

Knowledge, attitude, and practice of health-care ethics among doctors in Tamil Nadu – A cross-sectional study

Kandasamy Karthikeyan¹, Dhanarajan Kanagaraj¹, Veerabadran Karthikeyan², Sivasankaran Devandiran²

¹Department of General Medicine, Government Tiruvannamalai Medical College, Tiruvannamalai, Tamil Nadu, India, ²Department of Community Medicine, Government Tiruvannamalai Medical College, Tiruvannamalai, Tamil Nadu, India

Correspondence to: Sivasankaran Devandiran, E-mail: dr.dev1988@gmail.com

Received: May 03, 2020; Accepted: May 23, 2020

ABSTRACT

Background: Proficiency in medical ethics is central to valuable patient care. The current medical education gives limited help in dealing with the ethical dilemmas. **Objective:** The objective of the study was to assess the knowledge, attitude, and practice of health-care ethics among doctors in Tamil Nadu. **Materials and Methods:** A questionnaire-based cross-sectional study covering all doctors on payroll (171) as on August 1, 2018, was carried out in August 2018 at Government Tiruvannamalai Medical College. A total of 165 doctors were contacted and 148 questionnaires were collected back. The pre-tested questionnaire comprised 44 questions. Approval from the Institutional Ethics Committee was obtained. SPSS version 22 was used to analyze data. Association between sociodemographic variables and attitude, practice of the doctors toward the health-care ethics was compared using Chi-square test. **Results:** About 87.8% of respondents were aware of the definition of health-care ethics. About 78.4% of respondents knew the duties of ethical committee. Books and journals were the source of knowledge for 66.2% of respondents. About 52% of the respondents preferred to consult their guide/head of department when they faced an ethical/legal issue. Nearly 60% were aware of existence of ethical committee. About 62.2% of the respondents had positive attitude toward health-care ethics. About 69% of the respondents had good practice of health-care ethics. Age group, sex, specialty, and duration of work experience had no significant association with attitude toward health-care ethics. Age group had significant correlation with practice while sex, specialty, and duration of work experience did not. **Conclusion:** Nine-tenth of respondents were aware of the definition of health-care ethics. Three-fourth was aware of duties of ethical committee. Nearly two-third of the respondents had positive attitude toward health-care ethics. More than two-third of the respondents had good practice of health-care ethics.

KEY WORDS: Health-Care Ethics; Doctors; Questionnaire

INTRODUCTION


Ethics deals with the moral principles which guides members of the medical profession in their dealings with each other and their patients.^[1] Growing public interest in regard to the ethical handling of health-care professionals had mirrored as complaints about poor ethical conduct and an increasing use of litigation

against health-care practitioners.^[2] Proficiency in medical ethics is central to valuable patient care. The current medical education gives limited help in dealing with the ethical dilemmas. Physicians are supposed to manage the ethical and legal dilemmas they face during their practices. With this background, this study was done to determine the knowledge, attitude, and practices of health-care ethics among doctors in Government Tiruvannamalai Medical College and Hospital (GTVMMCH).

Objectives

The objectives of the study were as follows:

- To determine the knowledge, attitude, and practice of health-care ethics among doctors

Access this article online	
Website: http://www.ijmsph.com	Quick Response code
DOI: 10.5455/ijmsph.2020.0506823052020	

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- To document the association between sociodemographic variables and attitude, practice of health-care ethics.

MATERIALS AND METHODS

A cross-sectional study was conducted in Government Tiruvannamalai Medical College for a period of 31 days. Names were not recorded and data so obtained were kept confidential. Doctors on payroll in GTVMMCH as on August 1, 2018, were included in the study. Universal sampling was done and 171 doctors were enrolled. A pretested questionnaire with four subdivisions, namely, sociodemographic variables, knowledge, attitude, and practice of health-care ethics was prepared. Data were collected from August 2, 2018, to August 22, 2018. Before the questionnaires were distributed, verbal consent was obtained from the participants. The Institutional Ethics Committee approval was obtained. Confidentiality and anonymity were ensured. The importance of an honest answer was also stressed. Data collected were checked for consistency and completeness. Data entry was done using SPSS software (version 22.0). It was analyzed using frequency, mean, and percentages. Chi-square test was used for testing the significance between categorical variables.

