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Naveed Saleh, MD, MS, for MDLinx | January 16, 2019

For physicians practicing in the Digital Age, ethical clinical practice has never been more complicated. Today's physicians have to deal with electronic medical records, smartphones, and social media. Such technology brings issues about confidentiality and boundaries of the doctor–patient relationship to the fore.

Physicians managing difficult ethical issues must reevaluate their fundamental beliefs and medical convictions, tolerate uncertainty, and remain honest while respecting the opinions of others. Fortunately, when in doubt, a physician can call on advice from colleagues, members of their health teams, ethics consultation services, and so forth. Moreover, keeping abreast of new scientific and medical developments can help keep you informed about possible ethical implications.

Let's take a look at seven types of ethical dilemma faced by physicians. This information should help guide your own practice of medicine.

Issues of conscience

One of the biggest issues of conscience that a physician may face is whether to provide a patient with oral contraceptives. Even if a physician is against providing this intervention, the patient still needs access. Thus, it's imperative that a physician with any conscientious objection still offer the patient alternatives to receive treatment, such as a referral to a willing provider. Moreover, any physician or healthcare institution that refuses to provide a specific service or treatment, such as oral contraception, must inform the patient of this upfront in order to give the patient plenty of time to secure care with a new provider. Please note that issues of conscience do not extend to a physician's refusal of care based on a patient's race, ethnicity, sexual orientation, or religion. A physician must treat all patients in need and respect them as individuals.

Health risks to physicians

Some physicians are wary of treating highly infectious diseases, such as HIV, Ebola, or severe acute respiratory syndrome (SARS), for fear of falling ill themselves. Although risk to the clinician is a relevant concern, they must provide care within their specialty. Rest assured, however, that many—if not all—healthcare institutions have protocol in place to protect clinicians providing this type of care. Such steps to reduce occupational risk include providing

clinicians providing this type of care. Such steps to reduce occupational risk include providing personal protective equipment and additional supervision to the physician and other healthcare workers involved in the treatment of such cases.

Financial incentives in patient care

Financial incentives in the form of pay-for-performance initiatives, which compensate the physician for more efficient or higher quality care, could bias the physician to avoid treating patients who will take up more time or resources. Such pay-for-performance remuneration could also unduly cause the physician to focus on benchmarks of care—even when these benchmarks fail to align with the patient's needs. On the other hand, fee-for-service pay arrangements may lead the physician to order unnecessary diagnostic or lab tests with financial benefit in mind. Either way, a physician should always do what is in the best interest of the patient, thus avoiding excess or deficient care.

Financial relationships with industry

Pharmaceutical drug and device companies can exert influence on a physician's practice of medicine. This influence may be subconscious, and may include sentiments of debt or reciprocity. For instance, a physician may feel compelled to prescribe a drug that they're plugging for a pharmaceutical company. For this reason, many academic hospitals have banned pharma from their floors (sorry, professor—no free meals, pens, or notepads for you!). Keep in mind, too, that drug and device manufacturers are federally required to report all payments made to physicians via the [Open Payments Program](#). To be on the safe side, it may behoove any interested physician to eschew promotional speaking opportunities offered by pharmaceutical companies in favor of scientific consulting and research contracts offered by industry.

Social media use

Social media can be a valuable tool when serving patients. With social media, you can often better engage younger patients or patients who have trouble coming into the office. However, be sure to watch what you post on blogs, Facebook, Twitter, websites, and so forth. Posts are usually permanent—even when deleted (just ask any celebrity). Unprofessional posts can endanger a physician's reputation, livelihood, and even safety.

Here are some specific examples of content to avoid when posting:

- Angry posts regarding work incidents

- Posts making fun of patients or colleagues
- Posts using profanity, or offensive or discriminatory language
- Posts with personal information
- Posts showing physicians under the influence, engaged in criminal activity, or in sexually suggestive poses

If you want to post personal information on social media, it's best to do so on personal accounts that don't mix with work. To make your personal accounts truly personal, it might be best to make them private, meaning only those who follow you can see your posts.

Reporting physician impairment

It can be uncomfortable to report a fellow physician for suspected drug or alcohol abuse, or for a mental disorder that might put patients at risk. But keep in mind that physicians are responsible for regulating their own actions. *Society depends on you to keep all patients safe.* If you suspect that a physician is impaired, you must take the appropriate steps and report.

Reporting medical errors

Nobody likes making a medical error, and it's normal to be worried about career repercussions. But mistakes happen, and they must be reported—especially in the case of adverse effects or adverse events. Few medical errors are intentional and usually due to oversight or lapses at the institutional level. When a mistake happens, you must reach out to the patient and your healthcare institution. The patient must know why the mistake happened and be assured that you and the hospital are taking steps to prevent such mistakes in the future. Furthermore, the patient should be offered a sincere apology and compensation for any harm endured.

As with any profession, the physician is oftentimes faced with ethical issues that leaves him or her at a crossroads. The most important thing to remember when making a decision is your oath to “First, do no harm.”



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