

Leading Article

Ethics in Medical Practice

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Introduction

Adequate ethical knowledge regarding communication, reasoning, and conflict resolution skills is a prerequisite of successful and good medical practice.¹ Though initial work on medical ethics published more than 2000 years ago, to date medical profession has been facing a lack of basic, universally accepted, curriculum for medical ethics. Medical ethics has emerged as a priority within medical institutions and among ethics educators, especially in the past few decades.² Despite inclusion of medical ethics curricula and the several helpful reviews on ethics,^{2,3,4} many questions still remain about the nature, goals, and outcomes of medical ethics educations and programmes.⁵

In the era of modern healthcare, physicians are facing complicated and multifaceted ethical dilemmas in their daily practice; the duty to respect informed consent, truth-telling, breach of confidentiality, disclosure of medical errors, rational use of scarce health resources, biomedical research, and organ donation.⁶ Besides, there is also growing concern both within the medical profession and in the community regarding increasing trends of complaints against doctors. Adoption of an obligatory course curriculum on medical ethics is a demand of time to develop the conscience of the physician so that ethically sound decision can be made.⁷

Historical Perspective of Medical Ethics^{8,9}

The Geneva declaration of medical ethics was based on an ancient concept of ethics on the early civilizations of Babylon, Egypt, India, Greece, Persia and China. Ethics have formed an important part of medical practice since the time of Hippocrates. The Oath of Hippocrates is considered as first code which describes the appropriate relationships between physician and patient. The Hippocratic Oath was formulated during the Greek-Roman period which

brought about a transformation in the entire concept of medical ethics. The spirit of the Hippocratic Oath was restated in the Declaration of Geneva by the World Medical Association in 1948. A year later, the Association adopted a code of ethics which is popularly known as the International Code of Medical Ethics. Modern Western medical ethics has begun to develop in the 1950's and revised time to time from paternalism to autonomy.

Ethics, Morality and Law

Ethics is the study of morality - careful and systematic reflection on and analysis of moral decisions and behavior. Morality is what people believe to be right and good, while ethics is a critical reflection about morality. Ethics is essential in physicians' interactions with patient, society, colleagues and for the conduct of medical research. Medical ethics also addresses issues of medical administration, medical economics, industrial medicine, epidemiology, legal medicine; treatment of animals, as well as environmental issues. The study of ethics prepares to recognize complicated situations in medical practice and to deal with them in a rational and principled approach.

Laws differ significantly from one country to another while ethics is applicable across national boundaries. There is also wide difference in law from country to country because of factors regarding religion, culture, traditions, political systems and social standards. Medical ethics is closely related to law but not identical.

Principles of Medical Ethics¹⁰⁻¹²

Principles of medical ethics provide a framework for resolving ethical issues and for making ethically acceptable decision during medical practice. The principles provide consistent guidance where there are substantive considerations on both sides of an issue. An approach, "four principles plus scope" developed in United States, is based on 4 common, basic prima facie moral commitments plus concern for their scope of application. These principles can

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help doctors and other health care workers to make decisions while facing an ethical dilemma at work. The four prima facie principles are respect for autonomy, beneficence, non-maleficence, and justice.

- (a) Respect of patient's autonomy, i.e., Respect for autonomy is the moral obligation to respect the autonomy of others in so far as such respect is compatible with equal respect for the autonomy of all potentially affected.
- (b) The principle of nonmaleficence, i.e., the duty to avoid harm or injury to patients,
- (c) The principle of beneficence, i.e., the duty to do good to the patients, relieves their pain and suffering and to save life.
- (d) The principle of justice and act fairly, i.e., Justice is often regarded as being synonymous with fairness and can be summarized as the moral obligation to act on the basis of fair adjudication between competing claims. In health care ethics it useful to subdivide obligations of justice into three categories: fair distribution of scarce resources (distributive justice), respect for people's rights (rights based justice) and respect for morally acceptable laws (legal justice).

Ethical Dilemmas in Medical Practice

Ranges of medical ethics are vast and extensive, from treatment of common cold to the dilemma on euthanasia, from simple obligations of a family doctor, to the specialist service in the high cost, high technology corporate hospital. WHO described ethical dilemma as a dilemma between different values which are seen as important, but which in particular cases and circumstances are in conflict with each other.¹³ The purpose of medical ethics is to improve the quality of patient care by identifying, analyzing, and attempting to resolve the ethical problems that arise in the practice of clinical medicine.¹⁴

There are several issues regarding the determination of patients' capacity to participate in decision-making (patients' competence), the principle of "risk-benefit equation" to decide how much information to be given to patients (therapeutic privilege) and the concept of surrogate decision in cases of incompetent patients. Difficult dilemmas can arise in regard to physician's duty when emergency interventions are required in cases of incompetent patients. Conflict may also arise in case of management of a difficult, noncompliance, hostile patient. Death related ethical issues are the

persistent vegetative state, end-of-life care – whether life support decision is to prolong life or suffering? Difficult issues of medical futility, forgoing life-sustaining treatment, organ transplantation, doctor-assisted suicide and euthanasia also have immense ethical and legal implications. Special issues in pediatrics are consent in minor, conflicts of interest between parental rights, withdrawal of ventilator support to asphyxiated newborn with H/E stage-III the rights of the child and the duty of the pediatrician, legal and ethical issues in cases of child abuse, the pediatrician's role in child protection. The management of infertility, surrogate motherhood, the right of fetus, prenatal screening and wrongful life, genetic counseling and eugenics, genetic therapy (whether it is to treat the abnormal or to improve the normal), cloning of human being - are examples of dilemmas in reproductive medicine and genetics.¹⁵

