Mongolian Emergency Service Hospital Hygiene Project MeshHp.mn

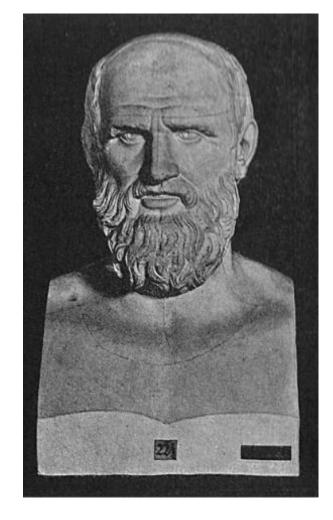


Hippocrates of Kos (Greece) 460 – 370 before Christus

"Father of modern medicine"

Hippocratic Oath: Document on the ethics of medical practice

Work for the benefit of patients and do no harm to them





Later: Christian religion in Europe – help the poor and sick

Parable of the Good Samaritan (Bible, Lukas 10, New Testament):

A man was going from Jerusalem to Jericho and was robbed. They took his clothes and hit him and he stayed back nearly dead.

A priest came on the same road and saw him and went on.

Also a levit was coming and went on.

Then a samarit came and stopped. He cared for his wounds and was pouring oil and wine in them. He put him on his horse and brought him to a sort of hotel and cared for him.

The next day, he went on and gave money to the hotel owner to care for the wounded.

Left: Francesco Bassano, Parable of the good samaritan Barmherzigen Samariter, around 1575

Medieval times: Christianity – help for the poor and sick ones.

Hospital Hotel-Dieu in Paris, Buchmalerei aus dem Jahr 1482



Florence Nightingale 1820 – 1910

Founder of modern nursing "The lady with the lamp"

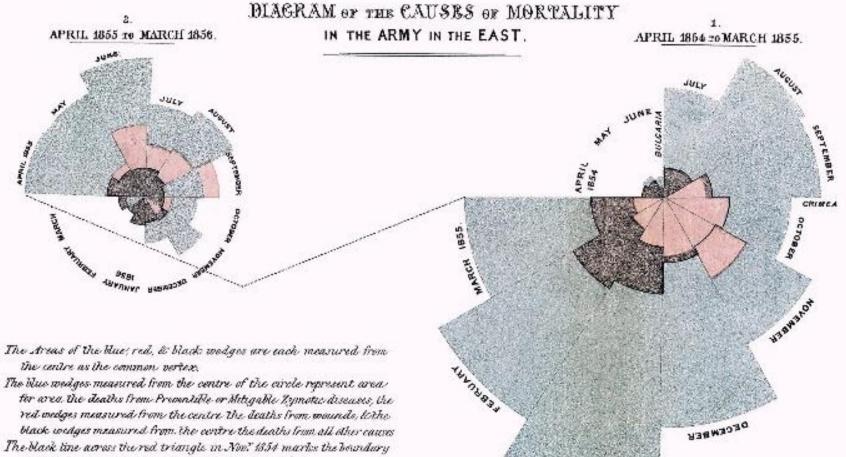
From an upper-class, rich British family Interest in nursing

1850 visit to Lutherian religious community in Kaiserswerth, Germany (Pastor Theodor Fliedner, deaconesses), 4 months nurse training

1854 Scutari, Crimean war, caring for wounded soldiers Raising importance of hygiene – death rates were

sharply reduced.





SEAL VAAUUAL

of the deaths from all other causes during the month.

In October 1854, & April 1855, the black area corneades with the red,

Reasons for death:

- Blue infections
- Red wounds
- Black others

Ignaz Semmelweis (1818-1865)

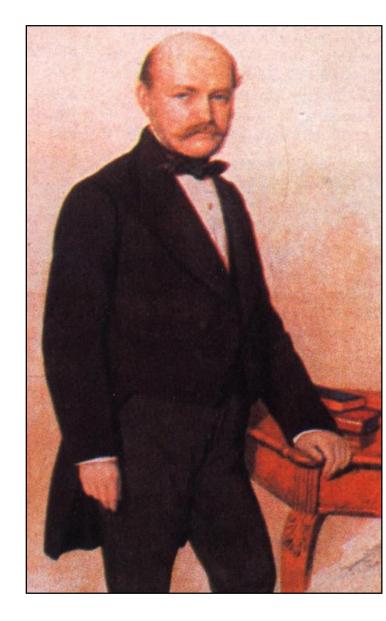
Research 1846:

Maternity hospital in Wien – lethality by child bed fever:

- Births managed by doctors and students (with autopsies) – 18 %
- Births managed by midwifes (without autopsies) 2-3 %

Hypothesis: sickness from toxin from dead bodies

Introduction of washing hands with bleaching powder solution before each examination – lethality by child bed fever going down to 1.2 %



Violation of medical ethics

Nazi human experiments

Medical experiments on large numbers of prisoners, including children, in concentration camps like Ausschwitz, Mauthausen.

Done by Nazi doctors – usually ending in death, trauma, disfigurement or permanent disability.

