

# DUAL LOYALTIES: HOW TO RESOLVE ETHICAL CONFLICT

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# Outline

- Bioethics
- Dual loyalties and conflict of interests
- Dual loyalty varieties and features
- Resolving and preventing dual loyalty conflicts
- Conclusion

# Bioethics

- Components: values, principles, decision-making, behaviour
- Principles are universal, although derived from specific experiences and traditions
- Decision-making and behaviour are situational

# Dual Loyalties and Conflict of Interests

- ‘Conflict of interests’ the more familiar term
- Many different definitions. Here’s one: “The real or apparent conflict between one’s personal interest in a matter and one’s duty to another or to the public in general regarding the same matter” (*Webster's New World Law Dictionary*)
- Some conflicts can and should be *prevented*; others are unavoidable and need to be *managed*.

# Dual Loyalties and Conflict of Interests

- ‘Dual loyalties’ also involves conflict
- Whereas a conflict of interests usually involves one’s own interests, dual loyalties are conflicts between two external accountabilities that are incompatible.
- Some dual loyalties can and should be *prevented*; others are unavoidable and need to be *managed*.

# Dual Loyalties in the Health Professions

- Clash of cultures: professional independence vs. authoritarianism
- Examples: military, police, prisons, governments, commercial enterprises
- Obedience can be unethical

# Examples of Dual Loyalties

- One patient vs. another patient
- One patient vs. other patients
- One patient vs. family members
- One patient vs. the sports team
- One patient vs. the hospital
- One patient vs. the insurer
- One patient vs. the employer
- One patient vs. the court
- One patient vs. the public
- One patient vs. the police
- One patient vs. the army

# Ease of Resolution

- In some conflicts the patient must come first, e.g., when authorities request participation in torture or similar practices.
- In some conflicts the other party must come first, e.g., mandatory reporting of certain diseases or of suspected child abuse.
- In between is a large grey area that requires ethical decision-making and behaviour.



# Relevant Principles

- WMA *Declaration of Geneva*: “The health of my patient will be my first consideration;” “I will not use my medical knowledge to violate human rights and civil liberties, even under threat.”
- WMA *International Code of Medical Ethics*: “A physician shall be dedicated to providing competent medical service in full professional and moral independence, with compassion and respect for human dignity.”

# Relevant Principles

- WMA *International Code of Medical Ethics*: “A physician shall respect a patient's right to confidentiality. It is ethical to disclose confidential information when the patient consents to it or when there is a real and imminent threat of harm to the patient or to others and this threat can be only removed by a breach of confidentiality.”

# Relevant Principles

- WMA *International Code of Medical Ethics*: “A physician shall in situations when he/she is acting for a third party, ensure that the patient has full knowledge of that situation.”

# Relevant Principles

- WMA *Declaration of Tokyo*: “The physician shall not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures, whatever the offense of which the victim of such procedures is suspected, accused or guilty, and whatever the victim's beliefs or motives, and in all situations, including armed conflict and civil strife.”

# Relevant Principles

- *WMA Regulations in Times of Armed Conflict:*  
“Medical ethics in times of armed conflict is identical to medical ethics in times of peace, as stated in the *International Code of Medical Ethics* of the WMA. If, in performing their professional duty, physicians have conflicting loyalties, their primary obligation is to their patients; in all their professional activities, physicians should adhere to international conventions on human rights, international humanitarian law and WMA declarations on medical ethics.”

# Managing Dual Loyalty Conflicts

- Recognition of dual loyalty situations
- Knowledge of applicable principles
- Consideration of all relevant facts
- Consultation
- Independent judgment
- Decision as to which loyalty should prevail
- Explaining and justifying decision to ‘loser’
- Minimizing harm to ‘loser’
- Resisting pressure to change decision

# Preventing Dual Loyalty Conflicts

- Defence of professional independence
- Advocacy for patients
- Employment contracts that recognize professional responsibilities to patients
- Explicit procedures for dealing with public health emergencies
- Informing patients about relevant professional obligations to third parties

# Some Examples

- Sick leave certificates
- Fitness to drive
- Enrolment in clinical trials



# Conclusion

- Many mistakes have been made.
- We can and must learn from these mistakes.
- We have the principles; we need to teach and learn how to interpret and apply them
- Progress is not inevitable; constant vigilance is required.

# Thank you!

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