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Perception of Physicians and Medical Students on common Ethical Dilemmas in a Pakistani Medical Institute

- Dr Bushra Khizar

Assistant Professor Medicine, Shifa College of Medicine

H-8/4, Islamabad, Pakistan

Email: Dr_bushrabu@hotmail.com

- Dr Mobeen Iqbal

Professor of Medicine, Shifa College of Medicine

Islamabad, Pakistan

Abstract

Knowledge about medical ethics is limited in Pakistan. The teaching of ethics in both under and postgraduate education is generally not formal. The aim of the survey was to assess the knowledge, attitudes and practices among the medical professionals in relation to medical ethics in an attempt to identify the medical ethics learning needs of Pakistani doctors. A self-administered structured questionnaire about knowledge, attitudes and practices regarding some common bioethical issues was devised and distributed among medical students and doctors attending a one day medical ethics workshop held at Shifa College of Medicine. The issues included clinical rationing of care, abortion, medical futility, and conflict of interest

A total of 110 medical personnel completed the survey. There were 34 physicians with postgraduate diploma, 48 physicians who were either trainees or did not have any postgraduate qualifications, and 28 medical students. There were 56 males and 57 females. The mean age of respondents was 32±12 years. Most doctors disagreed to deprive elderly with expensive technologies. 91% agreed for legal abortion where congenital defects or mother's life is in jeopardy. There was a strong perception for not allowing parents to discontinue medical treatment in infants with severe physical or mental impairment. Similar pattern of disagreement was observed in elderly with terminal disease, vegetative state or at risk of severe physical or mental impairment. 95% agreed to disclose errors during surgical procedures to the patient.

There seems to be strong element of beneficence in the perceptions of the physicians while making decisions in ethical dilemmas. Physicians also had trouble accepting discontinuation of medical treatment in infants with severe physical or mental impairment or elderly at risk due to terminal disease or vegetative state.

Introduction

Physicians come across ethical issues almost daily during their routine practices. The ability to identify, understand and resolve these ethical issues is a core competency, which should be part of all under and post graduate medical curricula and training.

Traditional medical training offers little help in resolving the ethical dilemmas encountered by healthcare professionals due to lack of exposure and training in this important area of medical practice. However, on

qualifying, they are expected to have not only knowledge of medical ethics but also be equipped with necessary skills to adequately deal with them.

There have been many reports stressing the importance of incorporating ethical and legal issues into medical curricula. Ethics teaching needs to be strategized in a direction that it is implemented in accordance to the needs of the particular society in which it would be relevant (1-3).

Teaching medical ethics as a scientific discipline is not advisable, because it may miss the individualistic perception of morality and ethics innate to every professional, which is a blend of one's own unique cultural, socioeconomic and geographical background. In order to formulate ethical curriculum pertinent to every region, the first step may be to determine current basic knowledge and attitudes of the healthcare practitioners in the region.

In Pakistan literature review shows that knowledge of medical ethics and application is extremely poor. Even though Pakistan Medical and Dental council code of ethics specifies that medical ethics be taught in medical colleges in Pakistan, unfortunately bioethics has still not found its way into formal medical curricula.

With this background the present study is an attempt to elucidate the knowledge, attitude and practice of the physicians and medical students in relation to health care ethics laws in Pakistan.

Methods

A six item self-administered structured questionnaire was distributed to elicit the Physician and medical students' knowledge, beliefs and attitudes towards commonly encountered clinical ethical scenarios, who attended a one day Medical Ethics workshop held at Shifa College of Medicine.

The initial part of the questionnaire consisted of demographics such as age, gender, level of education, duration of work experience. The second part of the questionnaire comprised questions regarding six commonly identified ethical situations; resource allocation, abortion, deciding the care of severely malformed or dying infants, end of life issues like withdrawal or withholding treatment, disclosure of errors done during procedures to patients and attitude of doctors to pharmaceutical company sponsored gifts. The respondents were asked to answer in 'YES' or 'NO' regarding all options given against the different ethical scenarios.

The survey was distributed at one point in time to all attendees of a lecture on clinical ethics. The data were entered in Microsoft Excel. The results are reported in frequencies and percentages.

Results

A total of 110 medical personnel completed the survey. There were 34 physicians with postgraduate diploma, 28 medical students, and 48 physicians who were either trainees or without any postgraduate qualifications. There were 56 males and 57 females. The mean age of respondents was 32 ± 12 years.

The responses of medical students and physicians regarding the identified, everyday ethical issues were variable (Table 1).

Table 1: Responses to the survey questions (% , (N)) Questions in the survey	Yes	No
1- Allocation of Resources in Elderly patient, in regards to restriction of access to expensive treatment like "Transplant	25.4% (27)	74.5% (79)
2a Abortion when strong chance of serious defect	66% (70)	34% (36)
2b mothers health is seriously threatened	91% (96)	9% (9)

2c abortion in case of a rape victim	62% (65)	38% (40)
3a infant had normal brain but severe physical deformities	26 % (28)	74% (78)
3b infant with normal brain and physical deformities which are likely to cause death in next twenty years	9% (10)	91% (96)
3c newborn with a normal life expectancy but severe disfigurement	10% (11)	90% (95)
3d infant with severe brain damage but able body only able to learn simple tasks	12% (13)	88% (93)
3e able body but such a severe brain damage that he was never to wake up	43% (46)	57% (60)
4a who might wake up from coma but had terminal illness likely to cause death in next few months	21% (22)	79% (83)
4b who might wake up from coma but left paraplegic for life again	21% (22)	79% (83)
4c may wake from coma but will learn only simple tasks like feeding	23% (24)	77% (81)
4d case who will be persistent vegetative	28% (30)	72% (76)
4e person in deep coma unlikely to get awake	55% (58)	45% (47)
5 disclosure of errors done during procedures to patients	95% (101)	5% (5)

Discussion

The findings of the present study clearly show the difference in the knowledge and attitudes between physicians regarding the medical ethics and law. The respondents were representative of different levels of physicians, consisting of junior physicians inclusive of post-graduates, consultant physicians, and medical students. Responses from both medical practitioners and students to questions pertaining to practical ethics suggest that the majority of them were aware of the common ethical issues.

