



## REVIEW ARTICLE

# Hierarchy of clinical decision-making by physicians based on medical and ethical decision making

Mochammad Soffan<sup>1\*</sup>, Setyo Trisnadi<sup>2</sup>

<sup>1,2</sup>Department of Forensic and Medicolegal, Faculty of Medicine, Universitas Islam Sultan Agung, Jl. Raya Kaligawe KM.4, Semarang, Indonesia, 50112

\*Correspondence : drsoffan@gmail.com, Phone 085728956461

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### ABSTRACT

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From 2011 to 2014, there were six cases of suspected medical malpractice in the Central Java Region; four clinical cases were resolved by an ethics board and two by a public court, so that it serves as a reference for clinical decision-making for physicians, as many ethical problems in addition to legal problems exist in medicine. Doctors, as Indonesian citizens, are obligated to implement the norms and laws that apply in Indonesia. However, as professionals, they are also obligated to implement the norms that apply in medical professional organisations (Indonesian Doctors Association/IDI), including the Indonesian Doctors Association (IDI), the Code of Medical Ethics (KODEKI), and interprofessional ethics. So that the actions of physicians can be accounted for from both a legal and an ethical standpoint of the medical profession. Every clinical case a physician encounters has inextricable ethical and medical dimensions, necessitating a prudent method for making clinical decisions. The challenge is to comprehend the value hierarchy, beginning with norms, morals, principles, standards, and rules. Therefore, when making clinical decisions, physicians are truly guided by the order of applicable values, one of which is Jonsen-4-box Siegler's method. The culture of the Indonesian people includes a 4-box method as an alternative. Schematics can be made for the order of values and ways of making clinical decisions based on wise ethical decisions in resolving ethical dilemmas and medical disputes.

### 1. Introduction

There are numerous allegations of malpractice in Indonesia, and this is sufficient to attract public attention and, at times, shape public opinion, which tends to label doctors as malpractice perpetrators. From 2006 to 2015, 317 cases of alleged malpractice were reported to the Indonesian Medical Council (KKI), including 114 involving general practitioners, 76 involving surgeons, 56 involving obstetricians, and 27 involving paediatricians. In the Central Java region, the Indonesian Doctors Association (IDI) registered six cases from 2011 to 2014; four ethics cases were resolved by the ethics committee, and two cases were resolved by the general court (1 acquitted). In the form

of the Indonesian Medical Code of Ethics, medical professionals (the Indonesian Doctors Association/IDI) are required to abide by the ethical standards established by medical professional organisations of the Indonesian Doctors Association (KODEKI). So that all actions of physicians can be accounted for in terms of both religion and the principles, standards, and regulations of the medical profession. There are inseparable ethical and medical dimensions in every clinical case, necessitating a prudent method for making clinical decisions (Dahlan, 2011).

In making clinical decisions on a variety of concrete cases that arise in practise, doctors frequently encounter decision-making difficulties. In addition to focusing on medical action to save a patient's life or

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prevent disability, he must also consider ethical and legal considerations, especially if the case presents a dilemma. Even though there is still a dispute between the doctor and the patient or the patient's family, recent circumstances have led to accusations of arbitrary malpractice. In such situations, references on how to make prudent clinical decisions are required (Purwadianto, 2004).

In Indonesian society, there are various types of interests, and where common interests require order in social life (so that a sense of security and peace is created), a system commonly known as "rules" or "norms" is required. The order consists of rules that serve as guidelines for all human behaviour in social life, so that everyone's interests can be protected and every member of society is aware of his or her rights and responsibilities (Masriani, 2008).

Consequently, the purpose of norms or rules is to instruct individuals on how to behave in society, including which actions must be performed and which must be avoided. There are two loads for norms: (1) Order: Someone is required to perform a task because it is believed to have positive outcomes. (2) Prohibition: It is obligatory for someone to refrain from doing something because it is deemed undesirable.

