

## Ethical reflections for the committed BLS

“Never forget that each day offers you an opportunity - the opportunity to create lifelong memories in a fellow human being. You are possessed of a power, which means that anyone accepting your services is in your hands and subject to your whims, your mood, your commitment, whether you are having a good day or not. In the middle of a hopeless situation you can choose whether you will be a good or a bad memory that the patient will never forget.”

Ingegerd Seljeskog

# Ethics for Biomedical Laboratory Scientists

NITO Norwegian Institute of Biomedical Science

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# Introduction

Guidelines for the professional ethics of Biomedical Laboratory Scientists were adopted in 1996. They are intended to be a resource for the profession and a support to the individual in challenging situations. At the same time they are society's guarantee that the Biomedical Laboratory Scientist (BLS) practises his profession in an ethically sound manner. This ethics booklet has been prepared by the Ethics Committee (YER) in order to focus on ethical reflection in the practice of the BLS profession. Ethical reflection contributes to professional awareness and strengthens our professional identity. The booklet builds on previous work by the Norwegian Institute of Biomedical Science (BFI) and its predecessor organisation.

The ethics booklet can be used as an aid to focus on ethics and ethical dilemmas that the BLS meets in his daily work situation. This can be done in various ways: we can, for example, establish study or discussion groups with a mandate to spotlight the ethical dilemmas in the day-to-day work of a BLS; the booklet may also be used in the training of BLS students. The examples can be drawn either from the topics described in the ethics booklet or from the BLS' experience in his own work. Biomedical Laboratory Scientists and BLS students who participate in fora in which professional ethics are discussed will rapidly discover that they are better-prepared to encounter ethical issues in their day-to-day work.

The booklet goes through the BLS professional ethical guidelines point by point, and for each of these points presents an ethical dilemma for discussion. These dilemmas are taken from the professional group's relationships with the patient, to the discipline, to the workplace and to society. The biomedical scientist is

challenged to discuss these dilemmas on the basis of professional expertise, experience, values, professional ethical guidelines, and national legislation and regulations. In many cases there is no "absolute answer" to the questions raised in the ethics booklet.

The Ethics Committee is an independent consultative body within the BFI, with a mandate to consider violations of the BLS professional ethical guidelines and if appropriate propose sanctions to BFI's Board. Other missions of the Ethics Committee are to advise and guide the organisation and its individual members in questions of professional ethics, to monitor social trends that can create ethical dilemmas for the BLS, and to assist the BFI Board in its work of consciousness-raising as regards ethical reflection. The Ethics Committee consists of a chairman, two permanent members and a deputy, elected for three years at a time from among the BFI members by postal ballot. The BFI Board also appoints one of its own members to the Ethics Committee as an observer.

The BFI hopes that the booklet will be extensively used, and would remind the readership that its journal *Bioingeniøren* is a forum for exchange of experiences and opinions about ethics for biomedical laboratory scientists.

Supplementary information on ethics, contributors, bibliography and more cases for discussion can be found on NITO's website, [www.nito.no/bfi](http://www.nito.no/bfi), click on 'yrkesetikk'.

# Professional Ethical Guidelines for Biomedical Laboratory Scientists



## 1. The BLS must demonstrate respect for life and for the inherent dignity of human beings

1.1 Every human being contains within himself an inherent dignity and an equal right to respect regardless of race, sex, age, culture, religion, political opinion, medical condition and life situation

## 2. The BLS must show respect for the patient's right to informed consent, autonomy and integrity

2.1 The BLS must practice his profession in such a way that the patient feels secure

2.2 The BLS must be considerate of the patient and his family

2.3 The BLS must focus his attention on the patient

2.4 The BLS must inform the patient about the bioanalytical aspects of the treatment

2.5 The BLS must protect private and medical information from unauthorised access

## 3. The BLS must perform his work in a professionally sound manner and take responsibility for his own actions

3.1 The BLS must acknowledge his professional responsibility

3.2 The BLS ought to reflect over the ethical consequences of the work he does

3.3 The BLS must maintain his skills and make sure that he renews them

## 4. The BLS must treat all biological material with respect

## 5. The BLS should help to promote life sciences

5.1 The BLS must make sure that the research work in which he is participating is approved

5.2 The BLS should turn down research work that conflicts with his own convictions

5.3 The BLS must treat animals with consideration and respect

## 6. The BLS must be loyal to workplace agreements and instructions, as long as these do not conflict with our professional ethical guidelines

