencies
- Informing patients about relevant professional obligations to third parties

Moral and ethics theories

Ethics is not always about what is absolutely right or wrong, acceptable or unacceptable, ideal or less than ideal. It is also about what is the best decision in a particular circumstance, what is the lesser of two evils, what is the balance between doing good and causing harm.

Definition of ethics

- Ethics is the study of morality – careful and systematic reflection on and analysis of moral decisions and behaviour, whether past, present or future (WMA)
- Ethics is a matter of knowing what the right thing is to do, while morality is a matter of doing the right thing

Ethics and the law

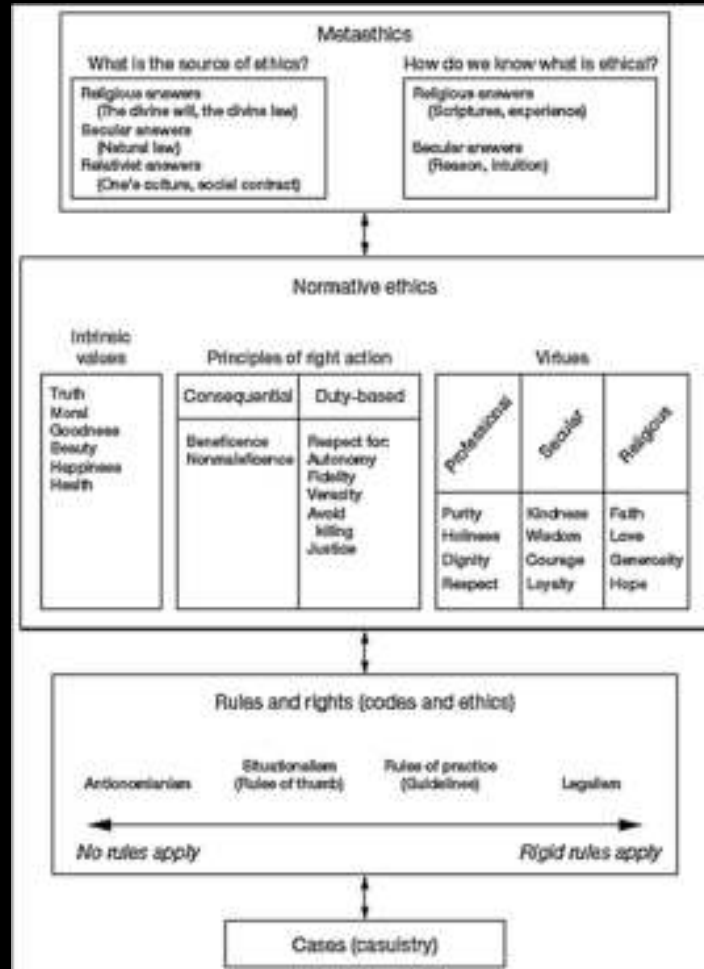


In civilised life, law floats in a sea of ethics.

Earl Warren



Levels of moral discourse



Veatch RM. (2012) The Basics of Bioethics 3rd ed. Boston; Pearson

■ Utilitarianism

- Consequentialism
- The greater good (or lesser evil) to the greatest number
- Important in public health

■ Deontology/Kantism

- Focuses on the rightness or wrongness of actions themselves
- Immanuel Kant: the categorical imperative
 - “Act only on that maxim through which you can at the same time will that it should become a universal law”, and
 - “Act in such a way that you always treat humanity, whether in your own person or in the person of any other, never simply as a means, but always at the same time as an end.”

■ Liberal individualism

- Freedom and rights of individuals are deemed most important moral values, except where that exercise may limit or threaten someone else's freedom or safety
- Implication for practice of healthcare

