A Comparison of Doctors, Practice Based On Medical Ethics through Their Students and Patients Opinions

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ABSTRACT

Background: medical care is a critical need among unhealthy human beings and the main task of a health Care Provider is defined in a moral context in which a sound ethical relationship will lead them to serve their patients respectfully. Objective: The purpose of This a descriptive –analytic study is the evaluation and comparison of students, and patients viewpoints regarding to different aspects of medical ethics(Autonomy, Secrecy, Benefiting, and doing no harm) considered by medical doctors in Shahid Mohammadi Hospital, Bandar Abbas, Iran. Two groups of students and patients have been contributed in this study responding to a questionnaire including different aspects of medical ethics. Results: Descriptive and correlation results were provided through performing statistical tests such qui square and non parametric methods and T student tests. According the results of this study, for “autonomy”, and “Secrecy” , there are significant differences between patients and students viewpoints regarding to doctors ethical practice. On the other hand for “Benefiting” and “Doing no harm” there is no significant difference between patients and students in their viewpoint regarding to doctors, ethical practice. Conclusion: Although physicians and other medical and health care providers often face ethical challenges, many of them consider ethics to be a concept pertaining to the avoidance of harm. In this study the concept of medical ethics has been evaluated.

INTRODUCTION

The ever changing developmental nature of health care system all over the world has provided new challenges for health care workers and related researchers in which they find themselves confronted with moral questions and ethical dilemmas in their daily routine practices. According to Jonsen, et al. medical care is a critical need among unhealthy human beings and the main task of a health Care Provider is defined in a moral context in which a sound ethical relationship will lead them to serve their patients respectfully. As respected members of society, health care professionals are often the earliest point of contact for patients. Health professionals who are not trained to treat well with their patients may miss an opportunity to provide more ethical consideration [1].

One definition states that “Ethics is the moral reasoning of Actions [2]. But in the field of medical practice and research, the word "Medical ethics" is defined by Brody, Baruch A., et al (2000) as the discussion and application of moral values and responsibilities [3].

Historically simple ethical standards have been proposed by different religions and cultures ranging from the Hippocratic Oath, to the prayer of Moses Maimonides, the Bible, the Holy Koran [4], and the Islamic legacy, as well as cultures, traditions, and social morality have shaped and guided the development of ethical standards in the medical profession. The majority of these historical documents focus on “avoiding harm to patients” [5].

The origins of medical ethics dates back to the ancient Greek physician Hippocrates (46077 BC), who has defined the first ethical standard in medicine: "Do no harm."[6]. Although medical ethics have been considered in Western medical literature in the fifth century B.C., it was regarded as a distinctive field of health care practice since World War II [7]. This ancient oath proposed by Hippocrates has been repeatedly considered by medical authors [8] as part of their medical instruction in different parts of their clinical practices in medical


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centers [9], and its recent definition has also been described by the American Medical Association (AMA) as follows [10]: “You do solemnly swear, each by whatever he or she holds most sacred That you will be loyal to the Profession of Medicine and just and generous to its members.” [10]

The above mentioned traditional origins of morality often motivate health care providers. Considering the central position of health care providers in improving well-being of patients, most of the ethical remarks is in the health care system is centered on the ethical problems arising from the relationship between them and their patients as a type of contractual agreement similar to that between a customer and a professional selling professional services [11].

Adopted in 1948 by the World Medical Association, and undergone a series of amendments in 1968, 1983 and 1994, the Declaration of Geneva has been regarded as the most important guidelines in the field of medical ethics. Subsequently, in October 1949, the final amendment of this declaration was adopted as the International Code of Medical Ethics by The WMA in London [12].

Nowadays the concept of “medical ethics” has been continuously regarded as one of the main educational subjects in medical education .Recent studies have shown that “Medical Ethics “ should be regarded as the core curriculum[13]. This study is regarding to the evaluation of doctors, practice based on medical ethics through their students, and patients, opinions.

**MATERIALS AND METHODS**

This is a descriptive –analytic study designed for the evaluation and comparison of students, and patients, viewpoints regarding to different aspects of medical ethics considered by medical doctors in Shahid Mohammadi Hospital, Bandar Abbas, Iran. Two groups of students and patients have been contributed in this study responding to a questionnaire including different aspects of medical ethics.

Descriptive and correlation results were provided through performing statistical tests such qui square and non parametric methods and T student tests.

Participants contributed in this study have been selected from two groups, in this hospital including 100 medical students and 100 patients that have been referred to this hospital for further medical evaluation and clinical management. Members of both groups were requested to answer the questions of a questionnaire that evaluates the application of medical ethics by medical students and patients, separately. Among the 100 medical students, 37% were male and 63% were female, who started their medical education from 2007 until 2009 , and were passing their externship , internship and clinical courses subsequently. All of these students had passed the “Medical Ethics” course in their basic science programs. Among 100 patients, 58% and 42% were males and females.

The main instrument of this study included a questionnaire that covered 15 questions regarding to different aspects of medical ethics in clinical setting. In this questionnaire four independent variables such as “autonomy” , “secrecy”, “Benefiting” , and “doing no harm” were covered by different questions. Items 1 to 5 in the questionnaire are related to “autonomy” .For “secrecy”, items 6 to 8 of the questionnaire are covered and items 9 to 13 are related to “benefiting”.Finally items 14 and 15 are considered for suitable practice as “do no harm”.

**Results:**

In table 1 Mean and standard deviation for students, and patients, viewpoints regarding to different aspects of medical ethics considered by medical doctors in Shahid Mohammadi Hospital is provided.