6.1 The BLS must react if the main objectives conflict with our professional ethical guidelines

## 7. The BLS must demonstrate respect and solicitude for his colleagues

7.1 The BLS must display tolerance for the work, methods and life-situations of others

## 8. The BLS must respect other professional groups' disciplines and areas of responsibility

8.1 The BLS must contribute towards good cooperation with other professional groups. In the event of conflicts of interest, the patient's life and health shall come first

## 9. The BLS must make his professional expertise available also in crises

## 10. The BLS should be active in the debate about the environment

## 11. The BLS should contribute to highlighting ethical aspects in debates about health and social issues

11.1 The BLS should work for an allocation and use of resources that ensures ethically sound operations in the laboratories and in the rest of the health service

## Preface

“Ethics is communication!”

With these words Ole Danbolt Mjøs, Professor of Medicine at the University of Tromsø and chairman of the Norwegian Nobel Committee, opened his address to the 2003 Nordic BLS Conference in Tromsø.

The recurrent theme of Mjøs' address was reflections on the nexus of ethics, human beings and communication: how we encounter one another is a matter of ethics.

What is right and what is wrong, what is good and what is evil? How can we really encounter one another and what happens in these meetings - in communication between human beings?

Our actions and attitudes reflect and express our values. Values say something fundamental about what is right or wrong, good or evil, true or untrue, just or unjust. These values depend on our beliefs, our convictions and on the culture and the age we live in. It is our values that guide us and give us the drive and motivation for our actions and attitudes, and there is much scope for difference here. We may not be aware of what is valuable for each one of us until we find ourselves facing a difficult encounter, a situation that we haven't met before, a conflict or a life-crisis. To look on the bright side, such an

experience gives us the opportunity to get to grips with what actually controls us, the fundamental values in our life. Knowing something about this may give us security, solid ground on which to stand and meet new challenges. Another word for this is identity; the core of identity is an experience of security and trust.

Ethics and morality are about values, about what is fundamentally important in culture, in society and for the individual. Morality, we might say, is about what we know to be right and wrong, what is generally known and accepted and what governs a society's legal system, the rules of the road for that particular society. Ethics, on the other hand, are a matter of reflecting about what is right or wrong, good or evil, when we are uncertain what is right or wrong, or

when we are facing something new and unknown - a unique situation with unique individuals. An ethical dilemma will often be experienced as a choice between two options, both of which may be right or proper. Such dilemmas are a big challenge to our capacity for ethical reflection. Ethics generally contain an element of humility - what would be right to do in precisely this unique situation between these unique individuals? It is in this context that Ole Danbolt Mjøs' aphorism “ethics is communication” becomes relevant. Another expression of communication is dialogue: listening to one another, trying to understand one another, getting to know one another, and respecting one another's position and taking responsibility. For this we need the security and trust to know and feel what is important for you and for

me. Identity and dialogue -dialogue is not possible without identity.

Our view of humanity, how we see and understand ourselves and one another, is an important part of any encounter. This outlook is fundamental to ethics. Our era is often dominated by “perfection”; we make heavy demands on ourselves and one another - the perfect body, the perfect career, the perfect happiness ... What does such a view of humanity mean for ethics? Where do we find room for the weak, the vulnerable, the imperfect, for compassion and care, for humanity, for the “terrified child” inside all of us?

We are living in an age with great challenges in the form of increased communication, of encounters between people from different cultures and religions, of conflicts,

and of meetings with new ethical problems caused by technological developments in genetics and biotechnology. Biomedical laboratory scientists are caught in the crossfire every day. Our society and the age we live in has become so much more complex in relation to what came before; this affects social ethics and morality, which are obliged to deal with new and exciting challenges. And this confronts biomedical laboratory scientists with important challenges to the practice of the profession.

The preface was written by Eva Bohlin, who has held a number of offices of trust in the Norwegian Institute of Biomedical Science and its predecessor organisations, most recently as a member of the Ethics Committee between 1999 and 2001 and as its chairperson between 2002 and 2004.

