

REVIEW ARTICLE

CHALLENGES IN ETHICAL MEDICAL PRACTICE

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INTRODUCTION

Ethics refers to the ones actions that are determined by moral decisions. Medical Ethics is the moral conduct and principles that govern members of the medical profession and uses a system of moral principles that apply values and judgments in the practice of medicine. Bioethics is the systematic study of the moral dimensions of life sciences and healthcare employing a variety of ethical methodologies in an interdisciplinary setting.

Medical practice is one of the most challenging professions which tries to help a person in his suffering and bring him back to health. At the centre of this “noble” profession is a compassionate doctor who is always at the service of the suffering person. The special doctor patient relationship empowers the doctor to use his knowledge and skills for the wellbeing of the unwell and vulnerable patient who trusts the doctor’s judgment. This relationship mandates the highest standards of ethical behaviour from the doctor in order to foster this trust. First and foremost it is important that the doctor gets the adequate level of technical competence that is needed for performing this responsibility. At the same time it is important get trained in value judgments on the best course of action that is needed in the best interests of the patient. Although these ethical decisions are subconsciously made all the time, a conscious awareness is also important to make the right ethical choices and improve patient satisfaction and safety. Medical practice can be perceived differently by members of the profession.

- 1) Occupation – gainfully occupied earning a living,
- 2) Profession – adheres to a higher standard of conduct,
- 3) Vocation – needing the highest level of

commitment and dedication. But unfortunately not everybody considers Medical Practice as a vocation. There are many reason for this erosion of values and it is high time that one ponders on why this has happened and think of ways of bringing it back as a vocation.

Principles of Bioethics

Autonomy, beneficence, non-maleficence and justice are the basic Ethical Principles that govern not only Medical Practice but also Research involving Human participants. The concepts of informed consent and confidentiality arise out of the basic principle of autonomy. It is very important to adhere to the provisions of informed consent. This is an important legal requirement. It is not advisable to provide treatment against ones wishes except in emergency situations and when the doctor feels that the capacity of the patient to be autonomous is lost. The patient’s disagreement to the treatment that is offered should be honoured by the treating physician. Maintaining confidentiality of the medical data of a patient is a very important component of a healthy doctor patient relationship. There is an increasing number of health care personnel who will be accessing the patient data during the course of the treatment. Insurance companies and employers also demand the medical data as mandated by the provisions of the insurance policies or employment. Patient relatives may be interested in getting the medical records for other vested interests than medical care. The electronic record keeping also should restrict access only to the authorised personnel. It is very important for the medical establishment to have guidelines for maintaining and accessing the patient medical data without breaking the principles of confidentiality.

The principles of beneficence and non-maleficence are often followed diligently in medical practice. However sometimes treatment can result in harm to the patient either accidentally and unintentionally. Disclosing medical and surgical errors are a challenge to any health team and very often efforts are made to cover it up. However it is important to convey these in an appropriate way and steps taken to mitigate the suffering due this misfortune. This will go a long way in maintaining an effective doctor patient relationship for the benefit of all. The higher incidences of attacking the medical personnel and the Institutions are partly due the frustration of the patient and relatives. It is very important that healthcare professionals take special efforts to be sensitised to the needs of the vulnerable population. These issues are now becoming of an increasing concern with a larger number of migrants into the cities and refugees from conflict situations. People suffering from stigmatising diseases like HIV raises special ethical concerns during their medical treatment.

There are many ethical challenges and conflicts that the medical personnel face in the practice of their profession. These challenges and conflicts are due to a variety of related issues that has come about in the recent times. It includes the advances in the medical technologies that has made medical care more complex, decreasing role of the Government in health care and increasing cost of medical treatment. A few of these ethical challenges are discussed for the point of view of ethical issues.

Multi-speciality healthcare

In the past medical care was often a personal care of a suffering patient by the doctor –“healer” who tried to comfort the suffering patient, often with the God as a mediator in the process. The rapid advancements in the medical field necessitate a large number of specialists who are involved to provide a total and holistic care for the patient. This ever expanding field usually includes doctors, allied health specialists, nursing professionals, pharmacists and social scientists. The increased use of technology in healthcare also needs specialists in engineering, biotechnology, molecular biology and genetic engineering. It also becomes important that each of the team members identify their specific role in the total management of a patient. The patients are often at a disadvantage as they cannot identify themselves with anyone in the team of specialists as their care provider. It is prudent to have one person in the team to play a leadership role. This person can interact with

the various specialists and can be more in contact with the patient helping him to take appropriate decisions. There should be good interpersonal relationship and mutual respect among the various specialists to achieve a successful patient outcome. It is also necessary to incorporate training in communication skills. Training is also needed to work as an efficient medical team in the current interprofessional multispecialty approach to medical care. Though this aspect has been mentioned in the various Professional Acts much needs to be desired about the actual practice.