Bangladesh Perspective of Medical Ethics

Ethics has gained importance and urgency in the recent past due to advances in health science and technology and rapid globalization. Moreover, human rights activists and the Consumer Association of Bangladesh are also making people responsive about their health rights. As negligence and malpractice cases are being brought to courts, medical professionals are becoming aware of their code of conduct and ethical behavior.⁷

Bangladesh is a country with diverse medical and cultural traditions. Variations in the traditional health related beliefs are seen across different parts of the country (Ayurveda, Unani, Homeopathy, etc.) embedded under the Systems of Medicine. In Bangladesh, control of medical practice is the act of Government laws and regulations. Bangladesh has set up several regulatory councils for the enforcement of the code, setting standards for medical education and various courses and qualifications.¹⁶ These are the Medical and Dental Council of Bangladesh (BMDC), the Nursing Council and the State Faculty of Medicine.^{17,18} The BMDC upholds disciplinary control over medical practitioners with regard to misconduct, malpractice, negligence as well as behavior in their medical practice. In order to promote medical education and the professional practice in medicine, the BMDC approves the medical curricula and courses developed by various institutes through the technical assistance of the Centre for Medical Education (CME), Bangladesh.¹⁶ In order to regulate

the practice of pharmacy and matters connected therewith, the Government promulgated the Pharmacy Ordinance of 1976¹⁹. Apart from the leading regulatory bodies, there are other national organization known as the Bangladesh Medical Association (BMA) and an association of medical educationists and teachers (National Association for Medical Education NAME) organize regular meetings and seminars on patients' rights, human health rights and different aspects of health ethics, including quality assurance. Most of the major disciplines have their respective academics or associations (like BPA & etc Association). However, these academics do not have any legal power to take action against physician for misconduct or unethical practices.

Ethics in research is dealt by a separate organization namely Bangladesh Medical Research Council (BMRC) which regulates research concerned with clinical, epidemiological and sociological aspects of health and disease including drug trial. Main function of Ethical Review Committee of BMRC is to review research protocols for their ethical aspects before approval.²⁰ Almost all the institutions across the country have ethical committees to give ethical clearance and to oversee the ethical aspect of any research where human subjects are involved.⁷

The medical practice in Bangladesh is governed by legislation and medical laws, which are enforced by the Ministry of Health and Family Welfare. Hospitals, clinics and diagnostic centers are also governed by government regulations. In Bangladesh, health care services are provided by public and private sectors. In public sector there are scarcities of facilities and logistics. The physicians have to face the ethical dilemma regularly in their choice of treatment and priority due to huge workload and shortage of manpower. In private sector treatment and investigation facilities are costly and beyond the reach of vast majority of the population. Bangladesh has lack of good monitoring system, quality improvement facility and proper laws to ensure appropriate health care service. In addition, advancements in organ transplantation and assisted reproduction necessitate new regulations of medical ethics²¹.

Formal teaching of medical ethics is being provided in all medical colleges in Bangladesh at the undergraduate level as a part of medical jurisprudence. However, the teaching curriculum is being revised and behavioral science has been included in the 1st year course giving special emphasis to legal medicine and ethical aspects of medical practice.⁷ More focus is required to accommodate clinical perspective of medical ethics education in both undergraduate and post graduate course curriculum.

Contemporary Ethical Issues in Bangladesh

Traditionally, in Bangladesh, the patients rely on the treating doctor with great trust. The patient often comes with the belief that the doctor knows the best and expects the doctor to make a decision about the treatment. Which is known as paternalistic model of medical care. A paternalistic model had been the norm in Bangladesh over a long period, though the trends are changing, and this paternalistic concept is being questioned now.⁷ A number of other issues like informed consent, patient rights, issue of confidentiality, conflict of interests, unnecessary investigations, treatment and hospitalization and unethical advertisement need attention in Bangladesh.²¹

Malpractice and misconduct by medical practitioners are the most common problems of public concern in Bangladesh. Self advertisement, overcharging, unnecessary investigation indiscriminate use of drugs, unnecessary surgical operations, recruitment of agents to get more patients and providing false medical certificates are major ethical problems.⁷ Issue of confidentiality is an important concern as patients are frequently accompanied by family members. Except few occasions, the whole procedure of history taking, examinations are being conducted in front of attendant. Sometimes family members wish to hide diagnosis of a serious or life threatening condition like malignancy to the patient.²² Doctors are subject to the inducement by pharmaceutical companies in different ways. Inducements can range from free drug samples, pens, writing pads with drugs names to free meals, financial support for travel, lavish trips and entertainments.²¹ The BMDC has taken some initiative to curtail this practice.¹⁶

Doctors in the public hospitals are over worked. They are often criticized because they are the most visible and senior members of the health professions and therefore hold a major responsibility for the failings of the system.²³ Government health services throughout the country are imperfect, over pressured and under-resourced.⁷

Though Bangladesh hasn't adopted a health policy until recently, task forces have been shaped to formulate a health policy. This is based on the national objective of poverty alleviation through improvement of nutrition and the health status of the people. The main aim of the policy would be fair and equitable distribution of available resources across the country. A quality control mechanism, with proper monitoring and supervision, will be established at all levels of health care services.

Recommendations

Teaching medical ethics should be the top most priority in order to bestow ethical values among undergraduate and post graduate students. Health planners, policymakers and implementers should step forward and provide technical support to develop and implement integrated medical ethics curriculum in medical institutes. The Government and nongovernment regulatory authorities should be strengthened to facilitate and to monitor health education and health services to ensure best possible care from doctors and other health care provider.

Conclusion

It is now a established belief that ethical considerations are an integral part of medical practice. Doctors should have the capability to recognize legal and ethical issues arising from clinical practice so that ethically sound decision can be made to resolve them. Consultation with peers, lawyers and ethicist is a useful approach of solving doubtful scenarios arising during medical practice.

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