**Table 1:** Mean and standard deviation for students, and patients, viewpoints regarding to different aspects of medical ethics considered by medical doctors in Shahid Mohammadi Hospital

<table>
<thead>
<tr>
<th>Sample</th>
<th>Number</th>
<th>Mean</th>
<th>ST deviation</th>
<th>Secrecy 95%</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing essential information to patients(1)</td>
<td>student</td>
<td>100</td>
<td>2.28</td>
<td>0.81</td>
<td>2.43</td>
</tr>
<tr>
<td></td>
<td>patient</td>
<td>100</td>
<td>2.40</td>
<td>0.94</td>
<td>2.58</td>
</tr>
<tr>
<td>Sharing with the patient in treatment(2)</td>
<td>student</td>
<td>100</td>
<td>2.08</td>
<td>0.86</td>
<td>2.24</td>
</tr>
<tr>
<td></td>
<td>patient</td>
<td>100</td>
<td>1.84</td>
<td>0.88</td>
<td>2.01</td>
</tr>
<tr>
<td>Considering rejection of treatment from the patient(3)</td>
<td>student</td>
<td>100</td>
<td>2.90</td>
<td>0.89</td>
<td>3.07</td>
</tr>
<tr>
<td></td>
<td>patient</td>
<td>100</td>
<td>2.23</td>
<td>0</td>
<td>2.52</td>
</tr>
<tr>
<td>tendency to other clinical center(4)</td>
<td>student</td>
<td>100</td>
<td>3.22</td>
<td>0.73</td>
<td>3.36</td>
</tr>
<tr>
<td></td>
<td>patient</td>
<td>100</td>
<td>2.50</td>
<td>0.94</td>
<td>2.68</td>
</tr>
</tbody>
</table>
A comparison of the points achieved by two groups (students, Vs patients) regarding to their viewpoint about the doctors practices at the hospital provided the following results:

There are no significant difference between the patients’, and students’ viewpoints referring to items one (Providing essential information to patients), two (Sharing with the patient in treatment), seven (Assuring Secrecy for patients files), eight (Negligence of patients, disease), nine (Providing suitable services), twelve (Providing suitable health care for all) and thirteen (Helping to alleviate the pain).

But for items three (Considering rejection of treatment from the patient), four (tendency to other clinical center), five (Considering damage compensation and right of objection for patients), six (Keeping patients, secrets), ten (Preferring the patients, benefits), eleven (Treating poor patients without charging), fourteen (Preventing prescribing harmful food and medicine) and fifteen (Not encouraging the patient to take harmful medicine), a significant difference is found among the two groups, viewpoints regarding to the ethical aspects of doctors, clinical proactive at the hospital.

Table 2 shows the Mean and standard deviation for students, and patients, viewpoints regarding to four items of medical ethics considered by medical doctors in Shahid Mohammadi Hospital (Autonomy, Secrecy, benefiting, Doing no harm)
Table 2: Mean and standard deviation for students, and patients, viewpoints regarding to four items of medical ethics considered by medical doctors in Shahid Mohammadi Hospital (Autonomy, Secrecy, benefiting, Doing no harm).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Students</th>
<th>Mean (ST deviation)</th>
<th>Secrecy 95%</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomy (items 1-5)</td>
<td>patient</td>
<td>2.50 (0.56)</td>
<td>3.61</td>
<td>2.39</td>
</tr>
<tr>
<td></td>
<td>patient</td>
<td>2.15 (0.57)</td>
<td>2.21</td>
<td>2.04</td>
</tr>
<tr>
<td>Secrecy (items 6-8)</td>
<td>patient</td>
<td>2.98 (0.75)</td>
<td>3.12</td>
<td>2.84</td>
</tr>
<tr>
<td></td>
<td>patient</td>
<td>2.79 (0.64)</td>
<td>2.88</td>
<td>2.64</td>
</tr>
<tr>
<td>Benefiting (items 9-13)</td>
<td>patient</td>
<td>2.50 (0.68)</td>
<td>2.63</td>
<td>2.37</td>
</tr>
<tr>
<td></td>
<td>patient</td>
<td>2.41 (0.78)</td>
<td>2.56</td>
<td>2.31</td>
</tr>
<tr>
<td>Doing no harm (items 14 and 15)</td>
<td>patient</td>
<td>2.96 (0.64)</td>
<td>3.08</td>
<td>2.84</td>
</tr>
<tr>
<td></td>
<td>patient</td>
<td>0.86 (0.71)</td>
<td>0.99</td>
<td>0.73</td>
</tr>
</tbody>
</table>

According to table 2, for “autonomy”, (items 1-5), there is a significant difference between patients and students (p= 0.000 < 0.05) in their viewpoint regarding to doctors ethical practice. For “Secrecy”, (items 6-8), there is a significant difference between patients and students (p= 0.025 < 0.05) in their viewpoint regarding to doctors, ethical practice. Additionally, for “Benefiting” (items 9–13), there is no significant difference between patients and students (p= 0.390 > 0.05) in their viewpoint regarding to doctors, ethical practice. On the other hand, for “Doing no harm” (items 14 and 15), there is no significant difference between patients and students (p= 0.390 > 0.05) in their viewpoint regarding to doctors, ethical practice.

Conclusion:

Although physicians and other medical and health care providers often face ethical challenges, many of them consider ethics to be a concept pertaining to the avoidance of harm. In this study the concept of medical ethics has been evaluated. According the results of this study, for “autonomy” and “Secrecy”, there are significant differences between patients and students viewpoints regarding to doctors ethical practice. On the other hand “Benefiting” and “Doing no harm” there is no significant difference between patients and students in their viewpoint regarding to doctors, ethical practice.

REFERENCE