

ETHICAL ISSUES

Kober C, Borden SL. "Help for impaired PAs: whose responsibility?" *J Am Acad Physician Assist.* 5(7): 532-3, Jul-Aug 1992.

In a letter to the editor, Mr. Kober comments on the guidelines on impairment issues completed by the Professional Practice Council of the AAPA. He states that some of the models in the guidelines are ineffective in actual practice and that not all constituent chapters have an impairment contact person. He argues for wider publication of the guidelines accompanied by leadership and resources from the AAPA to make impairment committees a reality. Sherrie Borden, MHS, PA-C of the AAPA Board of Directors enumerates the Academy's responses to these needs.

Garman S, Stuetz B. "Ethical dilemmas...PA reports on Hastings Center Ethics Fellowship." *Physician Assist.* 16(5): 13, May 1992.

In a letter to the editor, Mr. Garman responds to the Stuetz BJ article of January 1992. He states that his beliefs are different from Mr. Stuetz's and that he believes it is ethically wrong to encourage "whistleblowing" on a PA or physician for refusing to treat HIV patients. He recommends a booklet from the Christian Medical and Dental Society as a guideline on ethical and social issues.

"Exploring the ethical relationship between pharmaceutical companies and physician assistants." *J Am Acad Physician Assist.* 5(3): 209-215, Mar 1992.

In a roundtable discussion, members of the AAPA Professional Practice Council discuss guidelines for balancing interaction with pharmaceutical companies and good patient care.

Stuetz BJ. "PA reports on Hastings Center ethics fellowship." *Physician Assist.* 16(1):39, 43-4, Jan 1992.

Journal abstract: Physicians assistants are faced with ethical dilemmas every day in the course of their medical practice. The author studied current ethical dilemmas facing PAs at the Hastings Center, a bioethics research institute in New York. A description of this institute and a discussion of the researcher's findings are detailed.

Condit D. "Don't restrict the clinical practice of HIV-positive PAs." Dept. Cardiothoracic Surg, Montefiore Med Ctr, Bronx, NY. *J Am Acad Physician Assist.* 4(6): 505-8, Sep 1991.

Journal summary: On the basis of currently available scientifically valid information, an asymptomatic HIV-positive HCW should not be restricted in any area of clinical practice because the risk of HCW-to-patient transmission of HIV is remote...Should the HCW's condition deteriorate, the HCW may be removed from the workforce by the HCW's personal physician...all HCWs should be mandated to adhere to the CDC's "universal precautions"....

Frary TN. "Protecting our patients and ourselves: the dilemma of the HIV-positive PA." Wyoming Med Ctr, Casper, WY. *J Am Acad Physician Assist.* 4(6): 509-12, Sep 1991.

Proposes broad guidelines on the HIV-positive PA as a basis for debate by the deliberative bodies of the AAPA: (1) PAs at increased risk for HIV infection should undergo periodic, voluntary,

confidential testing; (2) HIV-positive PAs should voluntarily refrain from activities and procedures that risk transmission of the virus to others; (3) Seropositive PAs involved in procedures and practices with a risk of viral transmission should inform their employers and their supervisors; (4) If a seropositive PA's practice is limited to noninvasive procedures with no risk of viral transmission, their professional activities should not be restricted; (5) If seropositive PAs continue procedures with a risk of viral transmission, the patient should be notified; (6) PAs should encourage voluntary, confidential testing for colleagues at risk of HIV infection. If an HIV-positive colleague continues to engage in practices that put patients at risk, a PA has an ethical obligation to intervene; (7) The AAPA, with legal advice, should develop guidelines for employers and supervisors of HIV-positive PAs; (8) Local or state academics should be encouraged to identify a resource person or group to advise PAs who are seropositive or at risk; (8) The AAPA should be active and vocal in defense of PAs who are unreasonably restricted in their professional activities.

Horvath T. "Ethics of PAs' work." *J Am Acad Physician Assist.* 4(6): 538, Sep 1991.

In a letter to the editor, Ms. Horvath states that the AAPA has compromised PAs' self-respect by neglecting to set limits on tasks PAs perform for fear of curtailing employment possibilities. Requests organizational support and guidance for ethical aspects of PA responsibilities.

Currey CJ. "PA attitudes toward AIDS patients." *J Am Acad Physician Assist.* 4(2): 117-25, Mar-Apr 1991.

Journal abstract: A group of graduate and student PAs were surveyed about their knowledge of the epidemiology of AIDS, attitudes about care of patients with AIDS, and related ethical issues. About a third of the PAs had some reservations about treating not only AIDS patients but also homosexuals and intravenous drug abusers. More than half of the respondents indicated that they would not perform mouth-to-mouth resuscitation on AIDS patients. Virtually all of the PAs correctly identified AIDS as a viral disease and recognized its major risk factors and modes of transmission. There was no significant association between knowledge of AIDS epidemiology and unwillingness to treat AIDS. Although there was general agreement with statements reflecting commonly accepted principles of medical ethics, homophobia or a lack of commitment to these principles could not be ruled out as a contributing factor in the refusal to treat AIDS patients. Reluctance to work with AIDS patients, however, appeared to derive mainly from fears of contagion. Education about AIDS for PAs should stress strategies for coping with these fears.

