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### RESEARCH ARTICLE

#### AWARENESS OF MEDICAL DOCTORS ABOUT MEDICAL ETHICS IN KING KHALID HOSPITAL IN ALMAJMAAH CITY 2016 - 2017

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#### Abstract

**Background:** Medical ethics known as a branch of ethics that deals with moral issues which guide a member of the medical profession in their dealing with each other, their profession and patients. The principles of ethics are including autonomy, beneficence, non-maleficence, and justice. So, the importance of ethics in medical field that it will strengthen the relationship between the physician and the patient. In addition to that it trains the doctor to deal with his patients as whole human being not a sick body achieving by that the holistic approach. It also improves the skills and the analytical thinking of the clinician like asking questions and problem solving skills.

**Objective:** To study the Awareness of Medical Doctors towards medical ethics in King Khalid Hospital In Almajmaah 2016-2017

**Methodology:** This study is a descriptive cross sectional hospital based, conducted in King Khalid hospital in Almajmaah city, a sample of 90 doctors were chosen randomly, Informed consents were taken from the doctors, and a permission was taken from the ethical committee in the university and from KKH administration.

**Results:** Overall majority of participants had moderate awareness of medical ethics (76.83%), while (15.85%) were with low awareness, and (7.32%) had high awareness. Significant association between specialty and awareness of medical ethics was observed, while no significant association between experience and awareness of medical ethics.

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#### Introduction:-

Medical ethics known as a branch of ethics that deals with moral issues which guide a member of the medical profession in their dealing with each other, their profession and patients<sup>\*1</sup>.

The principles of ethics are including autonomy, beneficence, non-maleficence, and justice<sup>\*1</sup>. Professional ethics and etiquettes are sourced from the glorious guidance of Islam that urges the best of manners, good performance, and understanding that Allah (SWT) observes all our doings, as the messenger of Allah (PBUH) said, "I was sent to complete the best of manners"<sup>\*2</sup>. Ethics instructing has been appeared to have a huge impact on the professionalism and good characteristics of healthcare professionals<sup>\*3</sup>. Medical ethics has been incorporated into the preparation educational programs of medicine in numerous nations and there has been a development in ethics boards<sup>\*3</sup>. So, the importance of ethics in medical field that it will strengthen the relationship between the physician and the patient. In

addition to that it trains the doctor to deal with his patients as whole human being not a sick body achieving by that the holistic approach. It also improves the skills and the analytical thinking of the clinician like asking questions and problem solving skills<sup>\*1</sup>.

A previous across-sectional study which was conducted to assess the knowledge towards medical ethics of physician residents at university hospitals in Alexandria, Egypt. Showed that Just 18.0% of the 128 partaking inhabitants had acquired their insight from their therapeutic instruction and 29.9% were disappointed with the parts played by the morals advisory group. The majority of the inhabitants had acceptable learning with respect to moral issues. The study distinguished regions of unacceptable information towards moral issues to devise intends to sharpen occupants to these issues and prepare them properly<sup>\*4</sup>. In addition, a study was done in Barbados in Caribbean region in America revealed that 40% of the physicians face ethical/legal problems monthly and 38% of them face it daily<sup>\*5</sup>. Informed consent is an important step to do before doing procedures but a study in Sudan presented that it's neglected sometimes as only 68% of physicians actually do perform it<sup>\*6</sup>. In the same study 30% of the participants believe that it's unnecessary to keep patients' history as a secret. In other hand, 35% of them think that clinical information can be shared with no necessity<sup>\*6</sup>. Regarding the awareness status in Saudi Arabia, a study was done in 2013 in four hospitals in Saudi Arabia with a total of 370 respondents. 42.5% said that there was no complete respect toward patient's autonomy. And 60% thought that improper informed consent was taken, also 62.2% agreed that bad news wasn't delivered in right way<sup>\*7</sup>.

