Professionalism: The Foundation of Obstetrics and Gynecology

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HOFSTRA NORTHWELL
SCHOOL of MEDICINE
AT HOFSTRA UNIVERSITY℠

AHRMNY
November 11, 2019

Disclosure

- Drs. Chervenak and McCullough have no conflicts of interest to disclose

- Professional Ethics in Obstetrics and Gynecology
- Ethical Framework for Risk Management
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Morality

Mores

Right & Wrong Behavior

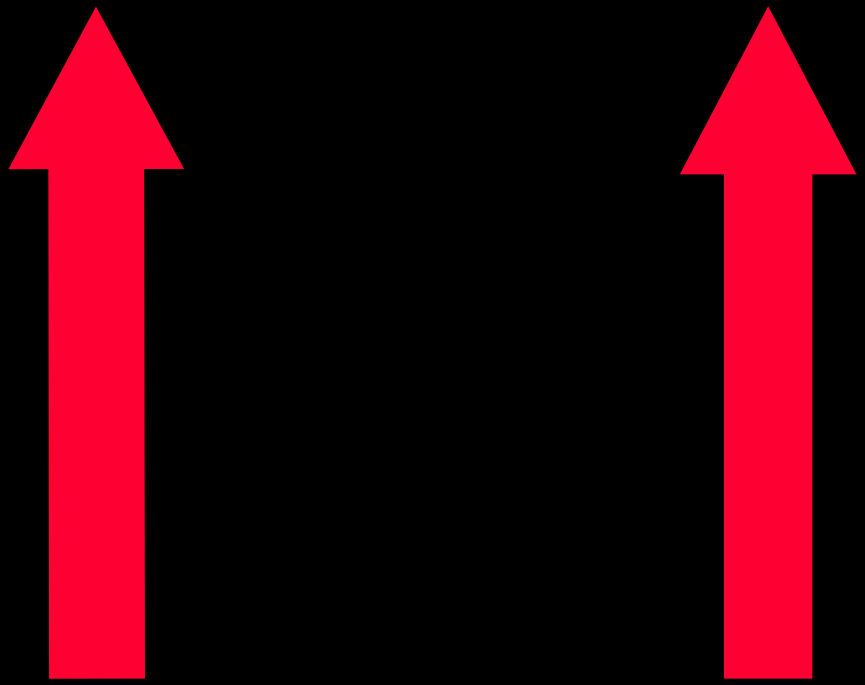
Good & Bad Character

BIOETHICS

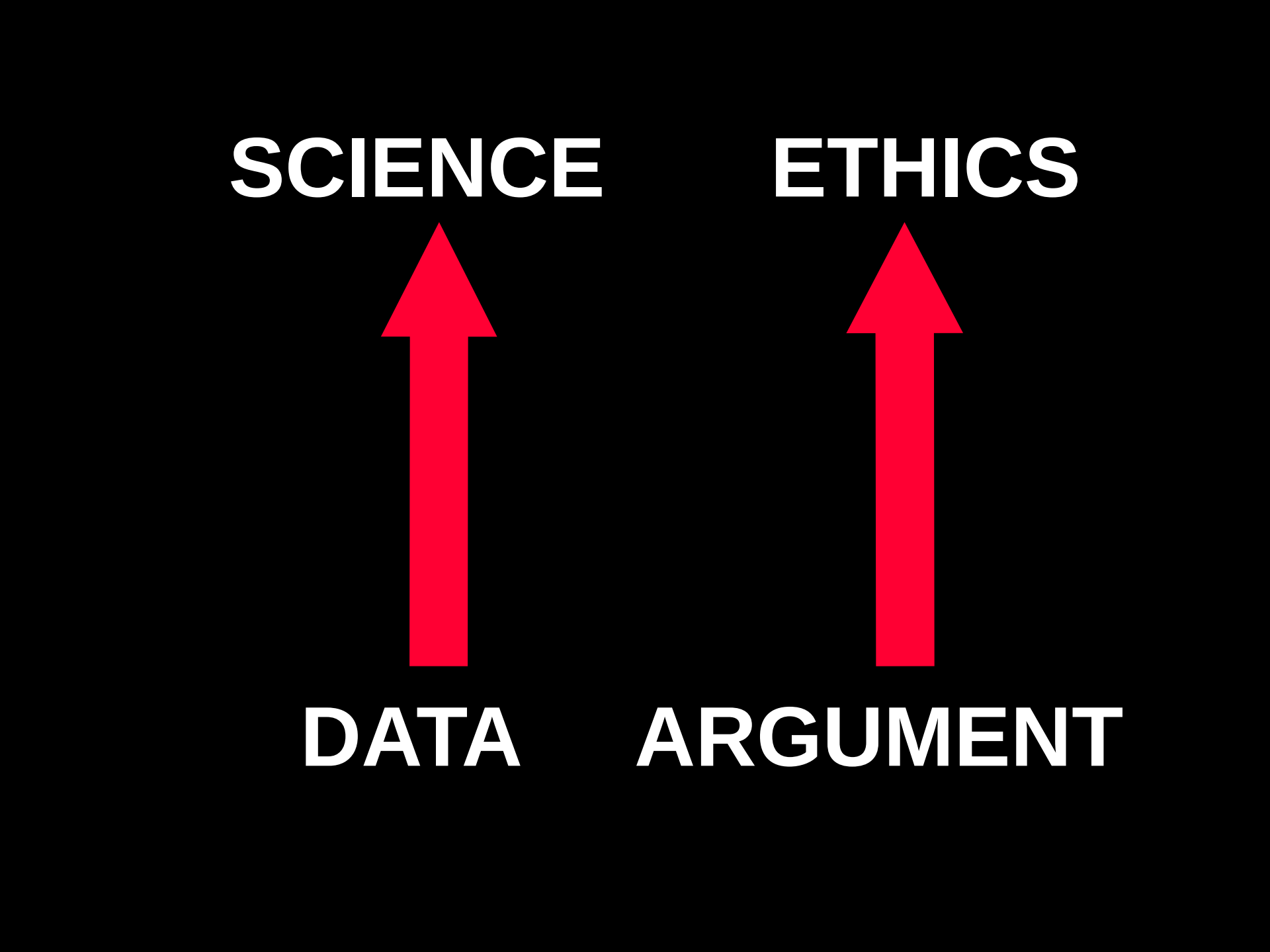
Disciplined Study of Morality

- Physicians
- Patients
- Health Care Organizations
- Health Care Policy

CLINICAL PRACTICE



SCIENCE ETHICS


SCIENCE
ETHICS
DATA
ARGUMENT

Inadequate as the Basis of Professional Ethics

