

Ethical Issues In Medical Field In Current Era

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Abstract

Medical ethics deals with the moral principle that doctors should adhere to in their transaction with patient, colleagues and the state. It concerns not only doctors but also patients and society. The core of medical ethics is doctor patient relationship. Ethics has been derived from Greek word ethikos which means theory of living. Ethics are needed in every aspect of life, including medical field which is most pious profession and is thought to be equivalent to God because both of them save many precious lives. There is ethical deterioration in every field of life, including the medical one which is being eroded at fast pace and needs to be strengthened on priority by various manoeuvres. The past place of placing doctors equivalent to God has changed to devil in the current era. The responsibility lies on both sides i.e. doctors and patients. The bond of trust between them has become very fragile and needs urgent corrective steps for rebuilding the trust as in the past. The concept of sympathy has to be changed empathy among medical practitioners where they can feel pain of patient and family members. On the other side confidence building measures should be taken to build trust of patient and treating team. It is not matter of days or months but will require persistent and continuous efforts for years but a good beginning can prove to be very vital. At least, we all will start thinking that corrective steps are required to build good bonding between the treating team, patients and their family members. It will prove to be mile stone in decreasing unwarranted litigation and stress level among all.

Keywords: Medical Ethics, Clinical practice, Bond, Litigation, Stress

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I. Introduction

Medical ethics deals with the moral principle that doctors should adhere to in their transaction with patient, colleagues and the state. It concerns not only doctors but also patients and society [1]. Medical ethics concerns with moral conduct and principles that govern members of the medical profession [2]. The core of medical ethics is doctor patient relationship. Ethics has been derived from Greek word ethikos which means theory of living. The ethical code includes personal character of the physician and his obligation towards patients, community, colleagues and assistants [3]. Considering the potential consequences of actions, medical professionals require a keen understanding of national and international ethical codes [4]. In the past scenario, doctors were treated like God or angel i.e. agent of God and perception in the society was that doctors always give their best for the patient. If something adverse would happen due to illness, then never doctor was blamed and it was taken as destiny and decision of God. If patient survived, then due credit was given to doctor, along with the almighty. But now situation has reversed and any morbidity or mortality due to disease is taken as doctor fault and if patient recovers, then all credit is given to the destiny and almighty. This lack of trust looks like started many years back when big corporate chain of hospitals started getting established and society started perceiving them as money generated centres. It is expected that grudges and allegations on government hospital or medical colleges are related to not up to the mark or delayed care and lesser on financial aspects but in corporate or private set up, it is mainly on excessive charges, unwarranted investigations & procedures whereas negligence in care is less common. Lessons should be learned from previous mistakes and should not be repeated [5].

II. Ethical Issues In Government Set Up

In a developing country like India where a significant population lives below poverty line, thus are dependent upon free government facility available in hospitals and medical colleges. In the past, all the latest medical facility used to come up in government set up as all the experienced faculty was available in government set up but with changing time, the situation has reversed and plenty of experienced medical specialists have switched to private practice or hospitals for greener Pasteur and thus all latest and advanced medical equipment's are available in private centres. The major issue in the government set up is huge load of patient and limited number of medical specialists. Thus, satisfaction index of patient and family members has decreased because time

spent on each patient has become less, both in outdoor and indoor one. This becomes a major problem in hot-spots like emergency, trauma centre and labour room, as there is urgency for getting treatment and both patient and family members are under huge stress, fearing for life of patient. Maximum altercation occurs between treating team and patient side in these hot-spots. In view of limited availability of indoor beds, sometime borderline cases are denied admission, there by family members have to get their patient admitted in private set up. This scenario especially occurs in patients requiring Intensive care unit (ICU) which are in less number in government set up and are very expensive in private hospitals. It is seen, some medical specialists for monetary gains, despite availability of free medicines and tests, force patients to purchase medicines or get test done from shops and labs of their choice. Due to overburden of work, many times the behaviour of doctors with patient & family members is not gentle but harsh. In government set up, pay scale as per your seniority is equal, so there is no envy on this issue but academic excellence and achieving administrative positions become bone of contention. Some guides unethically take personal favours on various fronts from their post graduates who tolerate the same for the sake of completing their thesis, course and learning medical and surgical skills.

III. Ethical Issues In Private Set Up

At present, even in developing country like India, latest medical equipment's and techniques are available but in private or corporate hospitals which are not under financial reach of many. The medical fraternity is handsomely paid in these big set ups but in return they are given target of earning for hospital every month, for catering all the expenses in running that set up. This sometimes leads to unwarranted pressure on doctors and force them to get unnecessary and extra tests and surgical interventions. It is also alleged that for hiking the bills, there is unwarranted admissions both in ward and ICU and intentionally duration of stay is prolonged, thereby increasing the risk of nosocomial infection. There is fierce competition in private hospitals, thus system of commissions and kick back flourishes but this has to come ultimately from pocket of patients only. There is substantial difference in rates of consultation, tests, indoor admission charges and surgical procedures in different hospital and its destiny of patient in which hospital he lands in.

