

## Knowledge and attitude of health care ethics among MBBS students

Suja Purushothaman<sup>1,\*</sup>, Deepalaxmi salmani<sup>2</sup>, Somashekhar S.<sup>3</sup>, K. I. King<sup>4</sup>, Santhi Reghunath<sup>5</sup>, Bishara Pushkar<sup>6</sup>

<sup>1,2,5,6</sup>Assistant Professor, <sup>4</sup>Professor & HOD, Dept. of Physiology, <sup>3</sup>Professor & HOD, Dept. of Pharmacology, Malabar Medical College & Research Centre, Atholi, Kozhikode, Kerala

**\*Corresponding Author:**

Email: sujashishir@gmail.com

### Abstract

**Background:** The medical curriculum doesn't sensitize the students about medical ethics. The Indian Medical Graduates (IMGs), once they finish their internship and come out for clinical practice, often end up in dilemma when they encounter cases with ethical issues.

**Objectives:** This study aims to assess the knowledge and attitudes of MBBS students to health care ethics.

**Materials and Methods:** A self-administered structured questionnaire was distributed to third and fourth year MBBS students. Out of 300, a total of 270 questionnaires were completely filled and returned. The proposal was approved by the institute's ethics committee and written consent was obtained from each participant. The questionnaires were analyzed using SPSS version 20. Descriptive analysis was carried out for all the data.

**Results:** There was grossly insufficient knowledge about bioethics in majority of IMGs. There was also inadequate information regarding ethics administration with 50% being unaware about the existence of ethics committee in the institute. Majority were unaware about the procedural codes to be used in ethical issues.

**Conclusions:** The IMGs knowledge about health ethics and its implications are poor and insufficient. It is therefore imperative to include health care ethics in a structured way into the current medical curriculum.

**Keywords:** Indian Medical Graduates (IMGs), Health Care Ethics, Ethics Committee.

### Introduction

In the recent past, we have seen a gradual erosion of the public's confidence in our health care professionals with their ethical practice being questioned frequently.<sup>(1)</sup> There has been a sustained attack on the medical professionals in the recent years.<sup>(2)</sup> These can be attributed to variety of causes ranging from incompetency on part of the medical professional, inability to convey the serious medical situations and the emotional outbursts seen during stress where the medical personal may not be at any fault.<sup>(3)</sup>

In early history, the credit for expressing views regarding the importance of medical ethics goes to Aristotle. William Osler always emphasized on education of heart rather than mind.<sup>(4)</sup> Mark Siegler, put forward the idea of bedside medical ethics teaching which is followed even now in few states of America.<sup>(5,6)</sup> Medical ethics involves Four Principles approach which was first suggested by American philosophers Beauchamp and Childress. They are Respect for autonomy, Beneficence, Non-maleficence and Justice.<sup>(7,8)</sup>

The medical education system doesn't train a medical graduate in solving the ethical dilemmas faced during his clinical practice. This is evident by storm of reports in newspaper and other Medias where the unethical behavior of medical students and doctors in various hospitals is reported every alternate day. These incidences emphasize the importance of including medical ethics in teaching curriculum starting from first year of medical education itself.

### Materials and Methods

A self-administered peer reviewed structured questionnaire to find out the knowledge and attitude about medical ethics was distributed among 3<sup>rd</sup> and 4<sup>th</sup> year MBBS students. The initial part of the questions tested the knowledge regarding the functioning of ethical committee in the college, the latter part included questions regarding ethical conduct, informing patient's condition to relatives, religious beliefs, decisions to be done during abortion. The students were asked to answer according to the Likert scale ranging from 1 to 5 (1-strongly disagree, 2-disagree, 3-not sure, 4-agree and 5-strongly agree).

300 questionnaires were distributed among students, out of which only 270 were completely filled and returned. The students were asked not to discuss to remove bias. Descriptive analyses was used. Data were analyzed using Statistical Package for Social Sciences (SPSS) – version 20 software.

### Results

Among 300 questionnaires distributed, 270 were returned. So, the response rate was 90%. The strength of third year students was 140(51.85%), out of which 50(35.71%) were males and 90(64.28%) were females. 130(48.14%) of fourth year MBBS students also participated, of which 30(23.07%) were males and 100(76.92%) were females.