- The Law
- Religious Beliefs
- Professional Consensus
- Appeals to Authority

Primum Non Nocere

- First, Do No Harm
- Non-Maleficence

Primum Non Nocere

“As to diseases, make a habit of two things, to help, or at least do no harm.”

Epidemics

Beneficence

Bene *Facere*

Good **To Do**

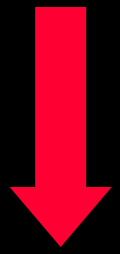
Percival T *Medical Ethics* 1804

“The art of medicine lies in balancing probabilities.”

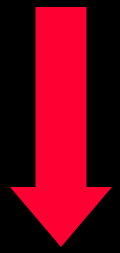
Sir William Osler



Evidence



Beneficence



Clinical Judgment

Autonomy

Autos
Self

Nomos
Law

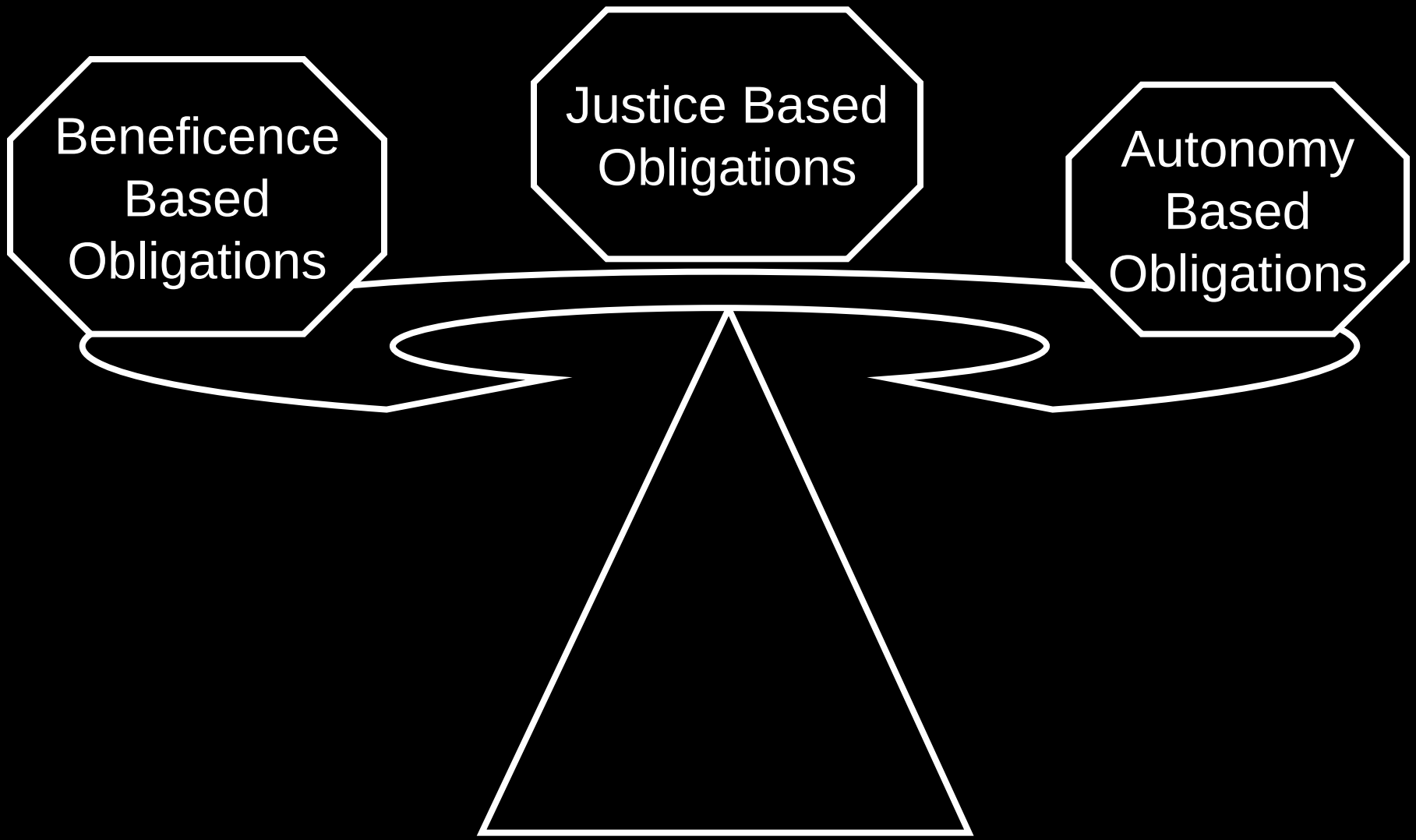
Justice

Fairness

Substantive ⟺ Outcome

Procedural ⟺ Process

Prima Facie


Beneficence Based Obligations
Justice Based Obligations
Autonomy Based Obligations

