

The critical role of ethics training in medical education

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Abstract

When one thinks of the issue of medical ethics the Hippocratic Oath comes to mind. In terms of this oath, one would assume that the goal of medical ethics is to improve the quality of patient care by means of the identification and analysis, and hopefully resolution of any ethical complications that arise in the course of medical practice. This is not always the case and sadly, many Physicians' are unhappy with the practice of medicine and its ethical obligations. Such attitudes may have severe public health implications for the South African medical profession. It is thus essential to provide even more effective ethics training which includes moral reasoning during medical school and residency training. At a time when there appears to be less public confidence in doctors and where practitioner morale is at an all-time low, and patients complain of substandard medical treatment, it is important to reconsider the question of medical ethics. This paper seeks to scrutinize the principles of the Hippocratic Oath and questions whether medical practitioners of contemporary medicine adhere to its principles and are taught ethics during their medical courses. This will provide a greater understanding of the role of modern medical ethics education in promoting ethical practice.

Key words: Medical ethics, Hippocratic Oath, customer care, training

Introduction

Hippocrates (460-375 B.C.), who was a physician in Classical Greece, has been regarded as the "Father of Medicine". He laid the foundations for the principles of ethics in medicine that continue to influence physicians' thinking and actions and have done so for over 2,500 years. His renowned and noteworthy Hippocratic Oath which is to date one of the oldest requisite manuscripts in history, remains the basis of ethical action for physicians of western medicine. However, the dynamic nature of the sciences which impacts advances in medical knowledge and therapy affecting patients, as well as the diverse cultural and social environments in an ever-increasing globalising world, make it essential to reconsider the ethical practice perspective in contemporary medical practice.

The medical profession has generally been viewed with admiration and respect and doctors, for the most part, have a body of loyal patients and deferential colleagues. This picture is slowly being eroded as a once glamorous profession is under attack. Numerous doctors complain of a loss of autonomy in their

work. This has been exacerbated by newspaper articles deriding the poor treatment of patients that is meted out by certain doctors who find themselves more in courts of law than in hospitals. In general, doctors of all types find themselves in a situation where their prestige is questioned. Consequently many of them are highly dissatisfied with the professional contagion that is eroding their status and threatening their professional identity^[1].

ETHICS AND DECISION MAKING

Medical ethics is the study of medical situations, activities and decisions taken by medical practitioners where they are called on to address issues of what is morally right and wrong as opposed to financially or commercially right or wrong. There are however some differences between morality and ethics. Whereas morality is primarily concerned with norms, values and beliefs that are embedded in social processes which define right and wrong for any individual or a community, ethics is concerned with the study of moral issues and the application of reason to elucidate specific rules and principles to determine what is right or wrong for any given situation.

Morality thus precedes ethics ^[24]. Doctors provide a major contribution to society in terms of the services they offer but how they make their contribution raises serious questions. Medical malpractice has the potential to inflict huge harm on individual patients and communities as well as the environment, where for example, medical waste is dumped. Consequently it is vital to teach medical ethics and inculcate ethical practice so as to advance the human condition in general.

ETHICS EDUCATION

Medical ethics today places huge emphasis on the principle of respect for a patient's autonomy. It is the patients who are now the final decision-makers as to medical treatment. In South Africa, The Consumer Protection Act applies to patients as well as consumers. In terms of this act, strict liability for harm caused by goods and services is strictly enforceable. This essentially means that medical practitioners can be held jointly and severally liable. Such a scenario poses huge challenges to health care delivery and makes especially doctors vulnerable to prosecution in the event of 'malpractice'. Consequently future doctors ought to be prepared to accept their responsibility to be professionally ethical and strive to develop a virtuous character, since they are bound by a 'social contract'.