Regulatory Bodies

The first and foremost part of the health care delivery is the training facilities that are available in India and abroad. The training offered in India is supervised by the appropriate Regulatory Body who is empowered by the various Acts. The Medical Council of India, Dental Council of India, Nursing Council of India, Pharmacy Council of India and the Disability Council of India controls the training of Allopathic Doctors, Dentists, Nurses, Pharmacists and Allied Health Professionals. Some of these Acts specifically mentions the nature of Unethical Acts that should not be followed by their registered professional and the punitive actions that can be taken against them. The Medical Council of India Act is more detailed in this regard. But it is of concern that these Acts do not incorporate a curriculum for Bioethics training during the training period for their respective professional student. But it is heartening to note that some of these bodies have taken steps to include bioethics in the curriculum during the training period. It may be prudent that it is included as a mandatory skill that is required and not as an optional subject. This will make better Professionals with skills that will equip them to deal with actual ethical challenges during their future practice.

Training Institutions

Training of Health care professionals was earlier predominantly in the Government owned Institutions in India. However with the liberalisation of Healthcare training, there has been an explosion of Private Institutions that offer a variety of training facilities in all the Undergraduate, Postgraduate and Super speciality specialisation in almost all the branches of Medicine and its allied specialities. This is a welcome development which makes training facilities accessible to a large number of aspiring health care professionals across India. But there is a great disparity in the training that is given that questions the quality of the

professionals that get qualified from these Institutions. It is of great concern that these fresh trainees may not be fit enough to practice their speciality without further training. The training facilities that are available in the recognised Institutions vary significantly across both the Government and Private Sectors. It is high time that the standards are made uniform across all the Institutions across India so that the minimum standard of a fresh graduate remains the same at the time of qualification. It is worth noting that the Government of India is contemplating a Registering exams after the qualifying exams to make one eligible for their registration number allotted by the Registering Authority. While this is a welcome move to bring standardisation it is of concern that improving the standards of training is not appropriately addressed.

Specialisation and super specialisation

With the advancement in medical field it has become impossible for a general practitioner to be well versed in all the advancements and offer it in the care of the patients. This has led to development of specialities and super specialities. It is important to identify the role that has to played by each of these in the health care delivery. In India this is unregulated and patient choose their own doctors. This leads to patients with even minor ailments going to specialists. Part of this anomaly is due to the glorification of the specialists with a higher pay package. This leads to more and more specialists and less and less generalists who could have done a better delivery of care at a local level.

Updating knowledge – reaccreditation – continuing education

The current scene in India sanctions a professional to continue practice as long as he has his valid registration that was given during the first accreditation. The medical field is unique in its rapid advancements that needs constant updating of one's knowledge and skills. There are programs conducted by the Professional bodies and Institutions to continue learning and to update about the developments and improve knowledge and skills. But most of these programs are not structured to satisfy the diverse types of practice in India which ranges from individual practice to Institutional Practice. There have been efforts by various bodies that mandates their registrants to attend continuing education and get mandatory hours of relearning. But its strict implementation needs a lot to be thought off as reaccreditations are not made mandatory. A proper

structured training program planned and implemented by a regulatory body keeping in mind the varying levels of practice will go a long way in providing better advanced care to the patients.

Training in Newer procedures and technologies

The advanced technologies used in medical practice needs one to be trained before using these in a clinical situation. It is always an ethical challenge to train one in these without harming the patients during this process of training. Are the patients been informed that this new procedure is being tried on the patient and that the person is also is in training? It is better to have a system of simulated training and even animal training before using in human. This is the only way newer technologies can be introduced to replace or modify the existing technology for the betterment of patient care. However it is important that the health professional takes adequate care that the patient is not put into unnecessary risk and adequate precautions are taken.

Performing procedures one is not trained to do

It is very important that a health care professional does not do a procedure that one is not trained to do. However the medical practice is too vast for one to be proficient in all aspects during the training period. Thus medical practice is one of continuing training. There should be a system where one can be judged based on his skills to be doing some procedures under supervision, before they are done on their own. This is an ideal situation which may be possible only in larger institutions with more man power. But in majority of the circumstance it is not possible. At the same how to ensure that one gets appropriately trained before doing the procedure on his own. This needs training institutes that can offer structured training. Unfortunately this continuing training is often not possible in India after the initial training for the qualifying degree.

