

Knowledge and Awareness about Medical Ethics among Medical Practitioners in a Teaching Medical College and Hospital, Chennai

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Abstract

Objective: The purpose of this study is to assess the knowledge and awareness towards medical ethics among medical practitioners. The results of this study may be used to guide the tutors of medical students, curricula designers and to bring change in attitude among the doctors towards the patient.

Methods: This descriptive, cross-sectional analytic study was conducted to assess the knowledge and awareness towards medical ethics among medical practitioners. A pretested semi-structured questionnaire was given and collected from the participants. After obtaining the data, it was entered in excel spreadsheet and was analysed using SPSS software and frequencies and percentages were obtained.

Results: Most of the participants have gained their knowledge on medical ethics from seminar and workshops (40%) and clinical training (36%) followed by other sources such as journal, lectures, ethical books etc., 71% of the participated medical practitioners agreed that “During treatment, the patient’s wishes must always be adhered to”. 66% of the participants disagreed that “Privacy of one patient may be ignored for the benefit of the larger group”.

Conclusion: This study highlights the lack of improvement in ethics awareness corresponding to increasing exposure to medical education in the last few years. Thus, with the help of the results obtained from this study, it can be used to devise means to sensitize them to these issues and appropriately training them.

Keywords: Ethics, Medical practitioners, Knowledge and awareness, Medical ethics.

Introduction

The moral principles which should guide the members of the medical profession in their dealings with each-other, their patients and towards the state are dealt in medical ethics. These moral principles include respect for autonomy, non-maleficence, beneficence, and justice. Ethics reflects the conduct, character, and attitude of a doctor. There are several codes of conduct. The basic principles for medical professionals are discussed in hippocratic oath. At the time of registration

of a medical graduate, he/she has to sign a declaration which is the modern version of hippocratic oath and is called as the Declaration of Geneva (1948).

Challenges of an ethical nature are abound in modern-day medicine. Patients, their families, those who provide medical care and institutions, where this care is conducted face difficult choices almost as a routine⁽¹²⁾. Ethics is always an integral part of healthcare. Nowadays, modern technologies have blurred the line between medical ethics and quality care.

Ethical dilemmas are usually seen in areas such as abortion, contraception, treatment of patient with a terminal illness, professional misconduct, maintaining a patient’s confidentiality, the doctor’s professional relationship with patient’s relatives, religion, traditional medicine, and conflict of interests. Ethical violation

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is professional misconduct and state medical council takes action. A physician shall report to appropriate authorities those physicians who practice unethically or incompetently or who engage in fraud or deception. It is very important to train the students about medical ethics, so that they are capable of solving any kind of ethical issues and to prevent themselves from ethical dilemmas during their practice. Every hospital must have an ethics committee to ensure that appropriate ethical values are being applied within hospitals.

There are varied views on strategizing the teaching of bioethics. The teaching of bioethics should also be holistic. Students could be taught about the value of the “heart” over the “mind” of the system of values and beliefs in a community, and of the need to understand the lived experiences of patients; while also incorporating various ethical approaches⁽⁹⁾.

In recent days, medical profession has been commercialized. Ethics teaching has a significant influence on the professionalism and moral qualities of medical professionals. In India, due to the cultural mosaic⁽¹⁰⁾, the teaching of bioethics needs to encompass the various perceptions of morality and ethics unique to people from different cultural, socioeconomic and geographical backgrounds⁽¹¹⁾. The training in this subject should be integrated with the local social and cultural values.

Training in medical ethics has been made mandatory in the undergraduate curriculum by the regulatory body of medical education, Medical Council of India(MCI)⁽⁷⁾. There are medical colleges in India with a standardized ethics curriculum, and with provisions for evaluation⁽⁸⁾. The first step in formulating an ethics curriculum may be to determine the level of the basic knowledge and attitudes among the medical practitioners. Few standard yardsticks have been designed to measure what is known and practiced so as to ensure that educational efforts are better targeted⁽¹³⁾.