Ethical Concept of Medicine as a Profession

Dr. John Gregory (1724-1773) formulated ethical concept of medicine as a profession in response to entrepreneurial, self-interested medicine of his day:

- Fierce competition among variety of practitioners
- Physicians, surgeons, apothecaries, female midwives, irregulars (quacks)
- Patients' interests secondary to self-interest



Ethical Concept of Medicine as a Profession

- Gregory: The physician should
  - Become scientifically and clinically competent
  - Protect and promote the health-related and other interests of the patient as the primary concern and motivation



Ethical Concept of Medicine as a Profession

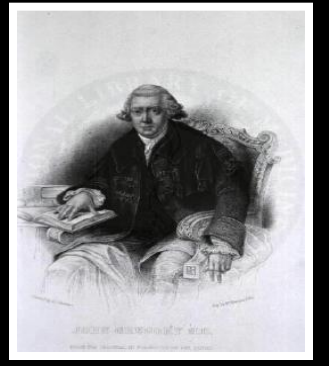
Dr. Thomas Percival (1740-1803) on Organizational Professionalism:

- Defines organizational professionalism in response to disputes among medical and surgical staff that threatened to paralyze the organization.
- Defines organizational professionalism in response to rationing of hospital resources (especially in the formulary).





Medicine as a Profession



- Gregory and Percival: The physician should
  - Become and remain scientifically, ethically, and clinically competent
  - Protect and promote the health-related and other interests of the patient as the primary concern and motivation
  - Preserve and strengthen medicine as a “public trust”



Forerunner of the Modern Obstetrician

- Professional Ethics in Obstetrics and Gynecology
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Ethical Framework

- The obstetrician-gynecologist has the professional responsibility to adhere to processes designed to ensure patient safety and quality of care.
- Leaders in obstetrics and gynecology have the professional responsibility to create an organizational culture of professionalism that provides oversight of processes of patient safety and quality of care.

Ethical Framework

- Risk management plays an essential role in creating and sustaining an organizational culture of professionalism
  - Support professional staff of healthcare organizations to consistently meet accepted standards of patient safety and quality

Ethical Framework

- To sustain an organizational culture of professionalism, healthcare organizations should support professional staff when there is evidence of adherence to patient safety and quality
  - Claims should be vigorously defended when non-meritorious

Ethical Framework

- To sustain an organizational culture of professionalism, healthcare organizations should be transparent when there is evidence of nonadherence to patient safety and quality
  - Transparency with patient about medical errors
  - These claims should be promptly settled

Ethical Framework

- To sustain an organizational culture of professionalism, healthcare organizations a preventive ethics approach to patient safety and quality should be implemented

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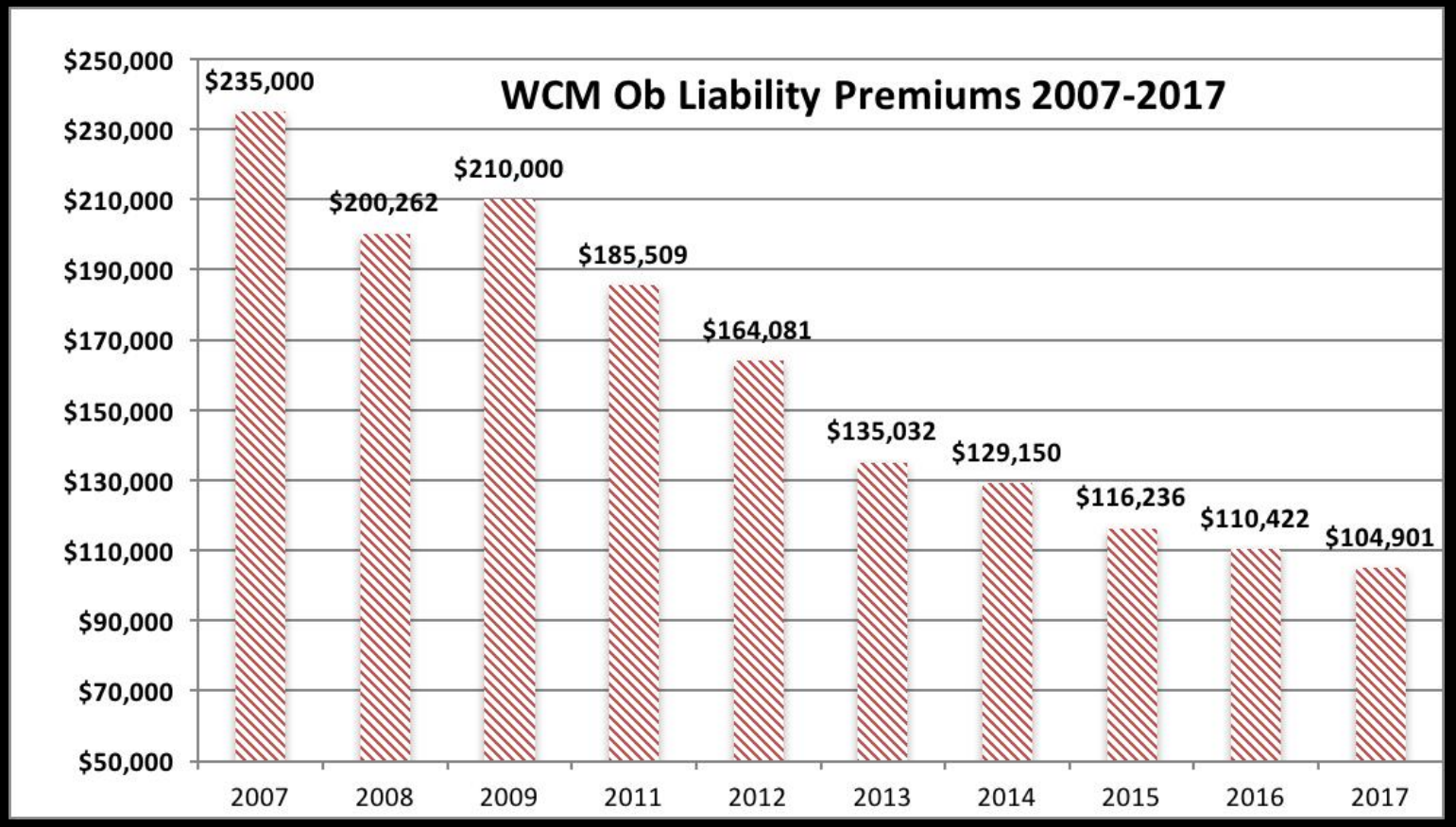
REVIEW www.AJOG.org

