

Problems of medical ethics from the viewpoints of the specialist physicians in Qom

Seyyed Hassan Adeli^{1*}, Akram Heidari², Pouya Parsi³, Alireza Bagheri⁴, Amir Hossein Shokravi³, Fatemeh Hosseinzadeh⁵

¹ Clinical Research Development Center, Qom University of Medical Sciences, Qom, Iran.

² Ethics, Religion and Medicine Research Center, Qom University of Medical Sciences, Qom, Iran.

³ Qom University of Medical Sciences, Qom, Iran.

⁴ Medical Ethics and History of Medicine Research Center, Tehran University of Medical Sciences, Tehran, Iran.

⁵ Clinical Research Development Center, Qom University of Medical Sciences, Qom, Iran.

Abstract

Background and Objectives: Medical ethics has a long history worldwide; although it is a new scientific discipline. Also, it is not just for a specific single group or discipline in a treatment team; it is the entire medical community who benefits from it. Given the importance of this issue, this study examined the viewpoints of the specialist physicians in Qom province on the most common issues in medical ethics, with the hope to take a step forward through identifying common problems and solving them.

Methods: This descriptive study used the Delphi Method in which the views of the specialist physicians on the medical ethics were analyzed through two questionnaires. The first questionnaire contained some open questions, and the second one was designed to rank and rate the titles of medical ethics problems in terms of their prevalence.

Results: The most common problems in medical ethics derived from the first questionnaire based on the order of priority were: secrecy, doctor-patient relationship, justice, telling the truth, privacy, informed consent, relationship with colleagues, patient's participation in treatment methods, dealing with improper treatment and interaction between the physician and treatment authorities.

Conclusion: By identifying the common and more important problems based on the viewpoints of the specialist physicians in Qom province, it seems necessary to pay more attention on training in order to solve these problems.

Keywords: Medical ethics; Informed consent; Justice; Privacy.

***Correspondence:** Should be addressed to Seyyed Hassan Adeli; **E-mail:** adeli@muq.ac.ir

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Introduction

Medical ethics has over 2500 years history in the world. Many centuries ago before Christ, the Greek and Roman culture that had been under the influence of the Iranian culture and civilization of the East, developed across the West. Since science was not widespread at that time, the physicians had to learn other sciences like philosophy; so, the

history of medical ethics is linked with the history of philosophy in the previous centuries (1).

Ethics play a vital and essential role in medicine. Since medicine deals with life, the property and honor of human beings, the people in the society need its achievements and services, the ones who are practicing this profession must observe special ethical principles called "medical ethics" (2).

It is a science that deals with a collection of good or bad conducts and behaviors that must be observed and respected by the medical occupations, also tells them how to deal with patients and colleagues and is considered as one of the most important sections of moral and medical science and commitment. All medical ethics issues have been studied generally and comprehensively in fact, medical ethics reflect the relations and conducts of the medical occupations according to the general principles of ethics (3).

One of the existing approaches in medical ethics is based on four essential accepted principles for ethical decision-making, which include: 1) beneficence, the physicians' duty to help patients whenever possible, fidelity, secrecy, ensuring comfort and welfare of the people in beneficent, prudent, and kind manner; 2) non-maleficence, the obligation to avoid harm and not to apply prejudicial and improper ways to attract friends and acquaintances; 3) respect for autonomy, the patients' right to self-determination and deciding on his/her fate, performing duties within the scope of his/her knowledge and abilities without obeying the others, having self-esteem, informed decision based on reasonable ideas to do things and achieve goals; and 4) justice, legislating and insisting on adherence to the role of law, following integrity at all times, having a few mistakes and fair allocation of medical resources (2,4).

Medical ethics has a very long history in the world and certainly, a consistent morality and culture of various societies must be achieved with respect to its historical background (5). It is often assumed that the history of medical ethics begins with Hippocrates; however, medical ethics has a longer history. It is clear that different cultures such as Babylon, Ancient Egypt, Greece, and Iran all have tried to regulate medicine and respect the patients' rights. One of the first human handwritings on the subject that dates back to 1750 BC is the Hammurabi Code, which was adapted by the Babylonians (6). The contents of the book "Vendidad" that include many rules about physician and practicing medicine, indicate that while there were no systems and

organization about physicians in the other countries, there were different laws concerning health and rights of physicians and veterinarians, as well as medicine and surgery in Iran. Despite this history of science and its importance in most parts of the world, especially in our country, less attention has been paid to it (7).

Since in any field the measures are based on the prevalence and incidence of related items, therefore, the first step prior to intervention and modification of a particular field is to recognize the most prevalent titles and issues of it. Because there was no study available on the common problems in medical ethics in Iran and particularly in Qom province, thus, we decided to review the common problems ahead of treatment process in a course of a research according to the specialist physicians in Qom, with the hope that by identifying the most common problems we could take a short step forward to improve the problems in our society.