Various methodologies have been tried to stimulate better ethical conduct in health professionals such as lectures, seminars, workshops etc., Against this background, this study is aimed to assess the level of awareness and knowledge regarding medical ethics among the study participants. It is a questionnaire based retrospective study.

Methods and Materials

The present cross-sectional retrospective study was conducted in Saveetha Medical College and Hospital, Chennai. Medical Practitioners were included in the study. A total of 100 medical practitioners were studied. Both male and female took part in this study. Most of the approached doctors were from both clinical and non-clinical departments of Saveetha Medical College and Hospital, Chennai. Even the postgraduates were included in this study. In this study, 126 doctors were approached, out of which 110 of them were willing to take part in this study. They were given the liberty to pull out of the study whenever they wanted if they felt unsafe or uncomfortable with the study. Out of 110 questionnaires, the 10 questionnaires which were partially filled or incomplete were excluded from the study. Only the questionnaires in which the consent form was filled properly were included in the study. The study period was from 21st January 2019 to 30th March 2019. Institutional ethics committee(IEC) clearance was applied for and obtained. All the medical practitioners who took part in the study were briefed on the study's purpose, and requested to participate in it. The questionnaires were distributed after describing the purpose of the study. The participants were assured that participation was voluntary, and confidentiality would be maintained. A pretested semi-structured questionnaire was devised, based on the previous research studies and in consultation with faculty members of the department of forensic and state medicine. Some questions were also derived from the code of medical ethics as laid down by the Medical Council of India. The filled questionnaire were obtained from the participants. The first part of the questionnaire contained the information sheet for the participants regarding medical ethics and the present study and also how important it was to create an awareness among the medical practitioners. The second part of the questionnaire covered the demographic details and the consent form which was mandatory to be filled by the participants. The third part of the questionnaire contained questions about their awareness, their knowledge of the existence of the ethics committee and its role ; their attitudes on various issues such as consent and confidentiality, privacy, euthanasia, intimate examination and their knowledge of the code of medical ethics of the Medical Council of India. After obtaining the data, it was entered in excel spreadsheet and was analysed using SPSS software and frequencies and percentages were obtained.

Result

Among 100 participants whose responses were analysed, 37% were male and 73% were female.

The graph (figure 1) given below describes the students’ attitude to medical ethics. 94% were positive about the importance of ethics. Out of them, 13% thought that ethics was “extremely important”. However, four medical practitioners, thought that such knowledge was “not important”.

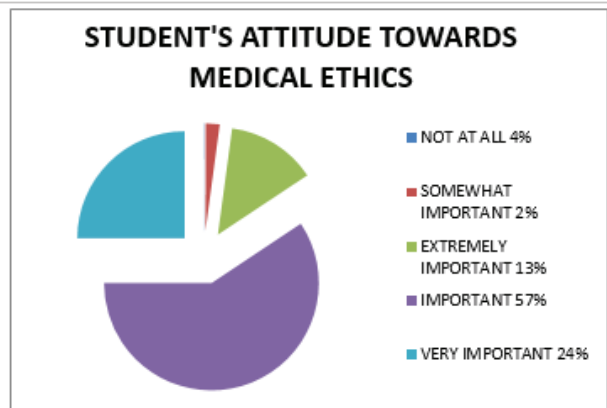


Figure 1 –Student’s attitude towards medical ethics

Seminar and workshop(40%) and clinical training (36%) were considered the predominant sources of knowledge on ethics. 30% from journals, 21% from ethical books, 15% from lectures, 15% from newspaper and 15% from television gained their knowledge about ethics.

The graph (figure 2) given below describes that only 28% agreed and 6% were uncertain as to whether “Ethical conduct is important only to avoid legal action”.