## Important terms and concepts

### Value, value system

“Value” means everything of fundamental importance for human beings. Examples of ethical and moral values are love, respect, justice, freedom, happiness, hope, security, honesty and compassion.

### Norm

A “norm” is a rule of action, a value that manifests itself in attitudes and is expressed in concrete action. An example of the norm is the Golden Rule: “Do unto others what you would have them do unto you”. Other norms include the professional ethical guidelines of the health professions; and the Ten Commandments.

### Morality and ethics

“Morality” comes from the Latin *mos*, plural *mores*, meaning custom.

“Ethics” comes from the Greek *ethike*, and carries the same meaning, namely custom.

There are, however, important differences between morality and ethics.

It can be said this way, that morality is based on tradition and exerts an authoritarian social pressure on the individual, whereas ethics are meant to guide us also in abnormal and unforeseen situations. We might also say that ethics means reflecting over what is right or good to do in a given situation and is characterised by humility and openness vis-à-vis the ethical dilemma. One example of such a dilemma is free abortion. Here there are two parties: the foetus that the woman is carrying, and the woman herself. The correct decision means balancing contradictory values, the foetus’ right to life and the woman’s right to control her own life. In addition, the father of the child may be entitled to participate in the choice of solution. There are no simple answers, because there are contradictory ethical principles involved. That is what makes it an ethical dilemma.

## Ethical theories

There are several ways to classify ethics and ethical theories. One approach is to divide ethics into three main categories: **metaethics, descriptive ethics and normative ethics.**

**Metaethics** means the more abstract and theoretical approach to ethics, it is a “theory about theories” and involves discussing the actual cognitive frameworks behind the specific ethical reflection.

**Descriptive ethics** does not take a position on what is right or wrong, it looks at what is and not what ought to be.

**Normative ethics** sets up norms for and evaluations of the right thing to do in various situations. Normative ethics is further divided into ethical theory and applied ethics. Ethical theory deals with different ethical models for right action, for example deontological and consequentialist ethics, virtue ethics, closeness ethics and discourse ethics. Ethical theory forms the basis for applied ethics such as for example medical ethics, research ethics and environmental ethics. Professional ethics such as the code for Biomedical Laboratory Scientists, also comes under applied ethics.

Normative ethics deals with what ought to be, what is right or wrong. Normative ethics may form a springboard for reflection and discussion of ethical dilemmas in one’s day to day work.

We shall now describe five ethical schools. It is important to

understand that these different theories about right action are only theoretical models, but they can still form the basis for right action. It will often be the case that one is not certain of one’s choice, and then more than one theory or model can be used. Deploying the ethical theories together in this way may help to structure our reflection. They can be used to analyse the situation and the conflict between contradictory values so as to find a good solution. This is an exciting challenge, where the aim must be for all involved parties to accept the choice of solution and to grow in trust and security. Dialogue and identity are fundamental values in this connection.

### Deontological ethics

This term comes from the Greek word for ‘duty’, and this ethical school focuses on the act itself, paying much less attention to its consequences. A duty is imposed on us by ourselves or by others; it is an absolute requirement to which we must simply conform. Duties can generally be expressed as rules and norms, such as for example the Ten Commandments’ “Thou shalt not kill” or “Thou shalt not bear false witness”. The most famous deontologist is the German philosopher Immanuel Kant, who lived in the 18th century and set out to base ethics on ‘pure reason’. For Kant, an act was only moral if it was committed out of a sense of duty, for objective reasons independent of personal likes and dislikes. His Categorical Imperative was, “Act as if the maxim of your action were to become, by your will, a universal law”. That is, an

act is moral only if everyone can do it in the same situation, there is to be no special pleading along the lines of “But that doesn’t apply to me!” Of equal importance was the principle that a human being must never be used as a means to an end, but must always be treated as an end in himself.

An example of an ethical dilemma is the use of fertilised human eggs for the production of stem cells for use in research and treatment of illness. If we regard this from a Kantian perspective, and if we also regard a fertilised egg as an independent individual, then it cannot be used as a means for production of stem cells, despite the fact that the purpose is a good one.

