



Original communication

Perceptions and practices of medical practitioners towards ethics in medical practice – A study from coastal South India



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ABSTRACT

Ethics is the application of values and moral rules to human activities. Medical practitioners are expected to not only have the skills and knowledge relevant to their field but also with the ethical and legal expectations that arise out of the standard practices. The present research was conducted with an aim to study the perceptions and practices of medical practitioners towards healthcare ethics in Indian scenario and to strengthen the evidence in the field of ethics training. A cross-sectional study was carried out in three associate hospitals of a Medical College in Southern India. Medical practitioners included in the study were administered a pre-tested, semi-structured questionnaire. Data was collected based on their responses on a 5 point Likert scale and analyzed using SPSS version 11.5. The majority of the participants mentioned that their perceptions of ethics in medical practice were based on information obtained during their undergraduate training, followed by experience at work. The medical practitioners had a positive perception on issues relating to consent in medical practice. However, the same degree of perception was not observed for issues related to confidentiality and their dealing with patients during emergency conditions. The majority of the medical practitioners agreed that ethical conduct is important to avoid legal and disciplinary actions. Among the medical practitioners, the responses of specialists and non-specialists were mostly similar with major differences of opinion for a few issues. A highest level of knowledge, awareness and understanding of ethics are expected in medical practice as it is the foundation of sound healthcare delivery system.

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1. Introduction

Medicine is not only about the knowledge about diseases, it also relates to the experiences, feelings, and interpretations of human beings in the moments of fear, anxiety, and doubt.¹ There are times of dilemma when the medical practitioners and patients are at cross-roads and choice and decision making become difficult in terms of ethics.² Ethics is the application of values and moral rules to human activities. Bioethics is a part of applied ethics that uses ethical principles and decision making to solve actual or anticipated dilemmas in medicine and biology. Knowledge of medical ethics is crucial to good patient care.³ Medical practitioners are expected to not only have the skills and knowledge relevant to their field but

also with the ethical and legal expectations that arise out of the standard practices.

Informed consent and confidentiality remains the cornerstone of medical practice based on ethical and legal considerations. From the ethical point of view, the patient has the right to seek all information regarding a procedure and decide accordingly. This is based on the ethical principle of patient autonomy and basic human rights. No medical practitioner can infringe with this right of a patient.⁴ Failure to take informed consent prior to a procedure can amount to physical assault and negligence which is punishable in Indian law and can attract disciplinary action too. Indian Penal Code and Consumer Protection Act provide the legal framework and penal provisions for the injuries caused during the course of treatment in absence of informed consent. The Medical Council of India considers failure to obtain consent as misconduct and describes the disciplinary action to be initiated against medical practitioners found guilty in these cases.⁵

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The medical education curriculum in India is inclusive of training on ethical aspects in practice of medicine, without a separate status to it.⁶ Knowledge about the various ethical issues is imparted mostly as a part of the subject of Forensic Medicine taught during the second year of the MBBS course in the ongoing curriculum. Though, studies are available on ethical issues in medical practice across various settings,^{7–13} there is a paucity of literature on the knowledge, attitude and practices regarding ethical aspects in medical practice in Indian sub-continent.¹⁴ The present research aims to study the perceptions and practices of medical practitioners towards healthcare ethics in Indian scenario and to strengthen the evidence in the field of ethics training.

2. Materials and methods

Ethical approval was obtained from the Institutional Ethics Committee (IEC) of Kasturba Medical College, Mangalore (affiliated to Manipal University) prior to conduct of study. A written informed consent was obtained from the participants included in the study.

A cross-sectional, facility based study was carried out in 3 associate tertiary care teaching hospitals of Kasturba Medical College (KMC), Mangalore, which functions in a public–private partnership mode for healthcare delivery in coastal South India. KMC is engaged in undergraduate and postgraduate medical teaching and caters to the healthcare needs of patients in and around the region. The study participants were medical practitioners working in these hospitals, those with basic medical qualification (MBBS) and pursuing their post-graduation in different clinical specialties, and those with postgraduate degrees (MD/MS/DNB) in various clinical specialties. For study purposes these participants were further grouped as specialists (MD/MS/DNB) and non-specialists (MBBS). The medical undergraduates and medical interns were excluded from the study.