A total of 15 questions were asked to ascertain the attitude of doctors regarding ethics in a health care. Ten positive statements scored 3 (agree), 2 (neutral), and 1 (disagree) and 5 negative statements scored 1 (agree), 2 (neutral), and 3 (disagree). Respondents who scored ≥ 36 (mean) were presumed to have a positive attitude than those who did not.

Nine statements were put forward regarding practice of ethics, out of which six were positively scored – agree (2) and disagree (1) while three were negatively scored – agree (1) and disagree (2). Those scoring ≥ 16 (mean) were regarded as having a good practice.

RESULTS

Total number of doctors on payroll as on August 1 was 171. A total of 165 doctors were contacted of which 148 responded. Response rate being 89.6%. Majority of the respondents were less than the age of 36 years, of male sex and specialized in a clinical stream. Over half of them had a work experience of >5 years. Books and journals followed by symposiums were the predominant sources of knowledge (Figure 2).

Over 80% of respondents were aware of the definition of ethics and health-care ethics. About 59.5% were familiar with the Nuremberg code and 71.6% with the Helsinki Declaration. About 78.4% knew the duties of the ethical committee [Table 1].

The most frequently faced ethical problem [Table 2] was patient dissatisfaction with treatment (68.2%) and discussing

with the guide or department head (52%) was the common way to handle ethical dilemmas [Figure 1].

Books and journals followed by symposiums were the predominant sources of knowledge. About 59.5% knew that there was an ethical committee in the institution [Figure 2] 59.5% knew that there was an ethical committee in the institution [Table 3].

It was found that 62.2% of respondents had a positive attitude toward health-care ethics [Table 4]. About 69% of respondents had good practice of health-care ethics [Table 5].

None of the sociodemographic variables had significance with attitude toward health-care ethics. Age group had significant relationship with practice of health-care ethics, in particular those <36 years had a good ethical practice. Sex, specialty, and duration of work experience had no significant correlation with practice of health-care ethics [Table 6].

Table 1: Knowledge regarding health-care ethics among doctors (n=148)

Question	Correct response (n, %)	Incorrect response (n, %)
Definition of ethics	130 (87.8)	18 (12.3)
Definition of health-care ethics	132 (89.2)	16 (10.8)
What does Nuremberg code deal with	88 (59.5)	60 (40.5)
What does Helsinki Declaration deal with	106 (71.6)	42 (28.4)
Duties of ethical committee	116 (78.4)	32 (21.6)

Table 2: Common ethical problems faced (n=148)

Ethical problem faced	n (%)
Patient dissatisfaction with treatment	101(68.2)
Delays in the clinic	12 (8.1)
Not listening to patients	10 (6.8)
Not maintaining confidentiality	25 (16.9)

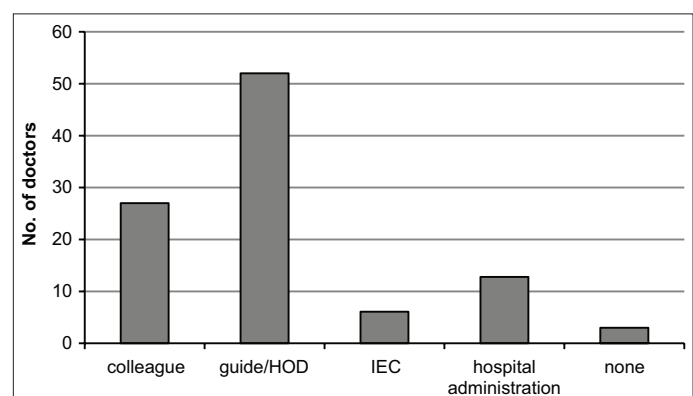


Figure 1: Consultation regarding ethical/legal problems (n=148)

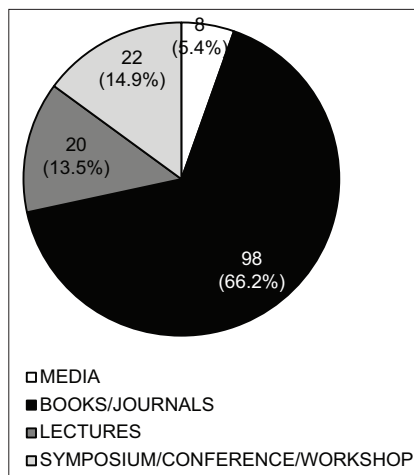


Figure 2: Source of knowledge (n=148)