Professional ethical guidelines have traditionally been regarded as deontological rules. In recent years this has been called into question. On the one hand there is a danger in only relating to the duty, the rule, because the ethical dilemmas are so complex. On the other side, the duty can be a strength and a support; we must all deal with different sets of regulations if our society and workplace is to function.

### Consequential ethics

Consequential ethics - also called teleological ethics (from the Greek for end) or utilitarianism (from the Latin for benefit) - treats the act as subordinate to the goal of the act, its consequences. The goal of the act is to achieve a good; the act itself is merely a means of promoting the general happiness and welfare, the “greatest happiness

of the greatest number” cannot be solved mathematically, since we can choose to make everyone a little happy or some people very happy - or even purchase the happiness of the many with the misery of the few.

If we discuss the use of fertilised human eggs for production of stem cells, the outcome of the discussion will be different to what we found using deontological ethics. Stem cells can be used in research and treatment of diseases, benefiting many people. In consequential ethics, a fertilised egg may be a means to achieving more knowledge of disease and to curing it. What from a deontological point of view is unacceptable, therefore, consequential ethics may regard as right and good.

Another relevant dilemma may be how priorities are set in the Norwegian health sector. The challenge is to get as much benefit out of the resources available. In such a situation, many of the plans drawn up will be governed by economics. The individual may experience that his value as a human being receives less emphasis in consequential ethics than would be the case in deontological ethics. On the other hand, consequential ethics are essential to the allocation of social goods.

**Virtue ethics**, associated with Aristotle, take a third approach: neither rules nor consequences, but what kind of person I wish to become, and what kind of person the act would make me. This school is less relevant to the health sector,

and so will not be discussed further.

### Discourse ethics

Discourse ethics is about the communicative fellowship as an ethical foundation, about discourse and dialogue - the rational conversation. An ethical dilemma usually arises in a meeting, in a conflict situation, and involves several participants. Each of these has a right to be respected. The goal of the conversation should be to arrive at a consensus solution. Our age, characterised as it is by increasing complexity, will naturally enough put the meeting, the dialogue, in the centre, and discourse ethics is about precisely this. A big challenge here is to show respect for the opinions of the various actors who are involved in solving an ethical dilemma.

Traditional ethics focuses on the individual: “How can I be sure that I am acting rightly?” For Immanuel Kant it was self-evident that an action arose from the individual’s reason and objectivity, making it right, good and universal, and consequently a solution for several parties in an ethical dilemma.

Discourse ethics is an exciting example of how ethics and morality are affected by changes and new knowledge. Behind the words “ethics are communication”(1) lies new knowledge in psychology and educational science, and ethics are being incorporated into psychodynamic thinking about attitudes and actions. Discourse ethics agrees that ethical dilemmas are to be resolved on the basis of human reason, but here the

emphasis is on interaction, the dynamic between several involved parties and the demand that it should be possible to reach a consensus. A fundamental principle of discourse ethics is that all people are equal. This means that everyone has a right to participate in discussions of matters concern them, and to be heard (2). Once again, it is all about the fundamental values of dialogue and identity.

### Closeness ethics and medical ethics

Closeness ethics, a fifth type of ethical theory developed largely in Denmark and Norway, focuses on the encounter with the Other, our fellow-creature. According to closeness ethics, being in a situation with another human being is the same as being in a moral situation (3). Closeness ethics appeals to values such as duty and responsibility, respect and care, on the basis of these values arising from a common human experience and a common human practice.

The Danish philosopher Søren Kierkegaard wrote that “The relationship between the helper and the person to be helped must be as follows - when in truth one succeeds in leading a person to a particular place, one must first and foremost make sure to find him there where he is, and start there” (4). In our ordinary work as biomedical laboratory scientists, we meet our fellow-creatures every day. Many of them are in an exposed life situation, struck down by illness, perhaps threatened by the loss of health or life itself. They can be

vulnerable and they appeal to our caring instincts, our respect and our sense of responsibility. This means that we must endeavour to understand and empathetically share in their life situation, and at the same time maintain a distance and respect their dignity.