PATIENT SAFETY SERIES

Effect of a comprehensive obstetric patient safety program on compensation payments and sentinel events

Amos Grunebaum, MD; Frank Chervenak, MD; Daniel Skupski, MD

Liability Premiums Obstetrics



Reduction of cesarean delivery rates after implementation of a comprehensive patient safety program

Amos Grunebaum*, Joachim Dudenhausen, Frank A. Chervenak and Daniel Skupski

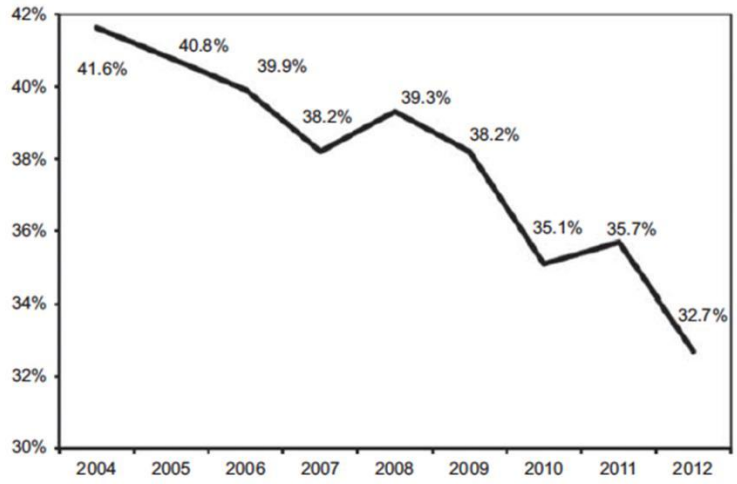
Department of Obstretrics and Gynecology, New York Weill Medical College of Cornell University, New York, NY, USA

Abstract

Aims: The objective of this paper was to review our institution's cesarean delivery rates starting in 2004 prior to the full implementation of a patient safety program including a uniform oxytocin policy until 2012 when the oxytocin policy and the safety program had been fully implemented.

Results: Cesarean delivery rates at our institution decreased incrementally from 41.6% in 2004 to 32.7% in 2012. The decrease in cesarean delivery rates was observed for each of the five age groups.

