HEALTH ETHICS EDUCATION: KNOWLEDGE, ATTITUDES AND PRACTICE OF HEALTHCARE ETHICS AMONG INTERNS AND RESIDENTS IN PAKISTAN

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ABSTRACT

Objective: To assess the knowledge, attitudes, and practices among interns and residents about healthcare ethics in an attempt to assist in development of ethics curriculum in Pakistan.

Methods: Four hundred respondents comprising of interns, junior and senior postgraduate trainees were recruited from two Public sector teaching institutions in different provinces of Pakistan for this cross sectional study. A self- administered questionnaire was used to collect data. Data was analysed using SPSS-17.

Results: More than half of the respondents in all three groups encountered ethical problems on daily basis. These ethical issues were being discussed with the clinical supervisor in only 25% of the instances. Unethical behaviour of seniors towards junior doctors and patients were observed by more than three quarter of the respondents. A very high proportion of respondents (57%) had no knowledge of code of ethics of Pakistan Medical and Dental council. Helsinki declaration was known only to a few individuals. There were difference between interns, junior and senior residents with respect to their views about adherence to patient's wishes, paternalistic attitude of physicians, treatment of children without parental consent, euthanasia, confidentiality and treatment of noncompliant patients.

Conclusion: Junior doctors representing different levels of training in Pakistan face ethical dilemmas on a regular basis but their current teaching and training in ethics is insufficient to help them deal with these competently.

Key Words: Bioethical issues; Curriculum; Ethics; Medical students; Pakistan; Residents.

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INTRODUCTION

Ethics has been described as the science of morals and rules of conduct, recognised in human life[1]. With spectacular advances in Medical Sciences, many ethical issues related to healthcare have risen, which needs to be dealt with extreme sensitivity and professionalism in line with various codes of Medical Ethics. However, despite all codes and regulations, there has been growing public concern regarding the ethical conduct of healthcare professionals and reports of unethical behaviour by medical students and doctors with patients and colleagues are not uncommon[2-4]. Problem is further compounded by lack of transparency in clinical & research practices as well as limited effectiveness of regulatory bodies.

Pakistan is no exception and complaints of ethical misconduct & increasing litigation trend against healthcare professionals has been observed in the recent years in the country, which may be a reflection of increase public awareness of inappropriate practices by healthcare professionals. Although Pakistan Medical and Dental Council have its own code of Medical Ethics encompassing the problems faced by Pakistani Medical professionals in their own unique social and cultural setup, but bioethics teaching curricula for undergraduate and post graduate training programmes are virtually non-existent[5]. Although it is considered to be an in-

tegral component of medical education, however there is evidence that only a small proportion of medical students and residents trained in Pakistan have received training in this important area of medical practice[6,7].

Bioethics teaching needs to be tailored to the societal background where it is taught. In order to formulate ethics curriculum for our country with its unique social, cultural and religious setup, the first step may be to determine the current basic knowledge and attitudes of the health care professionals including interns and residents regarding Medical Ethics. Little empirical work has been done in this area. To remedy this gap, the proposed study is an attempt to elucidate the knowledge, attitudes and practices of junior physicians (interns & postgraduate residents) in relation to health care ethics in Pakistan.

METHODOLOGY

Ethical approval for this cross sectional study was obtained from the review Board. Our target population included all interns (who had completed at least 3 months internship) & postgraduate trainees in two public sector medical institutions in different provinces of Pakistan because of author's affiliations. Following informed consent from the participants, data was collected during six month period in 2012, by a specially designed, self-administered structured questionnaire based on previous research on this topic.[8] Prior to data collection, the questionnaire was pre tested with a select group of interns and postgraduate trainees and minor changes in wordings and format were needed in view of their comments in the final questionnaire. These 15 forms were not included in the final data analysis.

The initial part of the questionnaire consisted of demographic information like age, gender, religion, designation and frequency of ethical problems encountered in practice. Respondents were asked about their experience & observation of ethical misconduct in clinical settings as well as their knowledge of various ethics codes and presence of ethics committee in their medical institutions. Questions were also asked about importance of knowledge of ethics to their work, the sources of knowledge of ethics and their preference for consultation should an ethical issue arise.