The age of the students were 21±1.35years.

The first question asked was to define what ethics is. More than 10% of them didn't know the exact meaning.

The second question was regarding the importance of knowledge of ethics in clinical practice. 80% responded that it is required for practice. 15% were not sure and 5% responded that knowledge of ethics is not important at all.

The next question was the source of knowledge regarding medical ethics. 60% of them responded that they acquired through various Medias like newspaper, television and internet. Few of them heard about it from their peer group and one overheard about it when the doctors were discussing about a case regarding violation of medical ethics. Table 1 shows the various sources of ethical knowledge.

**Table 1: Source of ethical knowledge**

| Source of knowledge             | Percentage |
|---------------------------------|------------|
| Newspaper, internet, television | 50%        |
| Peer group                      | 18.6%      |
| Discussion among doctors        | 12.4%      |
| Lectures                        | 10%        |
| Self-tuition                    | 8%         |
| Others                          | 1%         |

Among the study group, more than 70% of them did not know the main contents of Hippocratic Oath. More

than 90% did not know the Nuremberg Code or the Helsinki Declaration.

56% of the students did not know that there existed ethics committee in the college. The remaining students who knew about the existence of committee did not know the exact functioning of it. Few felt that it was helping the institute with administration. Few more thought that it was more into research work and publication. The frequency of encountering ethical problems is depicted in Table 2.

**Table 2: Percentage of facing ethical problems**

| Timing      | Percentage |
|-------------|------------|
| Don't know  | 62.8%      |
| Not sure    | 22.5%      |
| Once a year | 14%        |
| Never       | 0.7%       |

When asked whom to consult when faced with ethical issues during practice, 22% told they would take the help of their friends, 18% the unit chief of respective department, 42% told they would ask the hospital administrator, remaining few told they would ask their family or solve it themselves. Table 3 depicts the responses of students when they face with medical ethical issues.

**Table 3: Response of students to medical ethics related questions**

| Ethics questions   | Strongly agree (%) | Agree (%) | Don't know (%) | Disagree (%) | Strongly disagree (%) |
|--|--------------------|-----------|----------------|--------------|-----------------------|
| Conduct of doctor carries utmost Importance  | 90                 | 1.1       | 8.9            | -            | -                     |
| Motto of the doctor should be "no cure, no payment"  | 89                 | 2         | 1              | 3.4          | 4.6                   |
| Patient's wishes should be adhered to  | 23.4               | 1         | 1              | 72           | 2.6                   |
| A physician should not disclose the secret of patient except in few cases                                  | 18                 | 2         | 0.5            | 78           | 1.5                   |
| If patient's condition is bad, it should be duly informed to him/her                                       | 17.5               | 10        | 10             | 60           | 2.5                   |
| Patient's relatives should be informed time to time about improvement or deterioration in patients' health | 31                 | 32        | -              | 33.5         | 3.5                   |
| The medical records should be maintained for minimum 3yrs from the date of commencement of treatment       | 11                 | 3         | 9              | 10           | 67                    |
| When any invasive procedure is done on children, parent or guardian's consent should be obtained           | 36                 | 12        | 18             | 20           | 14                    |
| If patient is uncooperative or behaves violently, doctor has all the right to refuse treatment             | 67                 | 1         | 10             | 10           | 12                    |
| A doctor should do abortion in emergency situation, irrespective of his religious beliefs                  | 65.5               | 20.5      | 2.5            | 4            | 7.5                   |
| Do you know what euthanasia is? Does Indian law permit it?   | 84                 | 8         | -              | 6            | 2                     |

## Discussion

The above study shows that student's lack the basic knowledge regarding what is medical ethics and functioning of ethical committee in the institute. When asked about whom they would consult when faced with ethical issues, many of them didn't have clear idea about it. They told they would consult either their colleague, immediate head or the administrator. Nobody was sure about the professional insurance schemes or consulting a lawyer when faced with legal problems at work. Majority lacked the basic principles of bioethics.