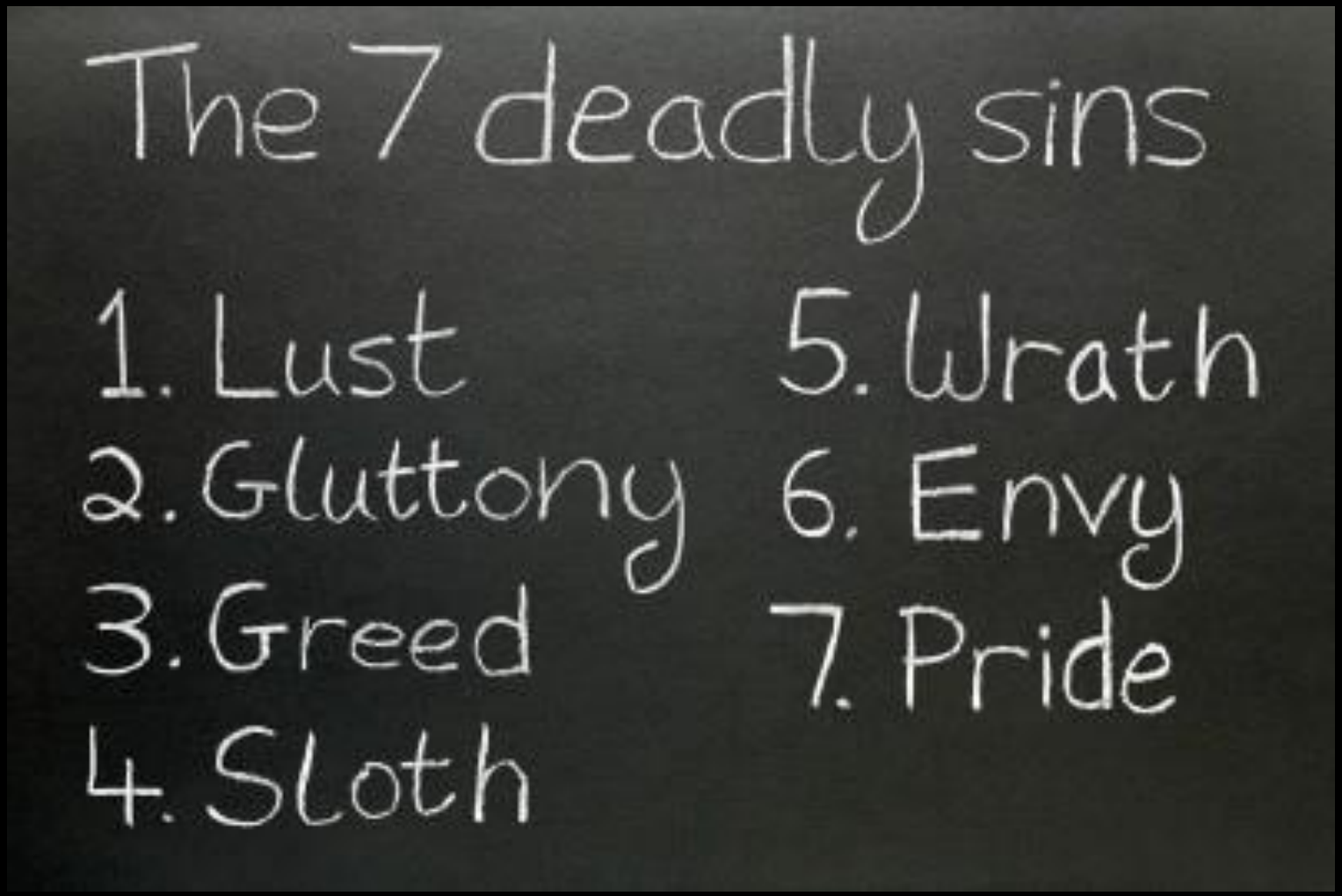
Conclusion: Concerns about an increase in cesarean delivery rates after implementation of a comprehensive patient safety program including a standardized oxytocin protocol may be unfounded. Despite the increase of US national cesarean delivery rates, our study shows that it is possible to safely lower cesarean delivery rates without concomitant concerns of litigations.



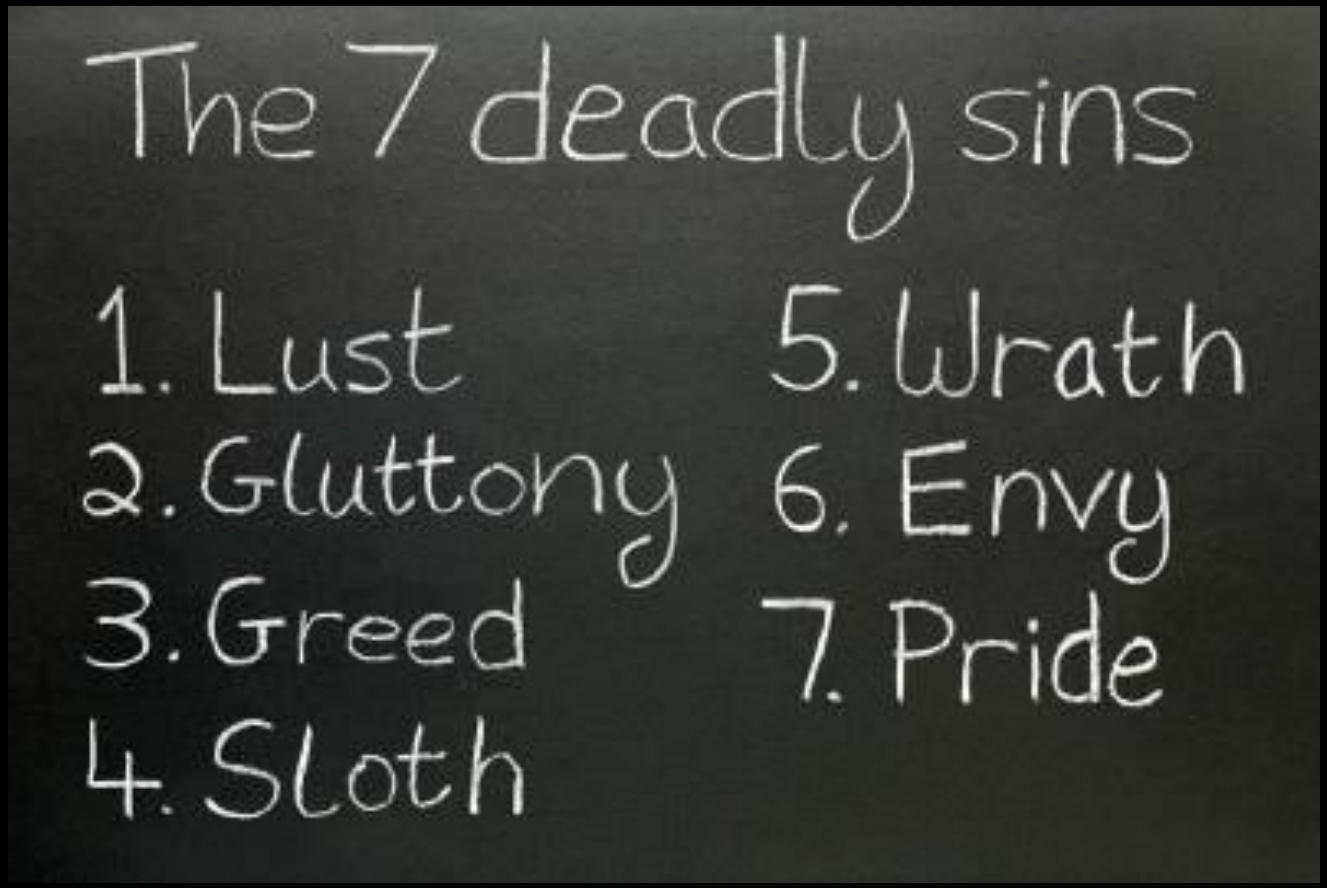
livery rates 2004–2012 (P<0.001).