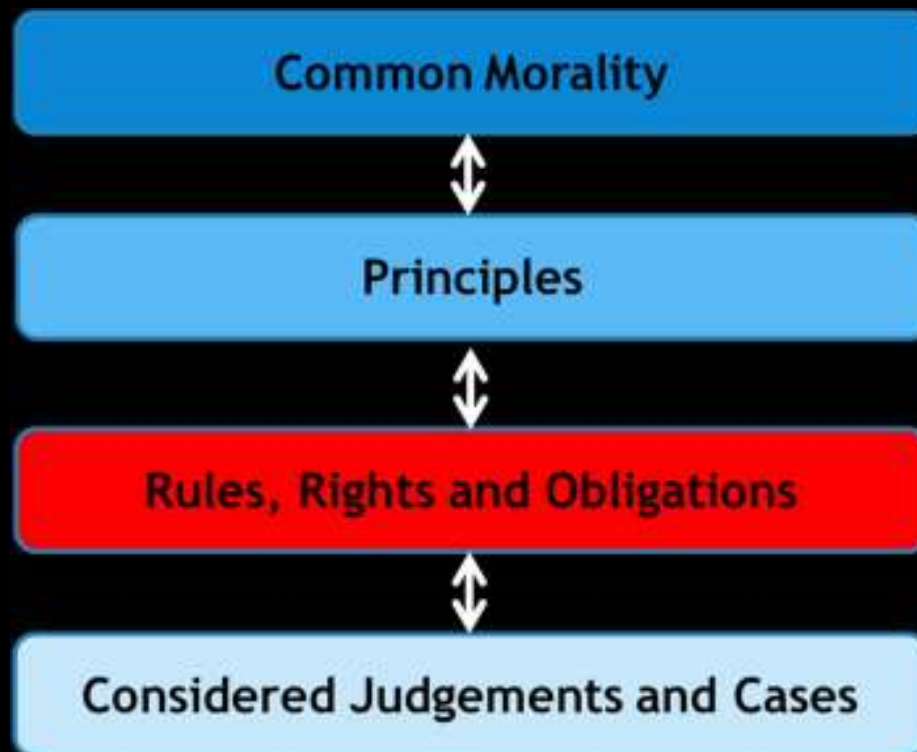
■ Communitarianism

- Ubuntu – “people are people through other people”
- Informed consent in the African setting

■ Virtue ethics

- “Character ethics”
- A virtue is a character trait manifested in habitual action, that is good for a person to have
- It is the midpoint between two vices
- Do you have?
 - Compassion
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 - Trustworthiness
 - Integrity
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 - Benevolence
 - Competence
 - “Noblesse oblige”

- Principles of biomedical ethics
 - Levels of moral discourse



- Principles

- Respect for autonomy

- Beneficence

- Non-maleficence

- Justice

Respect for autonomy

- Derived from Greek *autos* (“self”) and *nomos* (“rule, governance or law”)
- Personal autonomy must be free from controlling interference by others and free from certain limitations such as an inadequate understanding that prevents meaningful choice

Decisions seldom fully autonomous, but substantial autonomy acceptable

Respect for autonomy

- Obligations created by the principle of autonomy, are:

1. Informed consent

2. Effective communication

3. Confidentiality

4. Privacy

5. Truth telling and veracity

Accurate, timely, objective and comprehensive transmission of information

6. Fidelity

Giving the patient's interest priority

Legal

- Legislation
 - > 30 Acts
 - Regulations +++
- Contractual
 - Employment
 - Other

Professional guidelines



For Professionals

The Council regulates the health professions in the country by issuing and enforcing regulations, authorisation and licensing, professional conduct and ethics, education, training, continuing professional development (CPD), and issuing certificates to health professionals.



- Home
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Professional Conduct & Ethics

Overview	Guidelines	Codebooks	Conduct and Ethics
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Conduct and Ethics

Ethics are defined as "moralistic principles". Within the health care field there are standards which must be met and maintained with regard to ethics. We highlight various ethical aspects and offer easy access to more detailed documentation. The HPCSA's Codebooks provide the fundamental principles of practice for each profession.