The data was collected using a pre-tested, semi-structured questionnaire modified from the questionnaire used by Hariharan et al. in their studies.^{7,8} The self-administered questionnaire was distributed to 125 medical practitioners working in the institution and having more than one year of clinical experience. A total of 104 duly filled questionnaires were retrieved from the participants, thus giving a response rate of 83.2%. The initial part of the questionnaire was concerned with socio-demographic characteristics of the participants and the subsequent part consisted of 10 items and sub-items about the perceptions of study participants towards ethics in medical practice. The responses of the participants regarding their perceptions towards ethical and legal issues in healthcare delivery were collected on a five point Likert scale. The responses to the Likert-type items were graded using a differential scaling system; from 1 (strongly disagree) to 5 (strongly agree) for the items (1-strongly disagree, 2-disagree, 3-not sure, 4-agree and 5-strongly agree). The data was analyzed using SPSS version 11.5 and p -value < 0.05 was considered as significant. The mean Likert score was calculated for each item. A comparative analysis was done for the responses of medical professionals with MBBS degree, and those with MD/MS/DNB in various clinical specialties using non-parametric Mann–Whitney U -test. During representation of data in tables, scores 1 and 2 were put together to represent a disagreement, score 3 for not sure and scores 4 and 5 together indicated an agreement with a statement.

3. Results

A total of 104 medical professionals (Males = 71, Females = 33) participated in the study. The age of the study participants ranged from 24 to 60 (30.31 ± 7.46) years with an experience ranging between 1 and 28 (4.55 ± 6.19) years. Most of the study participants

had an experience of less than five years ($n = 79$, 78.0%). The majority of the total participants ($n = 65$, 62.5%), possessed MBBS as the highest degree while others ($n = 39$, 37.5%) had a postgraduate degree (MD/MS/DNB) in various clinical specialties. The mean age, work experience, and male-female ratio of the participants with undergraduate and postgraduate degrees are shown in Table 1. The most common way of dealing with the ethical issue in medical practice was consulting with the Head of the department or senior faculty, followed by consultation of issues with colleagues. A few participants consulted the hospital administrator, members of ethics committee and professional associations regarding the ethical issues (Table 2). The majority of the participants mentioned that knowledge of ethics in medical practice was obtained during their undergraduate training, followed by experience at work and postgraduate training respectively. Continued Medical Education (CME) programmes/seminars/lectures/conferences and following the literature on ethics were mentioned as a source of information by a few respondents (Table 3).

Regarding the issues relating consent in medical practice, the participants felt that written informed consent should be taken for major (94.2% agreement) and minor operations (91.3% agreement), and for treatment with adverse reactions (87.5% agreement). A relatively lesser number of participants felt the need of taking written informed consent during investigative procedures (76.9% agreement). The majority of the participants (76.9% agreement) felt that written informed consent should not be taken for general physical examination. The details on the perceptions of participants on issues relating to consent are shown in Table 4. The responses by specialists and non-specialists did not show any significant differences in issues relating to consent. However, for treatment involving adverse reactions, a significant difference ($p = 0.036$) was observed between responses of non-specialists and specialists with a higher proportion of specialists (94.8% agreement) believing in the need of taking written informed consent in such cases when compared to non-specialists (83.0% agreement). Regarding written informed consent of parents/local guardians during treatment of children in emergency and non-emergency situations (Table 4), most of the participants (both specialists and non-specialists) felt that written informed consent should be taken in non-emergency conditions (77.9% agreement). For emergency conditions, however, a varying response was obtained (51.9% agreement) which showed statistically significant differences between specialists and non-specialists ($p = 0.018$). Among the specialist group, 46.1% ($n = 18$) agreed, 43.6% ($n = 17$) disagreed and 10.3% ($n = 4$) were not sure, while among the non-specialist group, 55.4% ($n = 36$) agreed, 26.1% ($n = 17$) disagreed and 18.5% ($n = 12$) were not sure about the need to take consent from the parents/guardian of children during emergency conditions/procedures.

With regards to providing treatment in emergency and non-emergency conditions in different scenario, a varying response was obtained regarding the adherence to patient's wishes during an emergency. While 45.2% participants ($n = 47$) agreed, 39.4% ($n = 41$) disagreed and 10.3% ($n = 4$) were not sure about the same. A proportionately larger number of participants however, felt that patient's wishes should be adhered to in non-emergency cases (Table 5). A divided opinion was obtained on whether a medical professional should refuse to treat a violent patient in emergency.

Table 1
Baseline characteristics of study participants ($n = 104$).

	Non-specialists ($n = 65$)	Specialists ($n = 39$)
Mean age	26.95 ± 2.29 years	35.90 ± 9.52 years
Work experience	2.1 ± 1.78 years	8.6 ± 8.46 years
Male:female	44:21	27:12

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