

# Medical Ethics

**Abdelaal Amir, MB.BS., MD.**

Associate Professor of Medicine, University of Ahfad, Sudan

## Abstract

**Medical ethics occupy an important part in every aspect of the medical profession (e.g. patients' encounters, medical research and medical education). Medical ethics include the concepts of moral and professional duties of the medical professionals, not only doctors but all the allied or auxiliary medical professions. For several centuries the issue of medical ethics has become a hot issue subject to a continuous debate even for non-medical parties. We recommend that medical ethics should be part of all training and academic programmed of students and practicing doctors.**

**Keywords:** Medical ethics, Medical education, Continuing medical education.

## INTRODUCTION

Medical students start the clinical phase of their study after three years of their entry to the medical school. From their first day in the hospital, the students should learn the complicated and important science of association with the patient (Seedhouse DF, 1191). This is not only a medical science but also a medical talent and intuition. There are no strictly defined rules because each patient requires a special approach due to his special personality traits, pathology, mental development, education and other special conditions (Siegler MA, 1998).

The set of rules and principles of medical ethics which govern a member of the medical profession in the exercise of his professional duties with his patient called deontology.

The concepts of morals and professional duties of practitioners have changed during the centuries, depending on the social economic and class relationships, the political structure of the state, the level of civilization, national culture, religious traditions, and many other factors. (Pellegrino ED. 1989). The profession requires higher selflessness, purity of thought and experiences. Not everybody is capable to being a doctor "being a doctor is a feat". The profession of doctor is hard and difficult, sleepless night, doubts, painful experiences, patience, and self-control. At any time the doctor must be ready to render aid to the patient. A real doctor will stay with his patient after his official time is over if the situation requires (Kass LR. 1990).

In order to save his patient's life a doctor may travel long distances at any time of the day or season, despite

the danger to his own health and sometimes even life. Many volunteer physicians fight epidemics of severe infectious diseases and showed their uttermost selflessness during attempt to find a way of fighting these diseases.

The profession of a physician is heroic. The student of medical schools must understand this from the start so as to prepare himself for a hard, difficult and anxious life. But this life gives moral satisfaction that can not be given by any other profession (Coles R, 1979).

The main deontological requirement is high medical skills and constant drive to improve knowledge and skills. A good doctor should know all recent advances in medicine, follow all periodical publications in his profession, attends meetings of medical societies, conferences, take active part in them, and should also be acquainted properly with the problems of the neighbouring medical specialities.

The authority of a physician largely depends on his attitude toward the patient, his compassion and sympathy for the patient. An indifferent physician decreases the patient's confidence in him and may drastically impair the condition of the patient. The doctor may be a good diagnostician and be quite proper in his prescriptions, but all his talents are useless if he is unable to conquer the patient soul. Compassion for the patient is not a formal duty but a genuine sympathy for the patient and the desire to help him. The patient should feel this compassion whenever he is in contact with medical personnel, beginning with the nurse, other medical staff and ending with his physician (Peabody FW, 1927).

When examining the patient, the physician should show his compassion and interest, ask the patient about his complaints, about the beginning and development of the disease, show his sympathy for the patient, so that he might feel confidence in his doctor and sometimes tell him not only his main complaints but intimate details of his life that might be helpful for the diagnosis and treatment. These requirements should be fulfilled by the medical students as well when they come for practical training at hospitals. If a student is not serious, the patient will not feel confidence in him, nor in other medical students that might come next. (Veatch RM 1981).

The physician primary commitment must always be to the patients' welfare and best interests, whether the physician is preventing or treating illness or helping patients to cope with illness, disability and death. The physician must support the dignity of all persons and respect their uniqueness. The interests of the patient should always be promoted regardless of financial arrangements, the health care setting, and patient characteristics, such as decision-making capacity or social status. The physician must understand the patients' complaints, underlying feelings, goals, and expectations. The patient-physician relationship has mutual obligation. The physician must be professionally competent, act responsibly, and treat the patient with compassion and respect, and the patient should understand and consent to the treatment that is rendered and should participate responsibly in the care (Burnum JF, 1991).