Table 3: Ethical committee in the institution (n=148)

Is there an ethical committee in the institution (n=148)	n (%)
Yes	88 (59.5)
No	20 (13.5)
Do not know	40 (27)

DISCUSSION

With rising public awareness and information outburst, it is essential that doctors must be proficient with a side of compassion.^[7] Knowledge of ethical and legal issues becomes indispensable because of the increasing allegations against doctors for unethical practices. Over 85% of the respondents knew the definitions of ethics and health-care ethics. Aspects of the Nuremberg code and the Helsinki Declaration were known by a fewer percentage. It may be assumed that this is due to the fact that they have more of a historic value and possess various national divisions. Several countries have raised a concern that though being the cornerstone document guiding research ethics, the future of it is uncertain. Most common source of knowledge was books and journals. Symposiums, workshops, and lectures were less preferred and thus not playing an important role. This implies that there is inadequate bioethics workout. Discussing with the guide or department head was the common way to handle ethical dilemmas, thus proficiency of bioethics becomes indispensable to avoid discordance.

Table 4: Attitude toward health-care ethics among doctors (n=148)

Statement	Agree (n, %)	Neutral (n, %)	Disagree (n, %)
Patient wishes must always be adhered to	56 (37.8)	58 (39.2)	34 (23.0)
Even if I am unable to treat the patient I will somehow manage and try to do my best for the patient, I will not refer him to a suitable physician	7 (4.7)	14 (9.5)	127 (85.5)
Patient should always be informed of wrong doing	96 (64.9)	47 (31.8)	5 (3.4)
Confidentiality is not so important aspect of treatment	5 (3.4)	12 (8.1)	131 (88.5)
Consent is only for surgeries and not for test and medication	5 (3.4)	3 (2.0)	140 (94.6)
I am legally bound to treat all the patients	70 (47.3)	24 (16.2)	54 (36.5)
Children should never be treated without consent of parents	97 (65.5)	29 (19.6)	22 (14.9)
Doctors can refuse to treat violent patients	84 (56.8)	35 (23.6)	29 (19.6)
If law allows abortion doctors cannot refuse to do abortion	42 (28.4)	50 (33.8)	56 (37.8)
Close relatives should always be told about patient condition	103 (69.6)	33 (22.3)	12 (8.1)
If patient refuses treatment due to beliefs, they should be instructed to find another doctor	57 (38.5)	41 (27.7)	50 (33.8)
The patient needs to be informed about diagnosis	142 (95.9)	6 (4.1)	-
Doctors should know the best, irrespective of the patient opinion	110 (74.3)	26 (17.6)	12 (8.1)
Ethical conduct is only important to avoid legal issues	30 (20.3)	24 (16.2)	94 (63.5)
Given a situation a male doctor if he needs to examine a female patient and a female attended is not available, in your opinion, is it ethical to refuse the patient	60 (40.5)	52 (35.1)	36 (24.3)

Table 5: Practice of health-care ethics among doctors (n=139*)

Statement	Agree (n, %)	Disagree (n, %)
I always obtain permission from patients before doing any physical or internal examination	130 (93.5)	9 (6.5)
I listen to all the stories of my patients	98 (70.5)	41 (29.5)
I always write the generic name than the brand name	48 (34.5)	91 (65.5)
I receive extra income by referring patients for medical tests	22 (15.8)	117 (84.2)
I am influenced by drug company inducements including gifts	7 (5.0)	132 (95.0)
I always inform my patient condition to their close relatives	124 (89.2)	15 (10.8)
I do not use touts for procuring patients	134 (96.4)	5 (3.6)
I get monetary benefits while issuing medical certificate to patients treated by me	32 (25.2)	104 (74.8)
I treat the patient even he is unable to pay for medical expenses	84 (60.4)	55 (39.6)

*Doctors who treat wpatients either at government or private clinics

Table 6: Association between sociodemographic variables and attitude and ethical practice toward health care (n=148)