"Experiments", eg

- Bone, muscle and nerve transplantation
- Head injury experiments
- Freezing experiments
- Malaria experiments
- Mustard gas experiments
- Sulfonamide experiments
- Sea water experiments
- Poison experiments
- High altitude experiments



Consequence after war: Nuremberg code

Doctors' trial in Nuremberg, Germany, from 1946 on: unethical medical procedures

1947, Nuremberg code with 10 basics for medical research, some:

- Required is the voluntary, well-informed, understanding consent of the human subject...
- The experiment should aim at positive results for society...
- The experiment should be set up in a way that avoids unnecessary physical and mental suffering and injuries...
- It should not be conducted when there is any reason to believe that it implies a risk of death or disabling injury.
- The staff ... must be fully trained and scientifically qualified.
- The human subjects must be free to immediately quit the experiment at any point...
- ... medical staff must stop the experiment at any point when they observe that continuation would be dangerous.

Not a law, but considered as most important document in the history of clinical research ethics.

Edward Jenner (1749–1823)

Infected a boy with cowpox in 1796. Following this, boy was immune to the more dangerous smallpox.

Would that be possible today?





Declaration of Geneva (Physician's Pledge)

Adopted by the General Assembly of the World Medical Association at Geneva in 1948, lastly amended in 2017.

Declaration of a physician's dedication to the humanitarian goals of medicine.

Especially important in view of the medical crimes which had been committed in German-occupied Europe during Second World War.

Intended as a modern version of Hippocratic oath.

Declaration of Geneva (Physician's Pledge)

- AS A MEMBER OF THE MEDICAL PROFESSION:
 - I SOLEMNLY PLEDGE to dedicate my life to the service of humanity;
 - THE HEALTH AND WELL-BEING OF MY PATIENT will be my first consideration;
 - I WILL RESPECT the autonomy and dignity of my patient;
 - I WILL MAINTAIN the utmost respect for human life;
 - I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;
 - I WILL RESPECT the secrets that are confided in me, even after the patient has died;
 - I WILL PRACTICE my profession with conscience and dignity and in accordance with good medical practice;
 - I WILL FOSTER the honour and noble traditions of the medical profession;
 - I WILL GIVE to my teachers, colleagues, and students the respect and gratitude that is their due;
 - I WILL SHARE my medical knowledge for the benefit of the patient and the advancement of healthcare;
 - I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard;
 - I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;
 - I MAKE THESE PROMISES solemnly, freely and upon my honour.

(added in 2017)

Basic Law for the Federal Republic of Germany

Article 1

(1) Human dignity shall be inviolable. To respect and protect it shall be the duty of all state authority...

Article 2

(1) Every person shall have the right to free development of his/her personality...

(2) Every person shall have the right to life in physical integrity...

Article 3

(1) All persons shall be equal before the law....

Prevention (in hospital hygiene - IPC)

Primary prevention

- Aim: no development of diseases
- Starting before disease is developing
- Examples: Vaccination, hand disinfection, sterilisation of operating instruments, food and water quality, qualification of staff

Secondary prevention

- Aim: Early detection of diseases
- Disease is already there
- Examples: Screening for MRSA, surveillance of nosocomial infections

Tertiary prevention

- Aim: Prevent that diseases are going worse
- Example: Outbreak management

Today 4 ethic basics (according to Beauchamp and Childress):

Respect autonomy of patient.

Concept of care.

Concept of no damage.

Concept of justice and equity.

Patient Empowerment

The enlightended patient The responsible patient Health competency Shared decision making Talking on eye level

Violation of medical ethics

Contergan (Thalidomid)

New drug from Grünenthal company in Stolberg, near Aachen, Germany. Brought on market in 1957 as sleeping pill and sedative without reception. Not tested enough, company did not react on hints about adverse effects. Worldwide around 10,000 children with malformations (dysmelia, amelia), 7,000 of them in Germany, 2,800 still living. 1961 withdrawn after media report.

1970, criminal proceedings at court finished because of "minor guilt".

1970 Contergan Foundation, mostly financed by taxes!





Violation of medical ethics

Professor Messmer (Aachen, Germany)

Famous German heart surgeon.

Founded Heart Surgery Department at Aachen University Hospital in 1976. First heart transplantation in Germany in 1989.

Never went to examinations by occupational doctor, never had blood taken for hepatitis examination. No hepatitis B vaccination (available since the 80ies in Germany).

In the 90ies reports of hepatitis infections in his department to City Health Department increasing. Finally he was tested in 1999 and positive for hepatitis B virus.

At least 12 patients were infected by him.

Sentenced by court to pay monetary penalty because of bodily injury.



Are we responsible for nosocomial infections? Of course not – do many doctors say!

Endogenous infection

Fatefull course

Death by main sickness

No patient compliance

?





Difficulties in doctors' ethics today

Social responsibility

Making decisions at the end of life

Moderate between wishes of patients, relatives and medical needs

Humanity is more important than economy

Position regarding genetic chances

Make decision like you would like to have the decision as a patient

Restrictions according to costs and age and prognosis?

Patients wish to die at the end of life – help from doctors?

To clone someone?

Thank you for your attention!