J Perinat Med. 2012 Oct




The 7 deadly sins
1. Lust
2. Gluttony
3. Greed
4. Sloth
5. Wrath
6. Envy
7. Pride

Miscommunication



Drills

- Shoulder Dystocia
- Bleeding
- Cardiac Arrest
- STAT Cesarean

Shoulder Dystocia Drills









2005 Changing Labels



BEFORE



NOW

- 2/3 of adverse outcome/liability cases were associated with Oxytocin induction or stimulation of labor



Standardized Oxytocin Protocol

- Even though standardized and uniform practice patterns are known to have better outcomes than greater practice variations, medical practice continues to be characterized by wide variations that have no basis in clinical science.
- Oxytocin is the most frequently used intravenous medication in obstetric practice, but it is also among the drugs known to be used in many variations.

"Acceptable" ACOG Protocols for Oxytocin Stimulation of Labor"

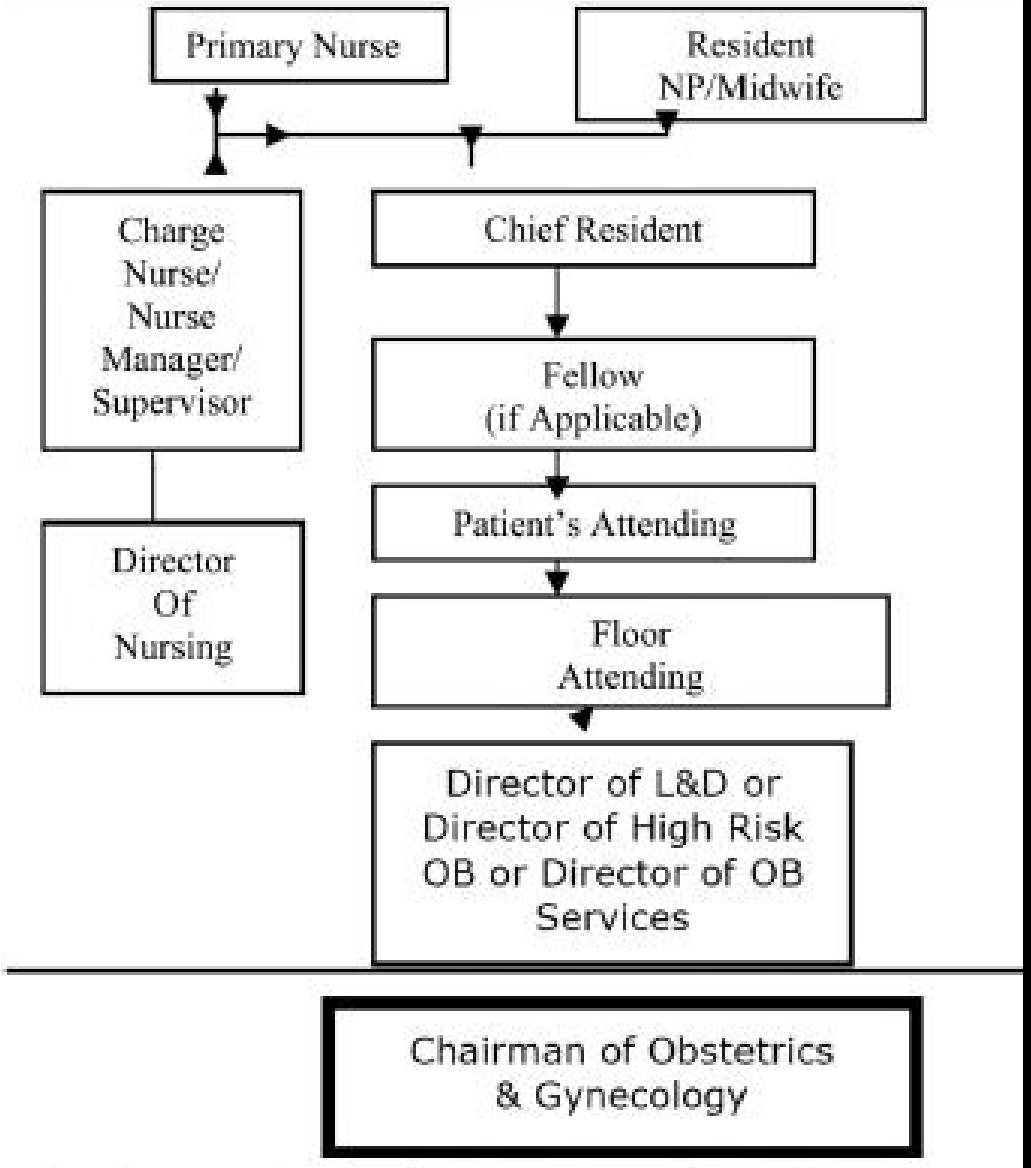
Regimen	*Starting dose (mU/min)*	*Incremental Increase (mU/min)*	*Dosage Interval (min)*
Low-dose	**0.5-1**	**1**	**30-40**
	1-2	***2***	***15***
High-dose	***~ 6***	***~6***	***15***
	6	***6,3,1***	***20-40***

