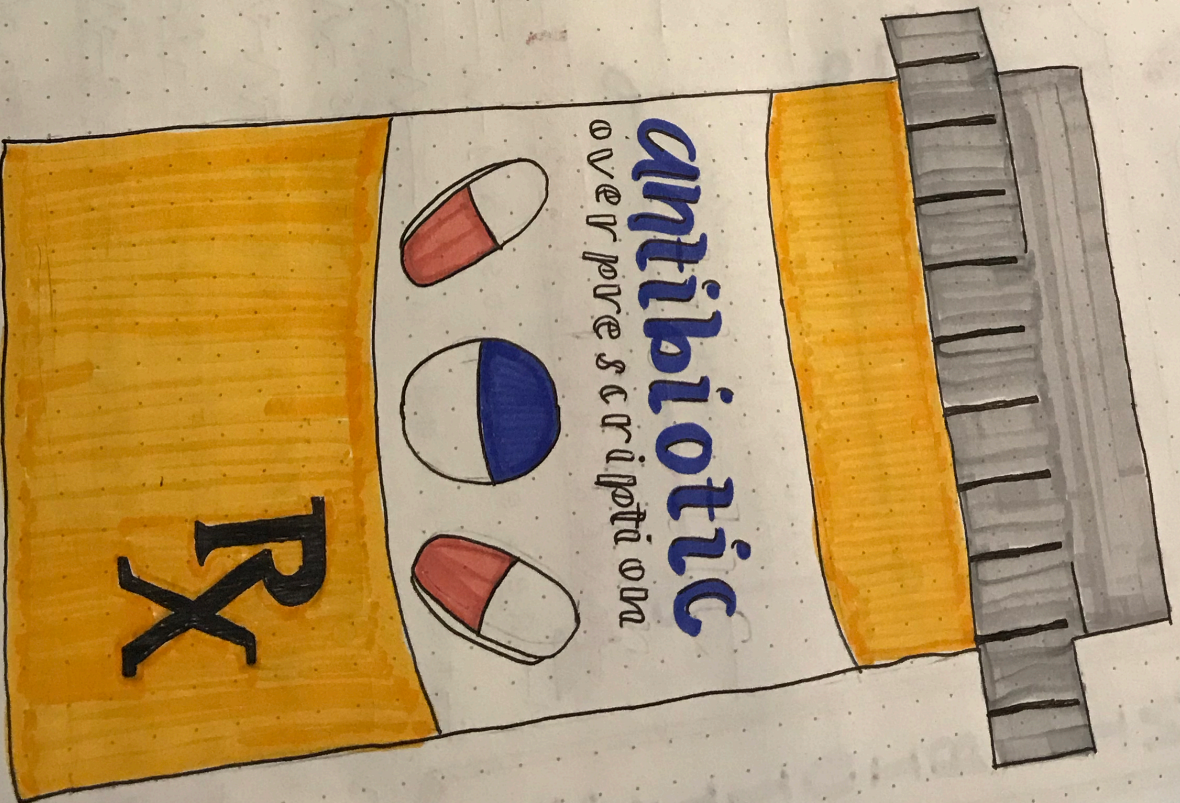


MORAL PHILO
PROJECT

2019



ANTIBIOTICS

a medicine that inhibits the growth of or destroys microorganisms

ineffective against viruses - like influenza - only work on living infections.