In the final part of the questionnaire, respondents were asked to answer questions on everyday ethical issues related to autonomy, confidentiality, informed consent, treating noncompliant patients, religious views regarding abortion, euthanasia, relative's right to know about patient condition etc. They were asked to give their opinion as to whether they agree, disagree or are not sure regarding the statements. At the same time they were also asked about their actual practice in these situations (mostly, sometimes, never) to see whether their opinion and practice differs in reality. Participant's views about the most helpful methods to teach medical ethics were sought towards the end of the questionnaire.

Data was analyzed using Statistical package for social sciences (SPSS 17). Descriptive analysis were done for all data including the comparison of attitudes towards practical ethical problems between interns and residents.

RESULTS

A total of 398/510 questionnaires were returned giving a response rate of 78%. Mean age of the sample was 27.3± 5. Majority were male (58%) and Muslims (98.3%). Seventy percent of respondents belonged to medicine and allied and rest (30%) to surgical and allied specialties. Almost 46% were interns, 32.5% were junior residents (year 1 & 2 of postgraduate training) while 22% were senior residents (year 3 & 4 of postgraduate training).

Figure 1 shows the responses of the frequency of ethical problems encountered by interns and postgraduate trainees. Almost 50% of respondents in all three groups encountered ethical problems on daily basis, most frequently by the junior residents among them. Some of the respondents had never encountered such problems.

Table 1 shows respondents' exposure to unethical conduct in last 6 months of clinical work highlighting that it occurs at least occasionally in more than half of the sample while a significant proportion found it to be more frequent. Rude behavior of seniors towards junior doctors and patients were observed by more than three quarter of the respondents while only around a quarter of these issues were ever discussed with the clinical supervisor or teacher. An overwhelming majority (around 95%) in three groups agreed that knowledge of ethics is important to their work and should be taught at the undergraduate level. No statistically significant difference was observed among the respondents regarding exposure to unethical misconduct.

In response to the questions about the knowledge of various codes of ethics, almost 79% of all three groups answered in affirmative about knowledge of contents of Hippocratic Oath. More than half of interns and senior residents (57%) responded that they had no knowledge of code of ethics of Pakistan Medical and Dental Council. Almost 93% of interns and junior residents and 86% of senior residents were not aware of Helsinki declaration. In addition more than 80% of respondents were not aware of Institutional ethics committee. Despite this, 59.5% of respondents felt their knowledge of health ethics to be adequate.

Table 1: Respondents exposure of unethical conduct in last 6 months of clinical work and opinions regarding importance of ethics teaching

Statements	Interns N=183	Junior Residents N=130	Senior Residents N=85
How often have you witnessed a medical team member acting unethically?			
Very frequently	20(11)	13(10)	11(12.9)
Frequently	45(26)	44(34)	31(36.5)
Occasionally	97(53.6)	64(49)	41(48.2)
never	19(10.5)	9(6.9)	2(2.4)
Have you heard a consultant speak rudely to a medical student / junior doctor?	137(75)	103(80.5)	72(84)
Have you heard a consultant speak rudely to a patient?	141(77)	96(73.8)	75(87.2)
How often have you been placed in a clinical situation in which you had felt pressure to act unethically?			
Very frequently	10(5.4)	7(5.4)	5(5.8)
Frequently	46(25)	34(26.4)	26(30.2)
Occasionally	93(50.5)	73(56.6)	47(54.7)
never	35(19)	15(11.6)	8(9.3)
Do ethical problems you encounter are discussed with clinical teacher/ supervisor?	49(27.4)	35(27.1)	17(19.8)
Do you think, knowledge of ethics is important to your work?	174(95)	122(94.6)	82(95.3)
Were you taught ethics in medical college?	54(29.7)	47(36.2)	18(21.2)
Do you feel the need for ethics to be taught in medical college at undergraduate level?	172(94.5)	116(92.8)	81(95.3)

Table 2: Preferences on consulting on an ethical problem

Whom to consult	Interns N (%)	Junior Residents N (%)	Senior Residents N (%)	Total N (%)
Colleague	58(31.5)	44(33.8)	22(25.6)	124(31)
Supervisor	22(12)	19(14.6)	11(12.8)	52(13)
Head of Department	22(12)	11(8.5)	6(7)	39(9.8)
Hospital Administrator	11(6)	3(2.3)	4(4.7)	18(4.5)
Ethics Committee	21(11.4)	17(13.1)	22(25.6)	60(15)
Professional Association	5(2.7)	6(4.6)	3(3.5)	14(3.5)
Text, Internet	57(31)	41(31.5)	28(32.6)	126(31.5)
Close friend/family	34(18.5)	17(13.1)	9(10.5)	60(15)

Table 2 showed the preference of respondents as to whom they will approach in case of an ethical problem with majority preferring to contact their colleagues or consult textbooks, and internet in these situations.