By teaching medical ethics, medical schools can help to improve the ethical decision-making provided by future doctors with appropriate knowledge and the know-how to allow them to make correct diagnoses and analyses and thus provide ethical solutions to problems and dilemmas they will encounter. There is a drive towards the implementation of a core curriculum for all medical schools in South Africa since such an initiative would lead to *inter alia*, enhanced ethics education for medical practitioners. It is imperative that students have adequate knowledge and understanding of their roles as future medical practitioners and moral reasoning skills non-negotiable if

patients are to be cared for adequately. It is clear that moral reasoning should be taught in all medical education courses since it is a precondition of ethical behaviour in medical practice. Ethical concepts and moral reasoning forge the way in which doctors view their obligation to society. A virtue based ethic promotes the traits of ethical practice and assists an individual to acquire an ethical character. Doctors should be virtuous, good and moral agents and should strive to avoid vice and immoral action. They should thus act virtuously if they wish to be virtuous and their actions must conform to set standards of virtue that are prescribed. Doctors are expected to act in accordance with the standards of moral virtue and what is ethically prescriptive in essence becomes descriptive for them. The American Medical Association (AMA) was formed in 1846 to create a code of ethics amongst other reasons. Medical students are expected to memorise the principles of the code of ethics and follow them throughout their careers. They are called upon, *inter alia*, to primarily treat patients with respect and dignity and uphold professionalism as they safeguard human life from birth to death. They should also be honest in all their dealings while respecting the law and seeking what is best for patients. They must also respect the rights and privacy of patients as well as those of colleagues, within the constraints of the law. Lifelong learning is desirable and doctors should be committed to medical education and seek the betterment of public health at all times.

Where does this leave medical students and ethics education?

Education is a social encounter in which students are supervised by academics. The parties have converging and diverging interests but what is needed is a balance between the interests that carefully interrogates the issue of ethics in the workplace. At the time of interview of potential students as well as during admission to a medical school, care must be taken to accept only students who are most likely to become ethical physicians. Once a student is on board, the academic

and the student need to engage each other within a spirit of respect and within the spirit of acting ethically at all times irrespective of cultural or national background. Students should be subjected to a Moral Judgment Interview in their first year of study and again in their final year, so as ascertain their moral reasoning abilities ^[2]. The Moral Judgment Interview is based on Kohlberg's theory of moral development. This advocates that people tend to develop successively through stages of moral reasoning. These include motivation due to fear of punishment, a belief in the golden rule, a sense of obligation to obey the letter of the law, to a personal commitment in the cogency of universally accepted moral principles and values ^[3].

Lawrence Kohlberg was a pioneer in the research of moral reasoning of students ^[4]. He utilised Jean Piaget's three stages of moral development as a basis of his work and identified three supplementary stages of development. Kohlberg used a series of conjectural problems and focused on the process of which method individuals tend to use to make moral judgments. Kohlberg's theory includes a six-stage sequence which grouped into distinct three levels. At the primary level (level 1-preconventional), individuals are judged by direct consequences of their choice and their perspective is on their own unique needs. At the second level (level 2 -conventional), individuals come to recognize the rules and expectations of others by comparing these to societal views. In the third level (level 3 – post-conventional) individuals tend to divorce themselves from societal views and perceive rules to be beneficial but exchangeable. During the first stage of the pre-conventional level, (heteronomous morality stage) it is suggested that individuals are obedient in order to circumvent punishment. In the second stage (individualistic, instrumental morality) individuals seem to adhere to rules in their own interest. By stage 3 (interpersonally normative morality) in the conventional level, people live up to what is expected of them and they have need

to be viewed as 'good' people. By stage 4 (social system morality), individuals tend to make moral decisions from the viewpoint of society as whole. By stage 5 (human rights and social welfare morality) of the post-conventional level, people become acquainted with the range of principles and values that highlight basic rights. By stage 6 (morality of collective, reversible, and prescriptive general ethical principles) individuals believe ideals to be rational and they thus follow self-selected ethical principles.