OVERPRESCRIPTION

Refers mostly to

broad-use antibiotics

creates resistant

bacteria that will no

longer respond

horizontal gene transfer spreads ABR

by 2050 anti-microbial diseases will take approx. 1 million per year

STATUS QUO

394/506 hospitals studied had redundant antimicrobial usage
32,507 cases

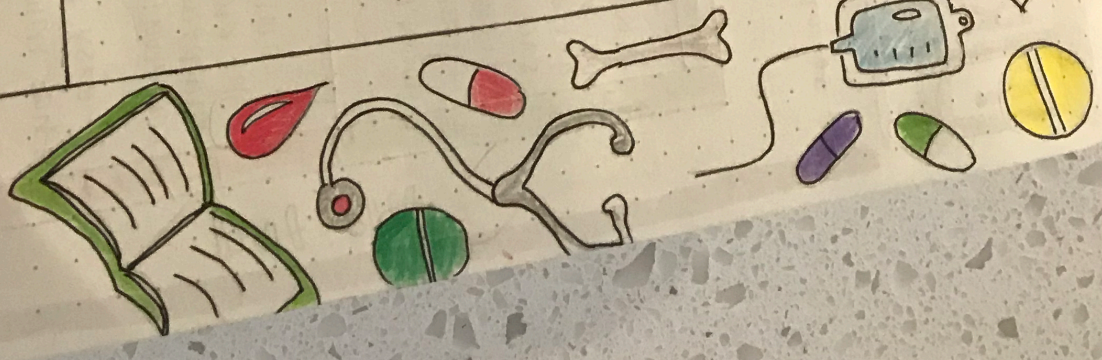
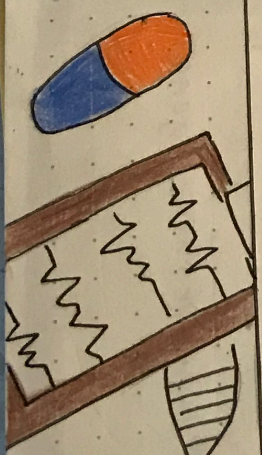
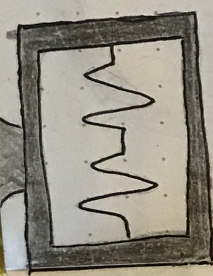
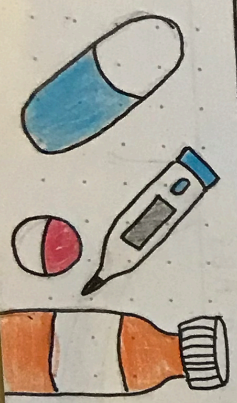
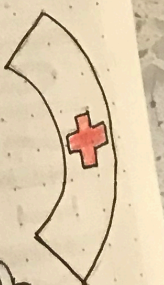
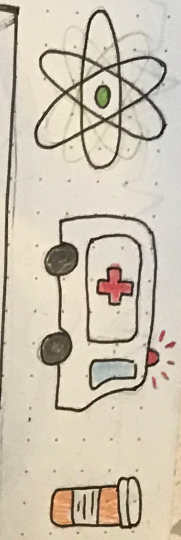
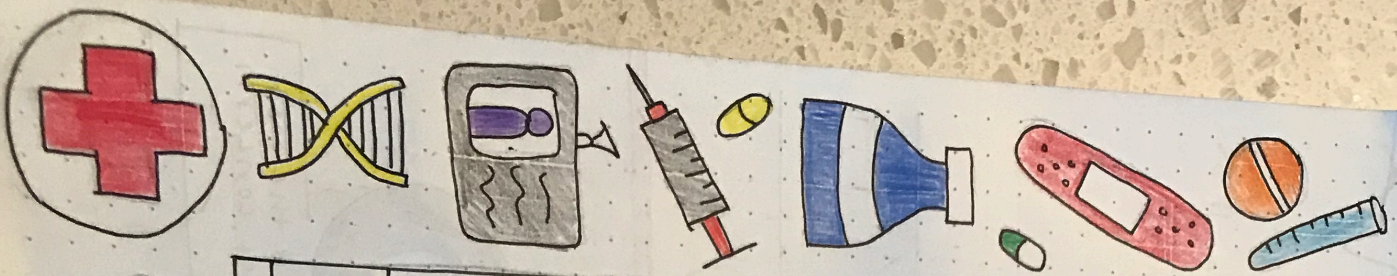
400/429 infectious disease specialists ranked the risk of an AB contributing to resistance their last concern when prescribing ABs

bioethics concepts

1 Should our current use of antibiotics be restricted out of consideration for future generations?

2 Who is the physician's main moral duty towards?
a) future of public health
b) current patient's demands

3 How much responsibility falls on the patient to refuse antibiotic treatment?



PRISONERS

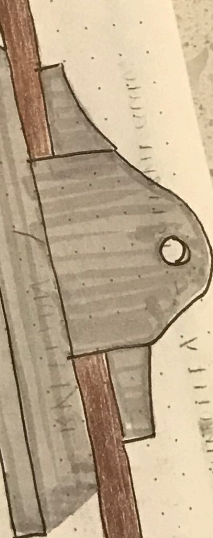
dilemma

Set up that both parties chose to defect at the expense of another

doctor

patient		doctor	
co-operate	defect	co-operate	defect
Keeps in mind future generations, but sacrifices fast treatment. the future generation doesn't exist yet.	D - resistance ↑, but don't have to be tedious w/ prescribing P - fast care, but might not work. hard to know if they should refuse an AB	co-operate	defect
D - could possibly get blamed for malpractice by being conservative w/ AB	D - easy way to practice, but will increase AB resistance	P - easy, fast care that might work	P - getting fast treatment, but not necessarily the best for them

*co-operate - in favor of future gens.

