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Perceptions on bioethics among patients presenting to family physicians at a teaching hospital in Karachi

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Original Article

PERCEPTIONS ON BIOETHICS AMONG PATIENTS PRESENTING TO FAMILY PHYSICIANS AT A TEACHING HOSPITAL IN KARACHI, PAKISTAN

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ABSTRACT:

Objective: To study the perceptions on bioethics among patients presenting to family physicians at a teaching hospital in Karachi, Pakistan

Study design: Questionnaire based cross sectional survey

Settings: The study was carried out at the family practice center, the Aga Khan University Hospital, Karachi

Main outcome measures: Perceptions on the broad principles of bioethics

Results: Majority of the respondents were young and well educated and better placed socio-economically. Respondents reported the moral duties of a physician and their reaction in the event of the death of a close relative due to a doctor's negligence. The majority agreed that a "doctor is next to god". Other issues studied include discontinuation of artificial life support, giving of gifts by pharmaceutical companies to doctors, sickness certification, organ donation, human cloning, disclosure of information to cancer patient and patient confidentiality.

Conclusion: We have found interesting patient's perceptions on Bioethics with important implications for clinical practice.

KEY-WORDS: Bioethics-Artificial life support-Sickness certification

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INTRODUCTION

In November 1996, the Council of Europe approved the convention on Human Rights and Biomedicine for formal adoption. If ratified, the "bio-ethics convention" will become the first such document to have binding force internationally[1], with repercussions for patient care all over the world.

Evidence is emerging which suggest that differences in the way the principles of bioethics apply, vary across different societies and cultures. In Chinese Society, a "beneficence-oriented" approach is adopted, which is dissimilar to the practice of contemporary western bioethics, where "autonomy often triumphs"[2].

Even in the developed world, the past thirty years have seen a dramatic shift in practice, from one that has traditionally been physician focused to one that recognizes patient

autonomy & is predominantly patient focused[3].

The paternalism characteristic of traditional Japanese medicine includes examples such as concealing from patients the diagnosis of cancer; withholding information about drugs; requiring them to sign waivers of rights; and refusing them access to their own medical records[4].

Specific areas of cross cultural conflict include the role of the patient and family in medical decision making; the disclosure of unfavorable medical information to critically ill patients; the discussion of advance directives or code status with patients; and the withholding or withdrawal of life support[5].

It seems that with the introduction of new biomedical technologies, it is the significance of bioethics that acts as a regulator of physician-patient relations[6]. Literature is not available in Pakistan and other developing countries with regard to perceptions about the broader aspects of bioethics, among the patients, Therefore, a need was identified to study the bioethics perceptions among the patients at Karachi, Pakistan.

SUBJECTS AND METHODS

The study was conducted at the Community Health Center, the Aga Khan University Hospital, Karachi, from December 1999 to May 2000. The Community Health Center is a Family practice Center, where approximately 150 family practice patients are seen daily by family physicians.

It was a questionnaire based cross sectional survey of patients. A questionnaire was developed for collecting patient's perception on bioethics, based on the broad principles like beneficence, non-maleficence, patient autonomy and justice. Data on the demographic parameters of the patients was collected to look at the background of the study population.

Written consent was taken from those participating in the study after they agreed to fill the questionnaire. The questionnaire was administered by the study authors and trained volunteers. Epi-info and SPSS computer software were used for the data management.

RESULTS

A total of 420 patients were surveyed. Table-I lists the demographic profile of the study population, which shows that the majority of the respondents were young, well educated and better placed socio-economically.

Honesty / sincerity, competency, politeness, time management and truthfulness were reported to be the top five moral duties of a physician (Table-II).

Reaction of the respondent in the event of the death of a close relative is listed in Table-III. Patients' views on bioethical issues are listed in Table-IV.