It is interesting to note that Kohlberg's Stages have three aspects to consider that are important when it comes to ethical reasoning. The primary stage is a structural one in which individuals in any of the stages will tend to exhibit similar reasoning patterns of that stage irrespective of the moral situation they may be encountering. Secondly, this is sequential, and in any advancement through any of the stages, the move is specific and follows a sequence and there is no missing of any prior stage. Thirdly, each consecutive stage is more developed than the former since it incorporates characteristics of each of the prior stages. There are two elements that enable moral development namely, exposure to others in the higher stages of moral reasoning and uncertainty, and undergoing situations that form the basis of internal moral conflict ^[4]. Kohlberg's Theory is often considered where there are moral dilemma issues in academic courses which emphasise personal growth and self-reflection and which assist individuals to develop advanced reasoning ability, such as in medicine. It is not of course, possible to effectively gauge whether or not an increase in the development of moral reasoning that is expected of medical students in fact does occur. What then is the status of the Hippocratic Oath?

THE HIPPOCRATIC OATH/CODE

Most newly qualified doctors of Medical schools across the globe have a graduation ceremony in which they are required as new doctors, to declare their

commitment to shoulder the many and varied responsibilities of the medical profession. Their declaration marks an explicit pledge to ethical conduct in the course of their careers as medical practitioners.

There are a number of oaths including the original Hippocratic Oath, the Geneva Declaration, the World Health Organization revised Hippocratic oath, the prayer of Maimonides, the General Medical Council's Duties of a Doctor and the University of Naples declaration, all of which include important ethical considerations. The Hippocratic Oath is not obligatory in most modern medical schools, although some institutions have adopted modern versions that are more compatible with 21st century thinking. The modern version which was penned in 1964 by Louis Lasagna, the Academic Dean of the School of Medicine at Tufts University in Boston in the United States, emphasized a holistic and compassionate approach to medical care.

The "Lasagna Oath" ^[8] has been adopted by many medical colleges and follows below:

I swear to fulfil, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of over-treatment and therapeutic nihilism.

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these

related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

In its original form however, the Hippocratic Oath (Ορκος) is possibly the most extensively recognised of all the Greek medical texts. It required a physician to swear upon a number of healing gods that he would uphold a number of professional ethical and moral standards of conduct. It also strongly bound the medical student to his instructor and the larger community of physicians with responsibilities similar to that of a family member. It is conceivable that the Oath may have manifested the initial stages of medical training to those beyond the primal families of Hippocratic medicine, namely, the Asclepiads of the island of Kos in ancient Greece. They were expected to be ultra-loyal to their patients and fellow practitioners. Over the last twenty four centuries, it has often been rephrased and used in the West, to suit the values of diverse cultures that have been influenced by Classical Greek medicine ^[5].

The principles of the Oath which are codified are held as special by most western medical practitioners even up to today. Doctors are called to treat the ill to the best of their abilities, while preserving patient confidentiality.

The Health Professions Council of South Africa has posted on their website ^[12] a National Patients' Rights Charter and state that everyone has the right to access to health care services and:

- a. receiving timely emergency care at any health facility that is open, regardless of ones ability to pay;
- b. treatment and rehabilitation that must be made known to the

- patient to enable the patient to understand such treatment or rehabilitation or the consequences thereof;
- c. provision of special needs in the case of newborn infants, children, pregnant women, the aged, disabled persons, patients in pain, persons living with HIV or AIDS patients;
 - d. counselling without discrimination, coercion or violence on matters such as reproductive health, cancer or HIV/AIDS;
 - e. palliative care that is affordable and effective in cases of incurable or terminal illness;
 - f. a positive disposition displayed by health care providers that demonstrates courtesy, human dignity, patience, empathy and tolerance;
 - g. health information that includes information on the availability of health services and how best to use such services, and such information shall be in a language understood by the patient.

They also state that the core ethical values and standards required of health care practitioners include respect for persons, best interests or well-being (non-maleficence), beneficence, human rights, autonomy, integrity, truthfulness, confidentiality, compassion, tolerance, justice, professional competence and self-improvement and community. Doctors are obliged by duty to do or refrain from doing something and although they are in a position of power over their patients, they should avoid abusing their position. They should honour the trust of their patients and consider their well-being as their primary professional duty. They should be accessible and not allow their personal beliefs to prejudice their patients. They should not refuse or delay treatment and apply their mind when making diagnoses and considering types of treatment to use. They should act quickly and respond to criticism and complaints promptly and constructively. They should not have a *locum* who is has restricted registration

with the HPCSA and apply health care within the limits of their competency, practice and experience. In addition to keeping up to date records they should refrain from engaging in activities that may affect their health and lead to impairment. Any staff they may hire should be trained to respect patient rights and confidentiality. They should keep all equipment in good working order and maintain hygiene and refer patients to other health care providers when deemed necessary. Any misconduct should be reported by them and not degrade the natural environment and ensure that health care waste is disposed of legally (http://www.hpcsa.co.za/downloads/conduct_ethics/rules/generic_ethical_rules/booklet_1_guidelines_good_prac.pdf)^[13].

