Research Article

Awareness and Application of Medical Ethics and Patient Rights Among Healthcare Professionals in the Hospitals of an Urban Area in El-Minia Governorate

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Abstract
Background: Ethical healthcare principles are becoming of great importance nowadays allover the world, while there is a shortage of knowledge about it of some healthcare professionals. Our study aiming to understand the ethical knowledge, attitudes and practices among healthcare professionals of ٣ different hospitals in an urban area in El-Minia governorate in relation to the process of diagnosis and treatment, informed consent, and privacy protection. **Methods:** A self-administered structured questionnaire about knowledge of healthcare ethics, was completed by ١٨٠ medical staff recruited from ٤ different hospitals in Mallawy district which is an urban area in El-Minia governorate. **Results:** In our study there were ١٨٠ responses from doctors and nurses comprising junior doctors, consultants and staff nurses in ٤ hospitals in Mallawy district El-Minia governorate. More than half of senior medical staff and about fifth of senior nursing staff knew little of the healthcare ethics and patient rights. ١١٪ of the doctors did not know the contents of the Hippocratic Oath whilst a quarter of nurses did not know the Nurses Code. Physicians had a stronger opinion than nurses regarding practice of ethics such as adherence to patients' wishes, confidentiality, paternalism, consent for procedures and treating violent/non-compliant patients (p = ٠.٠١). **Conclusion:** The study indicates that the ٤ hospitals in Mallawy district have no Medical Ethics Committee. The majority of the medical staff has insufficient knowledge of the ethical issues related to clinical practice and they had not received systematic education or training in medical ethics. Regular training courses in ethics are recommended for medical staff.
Key words: Healthcare, Urban Area and Medical Ethics

Introduction
Medical ethics is a system of moral principles that apply values and judgments to the practice of medicine.
A common framework used in the analysis of medical ethics is the "four principles" approach postulated by Tom Beauchamp and James Childress in their textbook Principles of biomedical ethics. It recognizes four basic moral principles, which are to be judged and weighed against each other, with attention given to the scope of their application. The four principles are:
- Respect for autonomy - the patient has the right to refuse or choose their treatment.
- Beneficence - a practitioner should act in the best interest of the patient.
- Non-maleficence - "first, do no harm".
- Justice - concerns the distribution of scarce health resources, and the decision of who gets what treatment (fairness and equality).

Other values which are sometimes discussed include:
- Respect for persons - the patient has the right to be treated with dignity.
- Truthfulness and honesty - the concept of informed consent has increased in importance since the historical events of the Doctors' Trial of the Nuremberg trials and Tuskegee syphilis experiment.

Values such as these do not give answers as to how to handle a particular situation, but provide a useful framework for understanding conflicts.

When moral values are in conflict, the result may be an ethical dilemma or crisis. Sometimes,

no good solution to a dilemma in medical ethics exists, and occasionally, the values of the medical community (i.e., the hospital and its staff) conflict with the values of the individual patient, family, or larger non-medical comm.-unity. Conflicts can also arise between health care providers, or among family members. Some argue for example, that the principles of autonomy and beneficence clash when patients refuse blood transfusions, considering them life-saving; and truth-telling was not emphasized to a large extent before the HIV era[١].

Healthcare ethics and patient rights are more concerned by public and health policy makers. Historically, Western medical ethics may be traced to guidelines on the duty of physicians in antiquity, such as the Hippocratic Oath, and early Christian teachings. The first code of medical ethics was published in the ٥th century, during the reign of the Ostrogothic king Theodoric the Great. In the medieval and early modern period, the field is indebted to Muslim medicine such as Ishaq ibn Ali al-Ruhawi(who wrote" the Conduct of a Physician", the first book dedicated to medical ethics) and Muhammad ibn Zakariya ar-Razi (known as Rhazes in the West), Jewish thinkers such as Maimonides, Roman Catholic scholastic thinkers such as Thomas Aquinas, and the case-oriented analysis of Catholic moral theology. These intellectual traditions continue in Catholic, Islamic and Jewish medical ethics.