On the question regarding restriction of allocation of expensive treatment to elderly patient majority responded in "NO", underlying concept governing this was probably Beneficence to patient and influence

of local religious values with a tend towards preserving sanctity of human life. Every decision is to be taken, keeping in view patients values and preferences, and according to rule of justice treatment cannot be restricted to any individual. The fact that many senior level staff did not feel that the patient's wishes should be asked and adhered to at all times, also reflects that decision making is influenced by cultural and socioeconomic conditions prevailing in the area. In developing country like ours physicians tend to adopt somewhat paternalistic attitude, as most of the population is uneducated and poor. The patients give doctors the status equivalent to their parents or elders and say that you are the best person to decide whatever is in our best of interest, the physicians have started exploiting this fact and take final decision without discussing with patient.

In case of the possibility of obtaining legal abortion for a pregnant female, responses were again variable, 91% allowed doing abortion if the women's own health was seriously endangered. In case of serious defect in baby and pregnant rape victim, there were mixed responses again showing the impact of local cultural and religious traditions, the respondents believe that every baby is also representative of human life, do not allow legal abortion unless there are reasons justifying it.

In case of question pertaining to decision to forego life sustaining treatment by the parents in consultation with pediatrician in case of different types of severely deformed babies, most of the respondents were in favor of continuing treatment irrespective of the given clinical scenario. The controversies involving treatment at the beginning of life have been long debated. Recent controversies surrounding the proper care of imperiled newborns have emerged from the advances of medical technologies (6). Yet the ability to save lives places parents and physicians in a morally precarious position, they must determine when the costs of expensive interventions outweigh the benefits. Physicians must anticipate the vulnerability of parents, collaborate with them, and gently guide them through their decision. In our country it also shows the strong influence of religion which states that life and death is in hand of creator so in counseling the parents we have to realize the importance of religious values and let parents make ultimate decision seeking religious guidance in particular case.

On the question related to the decision to forego life sustaining treatments in an elderly comatose patient by the relatives, majority opted to answer in "No". In such situations patients own wishes are also to be taken in account before deciding for the patient. It again shows the influence of local traditions in our country where it's the family or khandan, tribe or biradari which is also closely involved in decision making, the individuals 'Autonomy' is never the only principle governing decision making.

This also happens because of high poverty prevalence in country, health is not funded at most levels by state so the family is paying and they have to keep their meager resources in view.

In response to disclosure of errors done during procedures, almost all were in favor of it. Failing to disclose errors to patients undermines public trust in medicine because it potentially involves deception and suggests preservation of narrow professional interests over the well being of patients. Disclosure of error, by contrast, is consistent with recent ethical advances in medicine toward more openness with patients and the involvement of patients in their care (7).

In a developing country like ours doctors usually think that disclosing such errors to uneducated, poor patients is not required as they will be unable to understand completely, and will stop trusting and coming to them in future.

In response to accepting gifts or trip from pharmaceutical companies half of them were in favor of it while others were against it. Campbell et al. (8), present disturbing evidence that many physicians accept inappropriate gifts from industry. Physicians should not accept such gifts, because the reciprocity they engender is known to affect prescribing decisions, which may harm patients and increase the cost of care.

This survey shows that both the knowledge and attitudes regarding medical ethics are variable and may be strongly influenced by local religious, cultural and socioeconomic factors.

Physicians deal routinely with ethical issues

Over the past few years bioethics has become an integral part of medical education worldwide. In Pakistan at present bioethics is not a part of curricula, both at undergraduate and postgraduate levels except in few institutes. Pakistan as a Muslim country with specific socioeconomic and cultural

environment has its own requirements of medical ethics encompassing the daily problems faced by medical professionals that must be addressed (9).

The current situation requires a multi-pronged approach addressing ethical teaching at all three levels of medical education under-graduate, post-graduate and as part of Continuous Medical Education.

It is well documented that students start facing ethical challenges right from the first year of medical education. It is therefore imperative that bioethics education should be introduced from the very start. In order to be effective, ethics education has to be seamlessly integrated into the existing medical curriculum with clinical relevance so that it does not assume the role of just another series of lectures that have to be endured. Ideally this integration should not only be horizontal but also vertical throughout the five years of medical schooling. Ethics training that not only sensitizes the students with common ethical issues but also help's to develop practical judgment may be especially worthwhile for physicians (10).

Conclusions

Overall, this survey reflects the current situation of knowledge, attitudes and practice of ethics by clinicians in Pakistan where ethics is not taught as a formal subject at the undergraduate or postgraduate level (10).

This survey was done as an initial step to assess the level of understanding of physicians about ethical issues being faced by them. It was followed by series of workshops held at the institute for capacity building of faculty in addressing and solving these issues.

Also this needs assessment led to planning and implementation of undergraduate ethics curriculum at Shifa College in form of foundation module at start of new academic year followed by addressing relevant issues in system based modules successfully in last two years.

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