

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

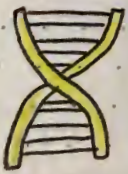
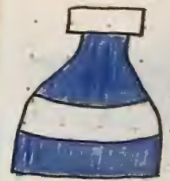
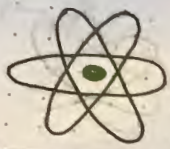
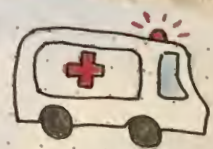
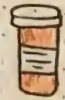
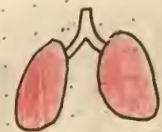
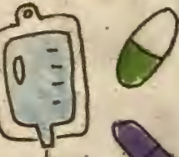
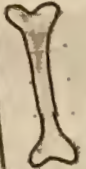
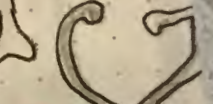
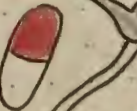
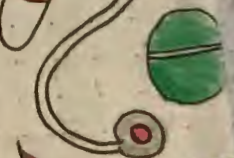
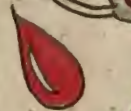
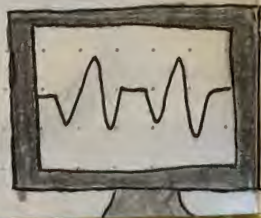
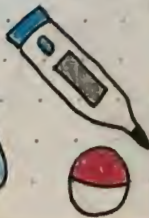
# STATUS QUO

394/505 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

# moral 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?



# PRISONER'S

## dilemma

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

doctor

patient

	co-operate	defect
co-operate	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
defect	D- could possibly get blamed for malpractice by being conservative w/ AB P- easy, fast care that might work	D- easy way to practice, but will increase AB resistance P- getting fast treatment, but not necessarily the best for them

\*co-operate - in favor of future gens.

## patient POV

### □ AUTONOMY

- satisfies our want for fast treatment & a visit ending in a prescription
- this AB might work, but in the case it doesn't, that doesn't directly affect them
- patient's wants are considered top priority in a hospital setting
- no tedious wait for diagnostics

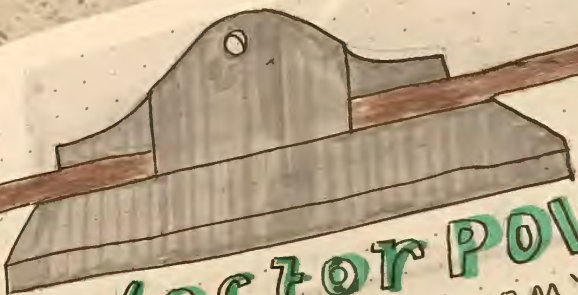
### □ ALTRUISM

- makes sure resistance to antibiotics is not as big of a threat to the future
- educated decision based on knowledge acquired about ABs
- aware of the perverse effects of ABs

physician authority - patient autonomy  
medical expertise (vs) 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
  - pharmacies benefit, takes less time, and diagnostics don't need to 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 → patient

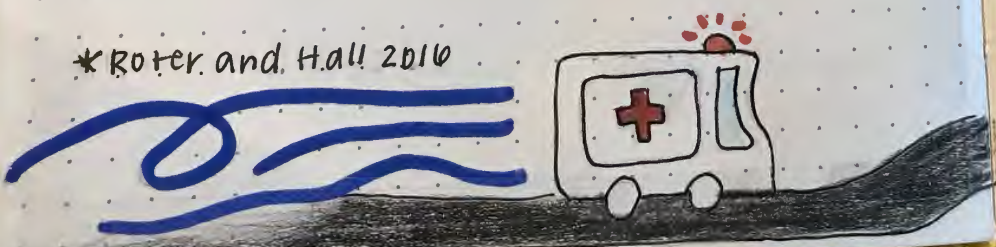
RELATIONS

		physician control	
		LOW	HIGH
patient control	LOW	default	paternalism
	HIGH	consumerism	mutualism

o paternalism is seen as default

o mutuality is an alternative-argumentative discourse

\*Roter and Hall 2010



my Viewpoint

