Cardiovascular medicine at face value: a qualitative pilot study on clinical acuity

Adalberto de Hoyos1,3, Rodrigo Navia-Diosdado2, Jorg Mendez, Sergio Ricco2, Ana Serrano, Carmen Flores-Cienfuegos1, Carlos Macias-Ojeda1, Héctor Cienfuegos1, David Blaszkosky1, Nelly Altamirano-Bustamante1,2 and Myriam M Altamirano-Bustamante1,2

Abstract

Introduction: Cardiology is characterized by its state-of-the-art biomedical technology and the predominance of Evidence-Based Medicine. This predominance makes it difficult for healthcare professionals to deal with the ethical dilemmas that emerge in this subspecialty. This paper is a first endeavor to empirically investigate the axiological foundations of the healthcare professionals in a cardiology hospital. Our pilot study selected, as the target population, cardiology personnel not only because of their difficult ethical deliberations but also because of the stringent conditions in which they have to make them. Therefore, there is an urgent need to reconsider clinical ethics and Value-Based Medicine. This study proposes a qualitative analysis of the values and the virtues of healthcare professionals in a cardiology hospital in order to establish how the form impact upon the medical and upon ethical decisions made by the latter.

Results: We point out the need for strengthening the roles of healthcare personnel as educators and guidance counselors in order to meet the ends of medicine, as well as the need for an ethical discernment that is compatible with our results, namely, that the ethical values developed by healthcare professionals stem from their life history as well as from their professional education.

Conclusion: We establish the kind of actions, communication skills and empathy that are required to build a stronger patient-healthcare professional relationship, which at the same time improves prognosis, treatment efficiency and therapeutic adherence.

Keywords: Bioethics, Qualitative analysis, Patient-doctor relationship, Values, Cardiology, Ethical dilemmas

Introduction

Cardiology is one of the subspecialties in which evidence-based medicine (EBM) is predominant. Due to the combination of medical expertise and the use of imaging (SPECT gate, Angio TAC, PET, NMR and Echo-cardiography), cardiologists are capable of making accurate diagnoses and decisions. However, it is very likely to be solved solely based on the available clinical evidence. The ethical dilemmas specific to this subspecialty are well-known; they include, among others, issues arising from the decisions to be made between what can be done and what should done related to chronic ischemic cardiopathy, acute coronary ischemic syndrome. Ethical deliberation is needed to determine whether to resuscitate a patient in the case of a heart attack or malignant arrhythmia, [2,3], the use of scarce resources in the case of organ transplantation [4], the process of informed consent and the role of the living will [3]. In view of these dilemmas, an urgent necessity arises in cardiology to reinforce the pairing of values-based medicine (VBM) and EBM. Consider an informed consent dilemma such as the one in Altamirano et al. [6], where a girl suffered from several congenital heart anomalies having undergone, together with the clinical data. VBM emphasizes clinical ethics, where the encounter between patient and healthcare personnel involves both technical and ethical considerations [12]. Pellegato states that to deliberate about the rightness of a medical intervention, healthcare personnel must take into consideration the fulfillment of some general ends of medicine: healing, curing and caring for the patient [13]. Having specific ends of a professional role creates particular ethical obligations, and also requires special reflection about them [10].

In this paper, we examine life history values and their relationship to the roles and virtues of a group of health professionals. We also examine the considerations addressed when faced with ethical dilemmas. Medical personnel often balance values and virtues in order to reach the goals of their practice; namely, the well-being of their patients.

Several ethical theories nourish VBM. For example, principism and virtue ethics systematize and promote ethical deliberation in medical practice [4,7,13-15]. But a focus on values attempts to reach a wider phenomenum: alongside the ends, principles and traits of character that a physician should have, consideration is also given to the social dimensions and state of affairs that are valued for medical practice. Another feature of VBM is the responsibility that healthcare professionals have when dealing with people from different cultural backgrounds. Since patients' values and forms of life are not homogenous, healthcare professionals need to develop cultural competence and be able to stimulate intercultural dialogues, thus improving the encounter with patients [14].

Now, more than ever, EBM requires the participation of the patient in her own treatment. To grasp the elements of ethical medical practice, we propose VBM as mechanisms of care, and often we use its theoretical framework in VBM [9,17]. But not all virtues are valued. A virtue is concerned with the traits of character found and developed in the moral agent, while a value refers to a wider set of attitudes that guide action, as well as the states of affairs favorable in reaching certain goals. Therefore, in the overall picture of the encounter between patient and healthcare professional, our analysis considers the values and not exclusively the virtues, which may allow a better balance in the clinical relationship [18].

At a certain level, questions about values need to be answered from the perspective of the healthcare professional. Quantitative methods are not well suited to reach the first person point of view that is needed; instead, we propose a qualitative method to analyze the perceptions that healthcare professionals have about their own practices. Qualitative analysis focuses on rigorous sampling and systematization, enabling those representatives and their contexts to be studied in greater depth, even if taken from only a few cases. A pilot study