In closeness ethics the terms autonomy, integrity and informed voluntary consent are relevant and meaningful. These are terms that belong to medical ethics. It is a question of dignity, the preservation and maintenance of human beings’ self-respect and quality of life. Autonomy means self-determination, the right to decide one’s own life and destiny. Integrity is about establishing a framework for one’s own identity, preserving self-esteem, authority and respect. Informed voluntary consent means a right to good and clear information on measures and treatment for the person concerned; it also involves the right to say no and refuse treatment. Knut Erik Tranøy puts it like this: “The three concepts autonomy, integrity and informed voluntary consent are part of one and the same package of medical ethics. If we accept the one, we accept all of them; and we cannot say no to one of them without denying the two others too. Even so we can probably say that it is integrity, the demand for respect for human dignity, that is fundamental.” (5)

Closeness ethics and medical ethics point up an ethical dilemma: not to violate or abuse the power that a BLS has by virtue of his professional expertise. The patient

may have little knowledge about his disease or condition, which presents a clear risk of the abuse of power. This risk is clear enough to the patient, who easily feels powerless. Paternalism in this context means that we as health personnel interpret the patient’s needs, that we know best. This may have the consequence that the patient’s will and desires are overridden, that the patient’s voice is not heard. Paternalism is a threat to integrity and autonomy.

### The duty of confidentiality

The duty of confidentiality is central to medical ethics. It goes back as far as the Hippocratic Oath, c. 420 BC. Hippocrates wrote that: “Whatever, in connection with my professional practice, or not in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret.” (6)

The duty of confidentiality is fundamental to a relationship of trust between the patient and the therapist, and health personnel’s duty of confidentiality is governed by several laws. It is both necessary and useful to know what the legislation says about the duty of confidentiality.

Under the Patients’ Rights Act, health personnel have no duty of confidentiality vis-à-vis the patient; on the contrary, we have a duty of information. In principle the patient is the owner of all information about himself, and as biomedical laboratory scientists we are responsible for providing information on the bioanalytical component of his treatment.



In order to make the connection between value, norm and view of humanity in ethics clearer, we may use the structure of a house as metaphor.

The foundations are the value system and the view of humanity. These will vary between religion, beliefs, society and culture.

On the ground floor we find norms and values translated into rules of action, ethics, theories and models in moral philosophy, such as deontological ethics and consequential ethics. These represent different attempts to answer the question of how to act well.

On the upper floor we find the challenge to solve the ethical dilemma, which can be characterised as a conflict between different, perhaps contradictory, values and interests, and involving unique individuals in a unique situation. Here we are challenged to reflect over what would be right and true. A solution of the ethical dilemma or conflict situation will probably be based on an interaction between different theories and models, and on one's own knowledge, experience and security, outlook and view of humanity. It may be necessary to reconsider one's value system for attitudes and actions, to try another approach to the dilemma. The links between the various floors in the house must be living and open for the best solution to be achieved; a solution that gives both security and trust in which the parties involved can rest; a solution based on dialogue and identity.

## Extracts from the legislation on confidentiality

**Section 13 of the Public Administration Act, which governs all public employees, says:**

*"It is the duty of any person rendering services to, or working for, an administrative agency, to prevent others from gaining access to, or obtaining knowledge of, any matter disclosed to him in the course of his duties concerning ..."*

**The main rule on confidentiality in the Health Personnel Act is to be found in Section 21:**

*"Health personnel shall prevent others from gaining access to or knowledge of information relating to people's health or medical condition or other personal information that they get to know in their capacity as health personnel."*

**Section 23 restricts the duty of confidentiality as follows: "The duty of confidentiality pursuant to Section 21 is not to prevent:**

- 1. information from being made known to a person who already have previous knowledge of the information,**
- 2. information from being provided when there are no valid interests to indicate secrecy,**
- 3. information from being passed on if the need for protection must be regarded as being adhered to if identifying**

*characteristics have been omitted,*  
**4. information from being passed on if exceptional private or public grounds make it legitimate to pass on the information, or**  
**5. information from being passed on in accordance with rules laid down in or pursuant to law when it has been expressly stated or clearly presumed that the duty of confidentiality shall not apply."**

