Original Article

The Study of Knowledge, Attitude and Practice of Medical Law and Ethics among Doctors in a Tertiary Care Hospital

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Abstract

Objective: To assess the knowledge, attitude and practice regarding medical law and ethics among doctors of a medical unit in a tertiary care teaching hospital in Lahore.
Study Design: Descriptive cross – sectional study.
Methodology: A three part self – administered structured questionnaire designed to test the knowledge and practices regarding medical law and ethics was distributed among doctors in a medical unit in Mayo Hospital, Lahore during September – October, 2012.
Results: The 52 respondent doctors included in the study comprised of 20 (38.5%) house officers, 22 (42.3%) postgraduate residents and 10 (19.2%) consultants. In keeping with the Pakistan Medical and Dental Council code of ethics, the correct responses of house officers, postgraduate residents and consultants regarding knowledge of medical law and ethics were respectively 50%, 27.3% and 10% for patient's autonomy, 40%, 36.4% and 10% for adhering to patient's wishes, 10%, 63.6% and 50% for breaching confidentiality, 35%, 36.4% and 0% for informed consent, 10%, 22.7% and 10% for doing best regardless of patient's opinion, 5%, 31.8% and 10% for informing patient's relatives, 15%, 4.5% and 0% for treating violent patients. The practical application part of the questionnaire was a general reflection of the knowledge and attitudes.
Conclusion: Most of the doctors were poorly acquainted with PMDC code of ethics.
Key Words: Medical law and ethics, autonomy, confidentiality.

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Introduction

In 425 BC, Hippocrates, also known as the father of medicine, put forth a code of conduct and ethics for physicians, famously known as the "Hippocratic Oath". Historically, this oath had been taken by physicians upon entering the profession.[1]

In 1948, the General Assembly of the World Medical Association adopted the declaration of Geneva. It was basically a revision of the Hippocratic Oath applicable in the modern era. It has been amended several times since then and finally revised in 2006. Every physician takes this oath at the time of entering the medical profession.[2] The teaching of medical ethics has gained worldwide recognition over the past many years. In 1980, the General Medical Council of the United Kingdom recommended that the subject of

medical ethics should be taught to all medical students.[3] Similarly in 1985, its teaching was started in most medical schools in the United States.[4] Same is the situation throughout the European Union at present.[5]

The Pakistan Medical and Dental Council has also recommended that all medical institutions offering undergraduate and postgraduate courses may include medical ethics in the course of their study.[6]

In a developing country like ours, rising discord between patients and doctors and an increasing level of dissatisfaction among patients has been observed. The frustration on the part of patients can partly be attributed to the scarcity of funds and lack of facilities at all levels of medical care. From another view point, the attitude of doctors in general may be blamed as well. A materialistic mind set, low ethical and moral standards and communication gap between doctors and patients are also responsible for problems in the health care system.

Keeping in view the above situation, a study was carried out aiming to assess the knowledge, attitude and practice in context of medical law and ethics among doctors having different levels of experience in a tertiary care teaching hospital. Among the house officers, basic ethical teaching and understanding during the student years was to be assessed. Among the postgraduate residents and the more senior staff, assessing the implementation of this teaching and further training at the workplace was the aim.

Methodology

A three part self – administered structured questionnaire about knowledge, beliefs and attitudes regarding medical law and ethics and their practical application in the healthcare system was distributed among the doctors including house officers, postgraduate residents and consultants of a medical unit in a tertiary care teaching hospital in Lahore, Pakistan during September – October, 2012.

The first part of the questionnaire consisted of demographic characteristic e.g. age, gender, the duration of work experience and current position in the medical unit. The second part of the questionnaire comprised of statements about the knowledge and attitude regarding medical law and ethics like autonomy, informed consent, confidentiality, treatment of violent patients, including relatives in health care and euthanasia. The third part of the questionnaire consisted of questions about the application of medical law and ethics in clinical practice.

The gradation of the responses was done on Likert scale which in case of knowledge and attitude ranged from 1 to 4 (1 – not at all, 2 – sometimes, 3 – most of the time and 4 – always) and in case of practical application ranged from 1 to 5 (1 – always, 2 – almost always, 3 – sometimes, 4 – almost never and 5 – never).

Out of the 55 distributed questionnaires, 52 were returned completely filled and were included for analysis. Data were entered in Statistical Package for Social Sciences (SPSS) – version 13.0 software for analysis. The present paper analyzes the responses of house physicians, postgraduate residents and consultants (n = 52) among the survey. Descriptive analyses were done for the data.