This norm can be maintained through sanctions, specifically the threat of punishment for those who violate it. Sanctions are a reinforcement of the legitimacy of these norms' validity and a consequence of actions that violate them (Masriani, 2008). There are four types of norms in social life and in life in general: (1) Religious norms are life guidelines that are accepted as Allah SWT's commands and prohibitions. Religion's adherents recognise and accept these rules as guidelines for living on the right path. Allah SWT threatens punishment for the violation of religious standards.; (2) Norms of politeness: rules of life and life that are regarded as the conscience of the human soul, in the form of an inner voice that everyone recognises and acknowledges as a behaviour and action guide. His conscience informs him of which actions are appropriate and which are not based on his own personality. Anxiety results from the violation of social norms of decorum.; (3) Norms of decency are the rules of life and conduct that emerge from human interaction. As guidelines governing human behaviour toward other humans, these rules are followed and obeyed. A certain group of people can establish politeness rules, including what is permitted and what is not permitted for members of that society. The violation of decency norms results in condemnation or estrangement from the community.; (4) Legal norms are coercive rules of life and behaviour with severe penalties. State authorities create rules derived from legal requirements. Its provisions bind

everyone, and its enforcement can be maintained through all forms of state coercion. Criminal sanctions (corporal punishment or fines), civil sanctions (paying compensation), and state administrative sanctions (fines, revocation or suspension of permits) can result from the violation of legal norms (Masriani, 2008; Dahlan, 2005).

As a member of society and an Indonesian citizen, a physician is required to adhere to societal norms and Indonesian laws and regulations in order to gain respect and protection for himself and his interests, as well as to preserve and ensure community peace (Dahlan, 2005).

Clinical decisions are based on two decision-making factors: (1) Based on Jonsen Siegler's systematics, medical decisions regarding patient medical issues are made; (2) Ethical decisions regarding patient issues. Ethical decisions based on medical indications and three additional factors—patient choice, quality of life, and contextual characteristics—are dominated by non-medical factors, specifically the cultural structure of society. In addition, Jonsen Siegler's systematics are ideally suited for application in Indonesia due to the plural structure of Indonesian society, which is comprised of diverse religions, ethnicities, customs, sociocultural, and geographical backgrounds (Purwadianto, 2004).

The objective of this paper is to explain the hierarchy of ethical values and comprehend the process of making ethically sound decisions. The purpose of this literature review is to increase understanding of HELP (humanity, ethics, legality, and professionalism) and its application to services in the health sector in order to prevent allegations of malpractice.

## 2. Clinical ethics

Ethics is derived from the Greek and Latin words *ethikos* and *ethicus*, which mean "custom." According to Catalan, terminology is a system for evaluating behaviour and beliefs in order to determine appropriate actions to ensure the protection of individual rights. This includes decision-making processes that help distinguish between good and bad actions and determine what should be done (Catalano, 1991). In the meantime, ethics, according to Berten, is a philosophy that reflects moral teachings. It is composed of rational, fundamental, systematic, and normative ideas. It is a means of gaining a critical perspective on a vast array of perplexing moral issues (Berten, 2005).

Similar to law, ethics is founded on moral values and standards. Moral norms include moral principles (benevolence, nonmaleficence, autonomy, and justice), moral standards, and moral rules (which are then compiled into a code of ethics). It should be noted that ethics and morals have the same original

meaning, which is “customs or lifestyles.” One must make reference to morality when discussing ethics and vice versa. However, “ethics” refers to the study of moral behaviour, while “moral” refers to the behaviour itself, which is associated with right and wrong or good and evil (Beauchamp, 2009). As an illustration, if a physician asserts that abortion is immoral, he is discussing a moral issue, whereas if an obstetrician weighs whether or not to perform an abortion on a young pregnant patient with severe heart disease, he is weighing an ethical issue.

