

An Outline on Awareness and Knowledge of Healthcare Ethics and Medico-legal Aspects among Budding Doctors in a Tertiary Care Hospital

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Abstract

Introduction: Numerous litigations have been filed against doctors in the recent past by the patients on account of medical negligence, unethical behaviour and unethical association with allied healthcare industries.

Objectives: This study aims to study the awareness of healthcare ethics among budding doctors (CRRIs and Post graduate students) in a tertiary care hospital.

Materials and Method: A descriptive cross sectional study was conducted among 100 young doctors working in a tertiary care hospital in Coimbatore, Tamil Nadu using a self-structured questionnaire in September 2018 and the results were tabulated.

Results: Of the 100 doctors, 50 were CRRIs and 50 were post graduates with 55.1% of the doctors able to answer accurately for the questions on knowledge of medicolegal aspects.

Conclusions: Our study concludes that the interns and post graduates are aware of the ethical aspects and medicolegal issues in their practice but lacked the finer details in them. However definite steps are needed to improve the overall knowledge and awareness on healthcare ethics and its implications in young medical professionals.

Key Words: Ethics; Medicolegal issues; Awareness; Consent; Curriculum.

Introduction

Medical profession is considered as a most

pious profession all over the world. It is not a mathematical process but a service-oriented liberal profession having a self-regulating code of ethics¹. Actually, doctors are generally seen as healers and saviours. At the same time, livelihood of doctors and the medical fraternity depends on patients. In medicine, professionalism connotes not only knowledge and skills, but also character, especially

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compassion and ethics². Legal and ethical considerations are inherent and inseparable parts of good medical practice across the whole spectrum.

An organized, reviewed and widely accepted system of principles and values that medical physicians refer to in times of need is called medical ethics³. These values include autonomy, beneficence, non-maleficence and justice. Three other values that add to this ethics discussion are dignity, truthfulness and honesty. These are the six basic moral principles of medical Ethics given by James Childress and Tom Beauchamp, in their famous book, *Principles of biomedical ethics*⁴. Medico-legal code practiced around 2200 BC, during the rule of the King of Babylon is the oldest known code of medico-legal conduct⁵. Hippocratic Oath recognized medicine as craft that a physician practices over his patients. This led to the famous saying of ‘‘First do no Harm’’⁶.

We witness today a fast pace of commercialization and globalization on all spheres of life and the medical profession is no exception to these phenomena. As a result, the doctor-patients relationship has deteriorated considerably⁷. As the medical profession has been brought under the provisions of the Consumer Protection Act, 1986, the patients have an easy method of litigation. There should be legal awareness among doctors that will help them in proper recording of medical management details. This will help them in defending their case during any allegation of medical negligence⁸.

There is a need for skills and knowledge related to ethics, which is as fundamental to the practice of medicine as basic sciences or clinical skills.

This will enhance safe health care delivery in an unbiased standardized way. The trainee period is a critical time for fostering ethical reasoning⁹ as this period brings out real time experience with the concern and care of the patients. Hence this study targeted the interns and post graduates testing their knowledge and awareness about medical ethics and medicolegal issues working in a tertiary care hospital in South India.

Methods

A descriptive cross sectional study was conducted among 100 medical apprentice (CRRIs and Post graduate students) working in a tertiary care hospital in South India in the year of September 2018. It was based on content analysis where a self-designed structured questionnaire comprising of 20 questions related to the knowledge and awareness of medical ethics and medicolegal issues were used to obtain the data.

All those who gave consent were included in the study. Doctors who just finished their post-graduation were not included in the study. The data was analysed and results were tabulated using simple tables and pie charts. Percentage calculations were made for better statistical reporting.