Table 3 shows the responses of interns and residents regarding the various aspects of practicing ethics. There was significant difference between interns, junior and senior residents with respect to adherence to patient's wishes, paternalistic attitude of physicians, treatment of children without parental consent, euthanasia, confidentiality and treatment of noncompliant patients ($p = <.05$).

Regarding the usefulness of instruments to learn ethics, workshops / lectures(38%), case conferences (32%), panel discussions (18%), media (15%), ethics books (9%), ethics journal (7%) & general text (7%) were the most helpful means identified by the respondents.

Table 3: Opinions and Practice of medical ethics

	Status	Opinion			Practice		
		Agree	Disagree	Not sure	Mostly	Some-time	Never
Patient's wishes must always be adhered to	Interns	120(66.7)	49(27.2)	11(6.1)	100(56.5)	68(38.4)	9(51)
	J.Residents	85(66.9)	26(20.5)	16(12.6)	82(67.2)	37(30.3)	2(1.6)
	S.Residents	67(79.8)	14(16.7)	3(3.6)	60(70.6)	20(23.5)	5(5.9)
Patient should always be informed of wrong-doing	Interns	122(66.3)	44(23.9)	18(9.8)	33(19)	44(25.3)	96(55.2)
	J.Residents	90(71.4)	24(19)	12(9.5)	21(17.4)	25(20.7)	74(61.2)
	S.Residents	63(74.1)	14(16.5)	8(9.4)	11(13.1)	16(19)	57(66.9)
Confidentiality – not important	Interns	10(5.6)	169(94)	1(6)	33(19.1)	57(32.9)	83(48)
	J.Residents	11(8.6)	114(89)	3(2.3)	27(22.5)	29(24.2)	64(53.3)
	S.Residents	7(8.3)	76(90.5)	1(1.2)	13(15.7)	21(25.3)	49(59)
Doctor should do best irrespective of patient's opinion	Interns	123(67.2)	40(21.9)	19(10.4)	140(80.50	26(14.9)	7(4.0)
	J.Residents	59(46.8)	58(46)	9(7.4)	102(83.6)	17(13.9)	3(2.5)
	S.Residents	33(38.8)	37(43.5)	15(17.6)	65(78.3)	14(16.9)	4(4.8)
Consent only for operations – not for tests and medications	Interns	81(44.5)	96(52.7)	5(2.7)	126(72.4)	29(16.7)	18(10.3)
	J.Residents	58(45.3)	65(50.8)	5(3.9)	92(76)	17(14)	11(9.1)
	S.Residents	33(39.3)	49(58.3)	2(2.4)	70(83.3)	8(9.5)	6(7.1)
Close relatives should always be told about patient condition	Interns	163(89.1)	12(6.6)	(3.8)	154(89)	13(7.5)	5(2.9)
	J.Residents	112(87.5)	12(9.4)	4(3.1)	113(94.2)	7(5.8)	0(0)
	S.Residents	71(84.5)	11(13.1)	2(2.4)	75(89.3)	5(6)	4(4.8)
Children should never be treated without consent of parent	Interns	153(84.5)	18(9.9)	9(5)	144(84.2)	13(7.6)	14(8.2)
	J.Residents	94(74)	24(18.9)	9(7.1)	98(82.4)	13(10.9)	8(6.7)
	S.Residents	65(76.5)	19(22.4)	1(1.2)	77(90.6)	5(5.9)	3(3.5)
Doctors & nurses should refuse to treat a violent patient	Interns	16(8.9)	149(82.8)	15(8.3)	12(6.8)	61(34.7)	103(58)
	J.Residents	8(6.4)	106(84.6)	1188.8)	12(9.8)	47(38.5)	63(51.6)
	S.Residents	3(3.5)	68(80)	14(16.5)	13(15.5)	26(31)	45(53.6)
If a patient wishes to die, he or she should be assisted in doing so	Interns	12(6.6)	125(69)	44(24.3)	13(7.4)	5(2.9)	157(90)
	J.Residents	13(10.2)	85(67)	29(22.8)	10(8.1)	7(5.7)	105(85.4)
	S.Residents	15(17.9)	43(51.2)	26(31)	9(10.8)	0(.0)	74(89.2)
If patient refuse treatment due to beliefs, they should be instructed to find another doctor.	Interns	64(35.2)	81(44.5)	37(20.3)	33(190)	39(22.5)	101(58.4)
	J.Residents	46(36.5)	52(41.3)	28(22.2)	19(15.6)	49(40.2)	54(44.3)
	S.Residents	14(16.5)	49(57.6)	22(26)	20(23.8)	29(34.5)	35(41.7)
In an emergency unit, you are obliged to give information to the local police	Interns	122(68)	27(.15)	31(17.2)	114(66)	24(13.9)	35(20.2)
	J.Residents	93(73.8)	19(15.1)	14(11.1)	86(73.5)	15(12.8)	15(12.8
	S.Residents	48(58.5)	8(9.8)	26(31.7)	63(77)	10(12.2)	9(11)
In a road traffic accident, doctors are legally bound to help the victims on the roadside.	Interns	67(36.8)	85(46.7)	30(16.5)	34(19.7)	45(26)	94(54.3)
	J.Residents	55(43.3)	57(44.90	15(11.8)	23(190	17(14)	81(66.9)
	S.Residents	37(43.5)	29(34.1)	19(22.4)	12(14.1)	21(24.7)	52(61.2)
Spouse needs to give simultaneous consent for sterilization or termination of pregnancy.	Interns	158(87.8)	10(5.6)	11(6.1)	131(76.2)	25(14.5)	16(9.3)
	J.Residents	108(84.4)	18(14.1)	2(1.6)	81(68.6)	19(16.1)	18(15.3)
	S.Residents	74(88.1)	4(4.8)	6(7.1)	58(69.9)	18(21.7)	7(8.4)
It is necessary to inform a spouse of the other's venereal diseases, hepatitis or HIV status.	Interns	177(96.7)	0(.0)	6(3.3)	143(83.1)	18(10.5)	11(6.4)
	J.Residents	120(94.5)	3(2.4)	4(3.1)	94(79)	11(9.2)	14(11.8)
	S.Residents	82(96.5)	0(.0)	3(3.5)	73(85.9)	7(8.2)	5(5.9)