**Section 121 of the General Civil Penal Code says:**

*"Any person who wilfully or through gross negligence violates a duty of secrecy which in accordance with any statutory provision or valid directive is a consequence of his service or work for any state or municipal body shall be liable to fines or imprisonment for a term not exceeding six months. If he commits such breach of duty for the purpose of acquiring for himself or another person an unlawful gain or if for such a purpose he in any other way uses information that is subject to a duty of secrecy, imprisonment for a term not exceeding three years may be imposed. This provision also applies to any breach of the duty of secrecy committed after the person concerned has concluded his service or work."*

**Section 3-2 of the Patients' Rights Act says the following on the patient's right to information:**

*"The patient shall have the information that is necessary to obtain an insight into his or her health condition and the content of the health care. The patient shall also be informed of possible risks and side effects."*

(Source: [www.lovdato.no](http://www.lovdato.no))

# Reflections on the professional ethical guidelines

## Point 1 of the professional ethical guidelines:

The BLS must demonstrate respect for life and for the inherent dignity of human beings

- 1.1 *Every human being contains within himself an inherent dignity and an equal right to respect regardless of race, sex, age, culture, religion, political opinions, medical condition and life situation*

Respect for life and health is fundamental to the practice of our profession. All human beings have an inherent dignity, an innate value independent of the factors mentioned above. The BLS must relate to different kinds of people among colleagues, patients and next of kin. All of us carry with us our own values and norms, which in turn affect our reflections and actions.

These lines may remind us that it is by no means obvious that we can understand what other people are thinking and feeling:

I can see that you are laughing, but I cannot see whether you are happy.  
I can see that you are smiling, but I cannot see whether you like me.  
I can hear you speaking softly with another person, but I do not know what about.  
I can see and hear that you are crying, but I cannot see whether you are afraid, sad or in despair.

## *What are your thoughts on this situation in relation to Point 1 of the professional ethical guidelines?*

*Imagine a situation in which your attitudes are challenged in relation to the patient. How do your attitudes affect your behaviour? Are there situations in which your uncertainty makes it difficult to treat patients with respect?*

## Point 2 of the professional ethical guidelines:

The BLS must show respect for the patient's right to informed consent, autonomy and integrity

- 2.1 *The BLS must practice his profession in such a way that the patient feels secure*  
2.2 *The BLS must be considerate of the patient and his family*  
2.3 *The BLS must focus his attention on the patient*  
2.4 *The BLS must inform the patient about the bioanalytical aspects of the treatment*  
2.5 *The BLS must protect private and medical information from unauthorised access*

All the subordinate points clarify what is important in regard to the patient's right to informed consent, autonomy and integrity. The BLS must ensure that the patient understands what is to happen, and that both the patient and his family feel secure.

We health workers are bound to confidentiality by law, and have signed a non-disclosure agreement. Confidentiality is a fundamental principle in the health services, and it is vital for each individual health worker deliberately to keep in mind what information is necessary and what is a breach of this non-disclosure promise. Becoming

aware of one's own attitudes is crucial to being able to handle an almost unlimited access to information in a proper manner (7,8,9).

Many biomedical laboratory scientists work in close contact with the patient. This contact is often quite short, and it might feel as if that the brief moment together with a patient cannot have much significance for the patient. In Ingegerd Seljeskog's words about the encounter with the patient, we are given food for thought in our daily meeting with the patient: "Never forget that each day offers you an opportunity - the opportunity to create lifelong memories in a fellow human being. You are possessed of a power, which means that anyone accepting your services is in your hands and subject to your whims, your mood, your commitment, whether you are having a good day or not. In the middle of a hopeless situation you can choose whether you will be a good or a bad memory that the patient will never forget. The pain is forgotten when the crisis is over, but the interpersonal experiences are something that the patient will remember:

- I met a person who
- \* cared about me
  - \* found me a good position so that I could rest
  - \* wiped my brow
  - \* touched me with sensitive hands
  - \* gave me time
  - \* remembered my questions
  - \* when he was in the room, even for just a few minutes, was really present with me
  - \* who listened and saw that I was down, or saw that I was in pain without my having to say

The patient will remember the bad things also:

- \* you touched me roughly, and turned me over with sudden movements
- \* you ignored my pain and despair
- \* you forgot my questions
- \* you were in the room, but you didn't see me - your mind was elsewhere
- \* your words wounded, confused and sowed anxiety in me" (10)