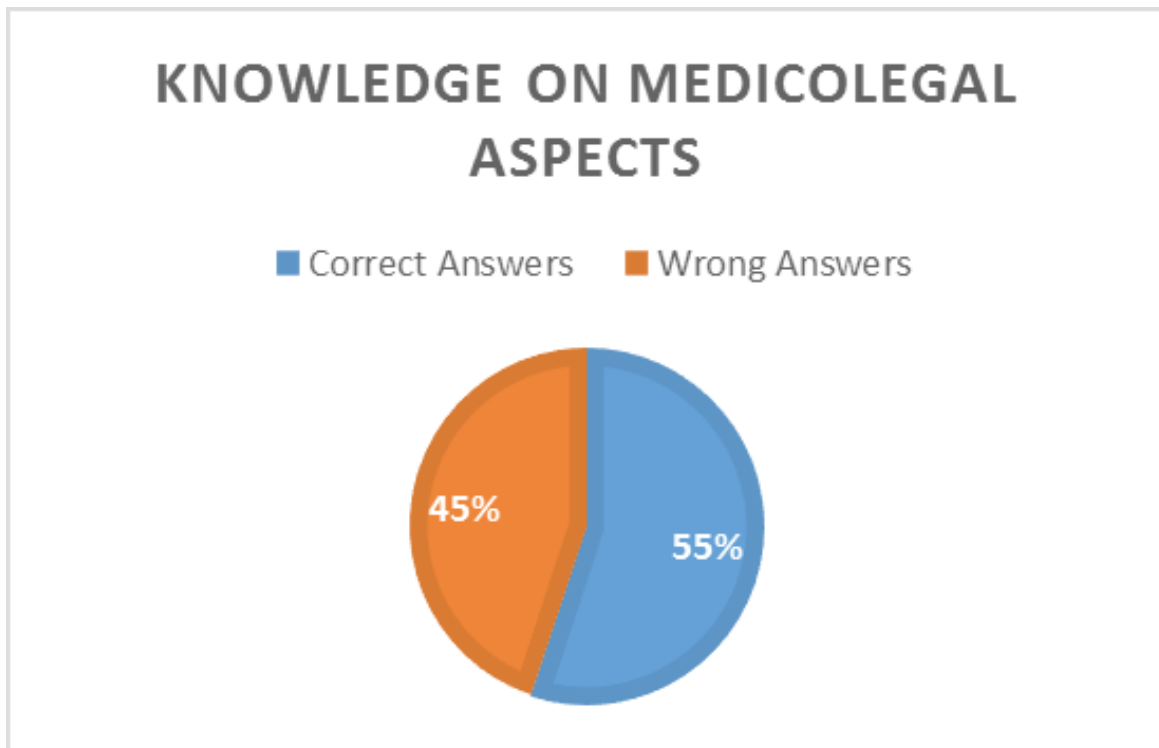
Results

Of the 100 young doctors, 50 were male and 50 were female. 50 were CRRIs and 50 were Post graduate students. Of the 20 questions, 13 questions were related to the awareness of medical ethics and the remaining 7 questions were related to the knowledge on medicolegal issues. 76% of the budding doctors were in favour of mandatorily using the generic names in prescription and 83% of

them were against in receiving gifts from healthcare or pharmaceutical companies. 98% of the doctors were on the same page for acquiring informed consent for any major/minor surgery.

With regard to knowledge on medicolegal issues, the mean of all the responses was calculated and only 55.1% of the doctors were able to answer

all the questions correctly with 44.9% getting it wrong for all the questions. Table 1 explains the responses to all individual questions on awareness of healthcare ethics. Table 2 details about the responses for the assessment of knowledge on medicolegal issues. Pie Chart 1 describes the accurate knowledge on medicolegal aspects of budding doctors.



Pie Chart 1 : Knowledge on Medicolegal Aspects

Table 1: Awareness of Healthcare Ethics

Questions	Yes	No
Ethical conduct only to avoid legal actions	10%	90%
Hiding facts in explaining the diagnosis	25%	75%
Exposing a corrupt colleague	57%	43%
Revealing patient condition to a relative without patient consent (adults)	12%	88%

Cont... Table 1: Awareness of Healthcare Ethics

Mandatory to use generic names	76%	24%
Display doctors' fees	41%	59%
Receive gifts from healthcare companies	17%	83%
Accept hospitality for doctors' family members from healthcare companies	25%	75%
Punishment for accepting gifts and hospitality	51%	49%
Informed Consent essential for all major/minor operations	98%	2%
Refusal of treatment for violent patients	46%	54%
Treat children without consent in non-emergency cases	23%	77%
Ethics in regular medical curriculum	85%	15%

Table 2: Knowledge on Medicolegal Aspects

Questions	Right	Wrong
Recommended Continuing Medical Education Hours – 30 hours	20%	80%
Maintenance of OPD Record – 5 years	52%	48%
Maintenance of IP Record – 10 years	48%	52%
Maintenance of Medicolegal Registers – 10 years	80%	20%
Punishment for attacking healthcare professionals under Medical Protection Act – 3years + fine	51%	49%
Medical Negligence comes under Consumer Protection Act	65%	35%
Passive Euthanasia is legal in India	70%	30%

Discussion

The success of a health system depends on the medical personnel equipped with the requisite knowledge, skills and attitudes towards patient rights¹⁰. Ethical conflicts are common during the initial years of a medical professional's career which makes the inculcation of a sound foundation in medical ethics essential. Negligence in the medical world has assumed great importance in relation to the medical malpractices suits in various countries in Asia, Europe, USA and more so in India¹¹.

There is growing public awareness regarding the ethical conduct of medical practitioners, and complaints against physicians appear to be escalating. The changing doctor-patient relationship and commercialization of modern medical practice has affected the practice of medicine. In our study, 90% of the respondents have realised the true potential of understanding ethical practice and not merely as to avoid legal actions. This is improved when compared to the study done by Biswajit et al in West Bengal in 2009¹² where only 31.1% were positive about the importance of ethics.

