

Wednesday 12<sup>th</sup> November

Caves Lecture Theatre, HMRI, JHH Campus

**Order of the Day**

- 1:00 – 2:00** Lunch
- 2:00 – 2:10** **Opening Address**  
Julie Letts - *Manager, Clinical Ethics & Policy, Ministry of Health*
- 2:10 – 2:20** **Welcome Address**  
Michael DiRienzo - *CEO HNE Health*
- 2:20 – 2:45** **Keynote Speaker**  
A/Prof Rosemary Aldrich - *Director of Medical Services, Calvary Mater & Associate Professor of Public Health University of Newcastle*
- 2:45 – 3:30** **Scenario 1**  
Panel Discussion
- 3:30 – 4:00** **Tea Break**
- 4:00 – 4:45** **Scenario 2**  
Panel Discussion
- 4:45 – 5:00** **Closing speech**  
A/Prof Lynn Gillam - *Centre for Health and Society, Melbourne Clinical Ethicist & Academic Director, Children's Bioethics Centre, Royal Children's Hospital, Melbourne*

**A Doctors Ethical Checklist for Clinical Practice:**

NHMRC (1993) "Ethical considerations relating to health resource allocation decisions" National Health & Medical Research Council

**Justice & Equity**

- ✓ Is your decision equitable and fair?
- ✓ Is cost-efficiency equally balanced against justice?
- ✓ Will your decision discriminate against any group?
- ✓ Will any minority group be denied access?
- ✓ Is there potential conflict of interest?
- ✓ What is the impact on future generations?

**Autonomy**

- ✓ Is patient autonomy respected?
- ✓ Is your decision medically paternalistic?
- ✓ What impact will this have?
- ✓ Have you provided adequate information or counselling to facilitate informed consent?
- ✓ Have you enabled patient choice?
- ✓ Is professional autonomy respected?
- ✓ Are there opportunities for community participation or evaluation?
- ✓ Have you devised a feedback mechanism?

**Beneficence**

- ✓ Are you giving adequate respect to human life?
- ✓ Have you considered quality of life?
- ✓ Are you respecting the integrity of the human body?

**Maleficence**

- ✓ Have you reviewed the risk of disability?
- ✓ Will your decision affect access to healthcare for any other groups?
- ✓ Are there any negative social implications for your decision?

If you would like any further information then please contact  
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**Health**  
Hunter New England  
Local Health District

# NSW Clinical Ethics Forum

HOSTED BY HNE HEALTH

- 1) **Hooked: Ethics, Medicine & Big Pharma**
- 2) **Why do Doctors order so many tests?**



**Health**  
Hunter New England  
Local Health District

**NOVEMBER 12<sup>TH</sup> 2014 FROM 1-5PM**  
**CAVES LECTURE THEATRE, HMRI,**  
**JOHN HUNTER HOSPITAL CAMPUS**

## NSW Clinical Ethics Forum 2014

### The Panel for Scenario 1:

- A/Prof Kelvin Kong – ENT
- Dr Pat Oakley – Indigenous Health
- Dr Margaret Lynch – GP
- Sandra Fitzpatrick – Pharmacy
- Nola Ries – Health Law
- Amanda Wilson – Nursing

### The Panel for Scenario 2:

- Dr Damien Jackel – Medicine
- Dr Peter Saul - ICU
- Dr Anna Hackett – Genetics
- Dr Kathryn Kerr - JMO
- Jenny McDonald – Pharmacy
- Father Roger – Uniting Church
- Leah Tong - Consumer

### The Chair: A/Prof Lynn Gillam

A/Professor Gillam is both an ethicist and a facilitator. She is Associate Professor in Health Ethics at the Centre for Health and Society, in the Melbourne School of Population and Global Health, and she works as Clinical Ethicist at the Royal Children's Hospital in Melbourne and is Academic Director of the Children's Bioethics Centre. She is also the Chair of the University of Melbourne Human Research Ethics Committee.

### The format for the forum:

This forum will run in Q&A style, with 6 panel members discussing a clinical ethical scenario. Each panel member will have 2 minutes to state their ethical position to the scenario, and then the debate will take to the floor for 45 minutes and will be facilitated by The Chair. The audience can either raise questions to the panel directly or Tweet their questions to The Chair via Twitter.

**Don't forget to live Tweet your questions to the panel via Twitter. #HNEethicsforum**



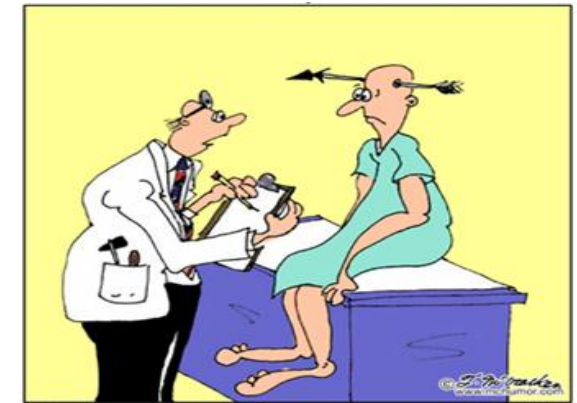
### Hooked: Ethics, Medicine, and Big Pharma

*There is continuing ethical debate around the relationship between doctors and the pharmaceutical industry, especially when physicians receive financial support from the pharmaceutical industry for continuing their medical education. As health service budgets progressively become more pressured, the funds available to support a doctor's professional education and research opportunities have become increasingly more limited. Pharmaceutical companies are now able to offer large amounts of financial support for medical education, but is it an appropriate relationship for doctors? Are there potential risks to patients and clinicians?*

### Scenario 1

Dr Smith works at a hospital in NSW; he agrees to meet with a representative from a pharmaceutical company. During this meeting, the pharmaceutical representative mentions that there is a meeting in Melbourne later in the month where she will be discussing the release of a new product. The pharmaceutical company asks Dr Smith to attend and participate in an educational session in Melbourne that will be held the day after the product launch. They are offering to pay for the flight, hotel and an honorarium.

**What should Dr Smith do?  
Is there a conflict of interest?**



### Why do Doctors order so many tests?

*In medicine today diagnostic testing is readily available and widely used in almost every clinical setting. It has grown rapidly to become the new norm for effectively diagnosing diseases and improving patient outcomes. However unnecessary testing and over-prescribing has also risen dramatically, which can be attributed to a number of reasons including the fear of missing a diagnosis, malpractice suits, or a desire for greater reimbursement in private practice. In fact over-testing is now costing the health service millions of dollars, and potentially putting patients at avoidable risk. Profit and finances should have no place in the clinical evaluation of a patient; however do our economic realities blur these lines?*

### Scenario 2

Mrs Jones is a 40-year-old woman who presents to her ED with flu-like symptoms and a cough. Following a careful examination and history, the ED registrar diagnoses a viral illness and suggests fluids, rest, a cough suppressant and a nasal decongestant. Mrs Jones is not happy with the plan and says that she is convinced that she has a chest infection. She wants you to prescribe some antibiotics, order some blood tests and organise a chest x-ray.

**What should the ED doctor do?  
Does the patient always know best?**