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SPECIAL ARTICLE

A Code of Ethics for the fistula surgeon

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Abstract

Vesicovaginal fistulas from obstructed labor no longer exist in wealthy industrialized countries. In the impoverished countries of sub-Saharan Africa and south Asia obstetric fistulas continue to be a prevalent clinical problem. As many as 3.5 million women may suffer from this condition and few centers exist that can provide them with competent and compassionate surgical repair of their injuries. As this situation has become more widely known in the industrialized world, increasing numbers of surgeons have begun traveling to poor countries to perform fistula operations. To date, these efforts have been carried out largely by well-intentioned individuals, acting alone. An international community of fistula surgeons who share common goals and values is still in the process of being created. To help facilitate the development of a common ethos and to improve the quality of care afforded to women suffering from obstetric fistulas, we propose a Code of Ethics for fistula surgeons that embraces the fundamental principles of beneficence, non-maleficence, respect for personal autonomy, and a dedication to the pursuit of justice.

The vesicovaginal fistula from prolonged obstructed labor has been eliminated as a clinical problem in the industrialized world, yet it remains a women's health problem of epidemic proportions in impoverished, non-industrialized countries. Some estimates suggest as many as 3.5 million women may currently suffer from this condition, with tens of thousands of new cases developing every year [1]. Obstetric fistula can be prevented by prompt intervention once labor becomes obstructed, but lack of a functioning maternal health infrastructure in poverty-stricken countries generally precludes

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timely and effective intervention. Obstetric vesicovaginal fistulas will be eliminated only when all women have prompt access to competent functional emergency obstetric services when the need for such care arises. Until this goal is achieved, obstetric fistulas will continue to be a problem.

As obstetric fistulas have received increasing publicity over the past few years, a number of new international initiatives have arisen to increase patient access to surgical repair. Historically, surgeons attempting to repair such injuries have generally been dedicated individuals who have worked in isolation under difficult conditions to provide the surgical care needed [2,3]. As more surgeons become interested in this problem (particularly visiting surgeons from industrialized countries who may only stay in the area for short periods of time), there is an increasing need to develop common goals and a common ethical perspective of how this work should proceed. As part of this community-building process an international meeting was convened in March 2007 in Durham, NC, USA, under the joint sponsorship of the American College of Obstetricians and Gynecologists and the Duke Global Health Initiative, to discuss ethical issues surrounding obstetric fistula and the provision of surgical care to vulnerable women injured by childbirth in this way. One of the outcomes of the meeting was the development of a Fistula Surgeon's Code of Ethics, which summarizes the basic ethical obligations involved in the care of fistula patients.

In drafting the present Code of Ethics for Fistula Surgeons we have reviewed the Code of Ethics of the American College of Obstetricians and Gynecologists; the statement on Professional and Ethical Responsibilities Concerning Sexual and Reproductive rights of the International Federation of Gynecology and Obstetrics (FIGO); the Code of Ethics of the American Urological Association; the Code of Professional Conduct of the American College of Surgeons; the Code of Ethics for members of the Society for Vascular Surgery; the Code of Ethics of the American Academy of Facial Plastic and Reconstructive Surgery; the Code of Ethics of the American Association of Neurological Surgeons; the Code of Ethics and Professionalism for Orthopaedic Surgeons of the American Academy of Orthopaedic Surgeons; the Statement of Principles and Code of Ethics of the American Academy of Otolaryngology-Head and Neck Surgery; and the Code of Ethics of the Canadian Society of Plastic Surgeons. All of these surgical codes of ethics contain similar and overlapping concepts of duty, responsibility, and virtue as applied to the care of surgical patients.

This Code of Ethics incorporates the basic ethical principles of non-maleficence, beneficence, respect for patient autonomy, and a commitment to seek justice [4]. It is our hope that widespread acceptance of this Code of Ethics will help raise the standard of the care afforded to women with obstetric fistulas throughout the world.

1. *The fistula surgeon shall be dedicated above all else to providing the best possible care for women with obstetric fistulas permitted by the resources available and the local circumstances in which care is rendered. The welfare of the patient must be the overriding concern in all medical judgments made during her care, and the fistula surgeon shall not participate in any activity that is not in the best interests of the patient. Lack of resources is never a justification for the abandonment of basic ethical principles in patient care.*

Commentary: The first section of this Code of Ethics emphasizes beneficence as the primary value governing the duties of the fistula surgeon. The overarching goal of a fistula operation is to rescue the afflicted woman from her debilitating and stigmatizing condition through surgical cure. All of the efforts of the fistula surgeon should be directed toward accomplishing this goal. Surgical services should be provided in a setting that also provides psychosocial support and comfort for women afflicted with this condition.