By the ١٨th and ١٩th centuries, medical ethics emerged as a more self-conscious discourse. In England, Thomas Percival, a physician and author, crafted the first modern code of medical ethics. He drew up a pamphlet with the code in ١٧٩٤ and wrote an expanded version in ١٨٠٣, in which he coined the expressions "medical ethics" and "medical jurisprudence"[٢]. However, there are some who see Percival's guidelines that relate to physician consultations as being excessively protective of the home physician's reputation. Jeffrey Berlant is one such critic who considers Percival's codes of physician consultations as being an early example of the anti-competitive, "guild"-like nature of the physician community[٣,٤].

In ١٨٤٧, the American Medical Association adopted its first code of ethics[٢]. While the secularized field borrowed largely from Catholic medical ethics, in the ٢٠th century a distinctively liberal Protestant approach was articulated by thinkers such as Joseph Fletcher. In the ١٩٦٠s and ١٩٧٠s, building upon liberal theory and procedural justice, much of the discourse of medical ethics went through a dramatic shift and largely reconfigured itself into bioethics[٥].

In many countries the codes of ethics have been included in training courses to the health professionals', and there has been a growth in the number of ethical committees. Nurses' code is a set of guidelines for carrying out nursing responsibilities adopted by the American Nurses Association (ANA) in ١٩٨٥. In ١٩٩٤, the American Nurses Association determined that these guidelines were nonnegotiable and determined that each nurse had an obligation to adhere to the Code, and in ٢٠٠١ a completely revised version of the Code of Ethics for Nurses was accepted by the ANA.

Recent increase in, complaints against health-care professionals may be due to of both an increased public awareness as well as the inappropriate practices by the healthcare professionals. Ethical practice training should be a part of traditional medical training to healthcare professionals[٦].

Incorporating ethical and legal issues into medical curricula have been recommended by many reports[٧-٩]. Doctors and nurses should be received a concurrent training on medical ethics[١٠]. Many reports indicate unethical behaviors of medical practitioners and colleagues with patients[١١-١٣]. Both positive and negative role models in teaching medical ethics practice are of great importance[١٤,١٥].

Medical ethics teaching strategy should be relevant and directed to meet the needs of the society[١٦].

Sound teaching of medical ethics should not miss the individualistic perception of morality and ethics innate to every healthcare professional,[١٧]. The medical ethics curriculum should be tailored to the social and cultural background to every region where it is taught, firstly we should determine the current basic knowledge and attitudes of the healthcare professionals to measure what is known and

practiced, so that educational and training programs better designed[١٨]. The professional relations between Physicians and nurses may have differences with respect to their attitudes towards patient-care[١٩]. The present study aimed to clarify the knowledge, attitude and practice of the physicians and nurses in relation to healthcare ethics in an urban area in El-Minia governorate.

Subjects and Methods

A cross sectional hospital based descriptive study done in January ٢٠١٠ where a self-administered questionnaire about knowledge of ethics and the role of it in the healthcare system to all levels of staff at the ٤ Hospitals in Mallawy district El-Minia governorate (Mallawy central hospital, Mallawy fever hospital, Mallawy chest hospital and Mallawy ophthalmology hospital). The total number of working physicians in the ٤ hospitals was ٢٠٣ (١١٧ males & ٨٦ females) and the number of nurses was ١٠٥ (٢١ males & ٨٤ females). The number of respondents was ٢٠٠ (١٠٥ physicians & ٩٥ nurses) these respondents included all levels of staff of physicians and nurses.

The questionnaire designed to identify the practitioner's knowledge, attitudes and practice towards patient care in relation to healthcare ethics.

The questionnaire consisted of:

١- Demographic data such as occupation, age, gender, the duration of work experience and the frequency of ethical or legal problems encountered in practice.

٢- Asking questions about the importance and source of knowledge of ethics and patient rights and the preference for consultation for an ethical problem. we asked whether the respondent knew of the presence of an ethics committee in the institution and if they knows about its role and if it satisfied its role.

