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Research Article

**AWARENESS OF MEDICAL ETHICS AMONG HEALTH CARE PROVIDERS****<sup>1</sup>Dr Muhammad Saqib Rabbani, <sup>2</sup>Dr Unaiza Jawad, <sup>3</sup>Dr Fariha Asghar.**

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**Article Received:** May 2019**Accepted:** June 2019**Published:** July 2019**Abstract:**

*Medical ethics investigate ethical issues arising in medicine and healthcare provision by applying the principles of moral philosophy. Medical ethics are often defined as the disciplined study of morality in medicine. This morality in medicine concerns not only research activities but also the day-to-day medical practice of the doctors. Results of current study shows that doctors are aware of medical ethics but they are unable to apply it in daily practice due to cultural issues and due to paternalistic attitude of doctors and society.*

**Key Words:** *Medical ethics, paternalistic attitude, cultural issues, morality in medicine.*

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**BACKGROUND:**

The knowledge of medical ethics is important for health care practitioners throughout the world, with the development of health care and medical research, doctors need to be knowledgeable with the basic ethical principles formulated to protect the well-being and confidentiality of the patients. The main objective of this study was to evaluate the awareness of medical ethics in teaching hospital in Lahore.

**LITERATURE REVIEW:**

Ethics has been defined as “the moral principles that govern a person’s behaviour or how an activity is conducted” and medical ethics as “the branch of knowledge concerned with moral principles”. The application of ethics to medical practice dates to ancient civilisation as even today, all medical graduates must swear symbolic adherence to the Hippocratic oath. Codes of conduct and laws regulating the profession are laid down from time to time. {08} By applying moral philosophy rules, medical ethics can investigate ethical issues that are present in medicine and healthcare provision. In medicine the organized study of morality can be defined as Medical ethics. Research activities as well as doctor’s daily basis practice of medicine in relation to their patients is directly influenced by these moral principles. If we talk about the history of medical ethics, then the earliest most famous code was the Oath of Hippocrates which was composed in the form of an Oath. {04} There has been growing public awareness regarding the ethical conduct of medical practitioners, and complaints against physicians appear to be escalating. This may reflect an increase in unethical practices by doctors or increasing public awareness of such unethical practices. In medicine, professionalism connotes not only knowledge and skills, but also character, especially compassion and ethics. It is a commitment to subordinate our self-interest to the interest of patients and it is the foundation of trust upon which our social contract as physicians rests. {08}

As with evolution in other fields the health care system also changed. The perception of people about health care has been changed under influence of many different factors. Along with other things the perception regarding rights of patients is also affected. Now in daily practice of medicine there is not only stress on rights of patient but they also become the centre of attention. Now a day there is an increased concern growing regarding patient’s values and their preferences. Now with the improvement in technology patients also want everything best for them. Regarding decisions in treatment and procedures patient of today want an active participation. Now a day’s patients also

want alternatives regarding procedures as well as treatments so that they can freely choose their treatment of choice. Before starting any procedure or intervention either surgical or medical complete information including risks as well as benefits should be given and should be explained to patients. For securing rights of patients, provision of complete information regarding intervention is an important step. {02} The foundation of modern day bioethics stands on four principles enunciated by Beauchamp and Childress: Autonomy, Beneficence, Non-maleficence and Justice. They have withstood challenge for nearly three decades and still form the basis for most decision making in both clinical practice and biomedical research. {09}

