



9-2021

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Recommended Citation

Aleem, Imad; Zaidi, Tafazzul Hyder; Usman, Ghazala; Siddiq, Hassaan; Usman, Taha; Baloch, Zafar Haleem; and Abbas, Kiran (2021) "Practice of Medical Ethics among House Officers at Tertiary Care Hospital in Karachi," *Pakistan Journal of Neurological Sciences (PJNS)*: Vol. 16 : Iss. 3 , Article 3. Available at: <https://ecommons.aku.edu/pjns/vol16/iss3/3>

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PRACTICE OF MEDICAL ETHICS AMONG HOUSE OFFICERS AT TERTIARY CARE HOSPITAL IN KARACHI

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Date of submission: January 27, 2021 **Date of revision:** August 12, 2021 **Date of acceptance:** August 25, 2021

ABSTRACT

Medical malpractice is commonly seen in public as well as private hospitals of Pakistan. Most institutions in Pakistan do not emphasize the practice of medical ethics.

OBJECTIVE: To determine the awareness of medical ethics among house officers

METHODS: A cross sectional study was conducted on house officers posted at Medicine, Surgery, and Gynecology and Obstetrics Ward of Jinnah Postgraduate Medical Centre, Karachi from December 2020 till June 2021. All recent graduates between the ages of 18 and 30, who worked as a full-time house-officer were eligible to partake in the study. All doctors who were not designated as house officers and other healthcare professionals including nurses were excluded from the study. A structured questionnaire was used to examine the participants' knowledge, attitude, and practice of medical ethics.

RESULTS: A total of 227 house officers participated in this study. Out of these, majority considered the knowledge of medical ethics very important during their work however, most participants (59%) had not read the PMDC code of medical ethics. Surprisingly three house officers assumed it was not important at all. Upon further interrogation 16 percent said that they find the task of obtaining informed consent to be very challenging.

Conclusion: A lack of knowledge of medical ethics amongst house officers was seen. This is due to the lack of emphasis on teaching medical ethics in the medical curriculum. To ensure quality health care to patients, medical ethics teachings should be made mandatory in the medical curriculum.

KEYWORDS: Medical ethics, house officers, Tertiary care hospital, Karachi

ABBREVIATIONS: Jinnah Sindh Medical University (JSMU); Statistical Package for Social Sciences (SPSS)

hospitals in Karachi even though those patients had signed forms for consent.²

INTRODUCTION Although a major difference has been noticed amongst junior doctors practicing in public hospitals concerning their ethical behavior, a lot more work has to be done to make them more knowledgeable about medical ethics.¹ Medical malpractice is commonly seen in public as well as private hospitals of Pakistan. Due to lack of proper accountability and monitoring, confidentiality of patients and other ethical principles such as informed consent are often disregarded. A lack of knowledge about informed consent was seen in patients of private

In a study by Riaz and colleagues, it was found that majority of practitioners were confident about their training on how to take informed consent from patients.

In fact one respondent even claimed that there is indeed no need to take informed consent from the patient at all.³ Doctors should be well-aware and well-acquainted on how to take informed consent considering that it is a crucial part of medical ethics.⁴⁻⁵

Furthermore, the process of informed consent often involves signature of a document which many patients do not often read properly, and they expect a different outcome than expected. This is mostly asked from either medical students or junior doctors who most of the time have not been properly trained for it.^{6,7} Inadequate training of medical ethics was also seen in public and private sectors in Lahore, Pakistan where doctors lacked basic training in ethical conduct and patients were not aware of their legal rights.⁷ Documents and codes that have been created to spread awareness and maintain standards are hardly given the importance they deserve as was seen in Shiraz et al.,^{8,9} This is particularly concerning since doctors on the front line that were surveyed in Tabassum et al., do admit to seeing ethical problems on a daily basis as a part of their profession.¹⁰ The link between these failings and the feeble rates of satisfaction with the practice of patients rights that were unearthed in a study by Tabassum et. al cannot be denied.⁹ In a study by Tahira et al, an understanding of important concepts in ethics such as autonomy, confidentiality and informed consent was severely lacking in spite of their importance.¹¹