## *What are your thoughts about this situation in relation to Point 2 of the professional ethical guidelines?*

*The BLS is on a phlebotomy round and meets the following situation: an elderly woman is in a private room. She is seriously ill. In the room with her are her two daughters, who have been there all night. The relatives ask how necessary the tests are, and they think we are needlessly tormenting her.*

## Point 3 of the professional ethical guidelines:

The BLS must perform his work in a professionally sound manner, taking responsibility for his own actions

- 3.1 *The BLS must acknowledge his professional responsibility*  
3.2 *The BLS ought to reflect over the ethical consequences of the work he does*  
3.3 *The BLS must maintain his skills and make sure that he renews them*

Under the Health Personnel Act, health personnel shall perform their work in accordance with the requirements of professionalism and caring help that can be expected on the basis of the health personnel's qualifications, the nature of the work and the situation otherwise. (7)

The statutory professional responsibility also involves a duty of disclosure to partners such as other health professions and the authorities. We also have the responsibility for informing the patient about the bioanalytical part of the treatment.

Our professional responsibility involves a duty to maintain and update our expertise. Competency development is a responsibility shared by the individual employee and the employer. An important part of the competency

development is ethical reflection over the work that each one of us is doing as health workers. Ethical reflection enhances professional security and is important ballast to keep us on an even keel while doing that work.

### ***What are your thoughts about this situation in relation to Point 3 of the professional ethical guidelines?***

***New analytical instruments have been purchased, the employees have undergone training and are now to use the machine. You think you need even more time to become fully trained, but feel inadequate compared to your colleagues. You know that you yourself are responsible for asking for more follow-up, but you are assigned to running the machine unassisted - tomorrow.***

## **Point 4 of the professional ethical guidelines:**

### **The BLS must treat all biological material with respect**

The Biobanks Act defines human biological material as “organs, parts of organs, cells and tissue and parts of such material obtained from human beings, alive or deceased.” (11)

Blood samples, tissue samples and other human biological material that comes to the laboratories are used to diagnose, prevent and treat disease.

The handling and analysis of the sample material can be crucial for people in many situations; it can provide knowledge that makes the difference between life and death. The BLS has a responsibility to make sure that the sample material is handled correctly and as intended.

The Danish theologian and philosopher Knud E. Løgstrup reminds us that we as human beings are tied to one another’s fates. We can transfer this significance to how important the results from our laboratory analyses can be for a person: “The individual never deals with another human being without holding something of his life in his hand. It may be a small part, a passing mood, but it can also be a frighteningly big part, so that it is up to the individual whether the other person’s life is a success or not.” (12)

### ***What are your thoughts about this situation in relation to Point 4 of the professional ethical guidelines?***

***The laboratory receives an unlabelled sample from a biopsy. The patient has been under anaesthetic to have the sample taken, and the intervention is now over. Is it proper, considering the patient, not to analyse this sample in the laboratory?***

## **Point 5 of the professional ethical guidelines:**

### **The BLS should help to promote life sciences**

- 5.1 The BLS must make sure that the research work in which he is participating is approved***
- 5.2 The BLS should turn down research work that conflicts with his own convictions***
- 5.3 The BLS must treat animals with consideration and respect***

The BLS discipline is undergoing rapid development. It is important that we are aware of the developments so that we can anticipate any ethical problems when new technology or analyses are developed or come into use.

Practice in Norway is that all medical and health-related research projects must be approved by regional research committees. In addition, the national committee for medical and health-related research ethics is mandated to work to make research regulations better-known among scientists and the general public. This committee is to be the coordinating body for the regional committees for medical and health-related research ethics, and considers appeals against decisions made by those regional committees. The BLS has no statutory right to refuse work that conflicts with his own conviction. It is therefore up to the individual to speak out and take the consequences of such a refusal. Many research projects include animal experiments. It is therefore important to treat these animals with consideration and dignity, be

aware that they feel pain and not to subject them to needless suffering (13).