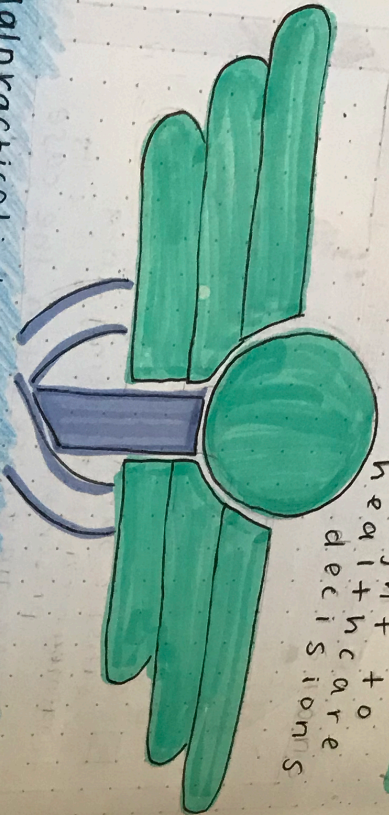


patient pov

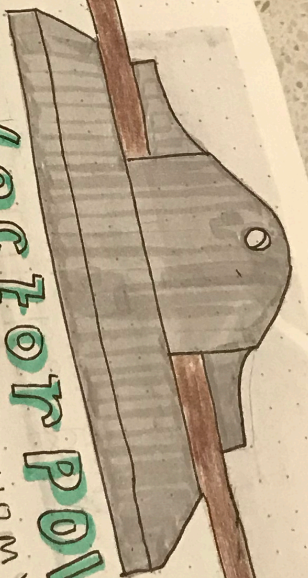
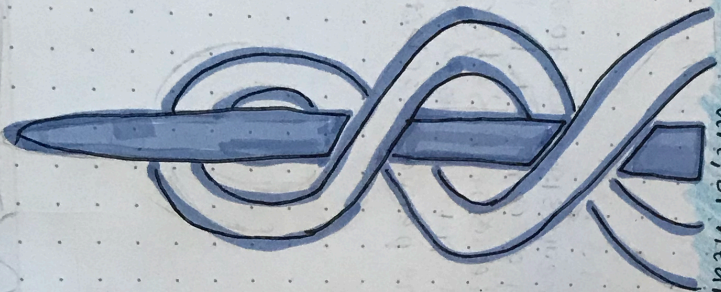
- ☐ AUTONOMY
 - o satisfies our want for fast treatment & a visit ending in a prescription
 - o this AB might not directly affect them
 - o it doesn't, that doesn't be considered
 - o patient's wants are considered
 - o top priority in a hospital setting
 - o no tedious wait for diagnostics
- ☐ ALTRUISM
 - o makes sure resistance to antibiotics is not as big of a threat to the future
 - o educated decision based on knowledge acquired about ABs
 - o aware of the perverse effects of ABs

Physician authority -
Medical expertise

(vs) patient autonomy
right to healthcare decisions



Malpractice liability - healthcare professional
has been deemed negligent by errors in diagnosis
+ treatment, aftercare, or health management



doctor POV

- ☐ PATIENT'S AUTONOMY
 - meets patient's requests less
 - meets benefits don't need to
 - pharmacies, diagnostics, time, and be run
 - not as susceptible to a malpractice claim
- general ABs can work for the case
- ☐ ALTRUISM
 - malpractice liability becomes a big concern unless regulations are put in place to protect the doctor
 - more careful & conservative in prescribing general ABs
 - providing most optimal care for future generations

Doctor $\leftrightarrow$ Patient

RELATIONS

Patient control		Physician control	
HIGH	LOW	LOW	HIGH
consumerism	defauld	paternalism	mutualism

operationalism is seen

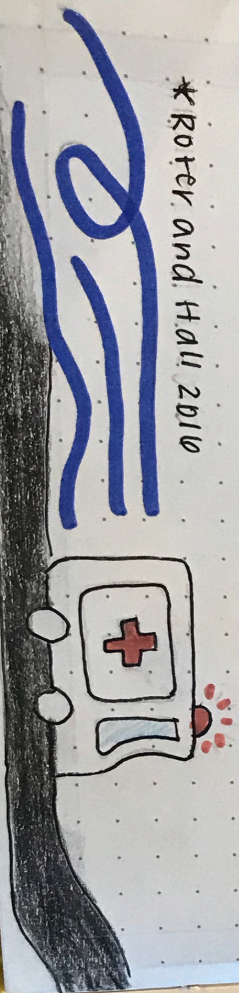
as default

omutuality is an

alternative - argumentative

discourse

*Roter and Hall 2010



my Viewpoint