Lipsig LJ. "When the PA is the patient." *J Am Acad Physician Assist.* 4(2): 165-6, Mar-Apr 1991.

As a patient following an orthopedic injury, Ms. Lipsig realized the importance of counselling patients about the psychosocial as well as the medical aspects of their illness or injury. She enumerates some guidelines on helping patients plan for recovery.

Behar M, Gage L, Howell R, Kirk D, Mott JS, James DA, Kober C, Valentine P. "HIV roundtable: strategies to enhance professional awareness and involvement, part 2." *Physician Assist.* 15(1): 38, 43-4, 69-71, Jan 1991.

Journal abstract: Despite extensive public attention to the social and medical problems associated with HIV infection and AIDS, many clinicians remain largely uninvolved in public health and patient counseling programs aimed at preventing infection and getting patients into treatment. Suggestions to enhance professional involvement include improved schooling and continuing medical education; increased liaison and exchange of information among the various groups working with AIDS

patients and at-risk populations; and programs to help clinicians confront their own feelings and concerns relating to AIDS.

Borden SL. "Medical fundamentalism - beyond society's call of duty?" *J Am Acad Physician Assist.* 3(1): 5-8, Jan-Feb 1990.

In an editorial, the author introduces the concept of medical fundamentalism with thought-provoking scenarios and discussion. The issues to be debated include health care rationing, personal responsibility for health or sickness, and society's call of duty to provide health care for all.

"Position paper on human immunodeficiency virus (HIV) infection." *J Am Acad Physician Assist.* 2(6): 483-491, Nov-Dec 1989.

This report was developed by the AAPA Professional Practice Council and adopted by the AAPA House of Delegates in 1989. The AAPA states its formal policy on the ethics of treatment, education, antidiscrimination laws, testing, reporting and notification, and confidentiality.

Behar M, Bogstad JR, Gage L, James DA, Mott JS. "PA impairment due to HIV infection: building a professional support network... forum part 2." *Physician Assist.* 13(11): 61-4, 66, 68 passim, Nov 1989.

Journal abstract: Several members of the AAPA's Lesbian and Gay Physician Assistants Caucus who participated in the roundtable "PAs and HIV-Antibody Testing: The Need for Guidelines When the Practitioner Is at Risk" (1989;13[5]:146-158) met with members of the 12-Step/Caduceus Caucus to begin developing a cooperative effort to assist PAs who test positive for antibodies to the human immunodeficiency virus, and to explore other HIV-associated impairment issues. Part I focuses on ways that the two committees can reach out to those in need, encouraging the AAPA to provide support, and involve other AAPA committees. Part II focuses on concerns of the provider who is HIV-antibody positive as well as ways PA groups can cooperate to raise the profession's consciousness further and recommend guidelines and policy.

Behar M, Bogstad JR, Gage L, James DA, Mott JS. "PA impairment due to HIV infection: who should address the problem?...forum part 1." *Physician Assist.* 13(10): 67-72, 74, Oct 1989.

Behar M, James DA, Harris SD, Gage L, Vachon R. "PAs and HIV-antibody testing: the need for guidelines when the practitioner is at risk." *Physician Assist.* 13(5): 146, 148, 150-2 passim, May 1989.

Journal abstract: The PA profession should establish guidelines for PAs at risk for infection with the human immunodeficiency virus (HIV) who wish to be tested for HIV antibody. Confidentiality and anonymity are critical factors, along with the employer's established policies. PAs working in emergency and surgical settings may be at greater professional risk of exposure to HIV; those with personal risk factors may consider being tested if their work exposes them to opportunistic infections. A clearinghouse for information should be established through the American Academy of Physician Assistants and state chapters.

Hadley L. "HIV antibody-positive: a new cause of impairment." *Physician Assist.* 13(5): 16, 18, 21, May 1989.

Journal abstract: The American Academy of Physician Assistants Subcommittee on the Impaired Physician Assistant has begun to receive requests for help from PAs who fear that their ability to practice may be hindered because they are at risk of infection with human immunodeficiency virus (HIV). The American Medical Association and the Centers for Disease Control have already developed some guidelines for all health care providers. The special concerns of PAs are also being addressed by our national leadership. In response to specific concerns by some PAs directly affected, the former chairperson of the Task Force on the Impaired PA helped develop questions that the profession needs to address.