Medical ethics need to be taught in medical schools nationwide so that junior doctors are made aware of its importance as their current training is insufficient. Formal teaching about ethics and professionalism during medical school is currently limited to less than 10 hours in many institutions and leaves a sizable portion of those who go through them unsatisfied with their course experience. In a Nigerian study, it was found that a mean duration of only three hours was reserved for medical ethics.¹²

Junior doctors have a poor understanding of the challenges in medical ethics. Current curriculums and training approach is subpar in guiding these young doctors regarding the professional conduct in a healthcare set-up. Therefore, the current study was conducted to identify the level of awareness in young doctors about medical ethics in Pakistan.

METHODS A cross sectional study was conducted on house officers posted at Medicine, Surgery, and Gynecology and Obstetrics Ward of Jinnah Postgraduate Medical Centre, Karachi from December 2020 till June 2021.

A non-probability convenience sampling technique was used to recruit the participants. The sample size was determined using OPEN EPI. A sample proportion was extracted from a study by Fadare et al., where about

66.8% participants had some general idea about medical ethics.¹² Therefore, by keeping the confidence interval of 95%, a margin of error of 6.12%, a sample size of 227 was determined.

All recent graduates between the ages of 18 and 30, who worked as a full-time house-officer at hospitals affiliated with any of the following universities i) Jinnah Sindh Medical University, ii) Dow University of Medical Sciences (DUHS), iii) Liaquat University of Medical and Health Sciences (LUMHS), iv) Karachi Medical and Dental College (KMDC) were eligible to partake in the study. All doctors who were not designated as house officers and other healthcare professionals including nurses were excluded from the study.

All questions were critically appraised by a senior with a degree on medical ethics. All documentation were done on a preformed proforma. The house officers were asked about their knowledge, attitude, and practice of medical ethics. Written informed consent was taken and all ethical considerations and research protocols were observed.

Data was analyzed using SPSS software version 20.0. A chi-square test was used to assess association between the response of participant and the sociodemographic variables. The statistical analysis was conducted with 95% confidence interval and a p-value of <0.05 was taken as threshold of statistical significance.

RESULTS: A total of 227 House officers of JPMC were included in this research of which the age ranges from 23 years were 13.7%(n=31), 42.3% (n= 93) were 24-year-old and 27.3%(n=62) were 25-year-old.

When the house officers were asked whether they had read the PMDC Code of Medical Ethics, 134 (59%) never read . Upon asking the importance of doctors's knowledge of medical ethics, 176 (77.5%) claimed it to be extremely important. Surprisingly three house officers assumed it was not important at all. 190 (83.7%) participants claimed that they gave importance to medical ethics education in their student life.

Upon further interrogation 16 percent said that they find the task of obtaining informed consent to be very challenging. When asked that whether did they introduced themselves while taking patients' history, 207 (91.2%) answered in affirmative while the remaining twenty did not introduce themselves. The majority claimed that they clarified their exact position

when taking a history while 64 (28.4%) said that they

did not. The responses and its frequency are illustrated in

Table 1. Characteristics of Study Participants

Characteristics	n(221)
Gender	
Male	51 (22.5%)
Female	176 (77.5%)
Medical University	
JSMU	119 (52.4%)
DUHS	7 (3.1%)
LUMHS	3 (1.3%)
KMDC	20 (8.8%)
Other	78 (34.4%)
Place of Posting	
Medicine	123 (54.2%)
Gynaecology/Obstetrics	3 (1.3%)
Surgery	101 (44.5%)
Are you aware of the existence of the PMDC code of medical ethics?	
Yes	162 (71.4%)
No	65 (28.6%)
Have you read the PMDC code of medical ethics?	
Yes	93 (41.0%)
No	134 (59.0%)
Have you received formal training in how to take informed consent?	
Yes	160 (70.5%)
No	67 (29.5%)
Did you give importance to medical ethics education in your student life?	
Yes	190 (83.7%)
No	37 (16.3%)
How did you acquire your knowledge of bioethics?	
Lectures/Seminar	92 (40.5%)
Experience at work	53 (23.3%)
Your own reading	26 (11.5%)
During training	43 (18.9%)
Others	13 (5.7%)
How important is knowledge of ethics to you in your work?	
Very	176 (77.5%)
Moderately	38 (16.7%)
A little	10 (4.4%)
Not at all	3 (1.3%)
When do you think informed consent should be obtained?	
History taking	19 (8.4%)