In actual cases such as the one described above, the moral view (which asserts that abortion is wrong) must be criticised, systematically analysed, and logically justified. It is difficult to resolve ethical issues that arise in clinical medicine, so it would not be incorrect to say that there are more questions than answers in the field of ethics. In reality, ethics is a pluralistic subject, so people can hold differing views

on what is right and wrong. Even if they agree, it may be for an alternative reason. However, the majority of people agree with the fundamental ethical principles (human rights) outlined in the Universal Declaration of Human Rights of the United Nations. Therefore, violations of the fundamental ethical principles can be categorised as ethical and legal (ethico-legal) violations. Indeed, ethics and law derive from the same source, namely morality, so what is deemed “good” or “bad” in ethics also applies to the law. However, the law does not regulate insignificant matters. Minor ethical violations do not pose a threat to society and, as a result, do not need to be regulated or punished by the law, as society can still control them without causing anarchy. Society (including professional groups) can impose ethical sanctions in the form of words, language, gestures (e.g., sneering), or actions (e.g., ostracism), all of which convey disdain for the group. In addition to ethical sanctions, the law only punishes filthy, immoral

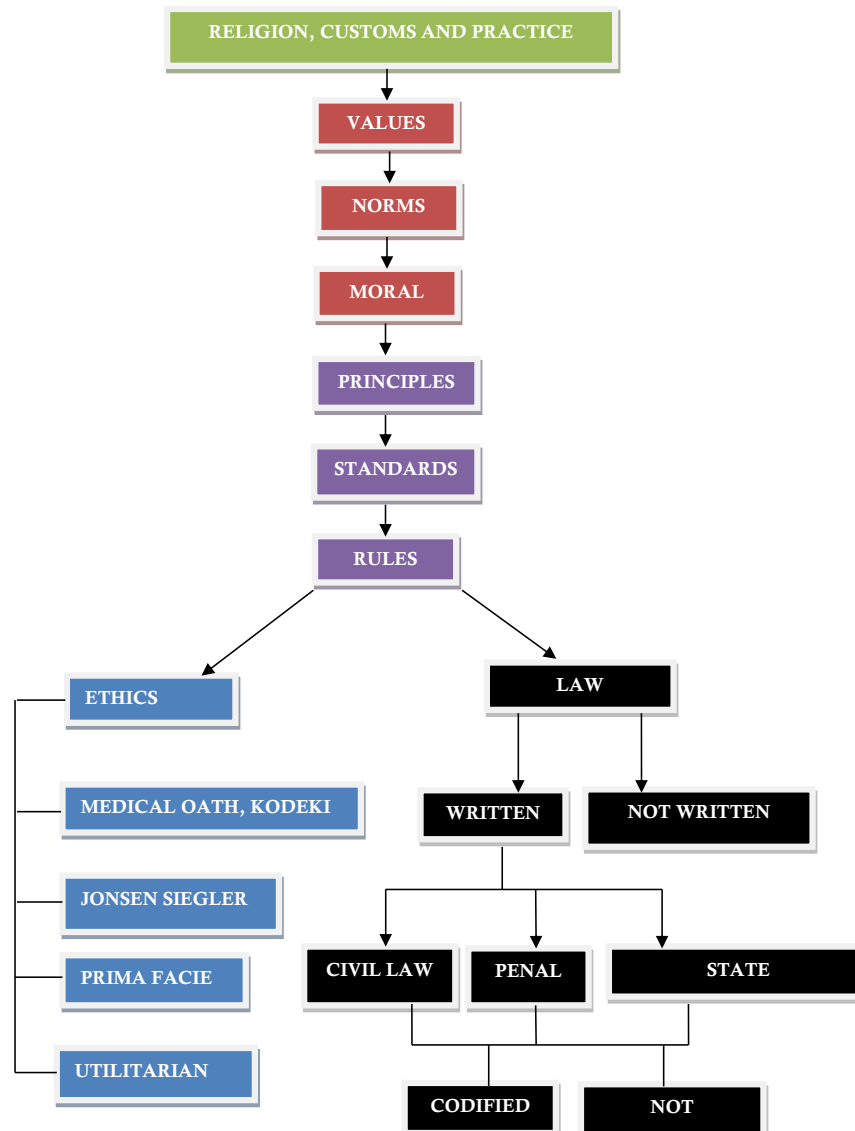


Figure 1. Hierarchy of ethical values

conduct (Dahlan, 2011).