The majority of respondents in our study group were girls which is similar to study conducted by Sundus et al.<sup>(9)</sup> The study done by Asghari et al. shows that given a choice, patients would like to actively participate in decision making.<sup>(10)</sup> Our study also supports the same findings. Majority in our study group did not know that the patient's wishes should be adhered to. Most of the students did not know the contents of Nuremberg Code and or the Helsinki Declaration. This shows their poor knowledge regarding the ethics of research. This is very similar to the study conducted by Sulmasy et al.<sup>(11)</sup> The knowledge regarding errors during medical practice, decision to be taken during emergency abortion and euthanasia was very low among students which is very similar to study conducted by Asghari et al.

The study was conducted on third and fourth year MBBS students who are already exposed to real patients. Within few years they will be into clinical set up of their own. This shows that there is urgent need in orienting medical students about health care ethics. The study would have been better if it had included post graduates and the faculty of various clinical departments.

## Conclusion

The present medical education system allows healthcare personnel receive limited training in ethical practice, even though during their daily clinical practice, they encounter many issues of ethical dilemma.<sup>(12)</sup> The medical students lack the knowledge of importance of ethics at workplace. Orientation in medical ethics by including it in medical curriculum should be emphasized. The weightage for medical ethics in summative assessments should be increased. The awareness regarding the same can also achieved by other modes of learning methods like distributing ethics study modules, keeping ethical portfolio for self-improvement,

group discussion, workshops, seminars and video conferencing. Different methods of teaching have to be used in students to impart knowledge and information and to improve their acceptance.<sup>(13)</sup> The ethical principles must be taught by medical faculty who have undergone training in orienting the students regarding the same.

## References

1. Walrond ER, Jonnalagadda R, Hariharan S, Moseley HSL. Knowledge, attitudes and practice of medical students at the Cave Hill Campus in relation to ethics and law in healthcare. *West Indian Medical Journal*. 2006;55(1):42-7.
2. <http://indianexpress.com/article/cities/mumbai/assault-on-doctors-14-cases-in-last-4-months-doctors-say-book-accused-under-state-act> dated on 09-05-16.
3. Fadare JO, Desalu OO, Jemilohun AC, Babatunde OA. Knowledge of medical ethics among Nigerian medical doctors. *Niger Med J*. 2012;53(4):226-30.
4. Osler W. On the educational value of the medical society. In: *Aequanimitas, With Other Addresses to Medical Students, Nurses and Practitioners of Medicine*. Third edition. New York: McGraw-Hill Book Company, 1906:329-534.
5. Siegler M. A legacy of Osler. *Teaching clinical ethics at the bedside*. *JAMA* 1978;239:951-6.
6. Wagner J. Teaching ethics on the wards. *SGIM Forum* 1996;19:4-8.
7. Beauchamp T, Childress J. *Principles of Biomedical Ethics*. Fifth edition Oxford: Oxford University Press, 2001.
8. Gillon R. Medical Ethics: four principles plus attention to scope. *British medical journal*. 1994;309:184-8.
9. Ambreen S, Javid AF, Aamir Y. Assessing Awareness among Undergraduate Medical Students regarding Medical ethics and Medical Jurisprudence as a subject of Undergraduate Medical curriculum. *Assessing Awareness of Medical ethics and Medical Jurisprudence among Undergraduate Medical Students-A Perception based studies*. *Journal of Islamic International Medical College*. 2015;10(4):271-4.
10. Asghari F, Mirzazadeh A, Fotouhi A. Patients' preferences for receiving clinical information and participating in decision-making in Iran. *J Med Ethics* 2008;34:348-52.
11. Sulmasy DP, Dwyer M, Marx E: Knowledge, Confidence, and Attitudes Regarding Medical Ethics: How do Faculty and House Staff Compare?. *Acad Med*. 1995;70:1038-1040).
12. Aarons DE: Issues in Bioethics. *West Indian Med J*. 2002, 51: 59-63.
13. Neelopant SA, Sura T, Devakar S. Learning preferences among undergraduate medical students. *Int J Med Sci Public Health* 2016;5:986-988.