Banja JD, Conrad CC. "Case studies in ethics: HIV antibody testing and informed consent." *J Am Acad Physician Assist.* 2(2): 136-139, Mar/Apr 1989.

Conrad CC, Fotion NG. "Case studies in ethics: what to do about an HIV antibody-positive coworker." *J Am Acad Physician Assist.* 1(4): 329-31, Jul-Aug 1988.

Describes a hypothetical case in which a coworker reveals he is HIV-positive. He asks for advice on whether to reveal his condition to the department director or keep quiet. The case is discussed and options are outlined with justifications for each based on ethical rules or principles. Readers are invited to submit their choice of options.

Hadley L, Burnmaster D, Kober C, Riesterer WF, Young R. "Practical help for the chemically dependent PA." *Physician Assist.* 12(5): 128-35, May 1988.

Simms GR. "Applied ethics for physician assistants. A schematic approach." *Physician Assist.* 11(11):67-8, 72-4, Nov 1987.

Journal abstract: Ethical dilemmas in medical decision-making over the past ten years have assumed an unprecedented magnitude of importance. All members of the health care team—including physician assistants—have been drawn into the debate. This development has placed an obligation on PAs to develop skills of ethical analysis in order to make informed contributions. Ethical theory can furnish the basis for formulating a schema that can be used to solve ethical problems.

Hadley L. "PAs confront 'denial disease'." *Physician Assist.* 11(5):12-5, May 1987.

Journal abstract: At last year's Annual Conference, the AAPA House of Delegates formally convened, for the first time, a task force to study the problem of chemical dependency among PAs, and to help constituent chapters develop identification and intervention programs. The Task Force on the Impaired PA makes its first report to the HOD at this year's conference. In addition, a special symposium on impaired practitioners is being offered for CME credit. The task force's chairperson reviews efforts made during the past year to raise the profession's awareness of the problem. She focuses on the first-person accounts of six PAs who are recovering alcoholics and addicts (see "The chemically dependent PA: Role models for recovery" on page 115).

Mott JS. "The chemically dependent PA: role models for recovery." *Physician Assist.* 11(5):115-8, 123-30, May 1987.

Journal abstract: The problem of substance abuse and chemical dependency among physician assistants first became evident in the late 1970s. Since then, the profession has taken significant steps to implement impaired provider programs, at both the constituent chapter level and the national level. Increased awareness of these programs—along with a concerted effort to debunk the myths and stereotypes associated with those who abuse chemicals or become dependent—should encourage more PAs who need assistance to seek treatment. Six recovering PAs share their personal experiences in the hope that they can inspire others in the profession who may need help with an addiction problem.

White GL Jr, Murdock RT. "Humanitarian responsibilities and corporate medicine." *Physician Assist.* 10(7):11, 14, Jul 1986.

Journal abstract: The practitioner's moral mandate to administer to those in need is seriously compromised by recent changes in the medical marketplace. A clinician and an administrator encourage emerging medical corporations voluntarily to assume more responsibility for the poor and indigent. They also challenge PAs to champion the cause of those who cannot afford proper medical attention.

Hadley L, Berry TR. "My brother's keeper: assisting the impaired PA." *Physician Assist.* 9(1):84-8, Jan 1985.

Journal abstract: Impairment is defined as the inability to practice medicine with reasonable skill and safety to patients because of physical or mental illness, including deterioration through the aging process, loss of motor skills, or excessive use or abuse of drugs, including alcohol. A practitioner is also impaired when personal problems interfere with the administration of medical care. Acknowledging the issue of impairment can be unpleasant. By doing so, practitioners often realize that their perceptions of themselves and their colleagues as invulnerable guardians of public health and healers of disease, are delusions. This growing problem reflects not only on the individual practitioner suffering from impairment, but on the profession as a whole. Thus, the problems of the impaired PA must be addressed in a reasonable and compassionate manner. The authors discuss how to deal with affected colleagues, and outline an alternative, nonpunitive, and humanitarian model for assisting impaired PAs, established by the Michigan Academy of Physician Assistants.

Thomasma D, Pisaneschi J. "Allied health professional and ethical issues." *J Allied Health.* 6(3): 15-20, Summer 1977.

Medical ethics programs rarely focus on the problems faced by allied health professionals because they are normally not responsible for ultimate decisions and because they are not usually involved in exotic, exceptional cases. This problem is examined in two categories: the area of professionalism and inter-professional conflicts and secondly, the area of bioethics as a discipline. The thesis that professionalism demands a commitment beyond rules and codes is presented.

Heikkinen CA, Moson PF. "Whither the PA?" *PA J.* 5(4): 234-237, Winter 1975.

The humanistic facets of PA education and PA experience deserve concentrated attention. The selection of humanistic students, the teaching of listening, other interpretive skills, and ethical problem awareness are crucial areas which need consideration. Recommendations are offered to give greater opportunity to PAs to develop as people as well as clinicians.