Results

A total of 52 respondent doctors were included in the study. The doctors were divided into 3 categories i.e., house physicians, postgraduate residents and consultants. The consultant category comprised of 7 senior registrars, 2 assistant professors and 1 associate professor. 20 (38.5%) of the doctors were house physiccians, 22 (42.3%) were postgraduate residents and 10 (19.2%) were consultants.

Table 1 shows the demographics of the doctors included in the study across the 3 groups. The age distribution of the respondents was consistent with the categories of the medical staff. The mean (± SD) ages of the house officers, postgraduate residents and consul-

Table 1:
Demographic Profile of the Respondent Doctors.

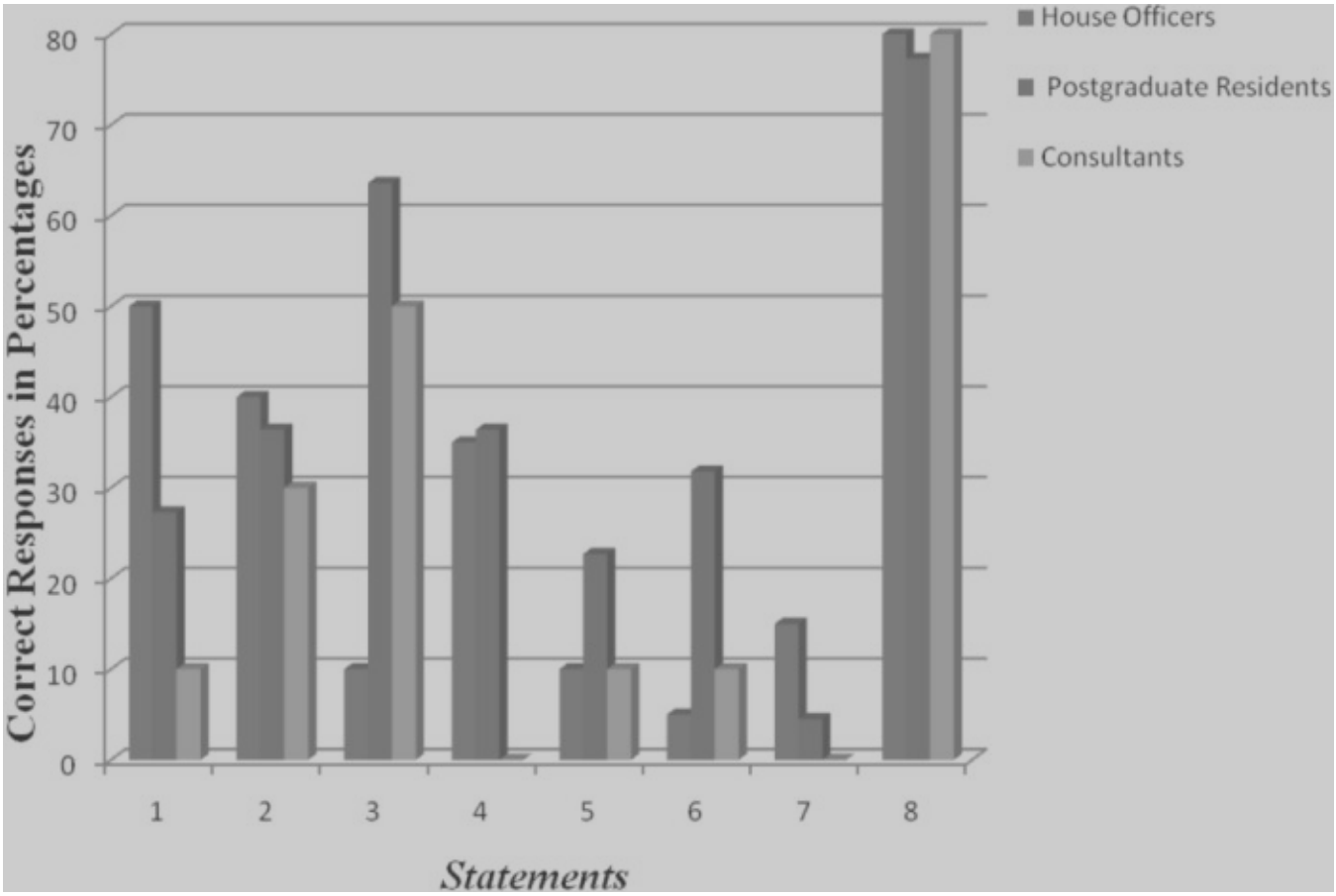
	House Physicians	Postgraduate Residents	Consultants
Number (%)	20 (38.5%)	22 (42.3%)	10 (19.2%)
Age: Mean (± SD) years	25.95 (± 5.1)	28.23 (± 3.65)	36.68 (± 8.15)
Males (%)	9 (45%)	20 (90.9%)	9 (90%)
Gender Ratio (M:F)	1:1.2	10:1	9:1

tants were 25.95 (± 5.1), 28.23 (± 3.65) and 36.68 (± 8.15) respectively.