Spectrum of health care facilities

Most of the health care institutions in India were mainly under the Government Sector. This ranged from the Primary Health Centre to Taluk and District Hospital and the Medical College Hospitals. This catered to the

preventive and curative health care of a large group of people across India. The rapid expansion of the Private Sector in the Health care saw the establishment of large Corporate Hospitals offering advanced treatment. Most of these corporate hospitals were established in the big cities and the medical costs were usually high for the facilities that were offered. The work culture also varied widely in these facilities in the Government and Private sectors. The remuneration that is offered also significantly varies. A fresh graduate has to decide between these vastly differing situations and is expected not to forget the basic ethical values to work ethically in both these differing situations. The training period is usually deficient in exposing the trainees to the actual practical situations.

Conflicts in decision making

Modern medical practice necessitates the involvement of many specialists to complete treatment for the patients. This can often lead to various suggestions that can confuse the patient in taking a proper decision making regarding their treatment. In a multi-speciality hospital set up it is better that the primary treatment specialist takes the responsibility to explain and help the patient in taking decisions involving many technical aspects. At the same time it cannot be ignored that any complaints that come from the treatment involving multiple specialists has to be handled by that specialist who had managed that aspect. It is better that there is one healthcare specialist which can be a family practitioner who will be in a better position to give proper advices. It is common to have differing opinions among the patient and relatives about medical care issues. It needs special skills from the health care professionals to balance these differing views and act in the best interest of the patient. A hospital based Clinical Ethics Committee can be useful in giving a balanced advice in cases with complex ethical issues.

Treatment costs

The cost of medical treatment has increased many times. This is partly due to the newer technologies that is often associated with higher costs. It is important to note that in India, majority of patients do not have medical insurance to cover the cost of treatment. Thus majority of the patients bear the cost of medical treatment on their own which is often beyond their means of income. This leads to a conflict situation where the doctor has to offer cheaper investigative and management options to poor patients when he knows that the costlier option is the better one. At the same time he knows that the

costlier option can also financially drain the patient. This puts a lot of ethical dilemma on the doctor to balance the efficacy and cost of treatment according to the financial status of the patient.

End of life issues

There are many ethical challenges concerning issues about end of life care. Now the modern technology can keep a patient's life longer even in very critical medical care situations. On one side this has given hope to patients who are on life support with the hope that they will come back and lead a normal life. On the other side this only prolongs the suffering of many people. This bring in the questions of withholding treatment and withdrawing treatment. A medical professional is within his professional right to withhold advanced and costly treatment in conditions which he considers futile to treat. But withdrawing treatment is akin to passive euthanasia which is illegal in India. The legal position in India is for the High Court to decide on withdrawing treatment considering the facts of an individual case based on set guidelines. But is a known fact that withdrawing life support at the request of relatives is a common situation in daily practice. It puts a big responsibility on the health care providers to withdraw the life support in the absence of specific guidelines. The suggestion to have a prior living will regarding end of life issues may a welcome step in this line. Transplantation of Human Organs Act legalises declaration of brain death with a possibility of multi-organ donation. But brain death declaration without organ donation is not allowed at present. Communication of death is another important challenge and all health care professionals should be trained to handle this grief situation. But it is challenging and emotionally draining to handle a situation when there is allegation of negligence on the part of health team. It is better to have a hospital protocol of who will declare death and convey it in these kind of special emotionally charged situations. A health care team member who was actively involved in the case will have a better rapport with the patient family and will be in a better position to convey the bad news.

Less importance to preventive care

Modern medical care is advanced and is more oriented to curative care. However it is equally important to promote preventive health care. Unfortunately not much importance is given to this aspect of medical care. It is imperative that the medical practitioners highlight the importance of these and give appropriate preventive

advices also. It will go a long way in preventing illnesses by targeting the root cause.

Insurance schemes

There is an increasing presence of Insurance facilities that cover treatment for most of the medical conditions. This is available both as a personal insurance or Governmental Insurance schemes for special populations. These schemes will defray to a large extent the cost of medical treatment and makes it affordable to people. At the same time the medical profession has to tailor their practices to suit the rules and regulations of the insurance companies. The investigations and management are often dictated by these companies and these have to be followed. This makes it important for the health professionals to change their management and hospitalization to suit the guidelines. It has to be noted that some medical conditions like alcoholism or HIV Diseases are not covered by insurance schemes. These are the people who will benefit more from these insurance schemes.

Other systems of Medicine

India has a diverse array of registered medical practitioners in Allopathy, Homeopathy, Ayurveda, Siddha and Unani. Each of these systems have their own regulatory bodies. There are many self-styled indigenous healers using various other forms of treatment without much regulatory control. It is unethical and often illegal to practice a system than of your own registration it is common practice in India where cross practice is rampant. The patients also often ask advice regarding the alternate forms of medicine. It is unethical to comment on the advantages or disadvantages of another system of medicine than the one in which one is trained.

