Ethics of Treatment of Advanced Cancer in HIV/AIDS Patients

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HIV is unlike any other disease

- “The AIDS epidemic...involves, all at once, the main themes of our existence: sex, death, power, money, love, hate, disease, and panic.”

    [www.bartleby.com/66/20/63920.html](http://www.bartleby.com/66/20/63920.html)
Why Does HIV Have So Many Ethical Issues?
Factors which contribute to HIV/AIDS-related ethical issues

- Stigma
- HIV/AIDS is a life-threatening disease
- People are scared of contracting HIV
- HIV is associated with behaviours that are already stigmatized in many societies – MSM, IV Drugs Use
- People Living With Aids are often thought of as being responsible for becoming infected
- Religious or moral beliefs lead some people to believe that having HIV/AIDS is the result of moral fault (such as promiscuity or 'deviant sex') that deserves to be punished
Ethical approaches

- Most popular
- Principlism
- Developed by Beauchamp & Childress

Advantages
- Appeal to common morality
- Lack of philosophical complexity
Principlism

- The four principles carry equal weight
- Should be weighed and balanced in every situation
- But modern society views autonomy as preeminent
- Autonomy thus often (incorrectly) seen as the dominant principle
Principle-based Ethics

- Autonomy
- Principlism
- Beneficence
- Non-maleficence
- Justice
Autonomy

- “Respect for persons”
- Every competent person has the right to have a say in his/her treatment
- Integral to any discussion about patient treatment
- But only tacitly acknowledged when a patient consents to the proposed treatment advice
- Issues of autonomy only really emerge when doctor and patient disagree about the treatment plan
Conflicts
Conflict scenario 1

- Patient refuses recommended treatment
  - Appeals to beneficence & non-maleficence important
  - Beneficence - ethical imperative of doing good or helping
  - Non-maleficence - first principle in biomedical ethics: “First, do no harm”
  - If clear risks of harm that might outweigh anticipated benefits, patient refusal given additional ethical weight
  - Problem: need for complex weighing and balancing of principles
  - No clear guidance on how to do so
  - Refusal of treatment often damages therapeutic relationship – poor outcome for both doctor and patient
Ethical issues at stake

Respect for Autonomy

Versus

Beneficence/ Non-maleficence
Conflict scenario 2

- Patient (or the family) demands treatment against doctor’s advice
  - Autonomy/beneficence/non-maleficence stalemate
  - Appeal to alternative ethical principle - distributive justice
  - Normative principle – guide allocation of benefits and burdens of economic activity in society
  - “Distribution of resources”
  - Problem: invariably weighs benefits & risks to individual patient against wider community
  - Unfair – in context of scare resources, individual cannot reasonably expect to win
More relevant ethical consideration

- **Futility**
- **Central question of futility judgments is not:**
  - "How much money does this treatment cost?""
  - "Who else might benefit from it?"
- **It asks:**
  - "Does the intervention have any reasonable prospect of helping this patient?"
- **Ethical authority resides with medical profession as a whole**
  - General professional standards of care
  - Does not reside with individual doctor or individual patient
Futility judgments balanced with autonomy

“Although the ethical requirement to respect patient autonomy entitles a patient to choose from among medically acceptable treatment options (or to reject all options), it does not entitle patients to receive whatever treatments they ask for. Instead, the obligations of physicians are limited to offering treatments that are consistent with professional standards of care.”

- The World Federation of Right To Die Societies. Available from: [http://www.worldrtd.net/qanda/medical-futility](http://www.worldrtd.net/qanda/medical-futility)
Futility judgments balanced with beneficence

“"The goal of medicine is to help the sick. Physicians have no obligation to offer treatments that do not benefit their patients. Futile interventions are ill advised because they often increase a patient's pain and discomfort in the final days and weeks of life, and because they can expend finite medical resources.”

- The World Federation of Right To Die Societies. Available from: http://www.worldrtd.net/qanda/medical-futility
Constraints on futility judgments

- Should be mindful of the inherent dignity of persons
- Achieved through clear, compassionate & effective communication with patient/family
  - Specify which interventions will be withheld or withdrawn & rationale for decisions
- May be appropriate to make futile intervention available for a short while to allow patient/family to come to terms with situation and reach closure
Constraints on futility judgments

• Cannot operate independently
• Need firm grounding in acceptable & accountable concepts of social justice
• Principles of socially just society
  ◦ Equality & solidarity
  ◦ Understanding & commitment to human rights
  ◦ Recognition of dignity of every human being
A concept of social justice

- Theory of Justice - John Rawls
- Thought experiment - the “original position”
  - Principles of justice decided behind a veil of ignorance
- Veil blinds people to all facts about themselves
  - Social position, gender, race, sexual orientation, socio-economic situation, intellectual capacity, political affiliation, etc.
  - Ignorance of these details about oneself would lead to principles that are fair to all
Conclusion

- Essence of arguments about treatment of terminal HIV/AIDS patients poorly captured by the four traditional principles.
- Wider considerations, such as futility judgments framed by a well-developed sense of social justice, might be better suited to this task.
YOU ARE EITHER AFFECTED OR INFECTED WITH HIV/AIDS