**3. Terms used in ethics**

The hierarchy of ethical values is depicted at Figure 1. Values is an ideal desire that gives one’s life meaning and also serves as a guide for decision-making and action. Norms is the concrete and objective form of a value can therefore be used to determine or evaluate whether someone has violated predetermined values. A system for evaluating a person’s behaviour and beliefs in order to determine the actions necessary to protect individual rights. Ethical decision-making includes techniques for distinguishing between good and bad actions and directing what ought to be. Individuals, small communities, and society are affected by ethics.

Moral is typically based on religious beliefs. Morality consists of standards of right and wrong that are acquired through social interaction. Typically associated with individuals or small groups and manifested as conformity to group customs or traditions. Principles explain the basic values that

must be observed (principles). Rules can be justified by principles. In situations that cannot be governed by rules, principles can also serve as a guide for decision-making. The standard is used to determine whether an action is good or bad, better or worse, and wise or not. Standards serve as behaviour guidelines by defining acceptable (to be exhibited) and unacceptable (to be avoided) characteristics (to be avoided). Rules can only be formulated when a particular behaviour is almost certainly appropriate or inappropriate. There are still cases in the medical and hospital fields that cannot be resolved by existing regulations (Berten, 2005; Dahlan, 2011).

**4. Ethical Problems and Legal Conflicts**

Figure 2 depicts the scheme for resolving ethical dilemma and medical disputes. There are ethical issues when there are issues with one or more of the following topics: medical indications, patient choice, quality of life, and contextual factors. Ethical problems arise when one ethical principle is applied in conflict with