#### **Problem statement:**

Ethics is an essential part of medical practice and shapes the recent medical profession. Health and medical practitioners must face ethical dilemmas on a consistent basis. Medical care is based on the communication between medical workers on one side and patients and/or patients' families on another side. So, Ethical standards promote the physician knowledge and skills in both medical care and medical ethics, and may reduce errors. Also they promote the values that are essential to good communication, such as trust, accountability, mutual respect and fair medical care. Many ethical standards in medical care, including informed consent, protection of privacy and maintenance of confidentiality, and provide respectful manners for persons. Ethical standards will help to build public support for medical care. People are more likely to pay for medical care and donate to health promoting projects if they trust the quality and integrity of these programs. Ethical standards may promote the values of cooperation and collaborative work. Additionally, ethical standards in medical care promote other important moral and social values such as social responsibility, human rights, patients' welfare, compliance with the law, SMC's regulations, and patients' safety. Adherence to ethical standards can significantly facilitate a comfortable environment for both patients and medical workers.<sup>\*8</sup>

#### **Justification:**

According to reports, an obvious unawareness toward medical ethics can be seen. In addition to that, it's noticed that many unethical behavioral patterns are practiced inside hospitals in which they might be prevented by increasing awareness through lectures and courses. The data regarding awareness toward medical ethics among physician in Saudi Arabia, is lacking. So, in this research we aimed to undertake a cross-sectional study to assess awareness among healthcare professionals in King Khalid hospital in Majmaah in relation to medical ethics in an endeavor to help with guiding their professional conduct and help in educational programs improvement.

#### **Objectives:-**

##### **General:**

To study the Awareness of Medical Doctors towards medical ethics in King Khalid Hospital In Almajmaah 2016

##### **Specific:**

1. To identify the background information of medical doctors in King Khalid Hospital in Almajmaah 2016- 2017
2. To assess the awareness of medical doctors towards medical ethics In King Khalid Hospital in Almajmaah 2016– 2017
3. To relate the awareness of medical doctors to their specialty and years of experience In King Khalid Hospital in Almajmaah 2016– 2017

## Literature Review:-

### A previous study

Out of two Medical colleges in Vadodara one college was randomly selected. This study was conducted in SrimathiBhikibenKanjibhai Shah (S.B.K.S.)The study was a genuine endeavor to assess the knowledge of medical interns and residents about ethics, record keeping, informed consent and medico-legal issues.

The result of the study showed that, More than half (56%) of the interns did not know about MCI Code of Ethics 2002 and among the residents R3 (85%) had better knowledge of The Code as compared to R2 (73%) and R1 (62%), ( $p < 0.002$ ). On the subject related to duties of the ethical committee all of the respondents said that they knew the role of ethical committee in the institute, 46% of them said ethical committee oversees whether all research projects are done properly, 32% saw the committee as having a role in dealings with complaints, 13% as an advisory body to the staff and 9% on disciplining of staff. ( $p < 0.002$ ).

Medical students were generally very positive about the importance of ethical knowledge however 29 students said it was not important at all. Most of respondents (63%) replied that they acquired their knowledge during training and one-third of them (29%) got their knowledge from lectures and presentations. 40% of participants said they would consult their head of department if they had a legal problem at work, 30% said they would consult a lawyer directly, 12% would go to their supervisor, 8% would go their friend and 1% would seek consultation from their colleagues.

About the result of **Knowledge and Awareness of Informed Consent**, almost 90% of the respondents were aware of informed consent and 61% regarded Informed Consent with reasonable physician standard model as their choice. Age and mental status were considered as important factors for the ability to give consent ( $p < 0.024$ ) and 95% said that informed consent is the best type of consent for a patient undergoing a surgery. More than half the respondents (55%) said that treatment should not be refused if the patient behaves violently ( $p < 0.000$ ). 90% of respondents felt that children should not be treated without parent/guardian consent except in cases of emergency<sup>\*9</sup>.

**Another preliminary study was carried out on final year medical students of International Islamic University Malaysia (IIUM) to evaluate their Knowledge, Awareness and Practice of Islamic Medical Ethics, Principles and Practices**. The questionnaire survey was distributed to 96 final year medical students of IIUM and the results were analyzed using SPSS 19.0. Result showed that 92.7 % (89) respondents were satisfied with IIMP. Only 7.3% (7) respondents were not satisfied. The majority of respondents (94.8%) also believed that the learning outcomes of IIMP have been achieved and that they would be able to apply Islamic principles in health and medical practice as doctors<sup>\*10</sup>.

**In addition , a study was done in Barbados in Caribbean region in America** revealed that 40% of the physicians face ethical/legal problems monthly and 38% of them face it daily . Informed consent is an important step to do before doing procedures but a study in Sudan presented that it's neglected sometimes as only 68% of physicians actually do perform it. In the same study 30% of the participants believe that it's unnecessary to keep patients' history as a secret. In other hand, 35% of them think that clinical information can be shared with no necessity<sup>\*5</sup>.