Sociodemographic variables	Attitude		P-value	Ethical practice (n=139)*		P-value
	Positive n (%)	Negative n (%)		Good n (%)	Bad n (%)	
Age (years)						
<36	56 (62.2)	34 (37.8)	0.985	62 (75.6)	20 (24.4)	0.045
≥36	36 (62.1)	22 (37.9)		34 (59.6)	23 (40.4)	
Sex						
Male	55 (62.5)	33 (37.5)	0.918	64 (73.6)	23 (26.4)	0.138
Female	37 (61.7)	23 (38.3)		32 (61.5)	20 (38.5)	
Work experience (years)						
≤5	44 (62.0)	27 (38.0)	0.963	43 (63.3)	20 (21.7)	0.851
>5	48 (62.3)	29 (37.7)		53 (69.7)	23 (30.3)	
Specialty						
Clinical	65 (61.3)	41 (38.7)	0.737	77 (72.6)	29 (27.4)	0.102
Non-clinical	27 (64.3)	15 (35.7)		19 (57.6)	14 (42.4)	

*Answered by doctors who treat patients either at government or private hospitals

In spite of 78.4% of respondents being acquainted with the duties of the ethical committee, only 59.5% knew that the Institutional Ethics Committee existed which corroborates with the study done by Dash^[4] and contradictory to the studies done by Hariharan *et al.*,^[5] 71%, higher than Angadi *et al.*,^[6] 20.6%, and Chatterjee and Sarkar,^[3] 10.9%. The problem may be because the committee gives more importance to research domain and neglects the other. This further highlights the need for the ethics committee to organize lectures or display its list of activities for the enlightenment of the doctors. About 66.2% of respondents are having a positive attitude which coincide with Janakiram and Gardens^[1] and Hariharan *et al.*^[5] About 37.8% of the participants opined that wishes of the patient should be held to during the treatment which is comparable to the study done by Hariharan *et al.*^[5] (65.1%) and Mohammad *et al.*^[7] (57.8%). This discrepancy may be attributed to fractional training in bioethics. About 66.9% of the respondents believed that the doctor irrespective of the patients opinion must do the best which is similar to findings of Angadi *et al.*^[4] (52.2%) but contradicts Hariharan *et al.*^[5] (12.9%). This may be because the medical profession as a whole lays on the foundation of patients benefit. About 69% are having good practice similar to Subramanian *et al.*^[2] Since both studies are done within the same state, there might be similarity between practices of both studies. The current generation of medical practitioners is well aware of the legal issues regarding patient care and this might be an added factor for the good practice of health-care ethics. Over 90% of respondents made it a point to get a verbal/informed consent before examination or treatment. About 60.4% of the respondents said that they would treat even if the patients are unable to pay for the medical expenses on humanity grounds which are most promising finding in our study to say future doctors of India are not money minded and work to serve humanity. None of the sociodemographic variables had significance with attitude toward health-care ethics. Age proved to have a significant correlation with

practice of medical ethics, to be precise those <36 years had a good practice of medical ethics. This could be due to the fact that the present young group of physicians is more aware of the current obligation for practice of ethics in the society for the safeguarding of their wellness. Mere teaching of medical ethics as a subject of knowledge could be controversial as it can be argued that it must be individually constructed according to one's own cultural and socioeconomic background which might actually enlighten ethical practice. This professional course should impart cyclical training in basic principles of ethics such as autonomy, confidentiality, and issues related to patients to help resolve ethical dilemmas in clinical scenario.

Limitations of Study

Respondents belief about ethical practice might have squared their responses in this self-reported questionnaire-based study.

CONCLUSION

Nine-tenth respondents were aware of the definition of health-care ethics. Three-fourth were aware of duties of ethical committee. Nearly two-third of the respondents had positive attitude toward health-care ethics. More than two-third of the respondents had good practice of health-care ethics.

ACKNOWLEDGMENT

The authors wish to thank all the participants for their cooperation.

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How to cite this article: Karthikeyan K, Kanagaraj D, Karthikeyan V, Devandiran S. Knowledge, attitude, and practice of health-care ethics among doctors in Tamil Nadu – A cross-sectional study. *Int J Med Sci Public Health* 2020;9(5):305-309.

Source of Support: Nil, **Conflicts of Interest:** None declared.