Clinical medicine is thought to be shifting toward a patient-oriented contract, and in this model, a patient's right to autonomy as expressed by the term 'informed decision'. With regards to consent in medical practice, 98% of our responders gave a positive reply as it is a quintessential component before any surgery, similar to the study done by Kheir et al¹⁰ where 99% agreed to the same. Majority of our participants(75%) were against in hiding information while explaining the diagnosis and 88% were rightly not interested in explaining the patient condition to his/her relative

without his/her consent. This reflects that awareness among health professionals is high with regards to informed consent and ethical aspects surrounding consent as litigations against doctors are on hike which is an issue of immediate concern¹⁰.

Our study revealed that nearly half of the doctors were not sure of treating a violent patient- this is in accordance with the study done by Jasuma et al in Vadodara¹³ and this is because there is no clear cut law on patient's care in Indian scenario; however fundamental rights enshrined in the constitution say that patient has a right of access to health care¹⁴. Around 77% of our doctors stayed away from treating minors or children without consent from parents or guardians in non-emergency situations similar to the study done by Mayuresh et al in Maharashtra and Haryana¹⁵.

A study done by Biswajit et al¹² showed 59.9% agreed to use brand names while prescribing drugs whereas our study showed 76% wanted to make generic names mandatory while prescribing drugs. This increase in voice of opinion can attributed to various factors like changes in prices of drugs in various brands, the economical tightness among people and also may be due to the inclination of doctors towards certain brands favouring some pharmaceutical companies. Our study strongly condemned against receiving gifts (83%) or accepting hospitality for themselves or their family members (75%) from healthcare companies but stayed neutral on whether strict punishments should be given to those who accept the offers. A French study by Goupil et al¹⁶ showed that doctors who do not receive gifts from pharmaceutical companies have better drug prescription efficiency indicators

and less costly drug prescriptions than those who receive gifts.

Today, the fundamental principles of medicine insist that doctor should be aware about various medico-legal issues, understand the nature of these obligations and fulfill these obligations to best of his ability. Our study revealed only 55% of the doctors were rightly able to address all the medicolegal questions hurled upon them. This is correlating with the study done by Makhani et al¹⁷ where 52.91% doctors were able to respond maximum medicolegal questions correctly clearly explaining the need for more training and education on medicolegal issues.

Continuing Medical Education (CME) is an educational activity that contributes to maintaining, improving and updating a physician's knowledge, expertise and professional performance. In April 2011, the MCI passed a resolution on CME, by which it was made mandatory for all doctors to attend a minimum of 30 hours of CME in every 5 years, failing which their registration to practice would be suspended¹⁸. This was the most lacking area in our study where only 20% of them were aware about the guidelines and this calls for a serious look into incorporating CMEs into regular practice particularly relating to ethics and medicolegal issues.

As per the DGHS vide letter No. 10-3/68-MH dated 31-8-68, medicolegal records and in patient records should be maintained for 10 years and out patient records for 5 years¹⁹. Since March 2018, passive euthanasia is legal in India under strict guidelines. Patients must consent through a living will, and must be either terminally ill or in a

vegetative state²⁰. All these recent updates have not reached many of the young professionals that again demands the inclusion of medical ethics as a part of curriculum which in turn 85% of our participants obliged to.

There are various reasons for low knowledge and awareness on ethics as quoted by Makhani et al¹⁷ which says lack of regular CMEs on medical ethics and medico-legal issues, over-confidence, less significance to medical jurisprudence during undergraduate curricula, near zero exposure to these issues during post-graduation were some of the commonly cited reasons. Due to the limited knowledge by the health professionals, there is an increased risk of malpractice, especially from complex case situations. In addition, the expanding patient population is becoming more knowledgeable and aware of their rights, consequently taking action by contacting the consumer forum to lodge their complaints²¹. No matter what branch of medicine or surgery the graduate enters he/she will always have to face medico legal problems one or the other day during his professional life²². There is always a continuum between practice and education because a medical career is one of life-long learning.

Conclusion

Our study concludes that the interns and post graduates are aware of the ethical aspects and medicolegal issues in their practice but lacked the finer details in them. To strengthen ethical reasoning and judgment in decision making, clinically oriented pedagogical measures like case studies, seminars, interactive workshops, utilising the work experience of multidisciplinary medical expertise, is needed. The medical ethics, acts

related to medical practice should be emphasized in the MBBS and also in post graduate syllabus and examinations. Subsequent studies using larger sample and bigger questionnaire would give better perspective of awareness of the issues under consideration. However definite steps are needed to improve the overall knowledge and awareness on healthcare ethics and its implications in young medical professionals.

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Ethical Clearance : Yes

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