Principles of Conduct	View document
Codebooks and ethical rules	
Ethical rules, regulations and policy guidelines	
Booklet 1: Codebooks and Guidelines	View document
Booklet 2: General Ethical Guidelines with reference to 11 professions	View document
Booklet 3: Patients Rights Charter	View document
Booklet 4: Informed Consent	View document
Booklet 5: Confidentiality: Protecting and Providing Information	View document
Booklet 6: Code Ethical Guidelines for management of Patients with HIV	View document
Booklet 7: Guidelines with taking and withdrawing treatment	View document
Booklet 8: Non-directive counselling	View document
Booklet 9: Reporting of Patients' Records	View document
Booklet 10: Telemedicine	View document
Booklet 11: Codebooks on over-prescribing, over-use of services and self-referrals	View document
Booklet 12: Guidelines for the management of Health Care Waste	View document
Booklet 13: Code Ethical Guidelines for Health Professionals	View document
Booklet 14: Technology Review (HPCSA)	View document
Booklet 15: Research Development and Use of Chemicals and Biological Weapons	View document
Business Practice	View document



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

GUIDELINES FOR GOOD PRACTICE IN THE HEALTHCARE
PROFESSIONS

CONFIDENTIALITY: PROTECTING AND
PROVIDING INFORMATION

BOOKLET 5

PRETORIA
SEPTEMBER 2016

9.2 Disclosures where healthcare practitioners have dual responsibilities

9.2.1 Situations arise where healthcare practitioners have contractual obligations to third parties, such as companies or organisations, as well as obligations to patients. Such situations occur, for example when practitioners:

9.2.1.1 Provide occupational health services or medical care for employees of a company or organisation;

9.2.1.2 Are employed by an organisation such as an insurance company;

9.2.1.3 Work for an agency assessing claims for benefits;

9.2.1.4 Provide medical care to patients and are subsequently asked to provide medical reports or information for third parties about them;

9.2.1.5 Work as district medical officers or forensic pathologists;

9.2.1.6 Work in the armed forces; or

9.2.1.7 Work in correctional services.

9.2.2 If healthcare practitioners are asked to write a report about or examine a patient, or to disclose information about a patient from existing records for a third party to whom the practitioners have contractual obligations, they must:

9.2.2.1 Be satisfied that the patient has been told at the earliest opportunity about the purpose of the examination or disclosure; the extent of the information to be disclosed; and the fact that relevant information cannot be concealed or withheld. Healthcare practitioners should show the form to the patient before they complete it to ensure that the patient understands the scope of the information requested;

9.2.2.2 Obtain, or have seen, written consent to the disclosure from the patient or a person properly authorised to act on the patient's behalf.

9.2.2.3 Disclose only information relevant to the request for disclosure.

9.2.2.4 Include only factual information that they can substantiate, and ensure that it is presented in an unbiased manner;

9.2.2.5 Patients may wish to see reports written about them before they are disclosed, in all circumstances healthcare practitioners should check whether patients wish to see their reports - unless patients have clearly and specifically stated that they do not wish to do so.

9.2.3 Disclosures without patients' consent to employers, or any other relevant third party, can be justified only in exceptional circumstances, for example when they are necessary to protect others from risk of death or serious harm.

SOUTH AFRICAN SOCIETY OF OCCUPATIONAL MEDICINE

SASOM is a Professional Society, registered as a special interest group with the South African Medical Association and affiliated to the International Commission of Occupational Health (ICOH).

What we do

VISION

To improve the quality of life of the working population of South Africa during employment and into retirement.

MISSION

- To promote, protect and enhance the health of the working population of South Africa.
- To further all aspects of occupational health in South Africa.
- To be the guardian for ethical and medical standards of Occupational Medicine.
- To foster professional relationships between occupational health nurses.

To be the guardian for ethical and medical standards of Occupational Medicine.



SASOM
South African Society
of Occupational Medicine

THE SOUTH AFRICAN SOCIETY OF OCCUPATIONAL MEDICINE

ETHICAL AND PROFESSIONAL CONDUCT FOR OCCUPATIONAL MEDICAL
PRACTITIONERS

SASOM GUIDELINE 17

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ICOH ORGANIZATION

Officers

Board

Scientific Committees

National Secretaries

Members

CONFERENCES

3 - 7 June 2019

Copenhagen, Denmark

Work Disability Prevention and Integration Conference 2019

Read more

2 - 5 September 2019

Dolomita, Italy

PREMUS 2019 - 10th

International Scientific

Conference on the Prevention of Work-Related Musculoskeletal Disorders

Read more

Home / ICOH Core Documents

ICOH Core Documents



ICOH CORE DOCUMENTS

ICOH Constitution (new)	English	Download
ICOH Bye-Laws (new)	English	Download
ICOH Code of Ethics (new)	English	Download

The English and French versions of ICOH Constitution have been updated according to the amendments approved by the General Assembly and ICOH Board on March 22, 2009.