If we talk about the evolution of medical ethics, the original concept of “to do no harm” and “always do best” for the patients has been conserved in modern ethics. These ethics just evolved in terms of their application, ranging from old day paternalistic attitude towards the practice of “Confidentiality”, “Privacy” and the “Informed consent”. Foundation of medical ethics include the practice of confidentiality and informed consent. {4,2} If we go through history the concept of patient’s consent dates to as early as 18<sup>th</sup> century in the history of US. In these old days, before giving permission for any treatment this concept of taking consent was considered as the simple right of patient. Then this simple right of taking consent developed into a term which is known as “Informed consent” now a day. The concept of informed consent gives right of complete information to patient and it also reflects the norm of patient’s autonomy. Physician should explain in enough detail the reason behind the expert diagnostic, therapeutic and prognostic opinion, while practicing the informed consent. The use of paternalistic attitude of physician is against the essence of informed consent. Throughout the patient’s history right from diagnosis till the completion of any procedure or till the end of any disease its responsibility of physician to protect patient’s privacy and confidentiality. Now a day in modern day ethics there is a formal introduction of these principles of informed consent and confidentiality, an example of which is federal Health Insurance Portability and Accountability Act (HIPAA) in USA. Confidentiality can be defined as the duty of doctor to protect all the information regarding his patient as well as to not disclose any of this information without patient’s permission. Concept of confidentiality is not only limited to the basic rights of patients but it also promotes the trustful, frank and open relationship with physician, which is very important in a doctor patient relationship. There are also reports that during doctor

patient relationship patients often underestimate or overestimate their ethical rights. If we compare western countries with that of Pakistan regarding application of these ethical principles, then the situation is very worse. Federal and state laws in western countries includes the concept of confidentiality and informed concept whereas no such addition has been made in state law of Pakistan. In Pakistan, efforts are put recently to include research guidelines and ethical guidelines for medical practice and research.

Also, the regulatory body of medical practitioners, the Pakistan Medical and Dental Council (PMDC) also compiled a code of ethics for all doctors. But no concrete steps have been taken to ensure the application of these ethics. {04} Informed Consent has become extremely important in the present day settings. As the doctor-patient relationship is primarily contractual by nature, it requires agreement between the parties as to the proposed medical intervention. Hence, patient's consent is fundamental to lawful medical interventions. This includes the physician's ability to properly explain to the patient regarding his condition and answer all possible queries of the patient; combined with the patient's understanding of the same and ability to form a valid decision (consent/refusal) based on the facts put forward to him. In a number of cases, improper/partial or faulty explanation by doctor results in distrust by patient and his relatives, culminating in allegations of substandard medical care; even though there is no fault in the doctor's medical judgment or treatment skill. In various kinds of medical and surgical procedures, the likelihood of an accident or misfortune leading to death can't be ruled out. A patient willingly takes such a risk. This is part of the doctor-patient relationship and the mutual trust between them. This forms the basis for informed consent/ informed refusal. {09} In clinical practice the norm of getting consent in informed way i.e. informed consent should be practiced by every doctor. This practice of getting informed consent not only promotes the medical ethics but also the patient who will go through any procedure after giving informed consent will have confidence and more trust on treating physician, this will ultimately leads towards the healthy doctor patient relationship. {02}

Assuring confidentiality is critical to providing quality healthcare to adolescents. The major causes of morbidity and mortality for adolescents are related to risk behaviors and mental health problems such as unsafe sex, intoxication, interpersonal violence, and depression. Adolescents are more likely to obtain care,

disclose sensitive information, and return for future care if clinicians address confidentiality. Clinicians caring for adolescent patients may misunderstand or be uninformed about laws relevant to adolescent consent and confidentiality and be disinclined to provide legally sanctioned and relevant care to youth. Providing care for adolescents without truly understanding their health risks is providing incomplete care. Adolescents, particularly those engaged in high-risk behaviors, may forego needed care due to concerns about privacy, and, alternatively, parents may be falsely reassured that their children are not engaged in risky behavior by a clinician's silence. Adolescents report that confidentiality is an important factor in their decision to seek care. Although most teens are able to identify a usual source of care, the majority of them are unsure where to access confidential services, and only 5% identify their primary care physician as a source of confidential care. They often have health concerns they do not want parents to know about, and forego needed care because of concerns their parents will find out. Not surprisingly, young people who forego care because of confidentiality concerns are more likely to report engaging in risk behaviors or have mental health problems and are the teens who would benefit most from confidential visits with their provider. {07}

