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| **10th Punjab Bioethics Group Meeting**Shalamar Medical & Dental College, LahoreFriday, July 29th, 2021 |

**CALL TO ORDER**

The 10th meeting of **Punjab Bioethics Group** was held virtually at **Shalamar Medical & Dental College, Lahore** on Friday, July 29th, 2021. The meeting was moderated by Dr. Sarosh Saleem and lasted one and a half hours; attended by the following professionals from various institutes of Punjab.

**Attendees included:**

Dr. Sarosh Saleem Dr. Hana

Saima Iqbal Fatima Khalid

Shazia Rasool Nuzhat Irfan Malik

Romeza Tahir Ali Raza

Fareeha Farooq Afifa

Nazish Sarwat Khan

Asifa Bhutto Sadia Rao

Wajiha Aijaz Unaisa Kazi

Saher Asghar Annum Ishtiaq

Saadia Shahzad

**MEETING MINUTES**

Case 1: The first case was shared by Fatima Khalid, a final year MBBS student who shared her observations while a whole batch of students examined a patient who was not verbally able to communicate her pain while being examined. Two main issues were highlighted, 1) patient’s advocay-who’s responsibility is it? And, 2) what is the value of consent in such a situation

Dr. Saima Iqbal asked several questions about ethical practices, including who is responsible for ensuring ethical practices at a basic level. Seniors should train undergrads not to make the same mistakes again. As one approaches a senior level, one loses the emotional connection to things and becomes habitual. Routine matters make them insensitive. Students must be taught to analyze the circumstances first, and stop to examine patients if the pain is apparent. The importance of empathetic behavior, training of non-clinical soft skills, and role modeling came into discussion. Therefore, there is a widespread belief that the insensitive traditional behavior of professionals should be replaced by empathetic behavior and an ethical approach toward patients. However, professionalism should be shown instead of just teaching because "Monkey see, monkey do." A few colleagues suggested that 3rd-year students should be allowed to standardize patients and that consent should be obtained from patients or their attendants before teaching students. In the same context, it was discussed whether ethical behavior is an "alien term" or if it simply refers to "being human". Dr. Naila added that spending more time with patients should be a part of regular practice. This is because the incident might be avoided if they knew the actual condition of the patient. In the end, gaps in clinical practices were discussed and Dr. Anum suggested that we should consider our students as an asset in such situations. They must be assigned to collect information and the history of patients beforehand. This would also helpful in building trust and confidence between doctors and patients. It was concluded that one should not rely solely on reflexes. The proper way should be followed prior to any action and must be cultivated in young doctors. Hospitals should have clear and fair policies and ethics committee members should be involved early on to formulate the recommendations. Communication must be clear, honest, and free of biases, while the family’s wishes and values must be considered.

Case 2: Dr. Naila, a Neonatologist from IHHN Manawa campus shared a situation where a baby suspected of immunodeficiency syndrome with history of multiple admissions with rare infections has been advised/referred to tertiary care hospital for further workup and final diagnosis but the parents refused to take her to any other hospital and keep bringing her to the secondary care hospital whenever she gets sick. Following questions were raised by her:

How to tell patients that doctors have limitations too? They cannot provide solutions to all their problems. Patients might get so attached and comfortable with a particular doctor that they only want to be treated by them.

A few suggestions were discussed including that the doctors should communicate effectively with the patients and make them clear what to expect of them. Also, doctors should continuously improve their communication skills. Under such circumstances, a third party should be involved as a moderator. Dr. Sarosh said that often it's not the poor communication that leads to such a situation rather full trust of the family in the primary care provider and the fact that they are receiving quality care which they doubt they will receive at some public sector hospitals, that makes them refuse a referral. Many colleagues including Dr. Nuzhat shared their similar experiences. It was concluded that communication is the solution to this situation. The institutions should also strive to provide quality care whether public or private.

Everyone appreciated the healthy discussion on the two cases and particularly the discussion on legal points as health care providers in Pakistan are generally not aware of the medical laws. Dr. Sarosh thanked all the participants for their presence and engagement.

**Suggestions:**

Participants were encouraged to bring ethical issues to the discussion table without any hesitation.

 **Adjournment:**

The meeting was adjourned by the moderator Dr. Sarosh Saleem. Thanks to all attendees for their support and encouragement. The date and timing of the next meeting were decided for Friday, 2nd September 2022 at 9am via Zoom.

**Minutes recorded by:**

Sadia Rehman Rao and Sarosh Saleem