

## PERCEPTION OF ETHICAL ISSUES, ENCOUNTERED IN UNDER GRADUATE MEDICAL AND DENTAL EDUCATION

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### ABSTRACT

*Bioethics has recently gained importance in the developing world. It's teaching in Medical Schools needs careful attention. The aim of this study was to assess the conceptual knowledge for adequacy of the current system of bioethics education and to identify the learning needs of Pakistani medical and dental students. The present study included 114, third year medical students, who had been provided introductory course on bioethics in 1st and 2<sup>nd</sup> years. A questionnaire containing 20 clinical situations was answered and assessed against standards.*

*Thirty six percent of participants had forgotten the term bioethics. Patient's opinion and life saving research was recognized as most important where as performing surgery and informing patients about doctor's mistakes was considered as not worthy of obtaining consent. A wide range of gap in knowledge and attitude was identified in bioethics.*

**Key words:** Bioethics, informed consent, knowledge

### INTRODUCTION

The foundation of medical ethics was laid at the Hippocrates School (400-300 BC) and since then the idea has revolutionized through different stages.<sup>1</sup> The contemporary medical ethics and bioethics today, began after the 2<sup>nd</sup> world war as a result of contemptible issues in medical research and medical interventions.<sup>2,3</sup> In current daily practice, medical specialists and the dentists come across common ethical issues. The core issues in medical ethics are the ethics of the doctor patient relationship, patient's confidentiality and the need to obtain informed consent, where as bioethics

deals with all encompassing moral issues in medicine and bio medical sciences.<sup>4,5</sup>

In the developed countries, medical ethics appeared as recognizable academic discipline and became a compulsory part of medical curriculum in 1993.<sup>4</sup> In developing countries this need is being recognized, and is gaining its importance as a separate discipline in medical curriculum for undergraduates.

In Pakistan bioethics is being taught as part of "Behavioral Sciences" curriculum. The existing didactic teaching and the examination system has failed to

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inculcate completely the ethical values into the students, who learn it through their own experience and develop moral attitudes passively through observation and intuition.<sup>6</sup> However significant part of ethics education occurs passively through osmosis in the true spirit of apprenticeship mode of medical education.<sup>7</sup>

Most likely the present infrastructure in Medical & Dental Colleges is not sufficient to deal with the problems. To design a curriculum on bioethics it is necessary to assess the knowledge and attitudes of the students who are at the initial stages of ethical practice.<sup>8</sup>

With this background in mind the present study was an attempt to assess the perception of medical and dental students about common ethical issues encountered in relation to health care.

## METHODOLOGY

This cross-sectional descriptive study was conducted at Fatima Memorial Hospital, College of Medicine & Dentistry during early 2011. The self administered structured questionnaire was distributed at one point in time to all the participants of third year. They had studied the Bioethics course in first and second year of their degree programme. The respondents were encouraged to answer all the questions in 'yes' or 'no' regarding all options given against different ethical issues. The data was entered into SPSS version 15 and was analysed.

## RESULTS

In the third year class, 114 volunteered to participate in the study. There were 106 students who returned the completed questionnaire making the response rate of 92.98%. The age of all respondents ranged between 20.3 and 21.6 years with mean of 20.8 years. The response of the participants is given in detail in table 1.

The possible options provided were 'Yes' or 'No' for the twenty scenarios given in the questionnaire. Almost 36% of students had never heard of 'bioethics' while 96% knew about informed consent. Majority (92.5%) declared informed consent to be obtained in clinical practice.

The high correct response rate (80% or more), where the need and use of informed consent was

recognized, included taking permission before surgery, giving importance to patient's opinion, describing benefits of procedures, informing cost to patient, protecting rights of both doctor and the patient, benefits, side effects, success or failure rate and risks involved in the treatment. The areas where the correct response were almost equal to incorrect response, included; differentiating between 'Verbal' and 'Written' consent, taking consent from prisoners and sex workers, getting consent for research, prescribing drugs to a proxy patient to cover reimbursement and disclosing information to the relatives. Issuing fake certificate for granting rest, and not providing medical record to patient due to an unpaid bill. The areas where majority (60% or more) went wrong included: proceeding for life saving research, dealing with psychiatric patient, applying treatment against patient's wishes, informing patients about mistakes made by the doctor, allowing a male doctor to examine the breast of anaesthetized patient who had refused earlier, and fully understanding the term 'non maleficent'.

## DISCUSSION

The role of ethics has become a moral, legal and medical need for almost all stages of clinical practice. The present study however identified some of the major and important gaps of knowledge and attitude in recognizing the importance of using 'Informed Consent' in clinical practice and performing some ethical procedures.

Even in areas where a very high satisfactory knowledge was recognised, it cannot be assumed that it was due to curriculum coverage. Probably there was some cultural osmosis, peer learning and media effects, that had transgressed into the minds of the students. The fact remains that the gaps in their knowledge and attitude could easily be ascribed to the deficiencies in curriculum. The content, duration, mode of training in medical ethics requires a standardized module for evaluating their knowledge and attitudes. Bioethics has close links with local culture, myths, and the value system. The curriculum therefore has to identify answers to the wrong pre-conceived notions.