ACOG Practice Bulletin 12/2003

Standardized Oxytocin Policy Weill Cornell

- Only Attendings can order Oxytocin
- Oxytocin Template Note
- 30 U in 500 cc by pump Buretrol minidrip
- Line must always go through pump
- Standardized dose and management: 1 mU/min q 15 min
- **Tachysystole:** Over 5 contractions in 10 min (independent of fetal heart rate)
- Nurses are empowered to decrease or stop Pitocin if tachysystole is observed – With or without FHR changes

FIGURE 1
Chain of communication



- Professional Ethics in Obstetrics and Gynecology
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- Violence against Physicians

FIGO Statement

- Criminal Proceedings for Medical Errors in Obstetrics and Gynecology
- Committee on Ethical and Professional Aspects of Reproductive Medicine and Women's Health

Ethical Framework

- The ethical principle of justice precludes criminal proceedings or threats of criminal proceedings when there is no prima facie evidence that the criteria for a crime have been met.
- The ethical principle of justice precludes issue of an arrest warrant, arrest itself, or confiscation of travel documents, when there is no prima facie evidence that the criteria for a crime have been met.

Recommendations

- Commit to patient safety and quality
- Advocate for reform of criminal law
  - To prevent prosecutorial abuses
  - To mandate pretrial review
  - To prohibit arrest warrants, confiscation of documents, etc., in absence of evidence
  - To support civil proceedings in response to groundless accusations

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ABORTION
PREGNANT?
HAD AN ABORTION?
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RAPE AND ABORTION ARE WRONG
FOR THE SAME REASON
CLINIC ESCORT VOLUNTEER
CLINIC ESCORT VOLUNTEER
HANDS UP!
DON'T ABORT