### Regarding the awareness status in Saudi Arabia,

a study was done in 2013 in four hospitals in Saudi Arabia with a total of 370 respondents. 42.5% said that there was no complete respect toward patient's autonomy. And 60% thought that improper informed consent was taken, also 62.2% agreed that bad news wasn't delivered in right way<sup>\*7</sup>.

### Another previous across-sectional study which was conducted to assess the knowledge towards medical ethics of physician residents at university hospitals in Alexandria, Egypt.

Showed that All residents except 1 believed that medical ethics was an essential subject for physicians and 86.7% were able to define it. A majority (89.8%) agreed that rapport can be established between physician and patient in medical practice. Most residents (91.4%) could mention at least 1 of the 4 patients' rights: privacy (89.8%), obtaining an informed consent (87.5%), veracity (85.9%) and beneficence (84.4%).

More than two-thirds of them (68.7%) stated non-maleficence and less than two-thirds mentioned autonomy as a right. Justice and confidentiality were mentioned each by 59.4%. Less than half the physicians (45.3%) were of the opinion that disclosure of medical reports is a good idea.

The majority (97.7%) agreed that the patient has the right for a second medical opinion and 74.0% felt it is good for patients learn about their own disorders through the Internet and/or books. The majority of residents (96.9%) agreed that palliative care is good and that medical treatment should rely heavily on drugs (88.3%). When asked whether as a routine physicians should describe and/or explain aspects of therapy there was agreement about explaining methods of drug use (99.2%) and effects of the drug on the patient's illness (93.0%), while fewer physicians would explain side-effects (79.7%) or names of drugs (52.3%) (Table 1). The overall knowledge score ranged from 30.7%–92.3% with a median and interquartile range of 80.8% (IQR 9.8%). Over two-thirds of the residents (69.5%) had satisfactory knowledge (total knowledge scores greater than median score). No significant knowledge differences were noted between residents by sex ( $P = 0.729$ ), department affiliation ( $P = 0.258$ ) or postgraduate year ( $P = 0.253$ ) (data not shown).

In conclusion, This cross-sectional study was conducted to assess the knowledge, perceptions and practices towards medical ethics of physician residents at university hospitals in Alexandria, Egypt. A self-administered structured questionnaire was used for knowledge and perceptions and a checklist for observations of doctor–patient interactions in the outpatient setting. Only 18.0% of the 128 participating residents had obtained their knowledge from their medical education and 29.9% were dissatisfied with the roles played by the ethics committee. Most of the residents had satisfactory knowledge and 60.2% had satisfactory perceptions regarding ethical issues. The lowest perception score was in the domain of disclosing medical errors. Only 48.0% of the residents were compliant with the principles of medical ethics in practice and 52.0% of patients were dissatisfied with their treating physicians. The study identified areas of unsatisfactory knowledge and practices towards ethical issues so as to devise means to sensitize residents to these issues and train them appropriately<sup>\*4</sup>.

#### **In a previous study was done in Bavaria 2010 to assess the knowledge of medical ethics.**

Including respect for patient autonomy, knowledge about end-of-life issues, assisted dying, and the doctor–patient relationship. The section on knowledge of medical ethics was headed by a case example.

Results showed that participants would respond to a patient's wishes regarding choice of treatment in an advance directive. Majority of doctors would not place a gastric tube (percutaneous endoscopic gastrostomy, PEG) (mean =  $3.8 \pm 1.5$ ; median = 5; agreement = 20%; disagreement = 51%), but would maintain ventilation (mean =  $3.4 \pm 1.6$ ; median = 4; agreement = 25%; disagreement = 41%).

In addition, participants were asked to categorize the two options of management— withholding artificial nutrition and withdrawing ventilation—as active or passive assistance in dying. The previous was correctly classified by 80% of participants as passive assistance

One set of questions measured participants' knowledge of the Law on Advance Health Care Directives of 1 September 2009. The statement that the patient's wish is only taken into account when treatment is indicated was answered by 32% (95% CI: 26 to 39,  $n = 62$ ) as correct, by 38% as wrong, and 28% said they did not know. The other questions about the Law on Advance Decisions were correctly answered by majority of participants.