TABLE - I

Demographic profile of the study population (n= 420)

S. No.	*Parameter*	*Number (Percent)*
1.	**Age (in years)**	
	<25	103 (24.5)
	25-34	145 (34.5)
	35-49	125 (29.5)
	50-59	31 (7.4)
	60-64	9 (2.1)
	65 & above	7 (1.7)
2.	**Mean Age (Standard Deviation) (In years)**	33.7 (±11.98)
3.	**Sex**	
	Male	373 (88.8)
	Female	47 (11.2)
4.	**Marital Status**	
	Single	145 (34.5)
	Married	271 (64.5)
	Divorced	1 (0.2)
	Widowed	3 (0.7)
5.	**Educational Status**	
	Illiterate	33 (7.9)
	Primary	29 (6.9)
	Secondary	51 (12.1)
	Matriculate	57 (13.6)
	Intermediate	93 (22.1)
	Graduate	102 (24.3)
	Post-graduate	42 (10.0)
	Diploma	13 (3.1)

TABLE - II
Most important moral duty of a Physician*
(n=420)

S. No.	Moral Duty	Number (Percent)
1.	Honesty / sincerity	328 (78)
2.	Competency	265 (63)
3.	Politeness	246 (59)
4.	Time management	133 (32)
5.	Truthfulness	127 (30)
6.	Maintain confidentiality	125 (30)
7.	Not greedy	91 (22)
8.	Give time to the patient	85 (20)
9.	Dutiful	81 (19)
10.	Keeping up-to date	75 (18)
11.	Respect for patient rights	74 (18)
12	Attend to patient's needs	67 (16)

* More than one response from the respondents

TABLE - III
Reaction, if a close relative dies due to a physician's negligence*
(n= 420)

S. No.	Reaction	Number (Percent)
1.	God's will	190 (45)
2.	Take legal action	77 (18)
3.	Forgive	76 (18)
4.	Report to higher authorities	42 (10)
5.	Get angry	21 (05)
6.	Kill the doctor	08 (02)
7.	Grief	05 (01)
8.	Warn the doctor	04 (01)
9.	Examine the doctor's licensure to practice	03 (01)
10.	Others	03 (01)

* More than one response from the respondents

DISCUSSION

Honesty and sincerity figured prominently as desired qualities in a physician. It is not a surprise that our patients expect their doctors to be polite. Since the respondents were visiting a teaching hospital, a majority of the respondents wanted physicians to be competent (Table-II).

Since our study was carried out in the outpatient settings of a busy tertiary care hospital, with an average waiting time of around 50 minutes, it may be for that reason that patients quoted time management of a physician as highly desired (Table-II).

In Singapore, 274 doctors and 400 members from the public were administered an inventory comprising 25 statements. The public regarded doctor being knowledgeable and keeping upto-date as most important while physicians regarded honesty, responsibility and trustworthy as important characteristics of doctors[8]. These findings are in line with those of our study.

The finding that people want doctors not to be greedy is also supported by earlier work. There have been concerns as to why the medical profession has so far ignored physician greed[9]

In reaction to the death of a close relative due to a physician's negligence, the majority responded in favor of forgiving the doctor (Table-III). This view is in line with the Islamic perspective on forgiveness. In order to develop internationally and culturally relevant medical ethics standards, non-western perspectives ought to be acknowledged and incorporated[10].

Patients are known to attach divine qualities to doctors and we found a majority of the respondents agreed that a "doctor is next to god" (Table-IV). Many studies have found that religious belief and practice have a positive effect on physical and mental health, although the topic needs more research. As religious beliefs may affect both health and health promotion behavior, it is recommended that physician should try to understand their patient's beliefs[11].

Concerning artificial life support, a majority of the respondents were not in favor of discontinuing life support to a patient with no chances of survival, in order to save another life (Table-IV). We feel that it is not only a waste of limited resources but also loss of precious lives, because of such thinking coupled with a lack of ventilators.

Concerning organ donation, a significant number of the respondents considered it appropriate for a rich person to purchase kidney from a poor person for transplantation (Table-IV). All forms of commerce in organ donation become ethically unacceptable if the regulations governing them cannot realistically be enforced[12].