If we talk about the practice of medical ethics in Pakistan the most of these ethics just put their attention on research ethics and is currently limited to some individual institutions or some non-governmental organizations. At government level, no sincere efforts are in place. If we try to explore the root cause of this problem then the biggest challenge that we have to face in Pakistan regarding medical ethics, lies in the cultural values of people. In Pakistan, the awareness among patients regarding the rights of informed consent and confidentiality is very low. Patients left their important and crucial decisions either on their family members or they become totally dependent on physicians during this time. Overall during this crucial time of making important decisions patients depend more on decision of others. Along with patients the physicians attitude is also equally important in this negligence. Research done previously shows that significant number of physicians do not find it necessary to obtain a proper informed consent from their patients. But this attitude varies between private and public hospitals. {04}

#### **SUBJECTS AND METHODOLOGY:**

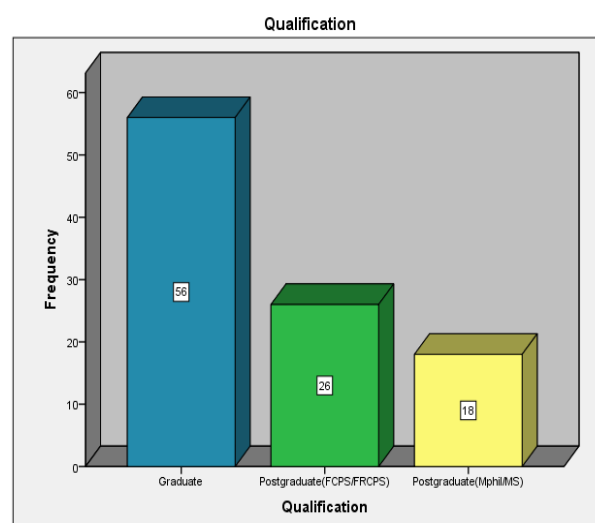
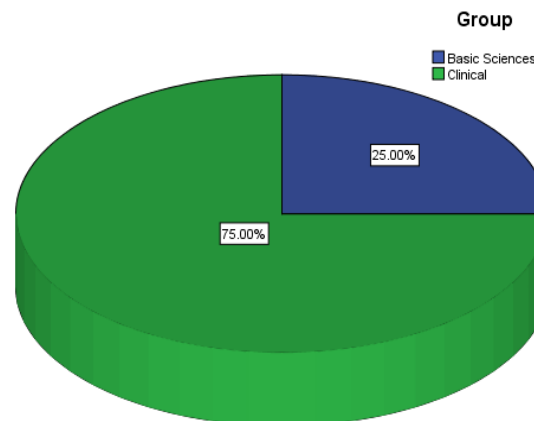
In this cross-sectional survey, the data was collected during Feb 2017 from the Physicians and Surgeons working in Rashid Latif Medical College, Lahore. A

questionnaire was designed in which 5 domains regarding ethics were asked with options Agree, disagree and not known. 2 code was given to Agree, 1 to Disagree and 0 to don't know. Question No. 1, 4, 8, 17 and 22 were asked in the reverse order to make the question reliable.

The data was entered and analyzed in SPSS 21. Scores of each domain were added and statistical significance was assessed using independent sample t test. The score above 11 in confidentiality, score above 18 in ethical conduct and score 4 in consent, euthanasia and believes were considered as agree and other were considered as disagree. Chi square test was used to determine the association between agreement and qualification and designation.

### RESULTS:

In this study 100 subjects were Selected among them 53 were female and 47 were male. The mean age of the females was  $31.61 \pm 8.97$  years and mean age of male was  $33.78 \pm 11.82$  years. 56 were undergraduate and 46 were post graduate. 25% were from basic sciences and 75% were from clinical departments. 31 were consultants and 69 were non consultants. 11 were Professors, 20 were Assistant Professors. 5 were working as senior registrar, 6 were working as postgraduate residents, 15 were Demonstrators and 4 were Senior Demonstrators, 25 were house officers, 13 were medical officers and 1 was working as senior medical officers.



