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Balancing beneficence and autonomy: The dilemma of unsolicited medical advice in dermatology

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To the Editor:

The commentary investigates the ethical quandary that dermatologists face when deciding whether to deliver unsolicited medical advice, particularly in public settings. The authors discuss the tension between the beneficence principle, which suggests that dermatologists have a moral obligation to intervene when they identify potentially life-threatening conditions like melanoma, and the autonomy principle, which emphasizes an individual's right to privacy and self-determination. The report emphasizes the potential distress and legal dangers of unsolicited counsel, particularly when delivered without a thorough medical history. The authors propose that criteria such as the apparent severity of the ailment, the context, and the dermatologist's comfort and judgment should impact the choice to deliver unwanted advice. The authors further propose that dermatologists approach individuals with tact and discretion, without delivering a definitive diagnosis, and advise them to seek proper medical consultation. We underline the importance of clear rules and laws in assisting dermatologists in navigating this ethical quandary, and it asks for more debate and research on this complicated problem. The basis of the quandary is the dermatologist's ability to potentially save lives via early diagnosis of skin disorders such as melanoma, weighed against the individual's right to privacy and autonomy.

Some claim that dermatologists have a moral obligation to intervene when they find potentially catastrophic illnesses like melanoma in strangers due to their specialized expertise and training [1]. This viewpoint is based on the beneficence principle, which states that healthcare professionals should behave in the best interests of patients and potential patients [2]. This principle implies that dermatologists who recognize a potentially dangerous illness such as melanoma may feel required to intervene even if the patient-physician relationship is informal [3]. This is especially important because early identification of skin cancer can dramatically improve patient outcomes [4,5].

Others claim that providing unsolicited medical advice infringes on an individual's autonomy and privacy, as well as causing undue distress or harm, especially if the physician analyzing the patient's lesion does not have the patient's complete medical history [6]. This is especially important in public places because a person may feel humiliated or uneasy if they are approached with unsolicited medical advice [7]. As a result, the value of beneficence must be weighed against the ideal of respect for autonomy, which emphasizes people's freedom to make health decisions for themselves [8]. Furthermore, providing medical advice outside of a formal patient-physician relationship carries legal

and professional risks, including potential liability for misdiagnosis or inadequate follow-up [6,9].

According to the literature, there is no agreement on this point. The decision to provide unsolicited counsel may be influenced by a number of factors, including the perceived severity of the problem, the environment in which the observation is made, and the dermatologist's own comfort and judgment [2,6]. Some suggest that dermatologists sensitively and discreetly approach the individual, presenting themselves as medical professionals and expressing their concern without providing a clear diagnosis or prescription [6]. They should also give the individual their professional contact information and advise them to seek formal medical consultation [10].

To solve this ethical dilemma, dermatologists may benefit from clear standards and regulations surrounding unwanted medical advice. Such principles could assist in balancing the need to

protect against damage with respect for human autonomy and privacy, while also mitigating legal and professional risks [11]. As the prevalence of melanoma and other skin disorders rise, the need for additional debate and study grows to provide clear standards for dermatologists [6].

Although dermatologists' ethical duty to prevent harm may lead them to provide unsolicited advice in certain cases, it is critical that these interventions are handled with sensitivity and respect for human freedom. Clear standards and policies could provide a framework for dermatologists to negotiate this difficult ethical landscape. More debate and research are required to provide clear rules for this complicated ethical issue.

Potential conflicts of interest

The authors declare no conflicts of interest.

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