Moderately	88 (38.8%)
A little	75 (33.0%)
Not at all	48 (21.1%)
Do you introduce yourself when taking a patient's history?	
Yes	207 (91.2%)
No	20 (8.8%)
Do you clarify your exact position when taking a history?	
Yes	163 (71.8%)
No	64 (28.2%)
Do you entertain requests from families to withhold information from patients?	
Yes	150 (66.1%)
No	77 (33.9%)

Legend: JSMU - Jinnah Sindh Medical University, DUHS - Dow University of Medical Sciences, LUMHS - Liaquat University of Medical and Health Sciences, KMDC - Karachi Medical and Dental College

The association between importance of knowledge of ethics and participants' characteristics was not significantly different across the likert scale (Table 2).

Table 2. Association between importance of knowledge of ethics and participants' characteristics

Variables	How important is knowledge of ethics to you in your work?				p value
	Very	Moderately	A little	Not at all	
Gender					0.152
Male	35 (19.9%)	11 (28.9%)	3 (30.0%)	2 (66.7%)	
Female	141 (80.1%)	27 (71.1%)	7 (70.0%)	1 (33.3%)	
Medical University					0.37
JSMU	95 (54.0%)	16 (42.1%)	6 (60.0%)	2 (66.7%)	
DUHS	5 (2.8%)	1 (2.6%)	1 (10.0%)	0 (0.0%)	
LUMHS	1 (0.6%)	1 (2.6%)	1 (10.0%)	0 (0.0%)	
KMDC	17 (9.7%)	3 (7.9%)	0 (0.0%)	0 (0.0%)	
Other	58 (33.0%)	17 (44.7%)	2 (20.0%)	1 (33.3%)	
Place of Posting					0.762
Medicine	91 (51.7%)	25 (65.8%)	5 (50.0%)	2 (66.7%)	
Surgery	82 (46.6%)	13 (34.2%)	5 (50.0%)	1 (33.3%)	
Gynaecology/Obstetrics	3 (1.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	

Legend: JSMU - Jinnah Sindh Medical University, DUHS - Dow University of Medical Sciences, LUMHS - Liaquat University of Medical and Health Sciences, KMDC - Karachi Medical and Dental College

Similarly, the distribution of source of knowledge of bioethics and its association between the characteristics of participants yielded no significant results (Table 3).

Table 3. Association between source of knowledge of bioethics and participants' characteristic

Variables	How did you acquire your knowledge of bioethics?					p value
	During training	Experience at work	Lectures/Seminar	Your own reading	Others	
Age						0.332
Gender						0.168
Male	11 (25.6%)	8 (15.1%)	18 (19.6%)	9 (34.6%)	5 (38.5%)	
Female	32 (74.4%)	45 (84.9%)	74 (80.4%)	17 (65.4%)	8 (61.5%)	
Medical University						0.544
JSMU	20 (46.5%)	27 (50.9%)	48 (52.2%)	15 (57.7%)	9 (69.2%)	
DUHS	1 (2.3%)	5 (9.4%)	1 (1.1%)	0 (0.0%)	0 (0.0%)	
LUMHS	1 (2.3%)	0 (0.0%)	2 (2.2%)	0 (0.0%)	0 (0.0%)	
KMDC	4 (9.3%)	4 (7.5%)	9 (9.8%)	3 (11.5%)	0 (0.0%)	
Other	17 (39.5%)	17 (32.1%)	32 (34.8%)	8 (30.8%)	4 (30.8%)	
Place of Posting						0.526
Medicine	26 (60.5%)	26 (49.1%)	49 (53.3%)	13 (50.0%)	9 (69.2%)	
Surgery	17 (39.5%)	27 (50.9%)	40 (43.5%)	13 (50.0%)	4 (30.8%)	
Gynaecology/Obstetrics	0 (0.0%)	0 (0.0%)	3 (3.3%)	0 (0.0%)	0 (0.0%)	