The American Medical Association's Oath of Medical Ethics (1996 edition), states that the Hippocratic Oath: "has remained in Western civilization as an expression of ideal conduct for the physician." Most of the graduating medical-school students in the United States thus swear to some form of the oath, but this is usually a modernized version^[6]. However, in a somewhat contradictory stance, the content of current versions of the Hippocratic Oath has strayed from the original creed as espoused by Hippocrates.

A survey conducted in the United States and Canada in 1993 of 150 medical schools, uncovered for example, that a mere 14% of modern versions of the Hippocratic Oath used for graduating students forbid the practice of euthanasia, while only 8% forbid abortion. Only 3% explicitly forbid sexual contact between practitioners and their patients^[7]. This and other deviations are a clear movement away from the basic teachings and intentions of Hippocrates. However, the medical school students at more than 60% of United States medical schools swear to some form of an oath, and more usually to a modernized version of the Hippocratic Oath^[8].

There are also many physicians who believe that the Hippocratic Oath is

insufficient to address the realities of an ever changing medical world. There are increasing numbers of legalised abortions, physician-supported euthanasia, and modern diseases that did not exist previously such as for example the dreaded Ebola virus and AIDS. It is now also very difficult for doctors to maintain a patient's privacy due to legal aspects. The Hippocratic Oath does not consider a range of modern issues including *inter alia* the ethics of experimentation, or a doctor's legitimate responsibilities. It does not suggest that experienced doctors should become proactive and for example create learning groups within the associations in which they are registered.

There are some doctors who contend that the principles enshrined in the Hippocratic Oath negate the beliefs held by various world faiths. To them and others, the Oath is regarded as a mere formality and they view it as a traditional ritual which has no place today and term it the "Hypocritic Oath" ^[9]. Others call for its total revision or even rejection. The Oaths is of course neither a worldwide undertaking nor a legal requirement. In any event, taking the Oath does not provide the assurance that the taker will act morally in the course of his or her career as a medical practitioner. Taking the Hippocratic Oath or any other similar one, is then a questionable practice.

Be that as it may, the Hippocratic Oath is still emphasized by the American Medical Association (AMA) as an expression of the epitome modern medical behaviour. Over 84 national medical associations, which represent a combined total of about nine million physicians, are members of the World Medical Association (WMA) ^[10]. So why should doctors take an oath at all?

MEDICAL ETHICS TRAINING

The teaching of ethics at medical schools in South Africa is very inconsistent and highly variable. Consequently, the HPCSA is seeking to forge a core curriculum that would be implemented at

all institutions offering medical education. Medical ethics should also be taught as a condition of accreditation of any medical postgraduate programme that is in existence or envisaged for the future. There is a body of evidence which suggests that an ethical pronouncement may strengthen a doctor's resolve to perform with integrity in even the most severe circumstances. Consequently, ethics should be incorporated into the very heart of medical education curricula. Medical students and physicians often decry the highly theoretical approach followed in some traditional teaching programmes in medical ethics. There is increasing support for performance based approaches to be used and these are considered to be invaluable for effective medical ethics education. The difficulty of such an approach lies in the creation of dependable and applicable measures that could be utilised in evaluating individual medical students on their ethical performance during periods of their training at hospitals and clinics.