By history, tradition, and professional oath, physician have a moral obligation to provide care for ill persons. Although this obligation is collective each individual physician is obliged to do his or her fair share to ensure that all ill persons receive appropriate treatment. A physician may not discriminate against a class or category patients. Physician is morally bound to provide care and if necessary, to arrange for proper follow up. Physicians may also be bound by contract to provide care to beneficiaries of participating health plans. The physician may discontinue the professional relationship by notifying the patient and with the approval of the patient, transfer to another physician the information in the record, provided that adequate care is available elsewhere and the patient health is not jeopardized in the process.

As soon as the physician has gained as much information as possible about the disease from clinical findings and results of examination, he must do his best to quiet the patient, raise his spirits, and convince him that there are good signs of his recovery, without dwelling on the unfavourable symptoms of the disease. It is recommended that in some cases the disease be compared with other more serious diseases helping the patient believe that his disease is not so grave. The patient's attention may be directed to a symptom absent in his case. This makes the patient forget for a time his

upsetting thoughts and the patient's mood may improve and give the patient hope for recovery. At the same time, the physician task should not be understood as reassuring his patient that the disease is not so grave, but rather to convince the patient of his possible recovery even in malignant cases (Veatch RM, 1981).

While prescribing drugs and giving advice the physician should explain the treatment schedule, it is mode of administration. Improper administration of drug's will give no desirable results, and may harm the patient, as in the case with acetylsalicylic acids or some others drugs that should be given after meals and in powdered form, rather than in tablets which might cause gastric ulcer. If the patient believes his doctor and the power of his prescriptions, the efficacy of the prescription increases, and this is a point the way of recovery. If the patient feel that his doctor is doubting, this is detrimental to his health. The medical student should learn how to be confident without being self-conceited.

While discussing the case with your colleagues at the patient's bedside the physician should avoid words and terms that might be unknown to the patient or might be misunderstood by him. An occasional thoughtless word from the physician may impair the mood of the patient; impair his sleep, appetite and general condition. The student should remember that a patient might ask him a question which he dares not ask the physician. This question will always concern his disease, and the student should therefore always be aware of the damage he may do to the patient by an inappropriate answer. If the student is not sure, he must consult the doctor before answering the patient. The student should be remember that even in hopeless cases, the patient believes that he may recover, and the truth should therefore always be concealed from him. The duty of the physician is to persuade the patient by all possible means that his disease may be cured.

Medical deontology implies medical secrets. All the physician knows about his patient should be kept secret, and this is principle of medical confidentiality and is one of the most venerable moral obligations of medical ethics. The doctors from the time of Hippocrates to the present have promised to keep their patient's secrets.

Discussion of the problems of an identified patient by professional staff in public places violates confidentiality and is unethical. Outside of an educational setting, discussions of a potentially identifiable patient in front of persons who are not involved in that patient's care are unwise and impair the public's confidence in the medical profession. Physicians of patients who are well known to the public should remember that they are not free to discuss or disclose information about a patient's health without the explicit consent of the patient.

Ethically and legally, patients have the right to know what is in their medical records. Information should be given in terms that the patient can understand. The physician should be sensitive to the patients' responses

in setting the pace of disclosure particularly if the illness is very serious. Upsetting news and information should be presented to the patient in a way that minimizes distress (Pellegrino ED, 1989).

Traditionally the ethical imperative for physicians to provide care has overridden the risk to the treating physician, even during epidemics. In recent decades, with better control of such risks, physicians have practiced medicine in the absence of risk as a prominent concern. However, potential occupational exposures such as HIV, multidrug-resistant tuberculosis, and viral hepatitis necessitate reaffirmation of ethical imperative (Burnum JF, 1991).

Because the diseases mentioned above may be transmitted from patient to physician and because they pose significant risks to physician health and are difficult to treat or cure, some physician may be tempted to avoid the care of infected patients. Physicians and health care organizations are obligated to provide competent and humane care to all patients, regardless of their disease state. The denial of appropriate care to a class of patients for any reason is unethical.