DISCUSSION

Our study results clearly shows that junior doctors in our study representing different levels of training face ethical dilemmas on a regular basis. What is troubling is the fact, that current teaching and training in ethics is insufficient to help them deal with these issues competently. Five out of twelve psychiatry residency programmes in Pakistan reported that their programme did not devote even a single hour to bioethics teaching over the course of a 4-year residency[7]. A small study found both knowledge and application of medical ethics to be very poor among surgical trainees[6]. Our study found that junior residents and interns appears to encounter ethical issues more. It may be because of the fact that they have more frequent contact with patients or that because of limited training they are perceiving problems, where there are none. Another explanation which is of more concern is that perhaps junior are not discussing the ethical problems with seniors. This unfortunately appears to be true as less than quarter of respondents in the three groups said that they discussed these issues with their clinical supervisor. It may be that observing senior staff functioning independently regarding ethical issues is perceived by juniors as an opportunity to gain hands on learning experience without adequate knowledge or they may feel reluctant from discussing these dilemmas because of strong hierarchical setup still present in majority of medical teaching Institutions in Pakistan[9,10].

It also appears from the results that exposure to ethical misconduct and ethical dilemmas occurs quite early in doctors training in Pakistan, as almost half of the respondents including interns had observed at least occasional or often more frequent ethical misconduct by team members or were placed in a situation where they felt under pressure to act unethically. These findings confirm similar reports among medical students and residents from other countries. In a study from Philadelphia, 61% of medical students reported witnessing unethical behaviour by physicians[11]. Almost all paediatric resident reported witnessing other team members acting in unethical way in another report[12]. There is also evidence that exposures to unethical behaviours continue to increase with each passing year in medical school with 35% and 90% of first year & fourth year students observing ethical misconduct respectively[13]. It is also worrying to note that sensitivity to identify ethical problems appears to diminish as trainees progress through their education[14]. Rude behaviour towards medical students and junior doctors as well as towards patients also appear to be a universal phenomenon with more than three quarters of our respondents answering in affirmative with a similar trend reported in other studies.[11,13] These raise serious questions about the possible detrimental effects of such observations, as lessons learned during these formative years' shapes future physicians' professional attitudes and ethics skills[15,16]. Students who have witnessed unethical behaviour are observed to be more likely to have acted improperly themselves either to fit in with the team or for fear of poor evaluation.[11]