2. *The surgeon must treat all fistula patients with respect, dignity, compassion, and honesty, safeguarding their confidentiality while recognizing that they are uniquely vulnerable to exploitation due to the circumstances in which their injuries have arisen. The ethical fistula surgeon recognizes the right of fistula sufferers to participate in decisions regarding their treatment and will not engage in any treatment or research upon them without their consent. The fistula surgeon will further strive to support decision-making processes that are free from bias or coercion.*

Commentary: Because an obstetric (or other) vesicovaginal or rectovaginal fistula is a highly stigmatizing condition, women afflicted with these conditions often become social outcasts. Usually poor, with little or no education, often young and lacking in social status, frequently physically offensive to others and to herself from the uncontrollable loss of urine or feces produced by her affliction, women with fistulas are exceptionally vulnerable to abuse and exploitation [5,6]. The principle of respect for persons mandates that these women are treated as individuals worthy in themselves, with a right to demand fairness in their treatment irrespective of their physical condition or socioeconomic status.

3. *The surgeon's highest duty is acceptance of direct personal responsibility for the care of patients on whom he or she has operated. Once a fistula surgeon has accepted a patient for care she must not be neglected. The fistula surgeon must ensure that all patients under his or her care receive an appropriate preoperative evaluation, undergo competent intraoperative treatment, and have access to adequate, ongoing, postoperative care, particularly in the critical postoperative period immediately following surgery. The pre- and postoperative care of fistula patients is the surgeon's direct responsibility, unless such duties are specifically delegated to another competent practitioner who can provide the same level of care as the operating surgeon, including a repeat-operation should it prove necessary.*

Commentary: The third section of this Code is based on principles deeply ingrained within all codes of ethical conduct for surgeons [7]. The process of surgery involves the entry into the body of one human being by another in a uniquely direct and potentially dangerous way. This makes the surgical patient profoundly vulnerable. The faith thus demonstrated in the surgeon by the patient places the surgeon in a position of enormous responsibility. Once undertaken, this responsibility cannot lightly be abandoned. Surgeons who cannot or who will not accept this

responsibility should not operate. Administrators or funding organizations that cannot ensure that this level of responsibility is met in surgical programs for which they are responsible are also guilty of a serious breach of ethical conduct.

4. *The fistula surgeon must restrict his or her practice to that which he or she is competent to deliver by education, training, experience, and available resources. The fistula surgeon should not hesitate to refer patients needing a higher level of care than he or she can provide to surgeons and healthcare facilities with appropriate advanced expertise. The fistula surgeon should strive to provide adequate and effective training for other less experienced surgeons who are committed to learning the art of fistula repair and practicing among these vulnerable patients, and should inculcate in these trainees a respect for and a commitment to the high ethical ideals enshrined in this Code.*

Commentary: This section of the Code emphasizes the importance of non-maleficence and of avoiding preventable harm. The special circumstances in which obstetric fistulas arise and the unusual comorbidities that are frequently present among women who have suffered from prolonged obstructed labor mean that fistula surgery requires special skills and experience if it is to be done safely, effectively, and without causing further harm to the patient [8]. Mastery of the core skills in gynecology, urology, general surgery, or plastic surgery is a useful foundation on which to build capability as a fistula surgeon, but basic credentials of this kind (even from prestigious institutions) do not guarantee competence in the treatment of fistulas without the acquisition of additional experience and training [9]. Allowing surgeons to operate beyond the limits of their expertise is never in the best interests of patients.

With few exceptions, surgical treatment of an obstetric fistula is an elective operation that should be properly planned and scheduled in advance. In particular, where fistula repair operations are only done intermittently due to the limited availability of surgeons, ancillary staff, and supplies, care must be taken to ensure that only operations that are likely to be successful under the particular circumstances prevailing locally are undertaken. "Heroic" operations done under marginal conditions are unlikely to have high success rates and may do great harm to vulnerable women. Intermittent programs of fistula repair should limit themselves to operations that have a high likelihood of success, emphasizing the need to maximize the probability of a good outcome for the most patients who can be treated, rather than utilizing scarce resources on high risk operations in which the outcome of surgery may be poor or possibly even fatal [10].

5. *The fistula surgeon must practice a method of healing founded on science and should strive to improve his or her clinical skills through the regular review of objective data on treatment outcomes. This process is enhanced when surgical objectives and outcome criteria are explicitly defined in advance and data are collected prospectively. The fistula surgeon should strive to engage in regular and critical self-scrutiny. When surgical innovation departs in a significant way from the standard of accepted practice, such innovation should be evaluated at an early stage through a formal well-constructed research protocol to determine its risks and benefits. All such research should be approved and supervised by an appropriate ethical board. Where such boards do not exist it is imperative that mechanisms to ensure critical oversight of innovation are put into place. Not only should the surgeon engage in critical self-scrutiny himself or herself, but he or she must also be open to objective external scrutiny from the wider community of fistula surgeons in the true spirit of scientific inquiry. The fistula surgeon should advocate, promote, maintain, and uphold the highest ethical standards for the care of women with obstetric fistulas, wherever this condition exists in the world.*

Commentary: Surgery is a craft that rests upon scientific foundations. Scientific progress in surgery is not possible without clearly defined objective data on surgical outcomes. In the case of fistula surgery the goals of the operation and the criteria used to assess outcomes should be clearly specified in advance and data should be collected prospectively rather than in hindsight. Not only is it important to know if the fistula was closed successfully, it is also important to know if the patient is continent following surgery and whether coexisting morbidities such as vaginal stenosis have been corrected. Artificially inflated estimates of success in fistula surgery (both closure rates and continence rates) only serve to embolden inexperienced surgeons to operate beyond the level of their capabilities, with harmful consequences [11].