#### **Ethical issues on assisted dying:**

Attitudes to end-of-life issues showed a significant correlation between length of medical practice in years and answers. The longer participants had been in practice, the more they saw assisted dying as a mean of reducing suffering ( $p_s < 0.001$ ;  $r_s = -0.28$ ). Those who had been in practice for longer were also more open-minded about of whether assisted suicide could be justified ( $p_s = 0.018$ ;  $r_s = -0.18$ ). They also tended to be more ready to help assisted suicide themselves ( $p_s = 0.047$ ;  $r_s = -0.15$ ). They were also more likely to say yes to the question whether under certain circumstances “killing on request” should be permitted ( $p_s = 0.008$ ;  $r_s = -0.21$ ). Those who had been in practice for longer gave a higher estimate of their knowledge of the guidelines on assisted dying ( $p_s < 0.001$ ;  $r_s = -0.34$ ) and the Law on Advance Health Care Directives ( $p_s < 0.001$ ;  $r_s = -0.41$ ) than did their less experienced colleagues, but this difference was not reflected in the knowledge they showed.

#### **Ethical issues on the doctor–patient relationship:**

Attitudes about the doctor–patient relationship did not correlate greatly with length of medical practice. Most preferred a model of the doctor–patient relationship in which the doctor contributed to appropriate treatment decisions as an expert adviser (mean =  $1.5 \pm 0.8$ ; median = 1; agreement = 88%; disagreement = 3%). The models of the doctor as a service provider (mean =  $3.8 \pm 1.2$ ; median = 4; agreement = 15%; disagreement = 63 %) or as a

paternalistic figure both tended to be refused (mean =  $3.6 \pm 1.4$ ; median = 4; agreement = 26%; disagreement = 56%). Attitudes to the statement that patients have a limited ability to understand the consequences of treatment decisions varied (mean =  $2.9 \pm 1.2$ ; median = 3; agreement = 37%; disagreement = 32%). Doctors with long experience years agreed with this statement more often than did their less-experienced colleagues ( $p_s = 0.001$ ;  $r_s = -0.25$ )<sup>\*11</sup>.

#### **Another study was done on Nigerian medical doctors in 2012.**

The study included one hundred and ninety (190) participants returned the filled questionnaires showing a response rate of 76%. Male respondents were 149 (79.7%) while the remaining 20.3% represented the female gender. The distribution of the participants regarding their positions is as follows: House physicians (50.6%), medical officers (4.2%), registrars (35.8%), senior registrars (4.2%), and consultants (5.3%). Distribution by medical specialties among the residents and consultants revealed that family medicine had 36 (41.4%) participants, which was the highest, followed by Surgery with 16 (18.4%) while participants from Obstetrics and Gynecology were 14 (16.1%). There were 12 participants (13.8%) from Internal Medicine while Psychiatry residents accounted for the remaining 9 (10.3%). House officers (interns) were not classified by medical specialties as they mandatorily rotated through the different units.

One hundred and fifty-two respondents (80%) have had some medical ethics education during their undergraduate medical education. The median duration of formal training or exposure to medical ethics education was 3.00 hours (range: 0-15). most of the participants (86%), this exposure was grossly inadequate and all participants would prefer a standardized and expanded curriculum. Over half of the respondents (50.5%) have personally updated their medical ethics knowledge post-graduation, by reading books and medical journals (32.3% and 26.9% respectively), attendance of conferences (24.7%), and through online ethics courses (4.3%). Medical ethics as a discipline was considered to be very important for the practice of medicine by 163 (85.8%) respondents while the remaining doctors thought of it as just important. One hundred and twenty-nine respondents have read the code of medical ethics of the Medical and Dental Council of Nigeria at least once, while 127 (66.8%) have some general knowledge of the principles of biomedical ethics.

#### **Knowledge of principles of biomedical ethics by different categories of medical doctors:**

Ethical dilemmas encountered in daily medical practice of the doctors were identified by 77.9% of house officers, 91.2% of registrars and 100% of medical officers, senior registrars and consultants. The breakdown of the identified ethical dilemma shows that discharge against medical advice was the most identified by the respondents (69.3%) followed by religious/cultural issues (56.6%), while confidentiality was recognized by 53.4%. Other types of ethical dilemmas were informed consent issues (46.6%), truth telling (40.7%), conflict of interest (33.9%), end of life issues (33.3%), and allocation of resources (20.6%). Issues dealing with confidentiality, discharge against medical advice (DAMA), religion and culture, and informed consent were the most recognized by the respondents, while their knowledge about just allocation of resources, conflict of interest, and end of life matters was poor<sup>\*12</sup>.

#### **In Nepal a study took place in 2016**

on total of 204 respondents, 56.86 % (118) were resident doctors and the remaining participants (86) were ward nurses. The mean age for doctors was 28.66 years (SD = 1.89) and for nurses 27.69 years (SD = 6.97) (Table 1). The majority of the participants among doctors were males (67.8 %) whereas all nurses were females. Furthermore, most of the participants were from advantaged ethnic groups and from urban areas according to their place of birth.