٣- In the final part of the questionnaire, respondents were asked about their opinion as regards statements concerning ethical conduct, autonomy, paternalism, confidentiality, informing patients about wrongdoing and relatives of patient condition, informed consent, treating non-compliant or violent patient, religious beliefs influencing the treatment, abortion and euthanasia.

Among the ٢٠٠ distributed questionnaires, ١٩٠ were returned; out of which ten questionnaires were incompletely filled and were not included for analysis the remaining were ١٨٠ question-naires (٩٥ physicians & ٨٥ nurses).

Statistical analysis

Analysis of data was done using Statistical Package for Social Sciences (SPSS) – version ١٣. We compared the attitudes towards practical ethical problems between nurses and physicians using a Chi square test. A Phi and Cramer's V value was obtained to determine the strength of the difference in their opinions. P value < ٠.٠٥ was considered statistically significant.

In statistics, **Phi**. is a chi-square based measure of association. The chi-square coefficient depends on the strength of the relationship and sample size. Phi eliminates sample size by dividing chi-square by n, the sample size, and taking the square root. phi = SQRT($X^٢$/n).

Cramér's V (**Cramér's phi φ_c**) is a popular measure of association between two nominal variables, giving a value between ٠ and +١. It is based on Pearson's chi-squared statistic and was published by Harald Cramér in ١٩٤٦[٢٠].

Cramér's V is computed by taking the square root of the chi-squared statistic divided by the sample size and the length of the minimum dimension (*k* is the smaller of the number of rows *r* or columns *c*).

The formula for the φ_c coefficient is:

$$\phi_c = \sqrt{\frac{\varphi^2}{(k-1)}} = \sqrt{\frac{\chi^2}{N(k-1)}}$$

where:

- φ^2 is the phi coefficient.
- χ^2 is derived from Pearson's chi-squared test
- N is the grand total of observations and
- k being the number of rows or the number of columns, whichever is less.

The p-value for the significance of φ_c is the same one that is calculated using the Pearson's chi-squared test [٢١].

Results

A total number of ١٨٠ questionnaires (٩٥ physicians & ٨٥ nurses). Interns, post-graduate medical residents, senior house officers and registrars were considered as junior physicians and the rest falling into the category of consultant physicians. ٥٢.٧% of the respondents were physicians, and ٤٧.٢% were nurses.

There were more female nurses and more male consultant physicians (Table ١).

Age distribution of the respondents was compatible with the categories of medical and nursing staff. Work experience period was from ١ year to over ٣٠ years and was also compatible with the ages and occupations of respondents. ٨٨% of junior physicians were in the age group of ٢٠–٢٩ years and ٥٩% of them had ٤–١٠ years work experience. ٦٩% of staff nurses were in the age group of ٣٠–٤٩ years and ٥٨% of them had work experience of ٧–٢٠ years. ٧٠٪ of consultant physicians had a work experience of ٢٠ years and more. ٩٥٪ of the physicians and ٩٠٪ of nursing staff responded that knowledge of ethics is important to healthcare work. More than half of respondent physicians and nurses stated that they had "no" or 'little' knowledge of the patient rights.

About ١٥% of physicians did not know the main contents of the Hippocratic Oath, among them there were ٥ junior physicians, one consultant physician and one General Practitioner. However, ٧٤٪ of nurses did not know the "Nurses Code".

Regarding the preferences of physicians and nurses as to whom to approach when faced with an ethical problem, while majority of the nurses said they would approach the head of department, majority of physicians said they would approach the immediate supervisor. There was no ethics committee at the studied hospitals (Tables ٢).

The responses of healthcare professionals regarding the various aspects of practicing ethics. The doctors were stronger in their opinions than the nurses and there was a statistically significant difference as regards to adherence to patients' wishes, confidentiality, paternalistic attitude of doctors, consent for procedures and treating violent/non-compliant patients. The doctors and nurses had equal opinions (no differences in the strength of the opinions) regarding informing patient regarding wrongdoing, informing close relative of a patient, seeking consent for children, abortion and euthanasia (Table ٣).

