Bochum Protocol for Ethical Medical Practice

Scientific and Ethical Analysis and Assessment of Medical Cases

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Medical-Scientific Diagnosis

The evaluation of the medical-scientific diagnosis follows traditional patterns.

► **General considerations:**
What is the patient's diagnosis and prognosis?
What type of treatment is recommended regarding the diagnosis and prognosis?
What alternative treatments could be offered?
What are the anticipated outcomes of these various treatment options?
If the recommended treatment is neither offered to nor accepted by the patient, what is the prognosis?

► **Special considerations:**
Will the preferred medical treatment be helpful to the patient?
Will the treatment selected lead to a positive prognosis in the particular case?
If so, to what degree?
Could the selected treatment harm or injure the patient?
To what degree?
How can benefits, harms, and risks be evaluated?

► **Medical practice:**
Are any other medical treatments equally adequate?
What consideration should be given to (1) the most recent medical advances due to biomedical research as well as (2) the physician's extensive clinical experience?
What relevant facts are unknown or unavailable?
Are the terms employed correctly, are they precise?

Summary:
What is the optimal treatment after considering all the available scientific-medical knowledge?

Medical-Ethical Analysis

The analysis of medical-ethical considerations applies to the following three principles:

► **Health and well-being of the patient:**
What harm or injury may arise as a result of selecting a single method of treatment?
Will the treatment compromise the patient's well-being, cause extensive pain, or even shorten his/her life?
Will it cause physical or mental deterioration?
Will it tend to produce fear or grave anxiety in the patient?

► **Self-determination and the patient's autonomy:**
What is known about the patient's cherished values?
What is the patient's level of understanding of intensive or palliative treatment as well as resuscitation criteria?
Is the patient well informed about the diagnosis, prognosis, and the various treatment options available for him/her?
Is it possible to satisfy the patient's preferences in formulating the treatment plan?
To what degree should the physician permit the patient to determine the treatment plan?
Who else, if anyone, should make decisions on behalf of a patient and his/her best interests?
Must the patient agree with the chosen therapy?

► **Medical responsibility:**
Have any conflicts surfaced between the physician, the patient, the staff, or the patient's family?
Is it possible to eliminate or resolve such conflicts by selecting a particular treatment option or plan?
How can one work to assure that the following values will be reaffirmed:
(1) the establishment of mutual trust between patient and physician;
(2) honoring the principle of truth-teliing in all discussions; and
(3) respecting the patient's privacy and protecting his/her confidentiality?
What relevant facts are unknown or unavailable?
Have the salient ethical issues been adequately formulated, clarified, and addressed within the physician-patient relationship?

Summary:
What kind of treatment is optimal given thorough attention to the salient and relevant medical-ethical issues?

Treatment of the Case

What options (alternative possible solutions) are available in the face of potenial conflict between the medical-scientific and the medical-ethical aspects?
Which of the aforementioned scientific and ethical criteria are most affected by these alternative options?

Which options are most appropriate given the particular value profile of the patient?
Who, if anyone, should be consulted to serve as an advisor to the physician?
Is referral of the patient necessary for either medical or ethical reasons?

What are the moral (in contrast to the legal) obligations of the physician with regard to the chosen treatment?
What are the moral obligations of the patient, staff, family, health care institution and system?

What, if any, are the arguments for rejecting the selected treatment?
How should the physician respond to these arguments?
Does the treatment decision require achieving an ethical consensus?
By whom?
Why?
Was the decision taken with respect to treatment choice adequately discussed with the patient?
Did he/she agree?
Should the decision process be reassessed and the decision actually revised?

Summary:
What decision was made after assessing the scientific and ethical aspects of the case?
How can the physician most accurately represent the medical-ethical issues and the process of evaluating the medical and ethical benefits, risks, and harms?

Additional Questions for Moral Assessment

1. In cases of long-term treatment:
Will the chosen medical treatment and its ethical acceptability periodically be reconsidered?
Is the treatment capable of being brought into line with the appearance of newly-derived medical-scientific and/or medical-ethical information?
What factors must be rethought given the unforeseen appearance of new medical-scientific knowledge or medical-ethical insight during ongoing treatment?
How do patients react to alterations in treatment strategy?
In case where the prognosis is dim, how should the physician decide whether the patient should receive intensive or palliative treatment?
Is it possible to appropriately satisfy the patient's explicit wishes, demands, as well as his/her tacit intentions, and to be reassured that they have been seriously considered?

2. In cases of considerable social impact:
What are the anticipated costs, personal and material, to the patient, the family, the health care institution, and society?
Are the patient, relatives, and community able to bear these costs?
Will the costs of the social reintegration of the patient, his/her life style, personal development, and recuperation be adequately met?
How do the answers to these questions of cost bear on the medical-scientific and medical-ethical considerations?

3. In cases of therapeutic and non-therapeutic research:
Has the research protocol and design taken the medical-ethical aspects under full consideration?
Is the research necessary?
Did the patient provide a truly informed consent in order to be entered into the protocol?
Who is responsible for providing adequate and thorough information to the patient subject and to assure that it is adequately understood?
What reasons might explain why a patient subject did not give a fully informed, competent, and voluntary consent?
What procedures were initiated to avoid discriminating against a patient subject when requesting his/her participation in a research protocol?
What mechanisms are in place to respect and act on a patient's right to withdraw from participating in a research protocol at any time?
Was the experiment fully explained to the patient subject in clear and fully comprehensive language?

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