The gender distribution varied among the three categories. Among house officers, 9 (45%) were male and 11 (55%) were female. The postgraduate resident and consultant categories comprised mainly of male doctors i.e., 20 (90.9%) and 9 (90%) respectively, and the females were 2 (9.1%) and 1 (10%) respectively.

The job experience of the 3 categories was also a reflection of the current position held in the medical ward. 100% of the house physicians had job experience less than 2 years. Among postgraduate residents, 10 (45.5%) had job experience less than 2 years, 5 (22.7%) had experience between 2 to 4 years, 6 (27.3%) between 4 to 8 years and 1 (4.5%) had experience of more than 8 years. In the consultant category, 6 (60%) had experience less than 8 years while the remaining 4 (40%) had experience of more than 8 years.

The responses of the doctors regarding knowledge and attitude about various aspects of medical law and ethics have been depicted in Graph 1.

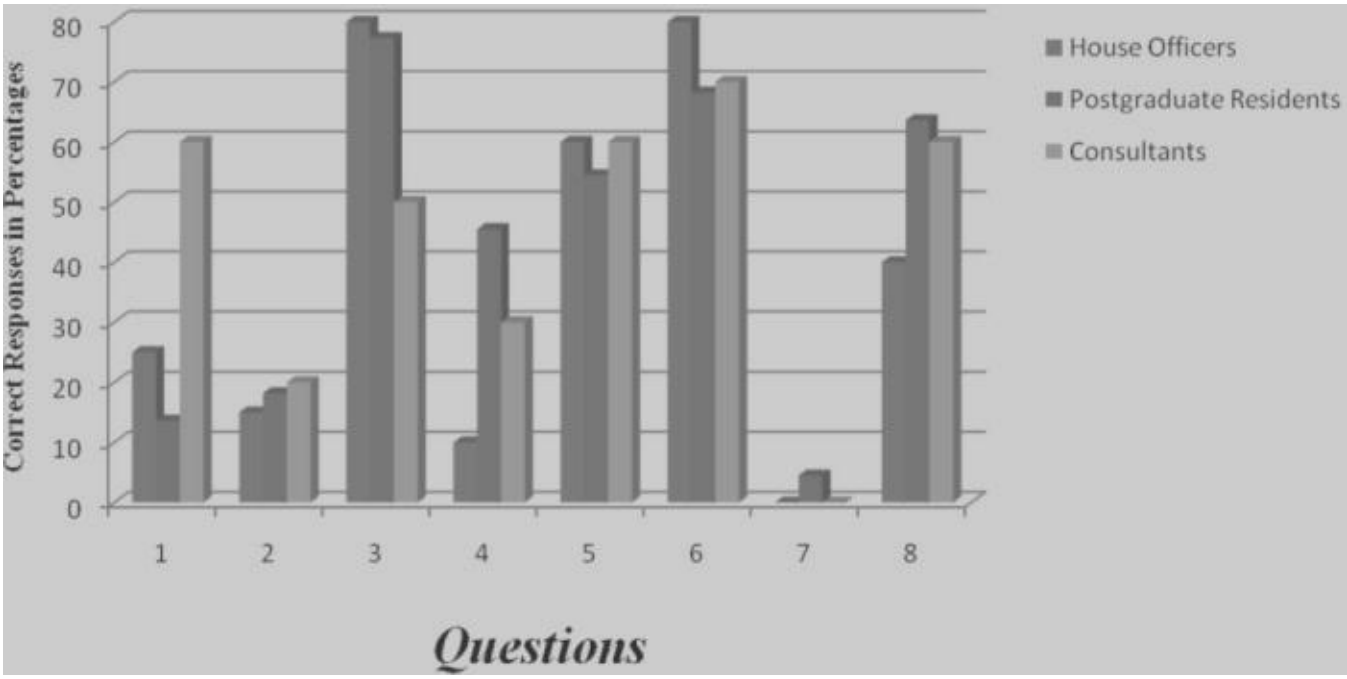


Graph 1: Knowledge and Attitude Regarding Medical Law and Ethics.