Surgeons often must improvise in the face of unexpected intraoperative findings. Over time the insights obtained from such improvisation may lead to changes in operative techniques. Not infrequently, operative procedures that initially were thought to be useful and beneficial prove not to be so, but if such changes are not evaluated critically and scientifically, they may do great harm. The craft of surgery can only advance if surgeons subject both themselves and the results of their operations to rigorous scrutiny. In parts of the world where resources are scarce and the conditions under which operations are carried out are challenging, the need for critical evaluation of surgical outcomes is imperative. When major innovations are introduced or when research to answer a particular question is undertaken, care must be taken to ensure that the rights of patients are respected, that their consent to participate has been obtained, and that they understand the potential risks and benefits involved. Monitoring of innovation and research by an informed, engaged, and critical review board is mandatory in order to prevent inadvertent harm as well as the exploitation of patients for goals other than their own welfare [12,13]. Ethical fistula surgeons must strive to promote, maintain, uphold, and implement policies throughout the world that adhere to high ethical standards of this kind.

6. *The fistula surgeon must never take advantage of a patient, nor allow anyone else to take advantage of a patient in any way that might subject her to physical, emotional, economic, or sexual abuse.*

Commentary: When dealing with vulnerable populations whose members have been stigmatized and made the object of communal scorn, the surgeon has a heightened responsibility to tend to their welfare. Women with obstetric fistulas have almost always been marginalized [14]. Cut off from the normal channels of social interaction, desperately seeking help for their condition, and frequently subject to

psychosocial abuse, fistula patients can easily be exploited (either intentionally or inadvertently) by others whose agendas are at odds with their own welfare. The surgeon must strive to be a fistula champion, upholding the best interests of the patient at all times.

7. *Fistula surgeons must neither pay nor receive a commission for the referral of patients. They must exercise good stewardship over the financial resources entrusted to them for the care of women with obstetric fistulas and should not involve themselves in fistula-related endeavors for the purpose of personal financial gain.*

Commentary: Women with obstetric fistulas are usually destitute. In their desperate search for help they are vulnerable to exploitation. In some parts of the world where humanitarian ventures to aid them have become established, other parties may seek to exploit such women for their own gain, demanding a "finder's fee" or other economic reward for bringing them to the attention of medical personnel. Fistula surgeons must strive to combat the "commodification" of women with obstetric fistulas as such practices inevitably lead to greater exploitation and increasing difficulties in providing appropriate care. Fistula surgeons must not exploit these women for personal financial gain, nor divert resources entrusted to them for the care of patients for their own financial benefit. This does not mean that fistula surgeons should not be paid for the services they provide, but that the financial well-being of the surgeon should never take precedence over the provision of patient care.

8. *Fistula surgeons must uphold the dignity and honor of their profession, safeguarding both themselves and the public against surgeons deficient in moral character or professional competence; surgeons should also obey the laws of the country in which they practice. The fistula surgeon should respect and cooperate with other surgeons, physicians, nurses, and health care workers, always safeguarding the best interests of patients in so doing. Behavior that diminishes a fistula surgeon's capability to practice must be avoided. If such behavior occurs it must be addressed immediately and prompt remedial action must be undertaken. Fistula surgeons should not practice while impaired by alcohol or drugs, or by other physical or mental disabilities.*

Commentary: As respected members of the communities in which they live surgeons have a duty to behave in ways that safeguard the trust they have been given by the public. They should conduct themselves in ways that do not diminish this trust and that do not put the patients under their care at risk.

9. *Fistula surgeons must acknowledge the fundamental social inequalities that promote the development of obstetric fistulas and must help eradicate these injustices. Fistula surgeons should actively support programs that seek to prevent fistulas. Fistula surgeons should work to remove barriers that hinder access to emergency obstetric care. Fistula surgeons should strive to ensure that all women afflicted with fistulas receive adequate and appropriate care regardless of their age, marital status, ethnicity, race, cultural traditions, religion, political affiliation, economic status, level of education, concurrent disease, or other disabilities. Fistula surgeons should support programs that help women who currently suffer from or who have been afflicted with this condition in the past re-integrate successfully into their societies. The fistula surgeon's social responsibility should extend to the prevention of recurrent fistulas in women who have been cured of their injuries by promoting access to effective prenatal and intrapartum care should they become pregnant in the future.*

Commentary: The obstetric fistula persists as a clinical problem in the world largely because of poverty and the unequal distribution of adequate health care resources in those countries where such injuries are prevalent [15,16]. The fistula problem will not be solved until all women, irrespective of their social and economic status, have access to competent medical care during pregnancy, labor, and delivery. The enormous backlog of impoverished women suffering with unrepaired fistulas will not be eliminated until access to curative surgical services is provided independent of their ability to pay for care. The ethical fistula surgeon has a moral obligation to fight for both distributive equity and procedural justice for women thus afflicted, and to help them overcome the social disabilities that result from their condition.

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