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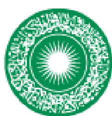

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Perceptions on bioethics among general practitioners in Karachi, Pakistan

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Original Article

PERCEPTIONS ON BIOETHICS AMONG GENERAL PRACTITIONERS IN KARACHI, PAKISTAN

Waris Qidwai [1], Hafeez Qureshi [2], Syed Iqbal Azam [3], Syed Sohail Ali [4] & Semi Ayub [5]

ABSTRACT

Objective: To study the perceptions on bioethics among general practitioners in Karachi, Pakistan.
Design: A questionnaire based cross sectional survey.
Settings: 85 general practitioners in Karachi were surveyed at their clinic premises.
Main outcome measures: Perceptions on the broad principles of bioethics.
Results: The majority of general practitioners were males, with mean age of 36.3 years, had minimal postgraduate qualifications and continuing medical education. They reported the top five moral duties of a physician and their reaction in the event of the death of a close relative due to a doctor's negligence. A significant number of respondents 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 documented the perceptions of general practitioners on broad principles of bioethics. These views have significant implications for medical practice.

KEY-WORDS: Bioethics, General Practitioners, Artificial Life Support.

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INTRODUCTION

Ethics is the application of values and moral rules to human activities. Bioethics is a subsection of ethics, that uses ethical principles and decision making to solve actual or anticipated dilemmas in medicine and biology[1].

The impact of hippocratic Oath on medical practice is universally recognized. However, some physicians raise questions about its validity and few medical schools use it in graduation ceremonies[2]. Recently, the value of such oath taking has been justified by ethicists[3].

In the modern age of medical practice, it is expected that physicians should encourage the development of patients' responsibility in managing their own health and respect their autonomy[4].

The important question is whether principles of biomedical ethics are understood

and practiced by clinicians in the community. It has been suggested that bioethicists should be cautious about assuming that their opinions will be readily accepted by practitioners[5].

Under the present curriculum in medical colleges in Pakistan, there is limited exposure of the medical students to the bioethical issues, which the doctors face in their clinical practice. The necessity to implement the medical ethics in the course of medical education has been well documented[6].

In south asia, the perceptions of biomedical ethics at the level of general practitioners, have been scarcely studied and reported. In Bangladesh, with a lot of similarities to Pakistan, it has been argued that better health care could be possible if greed for money and unaccountability to the people were controlled by the government[7]. This brings into question whether principles of bioethics are understood and practiced by general practitioners in Pakistan.

We, therefore established a need to study the perceptions on the broad principles of bioethics, among general practitioners in Karachi, Pakistan.

SUBJECTS AND METHODS

The study questionnaire was developed and administered to the participating general practitioners at their place of practice, in Karachi, Pakistan, during the month of April 2001.

It was a cross sectional survey of 85 general practitioners. The questionnaire was used to collect general practitioner's perception (knowledge and attitude) on bioethics, based on the broad principles like beneficence, non-maleficence, patient autonomy and justice. Demographic data on the participating general practitioners was collected to look at their background. Written consent was taken from those participating in the study after providing them assurance on confidentiality. The study investigators administered the questionnaire. Epi-info and SPSS computer software were used for the data management.

RESULTS

A total of 85 general practitioners were surveyed. Table-I lists the demographic profile of the general practitioners, 73% were males and their mean age was 36.3 years. Table-II list the 10 moral duties of a physician, in the view of the general practitioners, in rank order. Competency, honesty lack of greed, kindness and maintenance of confidentiality were ranked top five amongst the moral duties. Table-III lists the reactions of general practitioners, in case their patient dies due to doctor's negligence, 72% opted to take a legal action. Table-IV lists the views of general practitioners on bioethical issues.

TABLE - I

Demographic profile of the general practitioners (n=85)

S.No	*Parameter*	*Number (Percentage)*
1.	**Sex**	
	Males	62 (73)
	Females	23 (27)
2.	Mean Age (SD*) (In years)	36.3 (7.71)
3.	**Marital Status**	
	Single	21 (25)
	Married	64 (75)
4.	**Year of Graduation**	
	< 1990	49 (58)
	> 1990	36 (42)
5.	**Post Graduate Qualification**	
	Yes	23 (27)
	No	62 (73)
6.	**Continuing Medical Education**	
	Yes	14 (17)
	No	71 (83)

* Standard deviation

TABLE - II

Most important moral duties of a physician
(n=85)

S.No	Moral duty	Rank order									
		1	2	3	4	5	6	7	8	9	10
1.	Competency	38	16	6	8	4	3	6	2	0	2
2.	Honesty	27	12	7	9	7	7	6	4	4	2
3.	Not greedy	17	12	7	7	10	5	6	6	1	14
4.	Kindness	16	15	15	11	7	5	5	2	6	3
5.	Maintain confidentiality	16	11	3	8	6	10	9	9	5	8
6.	Time management	16	0	12	11	11	2	4	3	14	12
7.	Truthfulness	16	10	13	1	6	10	9	7	3	10
8.	Respect patient's rights	14	6	4	9	10	5	8	8	12	9
9.	Trust worthy	12	8	7	9	13	13	4	9	2	8
10.	Keeping upto date	12	5	8	4	6	5	6	12	14	13

TABLE - III

Reaction, if a close relative dies due to a physician's negligence
(n=85)

S.No	Reaction	Number (Percentage)
1.	Forgive the doctor	19 (22)
2.	Take legal action	61 (72)
3.	Don't know	05 (06)

DISCUSSION

This is perhaps the first study carried out in Pakistan, surveying perceptions on broader bio-ethics issues among general practitioners in Karachi, Pakistan. Even though our study population is limited to 85 general practitioners, we hope that the collected information, will form the basis for more elaborate studies on the more finer bioethics issues and with larger sample size.