Physician should avoid treating themselves, close friends, or members of their own families. Problems may include inadequate history taking or physical examination as a result of role – related discomfort on the part of patient or physician. The physicians' emotional proximity can result in a loss of objectivity.

Physicians should support public health endeavors that provide the general public with accurate information about health care and comment on medical subject in their areas of expertise to keep the public properly informed. Physicians should protect public health by reporting diseases, as required by law, to the responsible authority. Physicians must fulfill the professions collective responsibility to advocate the health and well-being to the public.

Physicians who are impaired for any reason must refrain from assuming patient responsibilities that they can not discharge safely and effectively. Impairment may result from use of habit-forming agents (alcohol) or from psychiatric or behavioral disorders or by the diseases that affect the motor skills (Peabody FW, 1927).

The best patient care is often a team effort, and mutual respect, cooperation and communication should govern this effort. It is unethical for a physician to disparage the professional competence, knowledge, qualifications or services of another physician to patient or a third party or to state or imply that a patient has been poorly managed or mistreated by a colleague without substantial evidence. Of equal importance the physician is ethically obligated to report fraud, professional misconduct, incompetence, or abandonment of patient by another physician.

The problems of medical deontology are closely connected with professional ethics. Some physician tries to hide their inadequate knowledge and skill behind aplomb and undue self- assurance. In order to improve

their authority, some physicians may criticize their predecessors in the presence of the patient and give new prescriptions that actually do not differ substantially from the previous ones. Such physician may criticize others in a way that will undermine their own authority and the patients' belief in medicine in general. The patient may speculate: if the previous doctor gave me wrong prescription, why should I believe this new one? If a physician discovers any error in the prescriptions and methods of his predecessor, he must correct it tactfully so that the patient does not lose his belief in medicine and in his recovery.

The practical work of the physician is tightly connected with research. Diagnosis itself is research. The prescription of medicines and observation of their effect, change of preparations and selection of more efficacious means in each particular case implies an individual approach and element of research and remember that a good doctor is always a researcher. The student should therefore take part in scientific medical societies, where he may acquire the habits of a researcher.

When a student begins his practical work at clinic, he must remember that his appearance is very important for the first impression on the patient. Inappropriate dress or appearance may impair the belief of the patient in his power as a doctor. The student should behave like real physician and not student, avoiding loud discussions and all the more so since annoys the patient. The student should be remembering that personal conduct of the doctor is very important to the patient. For example, if the doctor insists the patient stops smoking but smokes himself, his recommendation will not be taken seriously (Veatch RM, 1981).

Once a person decides to become a physician, he must obey the medical laws and fulfill his duties properly in accordance with his Oath, he solemnly swears that he shall commit all his knowledge and strength on protection and improvement of people's health, to the treatment and prevention of their diseases. He swears to be ready to provide medical assistance at any time of his life and carefully, attentively help his patients and keeps their confidentiality. He swears that he shall always continue to improve his medical knowledge and skills so that his work might advance medical science and practical medicine. He swears that he shall consult colleagues if he may require medical advice, and shall give such advice to his colleagues whenever they need it. He swears that he shall be true to this Oath for the whole of his life.

Medical ethics should be taught to the medical students from the early years of their education, because they are physicians of tomorrow.

I consider my purpose fulfilled if the undergraduates in my country find this paper useful.

## REFERENCES

Seedhouse DF (1991). Health care Ethics Teaching for Medical Students. *Med Educ* 25: 230 – 237

Siegler MA (1998). Legacy of Osler. Teaching Clinical Ethics at the Bedside. JAMA 239: 951 – 956.  
Pellegrino ED (1989). Teaching Medical Ethics Acad. Med. 64. 701 – 703.  
Kass LR (1990). Practicing Ethics. Hastings Center Rep. Pp.5-12  
Coles R (1979). Medical Ethics and Living a life N. Engl. J. Med. 301: 444 – 446.

Peabody FW (1927). The care of the patient JAMA 88; 877 – 882.  
Veatch RM (1981). Theory of Medical Ethics New York.  
Burnum JF (1991). Secrets about patient. N. England S. Med. 324: 1130 - 1133.