HE
TICAL

THE NEW YORK TIMES

A Brief History of Deadly Attacks on Abortion Providers

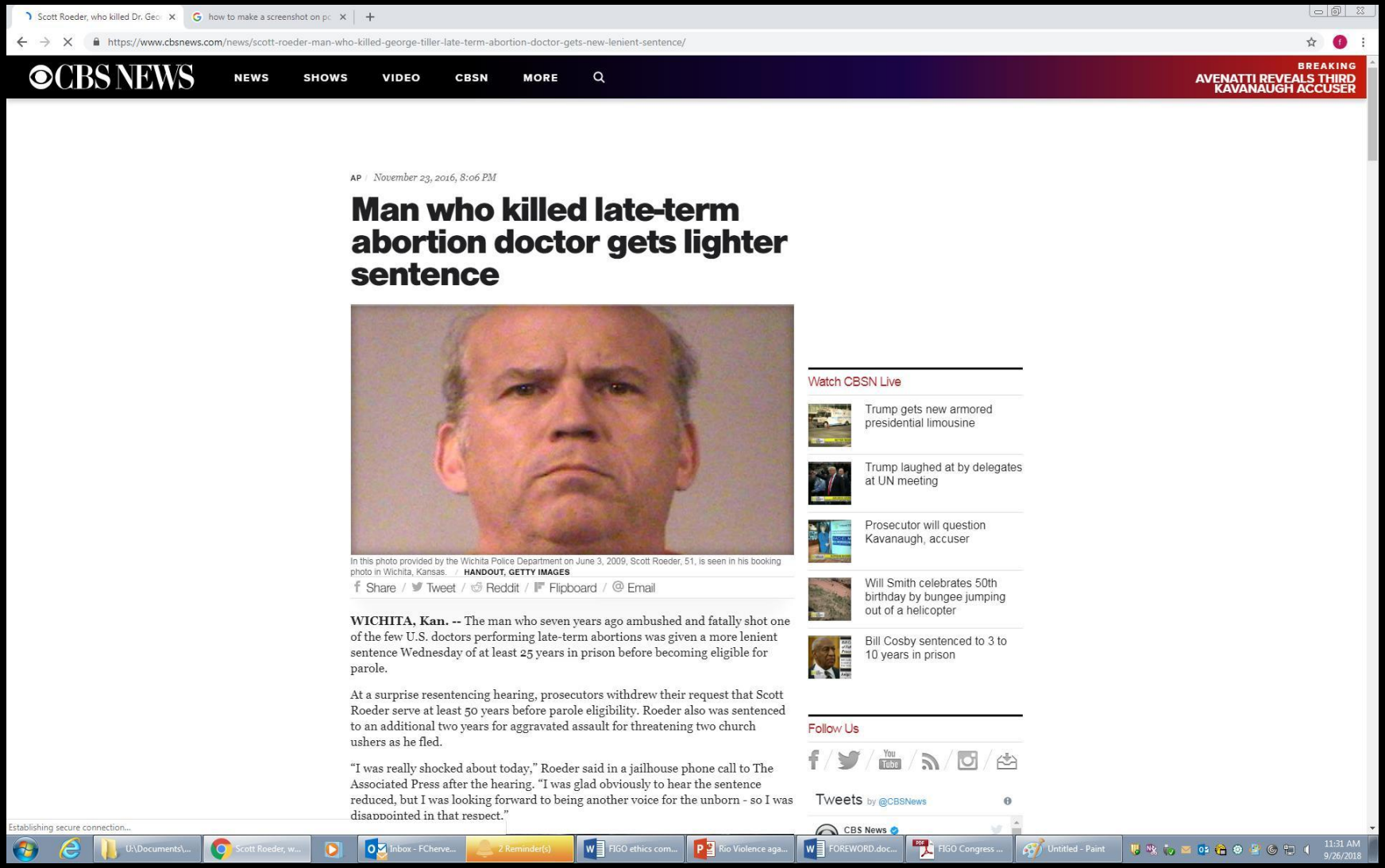
By LIAM STACK NOV. 29, 2015

The fatal shooting of three people at a Planned Parenthood clinic in Colorado Springs on Friday was the latest incident in a long history of violent attacks on facilities or doctors providing abortions in the United States and Canada.

At least 11 people have been killed in attacks on abortion clinics in the United States since 1993, including the Colorado attack. The most recent victims were Garrett Swasey, a police officer at the University of Colorado - Colorado Springs and a part-time church pastor; Ke'Arre M. Stewart, a former Army specialist who served in Iraq; and Jennifer Markovsky, a woman from Hawaii who was at the clinic with a friend.

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The Washington Post June 27, 2018

Warplanes bomb 3 hospitals in southern Syria as Assad's army presses offensive

Luisa Loveluck

BEIRUT — Fighter jets bombed at least three medical facilities in southern Syria overnight, a war monitor and local doctors said Wednesday, as forces loyal to President Bashar al-Assad appeared to ramp up a battle plan that has forced rebel-held areas across the country into submission.

The Britain-based Syrian Observatory for Human Rights said the bombed hospitals were near the Jordanian border in the towns of Saida, Jeeza and Musayfra. Aid groups have raised alarm in recent days as the government's intensifying offensive has caused about 45,000 people to flee deeper into rebel-held territory, although Jordan insists it will not open its border to them.

Professional Virtue of Courage

- Two intellectual components
  - Distinguish between what one ought to fear and what one ought not to fear
  - Ignore what one ought not to fear

Professional Virtue of Courage

- One physical component
  - Stand your ground and fulfill professional responsibility to patients but not recklessly
    - The ethical obligation to stand one's ground is a *prime facie* ethical obligation, in order to fulfill professional responsibility to patients
    - Recklessness ignores judgment that standing one's ground may risk destroying the necessary conditions for fulfilling professional responsibility to patients or violating commitments to others than one patients

Professionally Responsible Management of Risk of Violence

- Preventing recklessness
  - The higher the probability of risk to life and health, the greater the burden on argument to show that courage requires such risk

Professionally Responsible Management of Risks of Violence

- Preventing violence that causes death or major disability protects a legitimate self-interest
- Preventing violence that causes death or major disability fulfills one's commitments to others than patients
- Risking one's life in a situation in which the probability of such violence can be managed to minimum is not reckless and therefore is required by the professional virtue of courage

Professionally Responsible Management of Risks of Violence

- Topic: Risk of assassination for physicians who provide termination of pregnancy
  - This risk can be minimized by anonymizing the clinical site
  - This risk can be minimized by marketing that includes only a phone and no names
  - This risk can be minimized by reporting threats to law enforcement immediately
  - This risk can be minimized by providing effective security at a bearable cost
  - Minimizing risk resolves conflict of interest, because legitimate self-interests in life and health can be protected

Professionally Responsible Management of Risks of Violence

- Topic: Risk of harm to family members of physicians who provide termination of pregnancy
  - Family members have no professional responsibility to take such risk, because the professional virtue of courage does not apply to them
  - When family members are threatened, the physician should immediately contact law enforcement
  - Family members must be protected from threatened harm that law enforcement judges credible, to resolve conflict of commitment
    - This can reasonably include the physician ceasing to provide termination of pregnancy

FIGO Statement

- Violence against Healthcare Professionals
- Committee on Ethical and Professional Aspects of Reproductive Medicine and Women’s Health

Recommendations

1. Obstetrician-gynecologists and their member societies have the professional responsibility to advocate for the impartial application of criminal law to perpetrators of criminal violence against healthcare professionals with especially vigorous advocacy in the case of lethal criminal violence.

Recommendations

2. Obstetrician-gynecologists and their member societies have the professional responsibility to advocate for the prevention of criminal violence against healthcare professionals, especially when current criminal law is not an adequate deterrent.

Recommendations

3. Obstetrician-gynecologists and their member societies have the professional responsibility to advocate against capture, abuse, and torture of healthcare professionals who have done nothing more than discharge their professional responsibilities to their patients, including those who are wounded or sick combatants.

Recommendations

4. Obstetrician-gynecologists and their member societies have the professional responsibility to advocate for the prosecution of crimes against humanity in direct or unjustified indirect attacks on healthcare facilities in appropriate national and international courts.

Recommendations

5. Obstetrician-gynecologists and their member societies have the professional responsibility to advocate that leadership of non-governmental healthcare organizations make prudent decisions about the insertion into and extraction of healthcare professionals from conflict zones.

Recommendations

6. Leaders of healthcare facilities should resist efforts to use their facility as military depots or garrisons, consistent with their responsibility for the safety of their patients and colleagues.

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