The study population predominantly

TABLE - IV

Doctor's views on bioethical issues
(n=85)

S.No	Question	Yes	No	Don't Know
		Number (%)	Number (%)	Number (%)
1.	Is it all right if a doctor helps a dying patient to end his life, in order to reduce suffering?	15(18%)	63(75%)	6(7%)
2.	Is it all right to discontinue artificial life support to a patient with no chances of survival?	46(54%)	39(46%)	-
3.	Is it appropriate not to disclose diagnosis to a cancer patient?	30(35%)	54(64%)	1(1%)
4.	Is it essential for the doctor to explain the details of treatment advised to a patient?	67(79%)	18(21%)	-
5.	Can a physician disclose information about patient illness to his employer?	26(31%)	55(65%)	4(4%)
6.	Can a physician disclose information about patient illness to his close relative?	63(74%)	20(24%)	2(2%)
7.	Is it appropriate for a rich person to purchase kidney from a poor person for transplantation?	35(41%)	47(55%)	3(4%)
8.	Are you satisfied with the medical care available in Pakistan?	12(14%)	72(85%)	1(1%)
9.	Do you agree that a doctor is next to God?	31(36%)	48(56%)	6(8%)
10.	Do you agree with human cloning?	29(34%)	49(58%)	7(8%)
11.	Is it appropriate for doctors to accept gifts from pharmaceutical companies?	19(22%)	61(72%)	5(6%)
12.	Can a sickness certificate be given by the doctor, to a patient not under his care, on the request of a close friend?	7(8%)	77(91%)	1(1%)
13.	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?	10(12%)	75(88%)	-

consisted of males with minimum postgraduate qualifications and continuing medical education. (Table-I)

We are aware that general practitioners are providing the medical care to the majority of the population, it is important for us to find out why they are unable to pursue continuing medical education. Even in the developed countries, primary care physicians have been reported to spend less than 3 hours per week on medical reading[8]

It is interesting that 48% ranked competency as the most important moral duty of a physician and yet majority of them have ranked keeping upto-date as the least important. This is reflected in the fact that they have minimal con-

tinuing medical education. In Norway, primary care physicians spend less than 3 hours per week on medical reading[8]. Honesty and "not greedy" were ranked second and third most important moral duties of a physician, respectively. The issue of greed has been raised by a study in Bangladesh, with stress on accountability[7].

Kindness, confidentiality, time management and truthfulness were ranked amongst the four most important moral duties of a physician. In Japan, among patients discharged from hospital, 'nurse's kindness and warmth' and 'doctor's clinical competence', were associated significantly with overall satisfaction[9].

Respect for patient's rights and trustworthiness has received least importance as moral duties of a physician, in comparison to others. The reasons for this prioritization needs further study, since it's an important issue (Table-II). In Turkey, among 317 patients interviewed upon hospital discharge, 63% of them were not aware that they had any rights in receiving health care services at all. It has been recommended that hospitals in Turkey adapt routine policies similar to those in United States for informing customers about their rights for safe, effective and efficient health care provision[10].

It is interesting that majority of the general practitioners, support legal action against a doctor, whose negligence leads to the death of a patient, but still a significant 19% advocate forgiveness (Table-III). It may be explained on the basis of the special status that "forgiveness" enjoys in an Islamic society.

In contrast however, significant 18% of general practitioners support physician assisted suicide, despite the fact that suicide is forbidden in Islam, and is considered a criminal offence[11].

It is unfortunate that the issue of discontinuation of artificial life support to patients with poor prognosis is controversial. It is surprising that despite shortage of ventilators, general practitioners were divided on the issue.

Concealing diagnosis from a patient is considered unethical by all standards and is a feature of paternalistic model of practice. A significant number of general practitioners consider it appropriate not to disclose diagnosis of cancer to patients. Further debate on this important issue is needed and recommended.

Despite the fact that a patient has a right to know, it is indeed surprising that a high proportion of general practitioners did not consider it necessary to explain details of treatment advised to patients.

Confidentiality is a mandatory patient right that must be respected. A significant proportion of them agreed to pass on confidential patient information to employers and close relatives. Such attitude may be questioned by bioethists today. It has been documented that patients anticipate that doctors would be honest and respect their confidence[12].

It is not surprising that general practitioners are divided on the issues of organ sale for transplantation. It is important for transplantation professionals to be familiar with the risks and benefits associated with living donation in their own specialty area. Placing living donation within an ethical framework can allow for careful consideration and guide decision making in each individual case[13].

It must be very frustrating to them, to continue work in the delivery of health care when majority of them are not satisfied with the medical care available in the country.

Doctors have traditionally been considered to have divine qualities. It is therefore not surprising that a significant proportion of them agree that a doctor is next to God.

The idea of human cloning has been a focus of a lot of controversy and discussion in recent years. A significant proportion of general practitioners agree with the idea, which perhaps speaks of its acceptance in the medical community.

In the present day and age, when practice of medicine is threatened to become a business, it is heartening to see that majority of general practitioners are against the practice of giving gifts to doctors by pharmaceutical companies. Accepting gifts and the ensuing relationship has ethical implications. The use of patient's money

to pay for gifts may be unjust, the relationship between physician and patient may be threatened and the physician's character may be altered[14].

The general practitioners are against the issuance of sick leave certificate, when the patient is not under care of the concerned physician. It must be realized that it has been shown that patients are a stronger controlling element then the general practitioner in the process of certification of sickness[15].

The majority of general practitioners are against prescription of medicines to patients on a company's panel, if they are supposedly to be used not by the company patient but by poor relatives.

CONCLUSION

We have documented the perceptions of general practitioners on the broad principles of bioethics. Such views have significant implications for medical practice. Further studies and debate on these important issues are strongly recommended.

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