Methods

This descriptive study used the Delphi Method. In this plan, the viewpoints of the specialist physicians in Qom were analyzed in two phases with two questionnaires. Thus, the statistics of the physicians of Qom in different specialized fields were gathered through the Medical Council first, and then the individuals were examined by census method. The questionnaires were given to the physicians at public and private hospitals, offices, clinics and medical centers. So in the beginning, the first questionnaire was given to them; then after gathering all the forms the second one was given to them. In the first phase, the physicians were asked to give feedback on the common problems with the first questionnaire asking: "Please, describe your viewpoints on the common problems of the medical ethics in your own field of work". Later, in the second phase, after reviewing the various texts and considering the medical ethics experts' statements, 18 common and prevalent problems were extracted and put at the disposal of the experts as the second questionnaire. The physicians were asked to give their views on

any of the ethical problems listed in the questionnaire based on their prevalence and points. The point of the most common problem was 10 and the less common one was 1. Also, they could give the same point to several options.

Answering the questionnaires was optional and anonymous. Also, in case of uncertainty about the questionnaire for the physicians, the necessary explanations were given by the researcher. Data analysis was performed using SPSS 15 software, and the most common problems of the medical ethics were obtained from the two questionnaires separately based on the views of the physicians on priority order and in different specialties.

Results

Out of the 200 specialist physicians, who received the questionnaires, only 73 (36.5%) responded.

Also, only 2 respondents out of 73 completed the second questionnaire, leaving the first one blank. Of the responding physicians, 53 (72.6%) were males and 20 (27.4%) were females. The specialty of the participants was as follows: Orthopedics (2), pediatrics (7), urology (3), anesthesia (2), pathology (2), dermatology (3), general surgery (6), ophthalmology (2), internal medicine (15), radiology (3) psychiatry (4), obstetrics (7), social medicine (1), emergency medicine (1), sports medicine (1), infectious diseases (6), cardiology (2), ear, nose and throat (4) and neurology (2).

The findings of the study on 10 common problems according to the views of the specialist physicians of Qom indicated that secrecy (638 points), doctor-patient relationship (620 points) and justice (608 points) were the most common problems, respectively (Table 1).

Table 1: Comparison of the results of the first and second questionnaires

Rank	Common problems derived from the first questionnaire	Frequency (%)	Common problems derived from the first questionnaire	* Points
1	Referral of the patient from the public to private sector or extra medical procedures to gain more benefit	13.6	Secrecy	638
2	Doctor-patient relation	10.5	Doctor-patient relation	620
3	Inappropriate relation and unsound and destructive competition among the physicians	8.84	Justice	608
4	Respecting the secrecy and privacy of the patients	8.82	Telling the truth	602
5	Obtaining informed consent	7.1	Privacy	596
6	Low level of awareness of patients about the medical information and procedures and improper cooperation in treatment	4.73	Obtaining informed consent	578
7	Doctors' approach towards the patients as a source of income rather than a human being, taking into account the social and economic situation of the patient in how to deal with him/her and non-compliance with the principle of equality of patients	4.14	Relation with colleagues	572
8	How to express the condition and its necessity, to the terminally ill patients, lack of proper insurance services, direct financial relation between doctor and patient	3.55	Participation of patient in the treatment method	510
9	Not fully respecting the patient's rights (e.g. involving him/her in selecting the treatment method)	2.95	Dealing with improper treatment	503
10	Decisions about continuation or discontinuation of treatment of the end-stage patients, and conflicts of interest	2.36	Doctor-treatment authorities interaction	439

* In this research, the maximum point was 730

Also, the top 10 problems, based on gender were quite the same and only 5 of them differed in terms of order (table 2).

Table 2: Total points of items per gender based on priority

Rank	Title	Point
1	Difference between the patient and his family and physicians about treatment decisions	113
2	Waiting list	102
3	Decisions about allocating resources to the elderly, chronically ill or mentally retarded patients	89
4	Shortage of family physicians or lack of basic medical facilities in urban and rural centers	82
5	Medical mistakes	76
6	Continuation or discontinuation of maintenance therapy concerning the patients, whose survival is uncertain and have terminal illness	56
7	Obtaining informed consent from the patients	43
8	Moral issues pertaining to available rules during the research process	40
9	Alternative decision-maker	38
10	Moral issues in modern surgical innovations and inventions that will be used to improve treatment	31

As table 3 shows, both secrecy and telling the truth were the most common problems of the medical ethics according to the various specialists.