Pharmaceutical companies

Pharmaceutical companies have played an important role in the development of new drugs and vaccines. They also play a crucial role in disseminating this information among the practitioners. Most of the academic teaching programs are also conducted with the educational financial support of these companies. From a distance this looks like an important supportive role for academic purposes. But it puts pressure on the Institutions and the Organisers to promote the products of these supporting companies. With the proliferation of these companies it became an important marketing strategy to favour medical practitioners to

selectively promote their products. This has reached a level where the Regulatory bodies have laid down principles about the nature of favours that can be taken from these companies. There are many surreptitious ways of overcoming these guidelines which have more of an ethical bearing rather than a legal binding. It cannot be ignored that the final burden of these will be borne by the patients and this is highly unethical.

Device industry

The advances in technology has brought in many newer instruments and devices that are of immense benefit to patients in managing their medical conditions. Cardiac stents, valves and Orthopaedic prosthesis are some of the examples of this technological advancement. However there is a higher and varying cost for most of these products. It is challenging to the healthy professional to select the optimal one according to the finances of the patient and not fully according to the merits of the device. The professional has to make a balanced decision which makes it financially viable for the patient and at the same time not using an inferior one to a poor patient.

Web or app based consultation, telephone consultations

These have been considered as a necessity of the present era, defining the concept of a patient doctor relationship. While it is useful and convenient for the patients to contact the doctor and get advices about their treatment. However it is too early to conclude that this is a successful alternative to the conventional doctor patient relationship with its personal contacts.

Incapacitated health care personnel. Whistle blowing about malpractice

It is considered as an ethical duty of all health care professionals to bring to the notice of appropriate authorities about professionals who are incapacitated due to various reasons and may be considered as a hazard to practice. This necessary duty is usually painful as it is often against a colleague and one considers as a duty to stand by their colleagues. However it is important that the welfare of the patient also has to be considered and he cannot be put to risk due this incapacitated professional. While a sympathetic approach can be taken it is imperative that this should not affect the treatment of the patient. Malpractice is also of concern

and it is often necessary to bring this out. However this often results in many hardships to the whistle-blower as it often against the authorities and the system that one has to fight with.

Strike for benefits / Protests

The strikes and protests by the various health care professionals to meet their demands is becoming a common situation now. On the protestors side they feel that a crisis situation like boycotting delivery of health care will open the eyes of the administrators to take actions to meet their demands. But the other side is that the patients are put in a difficult situation which often may end deleterious to the patients. The efforts by the Government and the Judiciary to ban these strikes may not be a proper solution. There should be a mechanism whereby the just demands of the health care professional is reasonably met. This will prevent the professionals from being pushed into a desperate situation of leaving their patients unattended. This will go a long way in preventing unnecessary burden to the already suffering patient

Commissions, Advertisement

The Medical Council of India Act considers as unethical cuts and commissions that are given for the referrals for investigations and higher care. It is high time that a concerted effort is taken by all the health care personnel to see that this evil is routed out from medical practice. The MCI Act also specifically considers as unethical advertisement by Doctors about their services, except in certain specific situations where it is allowed. This was probably intended to avoid misguiding patients by these advertisements. But the other argument is that this will give patients a chance for informed choices and they are in a better position to make a proper choice to get the best treatment available in the best facilities. Web based advertisements and other surreptitious methods are being increasingly being used to counter this restriction from the regulatory body.

Training in bioethics

The doctors and other health care professionals are traditionally held in high esteem and are supposed to conduct themselves ethically not only in their personal life but also more importantly so in their professional practice. These ethical values were an integral part of medical care and was inculcated into the students by their teachers during their period of training. But in the current broad system of training it is impossible to train the students in all the ethical values in an unplanned manner by few practitioners. It is necessary to have a structured training program throughout ones professional training period. This can be achieved through regular lectures, case studies during their training with actual patients in the daily case scenarios. It requires the teachers and the other specialists in the field to identify the ethical principles that have to be taught in their speciality that can be incorporated into the curriculum all over India. As a next step, concerted efforts are needed to train adequate staff members in more advanced areas of bioethics, who can deliver it their own Institutions. The regulatory bodies also have to frame rules to make ethical education mandatory in teaching and evaluation of the various health science courses. They also have to oversee its proper implementation in all the Institutions.

Conclusion

There are many ethical challenges that the members of the health care sector faces in their everyday practice. As the health of the patient is of primary importance a high level of professional ethics is needed from all the members of the healthcare team. The principles of the Medical Ethics should be included in the curriculum of health science courses. It is also necessary to practice this on a daily basis. This will go a long way in restoring the healthy doctor patient relationship and will restore medical practice to its Noble traditions.