The responses about the usefulness of ethics and patient rights learning instruments. Hospital administrator instructions, Media (Newspapers/TV) and work-shops seemed to be useful instruments in most respondents (Table ٤).

Table ١: Demographics of respondent physicians and nurses in the hospitals of Mallawy district in El- Minia governorate January ٢٠١٠

Category	Number (%)	males	females	Gender ratio (M:F)
Junior physicians	٨٣ (٤٦.١٪)	٥١	٣٢	١.٥٩: ١
Consultant physicians	٢٢ (١٢.٣٪)	٨	١٤	١: ١.٧٥
Nurses	٧٥ (٤١.٧٪)	١٥	٦٠	١: ٤

Table ٢: Consulting Preference on an ethical problem among respondent physicians and nurses in the hospitals of Mallawy district in El-Minia governorate January ٢٠١٠

Whom to consult	Physicians (%)	Nurses (%)
Colleague	٥٨	٣٥
Supervisor	٤٧	٣٣
Head of Department	٤٩	٥١
Chief of Medical staff	٢٣	٠
Hospital Administrator	٨	٢٩

Table ٣: Biomedical ethics Practice among respondent physicians and nurses in the hospitals of Mallawy district in El-Minia governorate January ٢٠١٠

Medical ethics practice subjects	Occupation	Disagree	Agree	Chi squa	Cramer's V	p-value
Is patient Confidentiality not important?	*Physicians*	٨٧	٨	١١.٢	٠.٢٥	٠.٠٠١
	Nurses	٧٢	١٣			
You always informing Patient of wrongdoing	*Physicians*	٢١	٧٤	٠.٢٣	٠.٠٨	٠.١٦
	Nurses	٩	٧٦			
You must be always adherent to Patient's wishes	*Physicians*	٦٠	٣٥	٤.٠	٠.١٤	٠.٠٢
	Nurses	٦٤	٢١			
Doctor should do best irrespective of patient's opinion	*Physicians*	٧٥	٢٠	٨.٠	٠.٢٣	٠.٠٠٥
	Nurses	٦٠	٢٥			
Patient Consent only for operations – not for investigations and medication	*Physicians*	٨١	١٤	٣.٧	٠.١٥	٠.٠٤
	Nurses	٧١	١٤			
Close relatives should always be told about patient condition	*Physicians*	٧٠	٢٥	٢.٦	٠.١٢	٠.٠٧
	Nurses	٥٨	٢٧			
Children should never be treated without consent of parent	*Physicians*	١٩	٧٦	٠.٧٨	٠.٠٧	٠.٢٥
	Nurses	٨	٧٧			
Doctors & nurses should refuse to tre a violent patient	*Physicians*	٧٩	١٦	٥.٩	٠.١٩	٠.٠١
	Nurses	٦٧	١٨			
If a patient wishes to die, he or she should be assisted in doing so	*Physicians*	٨٨	٦	١.٨	٠.١٢	٠.١٤
	Nurses	٨٢	٣			

Table ٤: Biomedical ethics learning Instruments respondent physicians and nurses in the hospitals of Mallawy district in El-Minia governorate January ٢٠١٠

Learning instruments	Physicians (%)	Nurses (%)
Seniors consultation	٦٠	٤٤
hospital staff meetings	٥٥	٣٧
hospital administrator instructions	٧٠	٣٠
General texts, Ethics Books or journals	٤٨	١٨
Media *(Newspapers/TV)*	٧٠	٣١
Workshops	٦٦	٣١
Lectures	٥٧	٤٨
Panel discussions	٦٥	٣٧

Discussion

The present study findings show the difference in the knowledge and attitudes between physicians and nurses concerning the medical ethics and patient rights. The respondents were representative of different levels of physicians and nursing staff consisting of junior physicians, consultant physicians and nurses and the responses were reflective of these categories.