A majority of the respondents disagreed with the practice of giving expensive material gifts to the doctors by pharmaceutical companies (Table-IV). Attending sponsored CME event and accepting funding for travel or lodging for educational symposia are associated with increased prescription rates of the sponsor's medication[13]. Patients feel pharmaceutical gifts

TABLE - IV
Patient's views on Bioethical issues

S. No.	*Question*	*Yes Number (%)*	*No Number (%)*	*Don't Know Number (%)*
1.	Is it all right if a doctor helps a dying patient to end his life, in order to reduce suffering?	38 (09)	370 (88)	12 (3)
2.	Is it all right to discontinue artificial life support to a patient with no chances of survival?	236 (56)	166 (40)	18 (04)
3.	Is it appropriate not to disclose diagnosis to a cancer patient?	206 (49)	207 (49)	07 (02)
4.	Is it essential for the doctor to explain the details of treatment advised to a patient?	407 (96.9)	11 (2.6)	02 (0.5)
5.	Can a physician disclose information about patient illness to his close relative / employer?	153 (36)	263 (63)	04 (1.0)
6.	Is it appropriate for a rich person to purchase kidney from a poor person for transplantation?	189 (45)	217 (52)	14 (03)
7.	Are you satisfied with the medical care available in Pakistan?	299 (71)	111 (26)	10 (03)
8.	Do you agree that a doctor is next to God?	258 (62)	153 (36)	09 (02)
9.	Do you agree with human cloning?	44 (10)	259 (62)	117 (28)
10.	Is it appropriate for doctors to accept gifts from pharmaceutical companies?	368 (88)	40 (09)	12 (03)
11.	Can a sickness certificate be given by the doctor, to a patient not under his care, on the request of a close friend?	29 (07)	384 (91)	07 (02)
12.	A patient on the panel of a company asks the doctor to prescribe an expensive medicine, for the use of a poor relative. Should the doctor oblige?	96 (23)	304 (72)	20 (05)

are more influential and less appropriate than do their physicians[14].

Physicians who have a large number of patients in their practice, see a large number of patients per day, or write a large number of prescriptions per day are more likely to be offered gifts by pharmaceutical companies, and they are also more likely to condone the practice of gift-giving and receiving[15].

Concerning sickness certification, a minority of the respondents was in favor of the issuance of sickness certificate to a patient not under care of a doctor (Table-IV). It has been previously documented that patients are a stronger controlling element than the General Practitioners in the process of certification of sickness[16]

Respondents were equally divided with regard to concealing of diagnosis of cancer from patients (Table-IV). In the developed world, it is considered the right of the patient to know about his illness and treatment and be part of the decisions involved in their care.

A majority of the respondents said that they considered it essential for the doctor to explain the significant treatment details to the patients (Table-IV). This shows that our patients want to be involved in the decisions regarding their treatment.

A significant number of respondents considered it appropriate for a doctor to disclose information about patient's illness to his/her close relative or employer (Table-IV). This shows that we need to create awareness about patient confidentiality among the public.

Justice is an important principle of Bioethics, and availability of adequate medical care is considered a right of every citizen. It is good to note that a majority of the respondents stated that they were satisfied with the available medical system of care (Table-IV).

A majority of the respondents were in not in favor of "human cloning" (Table-IV). Future developments in this area are likely to influence our lives and therefore, debate on this issue is recommended.

A significant number of the respondents were in favor of the practice of prescribing expensive medicines to corporate patient in order to be used by a poor relative (Table-IV).

CONCLUSIONS

We have documented patients' perception on broader Bioethics issues. As expected, they show that there is no absolute agreement on all the issues. Opinions vary but trends are apparent. It is important for physicians to understand their patients' beliefs. We cannot and must not import views from the west on the issues of bioethics without giving due consideration to the cultural and religious views of the local population.

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