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

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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 former impact upon the medical and 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 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 adhesion.

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 Echocardiography), cardiology is capable of great diagnostic security and objectivity. Cardiology offers efficient diagnostic, therapeutic and prognostic results ensuring life quality for the patient [1]. However, it presents ethical dilemmas that are very unlikely 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 decide whether to resurrect 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 [5]. 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 cardiopathies having undergone,

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during her childhood, several interventions, such as a patent ductus arteriosus (PDA) ligation, and an atrial septal defect (ASD) repair, among others. At age 16 she became pregnant, having class II NYHA[a] cardiac insufficiency. A therapeutic abortion was recommended to preserve and not overload cardiac function, but the patient refused the proposed treatment. It is very complicated to approach a case such as this one, exclusively from the EBM point of view.

If treatment is rejected, the patient should not be left alone to face the consequences of her choices. Instead, new alternatives should be sought, taking into account the personal, social and cultural context of the patient. It is also important to take into account the communication skills of the healthcare personnel dealing with the patient as a human being, and not only as a sick body. A strategy allowing for the EBM and VBM paradigms to work together offers a better opportunity to solve such dilemmas.

EBM was developed in the 90s with a positivist vision of the biomedicine and focuses on treatment of disease, whereas VBM is patient-centered and has more of a bio-psycho- social approach, combining the ethical values of medical professionals with the patient's interests, values and form of life [1,2,7]. We posit that communication between EBM and VBM is one of the greater challenges facing contemporary medical practice [3].

Values are normative systems that allow us to consider the priority, the convenience or desirability of a course of action with aims to certain ends [8]. Therefore, if providing medical assistance is considered to be more than a technical or epistemological task then values, other than scientific ones, have to be considered when treating a patient. Ethical, economic, social, and even political values influence the actions of healthcare professionals when facing medical practice dilemmas.

A first step in integrating clinical ethics and values-based medicine (VBM) into cardiology is to study the final purposes of healthcare along with the values linked to them [9,10]. These values must allow healthcare professionals to carefully reflect on their practice in order to properly address the problems that arise [11]. Physicians and healthcare professionals are continually making ethical decisions and have lost the habit of critical reflection. In cardiology, both diagnosis and treatment are carried out from one study to the next, guided by the interpretation of the illness that is being examined. This procedure is carried out without any participation from the patient; informed consent is often required only as a routine.

Many times, physicians seldom stop to think about their patients' worries or fears. VBM considers the patient as a co-participant and as co-responsible in the decision making process. From this perspective, to carry out diagnosis and to provide the necessary treatment, it is important to consider the patient's capabilities and social networks, together with the clinical data. VBM emphasizes clinical ethics, where the encounter between patient and healthcare personnel involves both technical and ethical considerations [12]. Pellegrino 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, principlism 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 phenomenon; 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 valuable 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' dialogue, thus improving the encounter with patients [16].

Now, more than ever, EBM requires the participation of the patient in her own treatment and traditional clinical ethical theories such as principlism can be somewhat one sided, taking into consideration only the healthcare personnel's perspective [14]. Virtue ethics may be more balanced, and we often use its theoretical framework in VBM [9,17]. But not all values are virtues. 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 personnel. 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 these representations and their contexts to be studied in greater depth, even if taken from only a few cases. A pilot study