## Response of the subjects according about ethical aspect

		Agree	Disagree	Don't Know
Confidentiality	Confidentiality is not an important aspect of treatment.*	55	44	1
	Close relatives should always be told about patient condition.	51	45	4
	Confidentiality should be broken if a client discloses information that places the patient at risk of injury/harm/ illness	66	23	11
	Confidentiality does not affect the patient in any way and therefore it doesn't really matter if the doctor discusses information with others*	32	58	10
	Should the doctor disclose child sexual abuse without consent?	42	52	6
	Should the doctor disclose mental illness without consent?	37	52	11
	Should the doctor disclose STD without consent?	44	50	6
Consent	Consent is only required for operations – not for tests and medications*	36	59	5
	Children should never be treated without the consent of their parents	59	29	12
Ethical Conduct	Doctors should do best for the patient irrespective of patient opinion	61	31	8
	Doctors and nurses should refuse to treat a violent patient	41	50	9
	If there is disagreement between patients/families and health care professionals about treatment decisions, doctor's decision should be final	47	49	4
	Ethical conduct is only important to avoid legal action	46	44	10
	Doctors are influenced by drug company inducements, including gifts	52	40	8
	It is ethical to refuse a patient given a situation, a male doctor needs to examine a female patient and female attendant is not available	47	40	13
	Ethics as part of a syllabus should be taught in every medical/nursing teaching institution	67	26	7
	Doctors are receiving income from referring patients for medical tests*	50	38	12
	Are you in favour of ethical practice?	64	27	9
	Do you know the role of ethical committee in your institution?	43	34	23
	Are you in favour of a modification of medical ethics?	56	27	17
	If law allows abortion doctors can't refuse to do abortion	50	40	10
Euthanasia	Do you favour Euthanasia*	39	49	12
	If a patient wishes to die, he or she should be assisted in doing so	38	52	10
Believes	If patient refuse treatment due to beliefs they should be instructed to find another doctor	50	40	10
	Patients should be always be informed of wrong doing by anyone involved in his/her treatment	59	22	19

\*Reverse Order Questions

Among the Graduate respondents 7(12.5%) were agree to keep confidentiality whereas among Postgraduate 13(29.5%) were agree to keep confidentiality. The difference in opinion was statistically significantly different (p-value 0.045). Regarding consent 18(32.1%) Graduate and 20(45.5%) Postgraduate showed agreement (p-value 0.215). Regarding ethical conduct 14(25%) Graduate and 12 (27.3%) Postgraduate showed agreement (p-value 0.822). Regarding Euthanasia 12(21.4%) Graduate and 7(15.9%) Postgraduate showed agreement (p-value 0.061). Similarly regarding believes of patients among Graduate 14(25.0%) and among Postgraduate 12(27.3%) showed agreement (p-value 0.822).

**DISCUSSION:**

The purpose of current study was to assess that how much our health care providers are aware of bioethics. Particularly those bioethics that promote the reflection of Autonomy of a patient. These include informed consent and confidentiality and Euthanasia. As per results of our study, our health care providers are aware of the term medical ethics and they want to do their clinical practice as per laws of bioethics. In past, the concept of ethical practice was not as clear as today. As per one study by {04} stated that When we explore about the causes of insufficient ethical practices in Pakistan, then the chief cause is the negligence on part of PMDC. PMDC does not include bioethics as a major component of both undergraduate as well as postgraduate curriculum. So, because of this very few medical colleges in Pakistan formally teach bioethics. And if we talk about the postgraduate training programs then such teaching of bioethics is totally omitted. So, because of this situation students do not have any formal training in bioethics. Students largely learn these ethics from their seniors i.e. from consultants and their supervisors by observing them practically. The major drawback in this type of learning is that the majority of senior consultants and supervisors have training of that time when paternalistic attitude towards patient was at large and the awareness of today's bioethics was less. So, this type of learning from generation to generation with paternalistic model as role model leads to a vicious cycle where every subsequent generation of doctors believes in paternalism. Under influence of such generation of doctors who believe and practice in ethical practices such as informed consent they left their ethical practice with this mindset that majority of their patients are uneducated and cannot decide the best treatment for themselves. No doubt in it that often in our culture of Pakistan most of the patients believe in paternalistic approach and they want doctors to decide what's best for them. Another important factor is that there is no accountability of doctors who does not respect patient's ethics and practice unethically. {04} But now the situation has been changed, now the new practicing physicians are even more aware of bioethics. So, they are now more keen to practice bioethics. The results are also like the results of a study by {02}, in which they claimed that now the practicing practitioners are aware of bioethics such as informed consent and confidentiality.