Studies conducted in Pakistan have identified similar key areas which need to be addressed. In a similar type of study carried out in Islamabad, 110 medical personnel (including doctors with post graduate quali-

TABLE 1: KNOWLEDGE OF UNDERGRADUATE STUDENTS ABOUT THE ETHICAL ISSUES

| Sr No | Questions  | Yes % | No % |
|-------|--|-------|------|
| 1     | Have you ever heard about bioethics?   | 64.2  | 35.9 |
| 2     | Do you know what informed consent is?  | 96.2  | 3.8  |
| 3     | Do you know the difference between verbal and written consent?   | 48.1  | 51.9 |
| 4     | Is it absolutely essential that the doctor takes an informed consent in clinical practice?   | 92.5  | 7.5  |
| 5     | Doctor may proceed with surgical procedure without patient's informed consent. Do you agree ?  | 7.6   | 92.4 |
| 6     | For life saving research, can the doctor use patients as subjects without their informed consent?  | 84.0  | 16.0 |
| 7     | Is it necessary all the time to take consent from?   |       |      |
|       | a) Prisoners   | 59.6  | 40.4 |
|       | b) Sex workers   | 60.4  | 39.6 |
|       | c) Psychiatric patient   | 21.7  | 78.3 |
| 8     | Do you think that necessary medical treatment can be done against patient's wishes?  | 42.4  | 57.6 |
| 9     | Do you think importance should be given to patient's opinion before deciding treatment?  | 87.7  | 12.3 |
| 10    | Do you think patients should be given information regarding?   |       |      |
|       | a) Nature of proposed treatment  | 97.2  | 2.8  |
|       | b) Procedure of proposed treatment   | 88.7  | 11.3 |
|       | c) Benefits or taking treatment  | 98.1  | 1.9  |
|       | d) Side effects of drugs   | 94.3  | 5.7  |
|       | e) Success and failure rate  | 92.4  | 7.6  |
|       | f) Risk of taking no treatment   | 97.2  | 2.8  |
| 11    | Do you think it is important to highlight the cost involved before taking consent for procedure?   | 88.7  | 11.3 |
| 12    | Should the patient be informed about any mistake made by the doctor?   | 37.6  | 62.4 |
| 13    | If necessary, should the doctor disclose information to relatives?   | 37.4  | 62.6 |
| 14    | Should the doctor give equal time for counseling of paying as well as non paying patients?   | 93.4  | 6.6  |
| 15    | Can the doctor refuse to provide a copy of medical record to the patient because of an unpaid bill?  | 35.3  | 64.7 |
| 16    | Informed consent is important for:   |       |      |
|       | a) Protecting the right of the patient   | 97.2  | 2.8  |
|       | b) Protecting the rights of the doctor   | 85.8  | 14.2 |
|       | c) For research purpose  | 65.1  | 34.9 |
| 17    | Should a physician give a medical certificate of leave from work to a person who is not really sick and needs time off?  | 33.9  | 66.1 |
| 18    | Is it morally acceptable to allow male medical students to do breast examination on a female patient with breast cancer under general anesthesia who have initially refused examination by male in the clinic? | 12.6  | 87.4 |
| 19    | Non-maleficent means actions that intend to benefit the patient?   | 90.6  | 9.4  |
| 20    | Is it morally acceptable if a physician prescribes expensive medicines on one person's company account for another patient who is not an employee of that company but in dire need?                            | 61.3  | 30.7 |

fication, or no postgraduate training and some students) were interviewed. In this study some specialized situations were raised like aborting a pregnancy with congenital defects, forcing parents to continue treatment in infants & elderly and 95% agreed to disclose errors during surgical procedures.<sup>8</sup> This study also indentified a great degree of difference in the knowledge and attitudes of the doctors in medical ethics.

In an editorial of JAMA, it was suggested that the teaching of bioethics should be started in first year, integrating it vertically throughout the five years.<sup>9</sup>

In a study in Karachi, 122 students responded and their results differed very much from our results; for example 87% thought that false medical certificate was unethical and 40% later changed their opinion, if the reason was genuine.<sup>10</sup> Ninety three percent considered giving fake prescription as unethical, 83% agreed to allowing male doctors to examine the breast in state of anesthesia although it was not allowed by the patient in conscious state.<sup>10</sup> The author of this study also desired the development of separate essential modules in building students capacity in ethical context.

In a study in Nigeria, among 126 final year medical students, 80.5% highlighted that there was insufficient training in "bioethics" and they desired a formal teaching and training in this disipline.<sup>6</sup>

In a Global Bioethics Blog 2010, it was raised that since research was becoming a global coordination, it was important to have uniform standards of bioethics.<sup>11</sup>

A study on doctors and nurses in Barbados, 159 subjects were assessed, 52% of them were found to know little of the law pertinent to their work. Most of the knowledge of historical background and nursing practices were considered in-efficient.<sup>12</sup>

A study in Canada, reported 108 clinical students indentified some of the ethically problematic situations like; conflict between the priorities of medical education and patient care, responsibilities beyond student's capacity and sub standard patient care. This study also identified the need of early training in bioethics.<sup>13</sup>

A study of UK in 2005, continued debate on previous publications relevant to ethics since 1987 and 22 out of 28 schools responded to the questionnaire. While identifying gaps of perceptions, a clear concern was raised about development of the staff.<sup>14</sup>

**Limitations:** The study included only third year students, who did not have enough clinical exposure to use bioethical principles. The subjects had learnt bioethics in first and second year an introductory course, which they did not consider as an element of examination. The study also did not compare the gender differences in the response.

**Recommendations:** On the basis of results of present study in comparison with other studies, it is reasonable to mention not there is a diverse need of knowledge, attitude and practice developments at under graduate level. It may be hard to develop a unified module of curriculum and its modes of training, but the essentials have to be prescribed and uniformly covered for medical professionals.

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