Most of the respondent physicians and nurse staff agreed to the importance of ethical knowledge. Those respondents, who stated that the knowledge of ethics and patient rights was unimportant, also mentioned that they never saw ethical problems. These respondents may be due to their poor awareness regarding ethics they could not recognize the ethical problems. Medical professionals need to be trained in ethics and to continue ethical training to during their careers[٢٢].

The frequency of facing the ethical problems was expressed in a scale ranging from "never" to "every day". Junior physicians and nurses responded that they faced ethical problems more often than the consultant physicians may be due to their more frequent contact with patients.

Although the junior staff had often encountered some form of ethical problem, it was not have been noticed by the senior staff. The senior staff should act as counselor to their juniors, so it is important that they should have been made aware of the ethical problems that do arise. On the other hand it is uncertain whether the juniors are perceiving problems where there are none. This means that while ethics training courses, both the junior and senior staff needs to be included. If the senior staffs function separately during ethical problems, especially when they lack adequate knowledge of ethics, this may send wrong signals to the junior staff that adequate knowledge of ethics are unnecessary for a successful practice[٢٣].

Few respondents had obtained their knowledge of ethics and patient rights from a single source. Also the source of knowledge of healthcare ethics and patient rights among junior physicians during training appeared to be less important than the experience at work, lectures and seminars and. The training programs regarding ethics and patient rights concerning work are either inadequate as healthcare personnel receive limited training in formal ethics[٢٤]. The teaching of medical ethics should be introduced as a distinct entity into the medical curriculum of the Faculties of Medicine and nursing[٢٥]. Recently it is clear that teaching and training which begins at the start of the course of study in medical and other healthcare professional schools, should be continuing process of medical and nursing education[٢٦].

Another major finding of the study was that there were no ethical committee in any hospital in Mallawy district and the majority of the

respondents did not know enough knowledge about medical ethics and patient rights. Also, there were some physicians and nurses who did not know the contents of their respective codes.

Many of the respondent healthcare professionals preferred to consult either their colleague, immediate supervisor or the head of their department for ethical issues. This is compatible with the commonly preferred opinion to consult in the departmental level rather than higher levels. Two-thirds of physicians and one-third of nurses responded that they would consult a colleague despite the feeling that they had little knowledge about ethics and patient rights. This may be due to uneasiness with discussing problems with superiors. The comparatively higher level of response from respondent healthcare professionals that they would consult a lawyer on problems may reveal that the lawyers may be available as friends or relatives.

The lack of knowledge regarding the ethical committee in the present study is very similar to another study regarding physicians' attitude and perceptions of a Hospital Ethics Committee from the United States, wherein a large number of professionals were unaware about the ethics committee[٢٧]. There was no Ethics Committee in any hospital of the four Hospitals of this study.

There was wide difference of opinion on the question of autonomy among medical and nursing staff. In another study on attitudes towards patient autonomy, UK nurses showed a greater obligation to patient autonomy than did any of the US groups; this may be due to regional variations[٢٨]. Many senior level staff did not feel that the patient's wishes should be adhered to at all times, this may be due to lack of knowledge about medical ethics basic principles.

Responses from physicians and nurses to questions concerning practical ethics Table ٤ suggest that the majority of them were aware of the common ethical issues. The significantly stronger opinions of the doctors and the nurses regarding adherence to patients' wishes, confidentiality, paternalistic attitude of doctors, consent for procedures and treating violent/non-compliant patients again may reflect the difference in the perception of medical ethics and patient rights principles between the two professionals.

Conclusions

In the present study the working physicians and nurses in the hospitals of Mallawy district commonly meet ethical issues in their workplace. However, many of them are either unaware of their importance or unable to appropriately deal with these issues. This study recognize that learning at workplace has been important to increase knowledge about ethics and patient rights, so there is a need to create means to sensitize them to these issues in the workplace. Practical education courses in ethics, could be helpful in improvement in ethical approaches of physicians and nurses.

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