

Making Ethical Decisions in Current Orthopedic Practice

Howard S. An, MD

In modern orthopedic practice, we are faced with many decisions related to patients' care, such as adhering to appropriate indications and timing of surgery and making an appropriate selection of orthopedic implants, not to mention socioeconomic considerations such as to treat or not to treat Medicare or Medicaid patients. According to the *Compact Oxford English Dictionary*, "ethics" is simply defined as "the moral principles governing or influencing conduct." The meaning of "ethical" is obviously different from "legal" and is also different from "altruistic." One's conduct could be legal but unethical. The majority of orthopedic surgeons' conduct is ethical, but not all of us practice in an altruistic manner. There are decision points from the patient's first day of visit in the office to final discharge. We all practice somewhat differently in terms of patient screening, indications for surgery, the choice of a specific surgical procedure among several options, decision making in the operating room, in-patient care, follow-ups, and so forth.

Is it ethical to screen patients solely on the basis of their economic means or insurance status? I could cite many examples of unethical behaviors of stretching indications for surgery or choosing a type of surgical procedure for maximum monetary gain. In a variant of the Golden Rule, my guidance to students and trainees has been to "treat all patients like your own family members." In this way, we will make more ethical decisions focused strictly on treatment and care of patients and fewer that give consideration to economic or other social factors. In the operating room, all surgeons have their own style, but again, if we view the



"...impart not only scientific knowledge and operative techniques but also ethics [to trainees]...."

patient on the operating room table as one of our own family members, we will make a 100% effort each and every time, with a more meticulous and caring attitude and less likelihood of taking "shortcuts." Postoperative and follow-up care is important, and there are some variations on the length of hospitalization and the frequency and duration of follow-ups, most of which have nothing to do with ethics. However, the more ethical physicians will interact with patients in a more compassionate and caring manner.

In today's world, many of us are faced with participating in clinical research. We are all bound by standards set by Institutional Review Board (IRB) or ethics committees. In doing clinical research involving patients, the investigators should be particularly mindful about obtaining informed consent beyond what is required by the IRB. Again, I suggest thinking about our family members and asking "would I enroll one of my family members in this prospective or FDA study?" Motivations such as academic advancement, economic gain, or marketing should not factor into a decision of whether to enroll a patient in a research trial.

There is definite tension between ethics and conflict of interest, which has been a subject of great debate for the last several years. Complete and accurate disclosure has been beneficial for both the medical profession and the public. In my view, the presence of potential conflicts is not unethical, as long as each and every conflict is dealt with in an ethical manner. Further examples of unethical behavior are exorbitant charges for consultant fees, royalties without intellectual property, nebulous grants, contracts without specific projects, and marketing by physicians of a specific product or service without evidence but for economic gain. An ethical position is not incompatible with collaborating with drug or medical device companies: Many of the advances

Dr. An, this journal's Associate Editor for Spine, is the Morton International Endowed Chair, Professor of Orthopaedic Surgery, and Director, Division of Spine Surgery and Spine Fellowship Program, Department of Orthopaedic Surgery, Rush University Medical Center, Chicago, Illinois.

Am J Orthop. 2009;37(8):382-383. Copyright 2009, Quadrant HealthCom, Inc. All rights reserved.

in medicine, including the field of orthopedic surgery in particular, are a result of such collaborations. It is essential to have medical experts and consultants outside the corporation to develop new products and advances that are beneficial to patients and are cost-effective.

I am very proud to have been in medicine, particularly in orthopedic surgery, for the last 25 years. If I

had to choose my career again, I would make the same choice. Very recently, my daughter received well-intentioned advice from a physician who discouraged interest in becoming a doctor, noting that medicine will be more socialized and less rewarding financially in the future. My response to my daughter was that the main reason to go into medicine is to help people suffering

from disease or injury and that medicine is one of the best careers available to an ethical, altruistic person who would enjoy this type of work. As we educate our young students and trainees today and in the future, it is important to impart not only scientific knowledge and operative techniques but also ethics, which should be at the center of all we do as physicians. ■

2009 Resident Writer's Award

The 2009 Resident Writer's Award competition is sponsored through a restricted grant provided by DePuy. Orthopedic residents are invited to submit original studies, reviews, or case studies for publication. Papers published in 2009 will be judged by *The American Journal of Orthopedics* Editorial Board. Honoraria will be presented to the winners at the 2010 AAOS annual meeting.

\$1,500 for the First-Place Award

\$1,000 for the Second-Place Award

\$500 for the Third-Place Award

To qualify for consideration, papers must have the resident as the first-listed author and must be accepted through the journal's standard blinded-review process.

Papers submitted in 2009 but not published until 2010 will automatically qualify for the 2010 competition.

Manuscripts should be prepared according to our Information for Authors and submitted via our online submission system, Editorial Manager®, at www.editorialmanager.com/AmJOrthop.

Through a restricted grant provided by