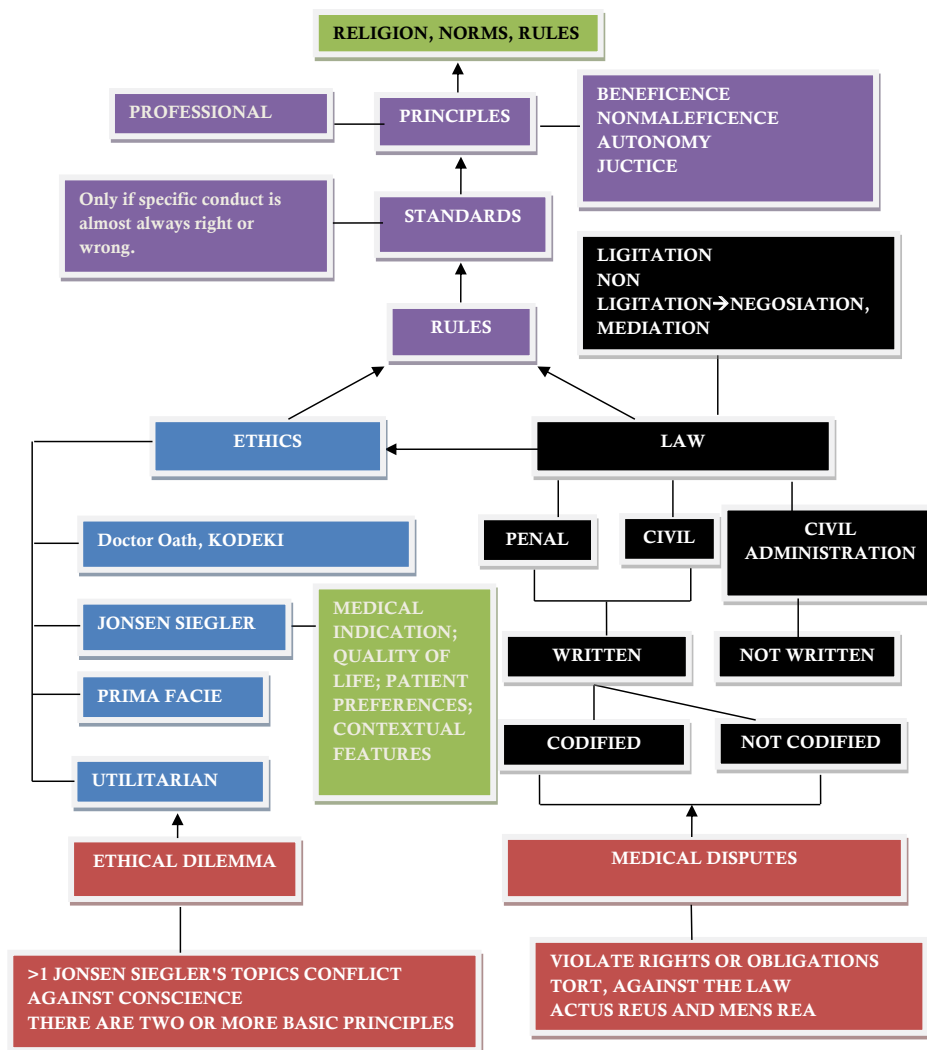


Figure 2. Scheme for resolving ethical dilemma and medical disputes

another ethical principle, or when one topic conflicts with another (a situation requiring the selection of two alternatives that may be mutually disagreeable or disputable). When someone's rights are violated or obligations agreed upon in a contract are not fulfilled, which is against the law and constitutes disgraceful acts with malicious intent, either intentionally, carelessly, or negligently, legal disputes arise (Purwadianto, 2004; Dahlan, 2011).

## 5. References to ethical decision making

In relation to patient management, clinical ethics may be the most appropriate approach. Clinical ethics, according to Jonsen *et al.* (2006), is a practical discipline that provides a structured method for identifying, analysing, and resolving ethical issues in clinical medicine (Jonsen, Siegler, and Winslade, 2006).

Regarding clinical ethics, there are four topics that must be considered when resolving ethical issues in patient management: (1) Medical indication; (2) Patient Preferences; (3) Standard of living (after treatment), (3) Contextual Features (Contextual Factors). Clinicians should always consider these topics when resolving ethical issues in clinical medicine. In essence, the preceding reference is an expansion of the four fundamental moral principles to make them more applicable.

Medical indication including 5 questions: (1) What is the patient's current health problem, including its history, diagnosis, treatment, and prognosis?, (2) Is the health issue acute, chronic, time-sensitive, or reversible?, (3) What is the objective of medical intervention? palliative, cause, (4) What is the success probability?, (5) What are the contingency plans if medical interventions fail?

Patient preferences including 6 questions: (1) Is the patient mentally and legally incapacitated, and if so, what are the corroborating factors?, (2) Does the patient, if he or she is competent, express a desire to be treated?, (3) Has the patient been informed of the potential benefits and risks and given informed consent?, (4) Who actually has the right to represent the patient's interests, and have they applied the correct criteria when making decisions if the patient is helpless? (5) Has the patient previously expressed his desires (via advance directives, for example)?, (6) Why is the patient unable or unwilling to cooperate with medical procedures?

Standard of living (Quality of Life After Treatment) including 6 questions: (1) With or without medical intervention, what are the chances of returning to a normal life?, (2) What deficiencies will still be experienced if the medical treatment is successful?, (3) Is there a bias in the doctor's assessment of the patient's quality of life?, (4) In what condition, present or future,

does the patient wish to continue living?, (5) Exists an intent or justification to refuse treatment? (6) What is the plan for suffering relief and palliative care?

Contextual Features (Contextual Factors) including 9 questions: (1) Are there any family problems that could influence medical decisions?, (2) Are there provider (doctors and nurses) issues that could influence medical decisions?, (3) Are there financial and economic factors that can influence medical decisions?, (4) Are religious and cultural elements capable of influencing medical decisions?, (5) Are there any limitations on confidentiality?, (6) Exists an issue with the power source?, (7) What effect does the law have on medical decisions?, (8) Does it relate to educational or research programmes?, (9) Exist any conflicts of interest between institutions and providers (doctors and nurses)?

## 6. Conclusion

As a person, a member of society, and an Indonesian citizen, a doctor is obligated to uphold the prevailing social norms, including religious norms, moral norms, and legal norms. As professionals, physicians must be accountable for the principles. For clinical decisions, the standards and rules of the medical profession are also scientific disciplines. A doctor must make two types of clinical decisions when dealing with specific cases: medical and ethical. According to Jonsen Siegler, medical indications, patient choice, quality of life after treatment, and contextual factors can be used as a reference when making ethical decisions. A hierarchy of ethical values can be used as a guide for clinical decision-making by physicians, and a system can be devised to determine how to rank and make prudent ethical decisions when resolving ethical dilemmas and medical disputes.

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