The English and French versions of ICOH Bye-Laws have been updated according to the amendments approved by ICOH Board on February 9, 2014. Translation into other languages will be updated as soon as possible. The only legally binding versions of ICOH Core Documents are the ones in the ICOH official languages, French and English.

ICOH GUIDELINES

National Secretaries Guidelines	Download
ICOH Good Association Practice	Download
Guidelines for Organization of ICOH Congresses (new)	Download
Guidelines for Scientific Committees (new)	Download

INTERNATIONAL
CODE OF ETHICS

FOR OCCUPATIONAL
HEALTH PROFESSIONALS

THIRD EDITION

Published by International
Commission on Occupational
Health (ICOH) 2014

The aim of occupational health practice

1. to protect and promote workers' health,
2. to sustain and improve their working capacity and ability,
3. to contribute to the establishment and maintenance of a safe and healthy working environment for all,
4. to promote the adaptation of work to the capabilities of workers, taking into account their state of health.

Basic principles of ethics and values

1) The purpose of occupational health is to serve the protection and promotion of the physical and mental health and social well-being of the workers individually and collectively. Occupational health practice must be performed according to the highest professional standards and ethical principles. Occupational health professionals must contribute to environmental and community health.

Basic principles of ethics and values

2) The duties of occupational health professionals include protecting the life and the health of the worker, respecting human dignity and promoting the highest ethical principles in occupational health policies and programmes. Integrity in professional conduct, impartiality and the protection of the confidentiality of health data and of the privacy of workers are part of these duties.

Basic principles of ethics and values

3) Occupational health professionals are experts who must enjoy full professional independence in the execution of their functions. They must acquire and maintain the competence necessary for their duties and require conditions which allow them to carry out their tasks according to good practice and professional ethics.

Duties and obligations of occupational health professionals

1. Aims and advisory role
2. Knowledge and expertise
3. Development of a policy and a programme
4. Emphasis on prevention and on a prompt action
5. Follow-up of remedial actions
6. Information, communication and training
7. Commercial secrets
8. Health surveillance
9. Information to the worker
10. Information to the employer
11. Danger to a third party
12. Biological monitoring and investigations
13. Health promotion
14. Protection of community and environment
15. Contribution to scientific knowledge

9. Information to the worker

The results of examinations, carried out within the framework of health surveillance must be explained to the worker concerned. The determination of fitness for a given job, when required, must be based on a good knowledge of the job demands and of the work-site and on the assessment of the health of the worker. The workers must be informed of the opportunity to challenge the conclusions concerning their fitness in relation to work that they feel contrary to their interest. An appeals procedure must be established in this respect.

10. Information to the employer

The results of the examinations prescribed by national laws or regulations must only be conveyed to management in terms of fitness for the envisaged work or of limitations necessary from a medical point of view in the assignment of tasks or in the exposure to occupational hazards. In providing such information, the emphasis should be placed on proposals to adapt the tasks and working conditions to the abilities of the worker. General information on work fitness or in relation to health or the potential or probable health effects of work hazards, may be provided with the informed consent of the worker concerned, in so far as this necessary to guarantee the protection of the workers' health.

11. Danger to a third party

Where the health condition of the worker and the nature of the tasks performed are such as to be likely to endanger the safety of others, the worker must be clearly informed of the situation. In the case of a particularly hazardous situation, the management and, if so required by national regulations, the competent authority must also be informed of the measures necessary to safeguard other persons. In his advice, the occupational health professional must try to reconcile employment of the worker concerned with the safety or health of others that may be endangered.

12. Biological monitoring and investigations

Biological tests and other investigations must be chosen for their validity and relevance for protection of the health of the worker concerned, with due regard to their sensitivity, their specificity and their predictive value. Occupational health professionals must not use screening tests or investigations which are not reliable or which do not have a sufficient predictive value in relation to the requirements of the work assignment.

Thank you!

References available on request