### ***What are your thoughts about this situation in relation to Point 5 of the professional ethical guidelines?***

***The laboratory has been asked to participate in the collection of sample material for a new research project. What should the laboratory demand in the way of information and documentation before participating in the collection of the sample material?***

## **Point 6 of the professional ethical guidelines:**

**The BLS must be loyal to workplace agreements and instructions, as long as these do not conflict with our professional ethical guidelines**

- 6.1 The BLS must react if the main objectives conflict with our professional ethical guidelines***

The health sector is in constant change; there are constant new demands for prioritisations and choices. Medical progress leads to more treatments and examinations being offered. The resources society spends on the health service cannot cover everything, and it is necessary to set priorities.

The demand for profitability and rationalisation leads to constant reorganisation of the medical laboratories. It is important to speak out if we think that this is happening at the expense of the work we are doing. A quality system with non-conformance procedure is a useful tool for uncovering system faults and poor routines.

### ***What are your thoughts about this situation in relation to Point 6 of the professional ethical guidelines?***

**They want to save money in the laboratories: the departmental management asks you to cut back on the number of quality controls. Biomedical laboratory scientists discuss whether this is professionally acceptable.**

## Point 7 of the professional ethical guidelines:

The BLS must demonstrate respect and solicitude for his colleagues

### 7.1 *The BLS must display tolerance for the work, methods and life-situations of others*

We spend a lot of time together with our colleagues; we are part of one another's daily lives, for better or worse. This means that we have an important responsibility for one another's well-being, security and job satisfaction.

### *What are your thoughts about this situation in relation to Point 7 of the professional ethical guidelines?*

*One of your colleagues has personal problems that are adversely affecting patients, colleagues and the quality of his work.*

## Point 8 of the professional ethical guidelines:

The BLS must respect other professional groups' disciplines and areas of responsibility

### 8.1 *The BLS must contribute towards good cooperation with other professional groups. In the event of conflicts of interest, the patient's life and health shall come first*

Most biomedical laboratory scientists work in a milieu in which collaboration with other professional groups is necessary. Inter-disciplinary cooperation makes for enhanced understanding and respect for others' disciplines and areas of responsibility.

### *What are your thoughts about this situation in relation to Point 8 of the professional ethical guidelines?*

*In what situations can a BLS find himself coming into conflict with other professional groups? How do we resolve such conflicts?*

## Point 9 of the professional ethical guidelines:

The BLS must make his professional expertise available also in crises

As health personnel, we are obliged to make our professional expertise available (7). Acute crisis situations in and outside the workplace may arise, for example people suffer accidents or fall sick. In some cases there may also be a need for BLS competencies and we are then obliged to make our professional expertise available.

### *What are your thoughts about this situation in relation to Point 9 of the professional ethical guidelines?*

*Can you as a BLS take shortcuts in relation to applicable procedure when getting answers is extremely urgent?*

## Point 10 of the professional ethical guidelines:

The BLS should be active in the debate about the environment

Laboratory work involves discharge of substances that may be environmentally hazardous. Waste disposal is regulated by the Norwegian Pollution Control Authority (SFT) in the form of rules and legislation. Both internal and external control bodies are linked to such issues. We cannot use that as justification for leaning back with our feet on the table; we must continue to ask critical questions about the way waste is disposed of at every single workplace.

### *What are your thoughts about this situation in relation to Point 10 of the professional ethical guidelines?*

*You work in a department that uses a lot of solvents. Usual practice is to pour all solutions down the plughole.*

## Point 11 of the professional ethical guidelines:

The BLS should contribute to highlighting ethical aspects in debates about health and social issues

### 11.1 *The BLS should work for an allocation of resources and good use of resources that ensures ethically sound operations in the laboratories and in the rest of the health service*

Biomedical laboratory scientists are the biggest professional group working in medical laboratories. It is important that we endeavour to influence our employers and authorities in the direction of a resource allocation that enables us to operate the medical laboratories in an ethically sound manner. By virtue of our professional expertise, we are also obliged to illuminate the ethical aspects of medical and technological developments.

### *What are your thoughts about this situation in relation to Point 11 of the professional ethical guidelines?*

*When new analyses come onto the market, we are often asked by the requisitioners to make use of the new methods. What factors should the laboratory take into account when new analyses are being introduced?*

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