

Knowledge and awareness of medical ethics among medical graduates from two medical colleges in Lahore, Pakistan

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Objective: To compare the knowledge and awareness of a group of doctors who had studied medical ethics as students with those who had not.

Methodology: This case control study was conducted in Lahore in 2012-13. It compared knowledge of two groups of house officers who were and were not taught Behavioral Sciences and ethics as undergraduates.

Results: Out of 192 doctors surveyed, graduates from one medical college, who had been taught and examined in the subject of Behavioral

Sciences were significantly better aware of the knowledge about medical ethics, as compared to graduates of another medical college, who had not been taught or examined in the subject of Behavioral Sciences.

Conclusion: Including medical ethics in graduate studies curriculum can improve medical graduates knowledge in this area. (Rawal Med J 2014;39:341-343).

Key words: Medical ethics, physician, patient, behavioural sciences.

INTRODUCTION

With growing public consciousness about ethical conduct of healthcare practitioners, criticisms against physicians seem to be escalating.¹ Healthcare practitioners are under ethical obligation to deliver comprehensive care for patients, their families and communities. Dissatisfaction towards healthcare professionals is reflected in expressions about poor ethical conduct.² This may reflect an increase in unethical practices by healthcare providers or increasing public awareness of such unethical practices.³ The recent rise in lawsuit against healthcare professionals is definitely a subject of concern.⁴ Role of media in negative publicity about health profession has done further harm to the reput and has created a crevice in people's faith on healthcare professionals.⁵ Medical ethics is concerned with moral values and judgments as it applies to medicine.⁶ Hippocratic Oath is sworn by new medical doctors in many countries of the world.⁷ Its significance has grown over the last few decades because of development in various fields of medical science like biotechnology, genetics, organ transplantation, reproductive technology, and stem cell research.⁸ Today, medical ethics is made core component of curriculum of medical studies in the USA, Canada, and many European countries.⁹ In 2005, University

of Health Sciences introduced a new subject, Behavioural Sciences, and made it mandatory part of undergraduate curriculum of medical studies. Medical ethics, as an essential part of syllabus of this subject, has placed focused on formal training of doctors in the field of ethics.¹⁰ There are other Universities, like King Edward Medical University (KEMU), which do not teach Behavioural Sciences.¹¹ It is, therefore, assumed that most of ethics learned by these students who have not been given formal training in medical ethics, is through the so-called hidden curriculum.¹² This is a form of conventional learning in which teachers play role of a model to the students who learn their attitude, skills and ethical practices from them.⁶ The objective of this study was to compare the knowledge of medical ethics between those graduates who have been formally taught the subject of Behavioural Sciences during their undergraduate studies and those who were not taught this subject.

METHODOLOGY

In this comparative study, data were collected from house officers in two tertiary care hospitals in Lahore i.e. Mayo Hospital, affiliated with the King Edward Medical University (KEMU) and Services Hospital affiliated with Services Institute of

Medical Sciences (SIMS) and the University of Health Sciences Lahore, between July to September 2013. The study included 96 medical graduates, who were randomly selected. All were in their first year of residency training.

Local teachers in behavioural sciences developed a questionnaire for the purpose of this study. The material for the questionnaire was taken from Chopra et al,¹³ Hariharan et al,¹⁴ PMDC 'Code of Ethics' (2012) and local textbook on the subject. The answers had only two options, i.e., true or false.

The data were analyzed using SPSS version 20.0. As the data were mainly categorical, comparison between two groups was made by application of Chi-Square test or Fischer Exact test along with calculation of Contingency Coefficient.

RESULTS

A total of 192 house officers were randomly divided into two groups based on whether they were formally taught the subject of Behavioural Sciences or otherwise. There were no statistically significant gender differences between the two groups.

Table 1. Answers to the questions by study groups.

Questions	Group 1 (n=96)	Group 2 (n=96)	P value
Questions regarding Knowledge and Attitudes towards Medical Ethics			
1. Patient should be always informed of wrongdoing	63	22	0.0001
2. Doctor should do best irrespective of patient's opinion	60	41	0.009
3. Children should never be treated without consent of parent	66	33	0.0001
4. If patients refuses treatment due to beliefs, they should be guided to find another doctor	54	37	0.021
5. If there is disagreement between patients/families and health care professionals about treatment decisions, doctor's decision should be final.	46	29	0.018
Questions regarding Practice of Medical Ethics			
1. Ethical conduct is only important to avoid legal action as some times following ethics is not in best interest of patient in doctor's point of view	55	36	0.009
2. Ethics as a part of syllabus should be taught in every medical/nursing teaching institution	75	50	0.0001
3. It is sometimes difficult to keep confidentiality, so abandoning it should be on discretion of blood relatives of the patient	63	47	0.028
4. In your opinion do you think that doctors are influenced by drug company inducements, including gifts?	60	44	0.030
5. In order to prevent transmission of TB, breach in confidentiality of TB positive status, without patient's consent, to neighbors would be unethical	62	39	0.001

DISCUSSION

Our study showed that all studied parameters about knowledge, attitude and practices of healthcare ethics were significantly higher among the medical graduates who were formally taught the subject of Behavioural Sciences as compared to those who were not. In our questionnaire, the first question was; "Patient should be always informed of wrongdoing" which was answered correctly by 65.6% and 22.9% of Group 1 and Group 2 participants, respectively. According to Chopra et al. 38.4% and 29.7% of Indian physicians and nurses respectively answered the same question correctly which reveals that Pakistani graduates who have not been taught the subject of Behavioural Sciences have almost similar status of knowledge.¹³ However, the knowledge about the same question was higher in those who had been taught medical ethics as students.

A study from Barbados, West Indies found that 87% doctors and 68.5% nurses answered the question, "doctors should do the best irrespective of patients opinion" correctly.¹⁴ This question was correctly answered by 62.5% and 42.7% by the participants of Group 1 and Group 2 respectively, in our study. The lower rates of correct answers further highlight the importance of teaching medical ethics in Pakistani medical schools. The correct answers to question 3 and 4 were higher than chopra et al, study.¹³ Similarly, findings from the rest of the questionnaire are consistent with recent studies.¹³⁻¹⁵

The level of knowledge of medical ethics among Group-2 participants is worrisome, as it implies that most of the doctors will find it difficult to identify obvious cases with ethical problems and this will affect the way these cases would be managed. This has implications for patient outcomes, doctor-patient relationship, and the social aspects of their interaction.

There are numerous limitations in this study. We were unable to study differences in practice of doctors, due to limited time and resources. Future studies should use better methodology and should compare the two groups in both knowledge and practice. It should also be pointed out that there is a need for changes in health system, development of guidelines by the PMDC which should be

implemented within a system of clinical governance.

CONCLUSIONS

The medical graduates who had been taught and examined in the subject of Behavioural Sciences were significantly better aware of the knowledge about medical ethics.

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Conception and design: MWR

Collection and assembly of data: MWR

Analysis and interpretation of the data: EU

Drafting of the article: EU, MWR

Critical revision of the article for important intellectual content: MM, FN

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