The World Medical Association in 1999 robustly suggested that medical schools around the world teach both ethics and human rights and make them compulsory areas of study in their curricula ^[15]. Furthermore the graduates should pledge, by means of a pronouncement that they will strive to observe the requisite ethical codes of conduct which incorporate the core values they are expected to espouse. There should of course also be a measure of assessment of integrity, ethical stance and character in the Medical School's student selection process. Additionally, medical students should be assessed regularly in order to ascertain their progress in moral reasoning, ideally during the initial 3 years of their education, in line with what was stated above concerning Kohlberg's moral reasoning development evaluation. Ideally, the medical students should complete a questionnaire on moral reasoning at least once a year. Kohlberg's Moral Judgment Interview could be used and the responses obtained would indicate the stage of moral development in which each of the

students find themselves. Such assessments would at the very least facilitate medical students to at least sustain their stage of moral development rather than decrease it through the duration of their medical education. Where a shortfall in required ethical conduct is apparent, lecturers could reiterate the importance of upholding the values of the code in use, preferably the tried and tested Hippocratic Oath or the modern Lasagna version thereof.

The ethical education of future doctors is critical and if we wish them to be adequately prepared for the real world of work, they need to be taught to successfully address the methodology to use for the disclosure of bad news to patients, as well as be taught about other issues such as doctor-patient confidentiality, informed consent, fraudulence, end-of-life care, research ethics and how to effectively allocate resource and so forth. They must be acquainted with ethical dilemmas and moral mazes and be in a position to immediately distinguish if a situation poses an ethical dilemma, they thus need to become confident in making the right decision in whichever situation they may find themselves.

The pillars of medical ethics are autonomy, beneficence, maleficence and justice. Truth and also informed consent are vital aspects. Patients should be viewed as partners to whom the doctor is doing good and no harm whatsoever. Justice must prevail in all dealings with patients. Beneficence requires that all should be done for the benefit of a patient. It requires for example, that in the Emergency Room, all is done to save a patient's life, prescribing the correct medication/s and obtaining a second opinion where deemed necessary. Doing the right thing is non-negotiable. Medicine is a profession where doctors can counter certain decisions due to their skills and cannot be fired easily. Why doctors go into their profession is an important consideration. The rewards and incentives must not only be financial. Desire for profit and renown detract from

the reason one should become a doctor. One becomes a doctor because one cares about others and wishes to heal them. In the Christian tradition, Jesus was the 'physician of the soul and the body' and he healed physical disease as well as spiritual malaise. Medical practice today should also seek to heal the ill person in totality.

South African medical students begin their undergraduate medical training directly after they have completed relevant high school education and have attained the requisite National Senior Certificate minimum criteria for selection. Furthermore they need to have been accepted by one of the universities offering medical degrees which usually have stringent application procedures. The primary clinical exposure to patient care in a hospital or clinic takes place after their initial 18 months and gradually increases during the subsequent years of their studies. It is essential that the future doctor acquires the pertinent knowledge of values and norms, legal aspects and policies that may be applied when treating a patient. They should be in a position to immediately scrutinize how the knowledge they have attained applies to a situation they may be facing at any given time. The most important aspect will be their moral reasoning but they will be ultimately judged on their performance and be evaluated on it^[11]. In this way the place of ethics and moral reasoning in their medical education will become apparent at the moment of truth, namely the time they encounter their patients in their practice. Medical students may find themselves in clinical situations in which they feel coerced to act unethically. In such cases they should be guided and mentored and this means that far more attention should be paid to role modelling in the learning environment in which the students find themselves. Policies and processes must thus be formulated to guarantee a learning climate exists which is conducive to the ethical development of young trainee doctors^[14]. The teaching of medical ethics should be increased and it should complement rather than compete with the traditional clinical and

scientific teaching. Ethics course material could be presented in a blended learning methodology including interactive lectures, small peer group debates and also group assignments as is the case in the General Medical Council core curriculum in the United Kingdom ^[23].

At the University of Stellenbosch, for example, ethics assumes a greater emphasis and medical students are formally taught the following aspects: A place for bioethics in medicine, theories in bioethics, respect for patient autonomy, beneficence, non-maleficence, justice incorporating human rights and the law, human reproduction, end of life issues, research ethics, HIV/AIDS—the ethical issues, genetics & ethics and practice management.