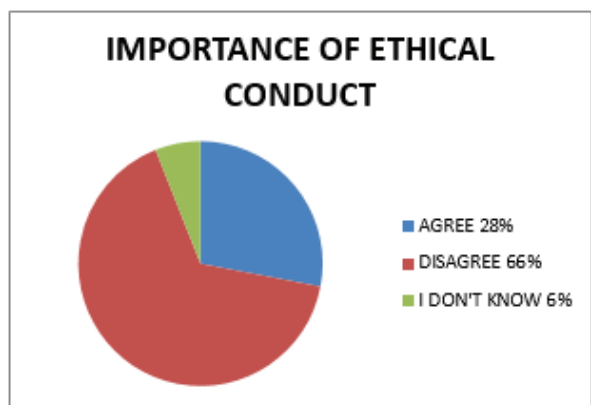


FIGURE 2 –Importance of ethical conduct

The graph (figure 3) given below describes that 71% of the participated medical practitioners agreed that the patient’s wishes must always be adhered to during the course of treatment. On the other hand, 44% of the participants had a opinion that “The doctor should do what is best irrespective of the patient’s opinion”. 89% agreed that children should never be treated without the consent of their parents or guardian except in case of emergency. 90% of the participants agreed that the doctor should get an informed written consent from the patient, if he/she refuses to take the treatment offered by the doctor. 83% of the participated medical practitioners disagreed that a doctor should not attend seriously injured and accidental cases before the arrival of the police or registering the cases and completing other formalities

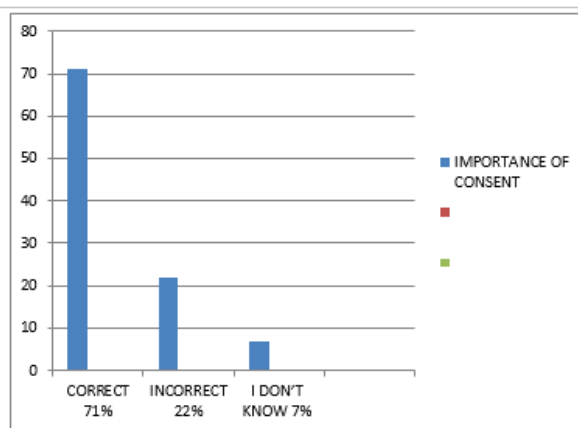


FIGURE 3 –Importance of consent

56% of the participants agreed that the patient has a right to refuse life saving medical treatment (passive voluntary euthanasia) while 37% disagreed with it. 55% agreed that they will refer the patient to another doctor for religious conflict situations. 30% agreed that for the benefit of the larger group, privacy of one patient can be ignored while 66% disagreed and 4% were uncertain.

The chart (figure 4) given below describes that 25% of the participants opined that the information about the patient can be revealed to more than one person”, while the other 65% of the participants disagreed and the other 10% were uncertain.

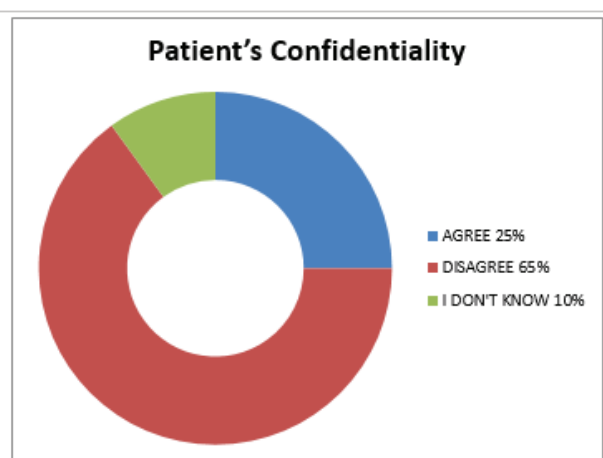


FIGURE4 –Patient’s confidentiality

The table 1 given below describes the medical practitioner’s knowledge of the code of conduct of the Medical Council of India, to be followed once they graduate. The chart shows that 58% disagreed that it was appropriate for doctors to print their photograph on their signboard, while 32% agreed and 10% were uncertain about it. 72% disagreed that doctors can run an open shop for dispensing drugs and appliances prescribed by other doctors. 84% of the participants thought that it was necessary for a doctor to maintain medical records of his/her patients for 3 years from the date of commencement of treatment.

