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HPPA 514 Biomedical Ethics

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Reflective Essay

Within my first five years of clinical practice, after I have successfully become a licensed and certified physician assistant, I will uphold specific ethical principles which I deem to be most important to me and to the specialty/clinical environment in which I will work.

Many factors were needed to be taken into account when I decided I wanted to pursue a career in medicine, particularly as a physician assistant. Being the first born son of immigrant parents, my life/career path needed to revolve around a high level of education and a career in which jobs were prevalent. Education is believed to be “the key” to success for immigrant families, so my entire upbringing was heavily focused on obtaining a well-rounded education. I was only allowed to play sports if my grades were to remain excellent, so I had to put in a lot of work on and off the basketball court. I am fortunate to have an uncle who is a general surgeon who opened my eyes to the medical field at a very young age. As I got older, my main problem was not knowing what type of medical professional I wanted to become. Fast-forward to the final semester of my undergraduate career, after completing enough pre-requisites essentially for all medical-related graduate programs, I was introduced to the physician assistant career by a teammate of mine on the basketball team. I started to do some research and realized I had found a career that embodies everything that I have been looking for. A career that is highly respected by society, possesses high levels of job satisfaction, and promotes the utilization of teamwork and collaboration. Playing

on sports teams my entire life, from elementary to the collegiate level, working collaboratively with others meant a lot to me. The physician assistant profession was the perfect career for me.

I have always been interested in the surgical field. My uncle definitely played a role, along with his two sons, who are general and brain surgeons themselves, in developing my interest in performing surgery. I want to practice in a field where I can improve patient's lives with my very own hands and see the actions of those hands have a positive impact on someone's life. I have never been one who participates much in class or goes out of his way to start a conversation, so surgery is a field that kind of suits my personality in some ways. Another critical aspect of clinical practice for me would be education. Pertaining to surgery, it would relate to proficiency in surgical techniques. Education was heavily emphasized throughout my whole life, so why stop learning? I want to continue to learn and grow as a medical professional. Therefore, the field in which I work must be challenging/difficult in some regard. Some surgical procedures can be difficult both mentally and physically. When something is difficult or poses an obstacle, you need to learn and adapt to the situation in order to succeed and improve overall. This is why surgery is so appealing to me because not everyone can do it. Physical, hands-on involvement in a patient's care, ongoing education, and challenging tasks are the main aspects of clinical practice which I will be looking for when choosing a specialty to work in.

In my anticipated field of practice, a surgical field, there are four ethical principles that I believe will play a substantial role in my ethical-decision making. The first being autonomy and along with autonomy, informed consent. Autonomy is essentially "what one wishes to do, or conversely not being forced to do what one does not want to do." [Yeo, M et al. (2010)] Informed consent falls under the category of autonomy where it is "a conversation that includes a thorough explanation of a patient's pertinent health problem, the procedure or care plan being proposed, as

well as the benefits, risks, and alternatives to proceeding with an agreed-on plan of care.” [Ripley, A. et al. (2015)] In a surgical setting, a staple of clinician-patient interactions is the surgical informed consent process. Surgeons cannot merely start making incisions to open the thoracic cage of another human being if that patient does not want to undergo the procedure. By seeking a patient’s informed consent, there is a level of respect for the patient’s autonomy where the clinician provides all the information, benefits along with risks, that the patient should know before reaching a decision. We are not putting an icy-hot patch on a patient’s upper back to relieve some pain, but essentially exposing the internal human vessel to the outside world where not all individuals are willing to undergo that type of exposure for whatever moral/spiritual or any other type of reasoning. This is why surgical informed consent, falling under the ethical principle of autonomy, is such an essential factor when it comes to decision making in a surgical setting. This medical specialty ensures that patients’ wishes are highly respected. The second strongest ethical principle that I believe will play a role in my decision making will be beneficence. Beneficence is the idea of “promoting someone else’s good or welfare.” [Yeo, M et al. (2010)] Essentially, surgery revolves around the idea that whatever surgical procedure is performed, that it will benefit the patient in the end. Whether the procedure is a cholecystectomy or cosmetically improving a patient’s facial appearance, the goal is to establish an improvement in a patient’s welfare from before the first incision to the final suture being placed. No surgical clinician will perform a procedure if the outcome is detrimental to the patient. There is an effort to try to and improve the lives of these patients on the operating table, which is why beneficence relates strongly to the surgical field. Supplementing beneficence, there is the ethical principle of nonmaleficence. Nonmaleficence “pertains to the noninfliction of harm... [that] might take the form of preventing or removing some harm...” [Yeo, M et al. (2010)] Surgical clinicians understand the risks of

surgery more than anyone. While performing a procedure, there is a responsibility to ensure a successful outcome, all the while trying to avoid any potential mistakes/risks that may arise along the way. There may even be additional tasks performed that were not part of the original plan. An example of nonmaleficence would be a surgical clinician avoiding a surgical approach that is faster but more likely to encounter complications, such as nicking a nerve that allows proper motor function in a patient's lower leg. Another example would be a surgical clinician performing an orchiopexy on a patient's testicle, but also performing the procedure on the other, perfectly normal, testicle to prevent the probability of testicular torsion from occurring there. Realistically, there is no need to perform the extra orchiopexy, but why would you not prevent possible future harm if you have the chance to do so? I personally believe that there is a stronger obligation to the principles of beneficence and non-maleficence in the surgical field compared to other fields based on the nature/operation of the specialty.

I believe all of the aforementioned principles are important to my anticipated field of work while also being equally important to me and the ethical-decisions I will make as a licensed and certified physician assistant.

References:

Ripley, A. et al. (2015). *Journal of Vascular & Interventional Radiology*, 26(11),1639-46.

Yeo, Michael et al. (2010). In M Yeo et al. (eds.). *Concepts and Cases in Nursing Ethics*. [3rd edition] Ontario: Broadview Press, pp. 103-116.

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