Confidentiality is also an important component of bioethics. Provision of confidentiality is very important in a doctor patient relationship. In fact, the provision of confidentiality ensures the best quality treatment, as patient feels secure and protective. As per

results of our study, our physicians are aware of importance of confidentiality. But in cases like confidentiality should be breached in front of other family members, majority replied "yes". The most appropriate reason we could give regarding this matter lies in the traditional social system of our society. Like in one study by {04} it is stated that the reason behind these unethical practice lies largely in the cultural roots of people. As majority of patients in Pakistan they believe in paternalistic attitude from doctor. This mindset is also present in other Asian countries where patients left their decisions regarding confidentiality on doctors or other family members. Studies from Japan and Kashmir they also reflect similar practices where patients want a paternalistic attitude from doctors and doctors are also satisfied with decision-maker role. For example, in a study by Yousaf RM et al, 65% physicians in Kashmir and 35% physicians in Malaysia said they would listen to the family's request to withhold information from the patient. So, we can conclude that this difference is just culture based and as in our culture people demands that all decisions regarding health of patient should be taken by doctor, that's why in our study physicians considers confidentiality an important aspect but whenever there is a scenario in which confidentiality should not be breached, they indicated that it should be breached.

Informed consent is another perspective of medical ethics. It directly reflects the norm of Autonomy. As per results of our study physicians are well aware of importance of informed consent but again similar to confidentiality, whenever they face a real case scenario like "Doctors should do best for the patient irrespective of patient opinion" majority of physician said they agree with this statement. The root cause of this again present in the paternalistic attitude of doctor which society assumes. Similar results are reported by {02}. {02} identifies some reasons why doctors commonly omit informed consent in their daily practice. {02} described the importance of informed consent. According to {02}, patient's rights are perfectly guarded by taking informed consent in advance for both research as well as clinical procedures. The less the communication gap between doctor and patient the more it will be easy to involve patient in making decision. Although in Pakistani culture its difficult to take informed consent from patient as they want to involve other family members to take consent or they want doctor to decide what's best for them. This also create hurdles for those physicians who want to practice these ethics. Doctors give explanations that why they are not practicing these ethics, the first most is that the majority of doctors assume that their majority of patients are

illiterate so it's totally useless to talk about laboratory findings or to tell them drug side effects or to tell them about all the pros and cons of any intervention. Secondly doctors assume that patients and their families are only interested to see patient get well soon and they are not interested how and why. Doctors also give other explanation for omitting informed consent and confidentiality such as residents say they have less house officers and senior doctors and consultants don't give much time. While on the other side patients have their view that doctors are overburdened and are less interested in patients so that's why they commonly omit informed consent and confidentiality.

Regarding the euthanasia, our physicians are totally against it and they assume it an unethical practice. The results of our study they contradict with other studies {06}. {06} gives the explanation regarding euthanasia practice. As per {06} Just as attitudes towards death vary, opinions on euthanasia also differ widely with country and cultural background Physicians who identified themselves to be Muslim or Christian were more likely to have a negative attitude towards euthanasia in this study. Physicians' personal beliefs have been found to influence decision making at the end of life, with Catholic or Jewish physicians being less willing to withdraw life support. Similarly, in studies from Malaysia and Pakistan views on euthanasia are likely to have been governed by the religious beliefs of the respondents. In this study, only religious affiliation was considered, though degree of religiosity has also been found to influence attitude towards euthanasia. So we can conclude that as in our religion taking life of someone is not allowed so, euthanasia practices are considered illegal by physicians in this study.

### CONCLUSION:

From results of this study we can conclude that doctors are aware of medical ethics but they are unable to apply them in daily routine practice due to following reasons:

- Following paternalistic attitude of seniors
- Non-existent in constitution as well as in PMDC rules and regulations
- More dependency on doctor or other people during crucial decision-making times.
- People have less awareness of their rights
- physicians do not think it is necessary to obtain a proper consent after providing the patients with thorough information.
- No accountability of doctors who do not practice ethically
- Patient want to better in any way they do not consider ethics as important they just want a cure.

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