Key of the Chart Statements;

1. Respecting patient's autonomy.
2. Adhering to patient's wishes.
3. Breach of confidentiality.
4. Taking informed consent only for operations / procedures but not for tests and medications.
5. Doing best for patients regardless of their views.
6. Informing the relatives about patient's condition.
7. Refusing to treat violent patients.
8. Assisting patient who wishes to die (euthanasia).

The responses of the doctors regarding the practical application of medical law and ethics have been shown in graph 2.



Graph 2: Practical Application of Medical Law and Ethics.

Key of the Chart Questions;

How often do you:

1. Respect patient's autonomy?
2. Adhere to patient's secrets and confidentialities?
3. Explain the disease and treatment options to patients?
4. Let patient select treatment of his / her choice?
5. Listen and answer patient's queries?
6. Take informed consent for procedure/ operation?
7. Treat violent patient in spite of violent behavior?
8. Keep yourself updated regarding latest guidelines?

Discussion

This study has shown that there was a general unawareness regarding medical law and ethics among all levels of respondent doctors.

Patient's autonomy and confidentiality are the main pillars of medical ethics that have been emphasized universally in all the codes of ethics.

According to Pakistan Medical and Dental Council regulations, autonomy should always be respected in all adult and mentally competent patients. In our study most of the physicians had poor knowledge regarding autonomy and gave mixed responses about patient's rights when the questions were differently phrased.

Almost similar results have been reported in the study by Hariharan et al, where most of the respondents were of the view that patient's wishes may not be respected at all times.[7] Similarly Sudan et al have reported that most of the physicians thought that patients should be involved in decisions about their health. However, when asked about ethical problems, their responses were not consistent with previously expressed views.[8] However, McGuire et al have reported that physicians had a consistently positive attitude towards

patient's autonomy in their study.[9]

Confidentiality is among the core issues of doctor patient relationship. The maintenance and breach of confidentiality under certain specific circumstances is extensively discussed and stressed upon in PMDC code of ethics. However, in our study, the doctors at all levels had inadequate knowledge of this important issue. In a study by Humayun et al, confidentiality was taken care of only in a minority (10.8%) of physicians.[10] In the study by Hariharan et al, 93% of the respondents considered confidentiality to be important but 37% were in favor of informing relatives about patient's condition.[11] In the study by Shrier et al, majority of the doctors (> 80%) could only answer one out of nine questions on confidentiality law.[12]

Informed consent is another basic concept in medical law. In our study most doctors knew that consent is required for procedures and operations. However, the law also requires that consent should be taken for tests and medication as well. While implied consent may be sufficient for routine tests and medication, certain sensitive tests like HIV, HBV and HCV testing and potentially toxic treatment like chemotherapy must never he instituted without prior informed consent. Different results have been reported in another study in which majority of the respondents thought that consent must be taken for tests and medication as well.[7]

Majority of the doctors in our study were unaware of the fact that they were under no obligation to treat a violent patient. Almost similar result was reported in another study in which only 18% of the doctors knew they could refuse to treat a violent patient.[11]

Euthanasia and physician assisted suicide are among be very controversial issues in the care of terminally ill patients. Although end of life care has been discussed in PMDC regulations, the topic of active voluntary euthanasia has not been mentioned probably because ours is a society of overwhelming Muslim majority and there is no ambiguity about life and death in our religion. However, when questioned about active voluntary euthanasia, majority (80%) of the respondents disagreed to it. As expected, similar results have been reported in a local study by Afzal et al, in which 77% of the respondents believed that the practice of euthanasia and assisted suicide was not justified.[13] Similarly, in a systematic literature review, UK doctors were against the introduction of active voluntary euthanasia.[14] Different results have been reported in a study performed in South India by Kamath et al, where majority of the respondents supported the concept of euthanasia[15].

The 3rd part of the questionnaire pertaining to the practice of ethics was generally a reflection of the knowledge and attitude shown in the 2nd part of the questionnaire. However, we discovered that most of the respondent doctors listen to patient queries and answered them and discussed the disease and its treatment options with the patient. Moreover most of them kept themselves updated with the latest medical guidelines.

Conclusion

We have deduced from our study that most of the respondent doctors were poorly acquainted with PMDC code of ethics.However, this was a small study conducted in a single medical unit.The results might not be applicable to the whole community of doctors. Further studies need to be conducted on a larger scale to know the true magnitude of this vital issue.

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