Towards the latter phase of their education, the students are also introduced to and taught about concepts such as their rights and responsibilities as medical practitioners, the South African Constitution and Bill of Rights, the Patients' Health Rights Charter and the Universal Declaration on Human Rights. Emphasis is also placed on the ethics relating to HIV/AIDS and other infectious diseases such as multi-drug-resistant tuberculosis, allocation of resources, the termination of pregnancy and human rights violations ^[16]. Professionalism and the professional behaviour expected of doctors are closely related to the role of ethics in medical education. What is critically required is the inculcation of a mindset in which doctors adopt and value the patients' perspectives on medical events and that they seek to create a mutual medical experience with their patients that is based on the Hippocratic Code. The time has arrived for the glory of the medical profession to be revitalized to the glory and pride of the medical profession in all of South Africa's communities by declaring and put into operation the ethical principles of Hippocrates for both medical practitioners as well as the institutions which they serve. All individuals involved in health care, whether they are providing access or services, have the responsibility to try

to improve quality of what is provided. Most ethics education is provided at the undergraduate level, and it is probably a good idea to introduce fundamental medical ethics at this level. However, it is more likely that students will have the greatest opportunity to learn best when faced with actual ethical dilemmas at times when they are supervised during their clinical practice. Consequently, it may be more opportune to get to the trickier aspects of medical ethics education during the time of postgraduate education or even continuing professional development. One should also not assume that medical students are devoid of ethical and moral reasoning capacity. Some of them appear observe higher levels of ethical and professional behaviour than practitioners who have been working for years.

Of course, by admitting students into medical schools already who have high levels of ethics and who are morally upright, will enhance their professionalism and performance while being evaluated in hospitals. Efforts should also be made to engender an ethos of continuous-quality-improvement and this should ultimately lead to greater ethical behaviour observance in the profession in general. In seeking to expand a culture of ethical conduct, clinicians will need to act as role-models for their students by acting ethically themselves the subsequent time they encounter an ethical dilemma ^[18].

THE HIPPOCRATIC OATH IN THE USA

What is the current state of usage of the original Hippocratic Oath in the United States? The State University of New York Upstate Medical University in Syracuse is apparently the only United States school that still uses an unmodified version of the traditional Hippocratic Oath for its medical ethics education ^[17]. A total of 59 allopathic schools utilize an adapted version, while the other 63 allopathic schools use an assortment of oaths, from the Declaration of Geneva to other oaths carefully put together by academic staff and students. A sum total of 19

osteopathic schools make use of the Osteopathic Oath. The percentage of oaths that preserve ethical values in the traditional Hippocratic mode follows below:

- Protecting the patient's confidentiality: 91%
- Loyalty to colleagues, profession and teachers: 87%
- Acting with beneficence at all times: 60%
- Rewarding for adhering to the oath: 48%
- Sanctioning for violating the oath: 38%
- Doing no harm to patients, or non-maleficence: 18%
- Prohibition of physician-assisted suicide or euthanasia: 18%
- Making a promise to a deity or God: 18%
- Avoiding any form of sexual misconduct: 3%
- Prohibition of carrying out abortion: 0.7%^[17].

HOW MANY DOCTORS FEEL ABOUT THEIR PROFESSION TODAY

There is no doubt that doctors are become disillusioned with their career choices over the last few years.

A number of surveys administered over the last decade have demonstrated that 30 to 40 percent of practicing doctors would not opt to enter the medical profession if they were deciding on a career again, and an even higher percentage would definitely not persuade their children to pursue a career in medicine^[19]. Doctors currently report more dissatisfaction with almost all characteristics of practice, including income, workload, and time expended on increasing volumes of administrative tasks^[20].

In 1996 in the United States, a survey of physicians in California provided a shock as some 63 percent said they were unhappy with the practice of medicine^[21]. Undoubtedly, the number in South Africa would be even higher. In a study of primary care physicians in the United States, it was clear that income level was

irrelevant to levels of either satisfaction or stress^[22].