Most of the respondents in our study preferred to consult their colleagues (31%) or internet (31%) with very few (13%) approaching their supervisor (13%) in comparison to 31% of physicians and nurses preferring to consult their supervisors for ethical dilemmas in Barbados[8]. One wonders if this represents a discomfort among junior doctors in discussing problems with seniors. It needs to be explored further and remedial measures taken to ensure adequate supervision to deal with ethical issue in clinical practice.

Responses from all the three groups pertaining to ethics knowledge and practice (Table 3) suggests that although they were aware of common terminologies but majority had uncertainties on how to deal with common ethical issues. This is in agreement to other reports from the region that health professional's knowledge and behaviour needs considerable improvements[17]. Differences in opinions & misperceptions were observed which probably reflects different levels of training and experience among respondents. Responses about always informing close relatives of patient condition, euthanasia, etc. suggest regional and societal differences in practice of ethics. The fact that many respondents felt that consent is needed only for operations not for tests and medication showed lack of knowledge about basic principles of medical ethics. Various studies involving medical students and residents show that the trainees see the need for teaching of medical ethics[18,19]. As a result importance of incorporating ethical issues into Medical Curriculum has been recognised leading to introduction of teaching of medical ethics in Medical Schools and Residency programs in many countries over the last decade to enhance the ethical strengths and professionalisms of Physicians[20,21]. Nevertheless, it is fair to say that it is still not a high priority and leaves many areas unaddressed[22]. Nundy and Gulhati highlighted that, despite having a huge number of health professionals in India, only few have been trained in good clinical practice[23].

Result of our study shows that undergraduate and post graduate curricula regarding ethics training is inadequate and ineffective. Traditionally students in most medical Institutes in Pakistan receive either no or limited didactic teaching in formal ethics despite the fact that medicine practice involves very crucial role in decision related to people lives[24]. Positive view of ethics teaching by house officers is seen to be associated with confidence in dealing with ethical conflicts[25]. Ethics teaching in the beginning of medical colleges with ongoing CME activities throughout training to improve ethical knowledge and practice is needed on an urgent basis[26-28].

Another important finding of the study was lack of awareness of the PMDC code of ethics by more than half of the respondents in our study. This pattern replicates previous work in this area[8]. The fact that 93% of interns and junior residents and 86% of senior residents had no knowledge of Helsinki declaration further indicate very poor knowledge regarding research ethics. Ethics committees in both Institutions also appeared to be invisible in our study, this unawareness is similar to one reported in other countries[29]. It is necessary that ethics committee is active and well known to all staff in Institutions with a framework to address ethical dilemmas during clinical work. Access to Ethics services can also be improved by using standard Quality improvement approaches[30].

Result of this study needs to be seen in context of its limitations. We relied on self-report and study sites were only two teaching institutes however similarity of our results with previous work in the country and abroad suggests generalizability of our results. Cross sectional design means that we cannot comment on changes in knowledge and attitude as trainees' progress through their training. Despite these limitations, study has many strengths including good response rate & participation of substantial number of respondents across different levels of training and inclusion of 2 teaching Institutions in two provinces leading to better generalizability of results.

CONCLUSION

With rapid advances in medical education, doctors are increasingly required to demonstrate competence in domain of ethics. There is an urgent need to develop innovative, educational initiatives in this domain in Pakistan. Ethics teaching and professionalism should be an essential part of the medical curriculum at all levels. Results of our study can be used as a guide for curriculum development. Multidisciplinary approaches with role modelling, & clinically meaningful ethics discussions are much needed[31,32]. Such endeavours will help to prepare next generation of emotionally intelligent physicians who are also ethically competent.

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CONTRIBUTORS

NI conceived the idea and wrote the manuscript. IIH, MJ and NM helped in data collection, analysis and write up of the manuscript. All the authors contributed significantly to the final manuscript.