Legend: JSMU - Jinnah Sindh Medical University, DUHS - Dow University of Medical Sciences, LUMHS - Liaquat University of Medical and Health Sciences, KMDC - Karachi Medical and Dental College

DISCUSSION

Out of the 227 house officers who participated in this study, the age ranges were from 21 years to 27 years, with an average age group of 24-years. The results coincided with existing literature.⁸⁻¹³ In this study, the demographics were slightly different from regional studies such as from Nepal.¹³⁻¹⁴

The present study reports about 71.4% of respondents were aware of the existence of the PMDC code of medical ethics which is like the research by Kumar et al. in India, where more than half of respondents reported they had heard of the Code of Medical Ethics.¹⁵ Another study was also conducted by Tiruneh et al. where 75% were aware of the existence of Ethiopia's Health Professionals Code of Ethics.¹⁶ More than half of our population had read the code which is a similar finding to a study conducted in Egypt.¹⁷

Regarding ethics knowledge, more than one-fourth reported that they had not received formal training in how to take informed consent. This finding was in agreement with another regional literature from India.¹⁸ However, these findings contrasted with a study conducted in the USA where 94% of those surveyed indicated that they had received training in informed consent.^[19]

Whereas, the participants were asked where they acquired their knowledge of bioethics from, 18.9% said during the training, which contradicted with the findings by Hoeyer et al. where 63% of fellowship directors rated their programs as "strong" or "very strong" in preparing trainees to obtain informed consent.²⁰ Other studies also show similar findings.^{21,22} The difference between these regional and international statistics could be because of the considerably different quality of education and training offered. This further strengthened our initial hypothesis that Pakistan does not place an adequate amount of emphasis on medical ethics. The reason could be the biased system of judiciary in Pakistan. Doctors abroad are extremely cautious about their actions and language around the

patients not only because of their own morals but also because of the lawsuits. Mustafa and Jaber revealed that over 3/4th of the sample population considered lawsuits and financial penalties to be a significant factor preventing medical errors and breaches in a hospital setting.²³

In this study, when the house officers were asked whether they thought that ethical conduct was important only for avoiding legal action, 31.7% replied "Yes", 62.1% replied "No", and 6.2% replied "Don't know" which differs from the results of Riaz et. al, where the most popular reply of doctors, when asked of the consequences of a lack of informed consent, was a conviction of legal process.³ Therefore, we can say that legal obligations and financial consequences would be an effective way to prevent breaches in medical ethics.

Surprisingly many participants did not consider patient confidentiality to be possible in modern times. Patient confidentiality is an extremely important aspect of medical ethics however, in our set-up it is clearly not prioritized. Similar findings were seen in a study conducted in Spain.²⁴

There are several limitations to the study. For instance, the study only included junior doctors i.e. interns; however, a comparison between junior versus senior doctors is essential in analyzing how practical training in a public hospital can affect one's approach towards medical ethics.

We recommend that consultants and head of departments should emphasize upon the professional conduct of junior doctors in a hospital set-up. They should be penalized if a patient complains about their bedside manner or overall conduct.

CONCLUSION:

Medical ethics should be part of the belief system of a physician. Unfortunately, due to lack of emphasis on the teaching of ethical practices in the medical curriculum resulted in a lack of knowledge and practice regarding ethical issues among the great majority of house officers. Medical ethics teaching should be made a mandatory part of the medical education curriculum in order to ensure a better quality of healthcare delivery to the patients.

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