Table 3: Breakdown of the most common problems based on specialty

Specialty	1	2	3
Internist	Secrecy	Truth	Doctor-patient relations
Pediatrician	Obtaining informed consent	Truth	Relations with colleagues
Obstetrician	Justice	Privacy, truth	Secrecy
Surgery	Privacy	Secrecy	Relations with colleagues, Doctor-patient relations, Obtaining informed consent, justice
Infectious Disease Specialist	Secrecy	Privacy	Truth

Discussion

This research examined the top 10 common problems in medical ethics according to the viewpoints of the specialists in Qom. Unfortunately, no similar research was found elsewhere in the country; therefore, the study made by Breslin et al. at the University of Toronto, Canada, was used to compare the results concerning the 10 common ethical

problems ahead of the treatment process in accordance with the viewpoints of the medical ethics experts (8). According to table 4 and its comparison with the results of the present study, we found that except for two titles of "informed consent of the patient" and "patient's participation in treatment method", both were the most common problems; there is a dramatic difference in the results.

Table 4. Ten common ethical problems in Breslin et al.'s study (8)

Rank	Male	Female
1	Doctor-patient relations	Secrecy
2	Secrecy	Justice
3	Truth	Truth
4	Privacy	Doctor-patient relations
5	Justice	Privacy
6	Relations with colleagues	Relations with colleagues
7	Obtaining informed consent	Obtaining informed consent
8	Participation in the treatment method	Participation in the treatment method
9	Dealing with the improper treatment	Dealing with the improper treatment
10	Doctor- treatment authorities interaction	Doctor- treatment authorities interaction

With regard to the study of Breslin and the condition of the present study, the difference in the results can be due to the fact that the common problems in the Breslin study have been greatly influenced by the treatment process system and regime in Canada. For instance, the problems related to the "waiting list" and "shortage of family doctors", which have the second and fourth ranks respectively, may not be considered as the most common problems in other countries including our study. Furthermore, Breslin et al. have declared certain common problems from the viewpoint of the medical ethics experts, while this research studied the most common problems from the viewpoint of the clinicians. Additionally, the socio-cultural differences between the two communities under study could also be amongst the reasons for the difference in results of the said two studies (8).

In our study, after analyzing the results of the first questionnaire, the top 10 common problems in the medical ethics were obtained with different titles and orders comparing with the second questionnaire. With a little attention to the results of both tables and considering the fact that the first questionnaire have been filled up without the knowledge of the physicians about the titles of the second questionnaire prior to rating, the relative similarity between the two questionnaires, in particular the first few problems, indicates the importance and prevalence of the problems from the viewpoints of the experts. As seen, the "lack of secrecy" gained the 4th rank in the first questionnaire and 1st in the second one. Perhaps it is because of the inherent desire of human beings to maintain his/her independence, secrets and privacy.

Also, the Islamic culture and religious views of our society can be another reason for this (9).

The reciprocal and proper interaction between the doctor and patient gained the 2nd rank in both questionnaires. This result shows that establishing a proper and sincere relationship between doctor and patient and at the same time a relationship wherein the patient trusts his/her doctor, is an important point that has been rarely paid attention over the treatment procedure, and the need to improve this helpful relationship is fully realized. Obtaining the informed consent as well, gained the 5th and 6th ranks in the first and second questionnaires, respectively. In Kazemian's study entitled "Evaluating physicians points of view about terminally ill patients", estimated that the observance level of the problem in the treatment process in the country is between moderate to poor; therefore, provision of more information to patients, as well as participation in their treatment can improve the quality of treatment outcomes (10).

In this study, the inappropriate relationship with unhealthy competition beyond the dignity of the physicians ranked 3 and 7, respectively. Of course, according to the experts' views and responses to the first questionnaire, one of the key reasons for the unhealthy and destructive competition could be lack of proper funding for physicians and the existence of direct financial relationship between the doctors and patients.

The results and the comparison with the current situation of the treatment process in the country indicate that there are many necessary tasks to be fulfilled and studied concerning the

medical ethics and necessitate more research. In addition to research and theoretical work, there is more need to take widespread administrative and practical measures across the country, particularly concerning the derived common problems (secrecy and privacy of the patients, doctor-patient relations, referral from the public sector to the private sector, extra medical procedures to gain more benefits, and informed consent). Also, the results of the study and their comparison with the other available findings show that there are many factors influencing the occurrence and prevalence of the current medical ethics problems over the treatment process, such as various treatment methods in different countries, customs and cultures of different societies, the socio- academic status, class and gender of the respondents (8,11).

Conclusion

In the end it is suggested to improve the doctor-patient relations, enhance the studies and activities of the physicians and students in the field of medical ethics, and hold seminars and intensive courses based on medical ethics. Also, the attendance of the well-informed individuals and experts of medical ethics at the time of medical students' rounds beside the patients and express the key points on faults during the rounds (as it is done in some countries) can be helpful. The more powerful medical insurance companies and less direct financial relationships between doctors and patients, the problem of the doctor's approach toward the patient as an income source rather than a human being will be less. Finally, improving the physicians' livelihood, offering proper welfare facilities and services to the medical community and the treatment team can somehow reduce the unhealthy competition among doctors; this cannot be realized unless the economic and public service policy of the government is changed.

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