HOW PATIENTS FEEL ABOUT DOCTORS IN SOUTH AFRICA

The Ethics Institute of South Africa (EthicsSA) which is a non-profit, public benefit organization states its vision to be "Building an ethically responsible society"^[25]. For the period of October and November 2000, EthicsSA conducted a survey to determine various aspects of the business (not clinical) ethics of medical practice among a representative sample of medical practitioners – general practitioners/GPs as well as specialists – in South Africa. The findings were very interesting and it seems that the majority of South African doctors believe that medical practitioners in South Africa are ethical in their professional conduct. They also expressed the belief that the medical profession sets higher standards of ethical conduct than other professions. They also felt that the practice of medicine imposes a higher standard of moral integrity than other professions and that the medical profession is being unfairly singled out regarding issues of ethics and this was a cause of dissatisfaction.

When it came to professional conduct, many of the respondents were of the opinion that the general public believes that doctors act ethically (43% compared to 27% who disagree with this view and 30% who are neutral on this matter). When doctors faced a dilemma to act unethically (for example, over-servicing patients), they were resolute that they did this to satisfy and keep their patients happy.^[25]

Doctors interviewed by the researcher felt that reductions in income and job availability that are the result of managed care, have led to increasing malpractice rates, which affect especially surgeons. Many employed by the state were unhappy with the amount of patients they are expected to treat, some said they had to work 150 hours or more overtime and were also burdened with ever-increasing

administrative responsibilities. Doctors are often also burdened with limitations on the prescription of drugs. Private practitioners were particularly happy with the autonomy they enjoy although they complained of constraints and labour action that affected their work. For example, in August 2010 in public hospitals all over the country, essential workers including nurses ignored a court order instructing them to return to work. Consequently, military medical staff guarded by troops as well as the police moved into 37 hospitals in order to treat "desperate patients, many of whom had lain unattended and hungry for several days". Fortunately private hospitals fortunately assisted and one hospital took in 53 premature babies who were discovered starving and in some cases close to death and who were abandoned neonatal wards^[26].

Many doctors are unhappy with increasing rates of medical-malpractice litigation and problems arising between them and their insurers and ever-increasing rising premiums. This has made some believe it is time to stop treating high-risk patients. The public hospitals are extremely troubled and this is causing many doctors, especially newly graduated ones, unhappiness. Some doctors feel their 'hands are tied' when it comes to treating patients who demand more than what the doctors can offer as well as by bureaucracy that impedes health care for especially the underprivileged. Interestingly, some nurses echoed these sentiments and said that truly good patient care is not possible in especially public hospitals. All this clearly has an impact on the ethical treatment of patients or otherwise.

CONCLUSIONS

The rise of consumerism and economic liberalisation, has adversely affected the medical community resulting in a relative decline of ethical standards and this has led to a deterioration creeping in, in terms of the doctor-patient relationship which does not augur well for society. Although public confidence in doctors is

not poor, it is nonetheless diminishing and the morale of doctors, especially newly qualified practitioners is at an all-time low. Most doctors enjoy their work and derive great satisfaction from treating their patients. There are however still those who do so, often unethically. Hence it is important to consciously reemphasise the role of ethics and total professionalism in medicine, with the motto "patients first"^[27]. As carefully selected students make their way to medical schools with huge hopes for a future of serving humanity, it is important that Medical schools emphasise the great importance of ethical medical conduct in terms of the Hippocratic Oath for example, and provide many didactic sessions on ethics related topics and especially during the clinical years of study. It is non-negotiable that all medical schools integrate current medical issues in clinical and research settings with ethical principles for their students, and that discussion on such issues be vigorous and serve the purpose of inculcating virtue and ethical conduct in students. It is also important to integrate ethics, attitudes and professionalism into each of the phases of learning so as to empower the South African medical graduate to act professionally and ethically at all times and in all situations.

Educators thus have a very important role to play and they should themselves act ethically and serve as role-models to their students. Educators should evaluate the performance of medical students in ethics related areas as this will strengthen the importance of the role of ethics in their careers.

In a nutshell, the learning environment and policies and processes that are put in place at medical schools, will guarantee a learning climate that is favourable to the ethical development of future medical practitioners who "do no harm" and "treat patients with respect"^[28]. When students take the Hippocratic Oath or whichever variation thereof, they should have the most amount of knowledge on it.

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