Table – 1: Knowledge of the code of conduct of the MCI

Question	Agree	Disagree	Uncertain
A physician may print his or her photograph in the sign board, along with qualification and specialty	32%	58%	10%
A physician may run an open shop for dispensing drugs and appliances prescribed by other doctors	20%	72%	8%
A medical practitioner can make a formal announcement in press regarding starting of practice, changing address, change of type of practice, temporary absence from duties and resumption of practice	40%	44%	16%
A physician should maintain medical records of his or her patients for 3 years from date of commencement of treatment	84%	14%	2%

Discussion

Ethical conflicts are common during the initial years of a medical professional’s career. Thus, teaching and training about medical ethics is very important among the medical professionals. The findings of the present study shows the knowledge and awareness about medical ethics among the medical practitioners in Saveetha Medical College, Chennai. The participants of this study included both doctors working in clinical and non-clinical departments of the college.

Most of the participants had knowledge and awareness about medical ethics. The responses are reflective of categories such as different subspecialties, i.e. medical, surgical, postgraduates and gender. The respondents had obtained their knowledge of ethics from various sources. It appeared that their clinical training and seminars & workshops was the key source of knowledge.

The questionnaire contained questions about their awareness of ethics and its importance, and the source of this awareness; their attitudes on various issues such as consent and confidentiality, privacy, euthanasia, intimate examination and their knowledge of the code of medical ethics of the Medical Council of India.

The knowledge of ethics and law was obtained from same source by most of the respondents. It is also interesting to note that the source of knowledge of medical ethics amongst the physicians during training and seminars & workshops appeared to be important than the experience at work and one's own reading. While in the previous study⁽³⁾, the source of knowledge from clinical training was less important than the experience at work, lectures and seminars and one's own reading. Around 70% of the respondents knew about the code of conduct of the Medical Council of India.

The fact that many physicians did not feel that the patient's wishes should be adhered to at all times, shows the lack of knowledge of the basic principles of medical ethics. On the other hand, many of the participants felt that "A doctor should do what is best irrespective of the patient's opinion". The lack of knowledge of basic principles of medical ethics in the present study is similar to another study regarding the healthcare ethics and law among doctors and nurses in Barbados⁽³⁾. Around 1/3rd of the participants felt that the patient does not have a right to refuse life-saving medical treatment (Passive voluntary euthanasia) in India, which is contraindicated with the law.

Most of the physicians who took part in the present study, took informed consent and maintained confidentiality during clinical teaching. In another study, a lack of taking informed consent from the patient was seen⁽⁴⁾. On the other hand, several reports suggest that surgical residents often do not proceed with an optimal consent process because of time constraints (5, 6). These studies highlight the need to better educate surgical residents in the operative procedures in a way that enables them to obtain meaningful consent. Breach of confidence by a doctor is a highly unethical practice, especially on issues of confidentiality vs. law, communicable disease confidentiality vs. spouse knowledge of the disease. The majority of the ethics committees focus on the ethical protection of human beings in research settings. The existence of clinical ethics committees in hospitals is very important for moral deliberation on clinical cases.

We could assess the basic knowledge and attitudes of medical practitioners regarding medical ethics in order to obtain basic information for better training and improvising the knowledge about ethics in the medical curriculum. This study has the limitation that it does not cover a wider range of medical practitioners.

Conclusion

Overall, this study reflects the current situation of knowledge, attitudes and practice of ethics by clinicians in Saveetha Medical College, Chennai, where ethics is taught as a part of a subject at the undergraduate level. Many steps have been taken to bring more awareness among the physicians by introducing Hospital Ethics Committees in many institutes, ethics awareness programmes etc., This study highlights the lack of improvement in ethics awareness corresponding to increasing exposure to medical education in the last few years. It is important to gather basic information on ethics awareness to know if the medical practitioners have better knowledge. To strengthen ethical reasoning and judgment in decision making, clinically oriented measures like case studies, seminars, interactive workshops, is needed. Thus, these can help us to bring more awareness about medical ethics among the physicians.

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