IV. Discussion

Code of Medical Ethics was adopted by World Medical Association in the third General Assembly, London in October 1949 and later on amended by the 22 nd World Medical Assembly, Sydney, Australia in August 1968, 35 th World Medical Assembly, Italy Oct. 1983 and WMA General Assembly, South Africa, Oct 2006. The scope of medical ethics includes development of ethical codes & guidelines, promotion of ethical practice, prevention of ethical breaches, recognition of ethical dilemmas and resolution of ethical conflicts. The components of medical ethics include physician- patients relationship, physician- physician relationship, physician- health system relationship and physician- society relationship. The moral duties of the doctor are help, cure, promote and protect the patient's health, confidentiality, protect the patient's life, respect the patient's autonomy, protect privacy and respect the patient's dignity. The moral rights of the patient include high quality medical service, autonomous choice, proper information, privacy, health education and dignity. The six principles of medical ethics are Beneficence (to act in the best interest of the patient), non-maleficence (do no harm), Autonomy (Patient right to refuse or choose consent), Justice (who gets what treatment on the merit of illness), Dignity (Patient and doctor both have the right), Truthfulness/Honesty (The patient deserve to know the whole truth about the illness and treatment). There is ethical deterioration in every field of life, including the medical one. The past place of placing doctors equivalent to God has changed to devil in the current era. The responsibility lies on both sides i.e. doctors and patients. The bond of trust between them has become very fragile and needs urgent corrective steps for rebuilding the trust as in the past. It is not matter of days or months but will require persistent and continuous efforts for years but a good beginning can prove to be very vital. At least, we all will start thinking that corrective steps are required to build good bonding between the treating team, patients and their family members [6]. It will prove to be mile stone in decreasing unwarranted litigation and stress level among all.

V. Steps For Improving Medical Ethics In Government Set Up

In view of tackling huge load of patients in government set up, the already sanctioned posts of faculty and senior residents should be filled on regular basis, as in many Governments medical colleges, plenty of above seats are lying vacant for many years. There is need of increasing post graduate and doctorate courses in various speciality and super-speciality departments, in addition to opening of new medical colleges, including ICU facilities. There should be posting of senior residents, along with junior residents with covering from consultants in hot spot areas like emergency department, trauma centre and labour room. It will help in rapid and accurate decisions in patient management, thereby will increase satisfaction index in patient and family members. The regular rounds by senior faculty members of concerned department and administrative officers will definitely benefit by making residents more sincere, gentle and vigil towards management of patients. There should be clear instructions for all the doctors for prescribing drugs and tests available inside the government hospital or medical

college and in case, if there is non-availability of the same, then patient should be given freedom to get from place of his choice. The centre and state governments should increase expenditure on health and latest equipment's should be made available in government set up. In addition, the faculty working in these government set up should be paid handsomely, so that they do not move into private practice, due to financial reasons. The administrative posts, if decided to be given to doctors, then preferably should be from non-clinical departments, so as to make sure that clinical work does not suffer. Medical ethics teaching has now been started in starting of MBBS/Dental courses as per National Medical Council of India. It should be taught in every professional of under graduate, post graduate and super-speciality courses in letter and spirits. The senior faculty members should become role model for juniors, so that they imbibe the good ethical practices of their mentors.

VI. Steps For Improving Medical Ethics In Private Set Up

The private hospitals are beyond reach of majority of population in developing country like India because there is no provision of insurance cover which is available in developed countries. Hence, in these private set ups, uniform rates which are in reach of sizeable population is need of hour because latest diagnostic and therapeutic interventions are available in these big hospitals, in comparison to government set ups. Moreover, many corporate hospitals get land at subsidized rates in lieu of keeping some beds for poor population, thus it should be made sure by government authorities that this promised provision should be provided to needy population. The central and state government enrol many private hospitals on their panel and schemes like Ayushman where reimbursement is given for treatment packages fixed by government but it is seen many times that private hospitals intentionally deny treatment to these patients because of low income from government fixed packages. Thus, stringent steps should be taken against these hospitals, so as to make sure that benefits to needy patients are not denied. Many corporate and private hospitals give commissions to smaller hospitals and doctors for referring patients which is illegal as per NMC guidelines, hence strict action should be taken against the offenders which will indirectly help in decreasing rates at big corporate hospitals. The government should make sure of uniform rates of consultation, diagnostic tests, surgical procedures, indoor admission including ICU beds in different hospitals for checking unwarranted financial loot of patients. There should be no pressure from owners of these big private hospitals on doctors working there, for achieving a fixed target which will help in curbing malpractice and unwarranted admissions and procedures, including surgeries. The regular ethical training of doctors in these private set up can help in increasing quantum of their morality.

VII. Conclusion

Ethics are needed in every aspect of life, including medical field which is most pious profession and is thought to be equivalent to God because both of them save many precious lives. In the current era, medical ethics are being eroded at fast pace and needs to be strengthened on priority by various manoeuvres. The concept of sympathy has to be changed empathy among medical practitioners where they can feel pain of patient and family members. On the other side confidence building measures should be taken to build trust of patient and treating team.

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