There was a statistically significant difference in attitude between resident doctors and ward nurses with respect to adherence to patient' wishes (66.9 % doctors agreed versus 80.2 % nurses agreed,  $p = 0.036$ ), informing close relative about patient's opinion (77.1 % doctors agreed versus 96.5 % nurses agreed,  $p < 0.001$ ), seeking consent for treating children (72.0 % doctors agreed versus 86.0 % nurses agreed,  $p = 0.017$ ), conducting abortion if law allowed (45.7 % doctors agreed versus 69.7 % nurses agreed,  $p < 0.001$ ), paternalistic attitude of doctors while on disagreement between patients/families and health professionals (20.3 % doctors agreed versus 9.3 % nurses agreed,  $p = 0.032$ ), adherence to confidentiality (2.5 % doctors agreed versus 11.6 % nurses agreed,  $p = 0.009$ ), documentation of neurological examination and blood pressure without being done (9.3 % doctors agreed versus 23.3 % nurses agreed,  $p = 0.006$ ), necessity of incorporating medical ethics in undergraduate curriculum (97.4 % doctors agreed versus 81.3 % nurses agreed, ( $p < 0.001$ ) and refusal to examine a female patient in the absence of a chaperone (33.9 % doctors agreed versus 52.3 % nurses agreed,  $p = 0.008$ ) (Table 6). More nurses agreed to above nine questions compared to doctors except for necessity of incorporating medical ethics in undergraduate curricula and paternalistic attitude of doctor while on disagreement<sup>\*13</sup>.

### **Awareness of medical ethics among undergraduates in a West Bengal medical college.**

This descriptive, cross-sectional study was conducted to assess the knowledge of and attitudes towards medical ethics among undergraduate medical students. It also looked at whether there was any improvement with additional years of medical education. 340 medical students of a medical college in West Bengal were given a semi-structured questionnaire that included questions regarding their awareness of ethics, their attitudes towards various issues in clinical ethics, and their knowledge of the code of medical ethics of the West Bengal Medical Council. The responses of 322 students were analysed by simple descriptive statistics. The students generally agreed that awareness of ethics was important. Lectures (54.7%) and books (47.8%) were their predominant sources of knowledge. Only 10.9 % were aware of the existence of an institutional ethics committee and 42.8% did not know its exact role. Their answers showed that the majority of students expressed mixed responses--both desirable and undesirable--in relation to questions exploring different aspects of basic ethical reasoning in their professional life. The most desirable response for each statement was decided by experts of forensic medicine and also from a literature study. Only half the respondents (50.9%) had a good score (61-70 out of a total possible 90) and 37.2% had a fair score (51-60). There was no increase in scores corresponding with additional years of medical education<sup>\*3</sup>.

### **Perceptions and practices of medical practitioners towards ethics in medical practice - a study from coastal South India.**

Ethics is the application of values and moral rules to human activities. Medical practitioners are expected to not only have the skills and knowledge relevant to their field but also with the ethical and legal expectations that arise out of the standard practices. The present research was conducted with an aim to study the perceptions and practices of medical practitioners towards healthcare ethics in Indian scenario and to strengthen the evidence in the field of ethics training. A cross-sectional study was carried out in three associate hospitals of a Medical College in Southern India. Medical practitioners included in the study were administered a pre-tested, semi-structured questionnaire. Data was collected based on their responses on a 5 point Likert scale and analyzed using SPSS version 11.5. The majority of the participants mentioned that their perceptions of ethics in medical practice were based on information obtained during their undergraduate training, followed by experience at work. The medical practitioners had a positive perception on issues relating to consent in medical practice. However, the same degree of perception was not observed for issues related to confidentiality and their dealing with patients during emergency conditions. The majority of the medical practitioners agreed that ethical conduct is important to avoid legal and disciplinary actions. Among the medical practitioners, the responses of specialists and non-specialists were mostly similar with major differences of opinion for a few issues. A highest level of knowledge, awareness and understanding of ethics are expected in medical practice as it is the foundation of sound healthcare delivery system<sup>\*14</sup>.

### **Knowledge and attitudes of doctors on medical ethics in a teaching hospital, Manipur.**

This study aimed to assess the knowledge of, and attitudes to, medical ethics among doctors in the Regional Institute of Medical Sciences (RIMS), Imphal, Manipur. It also looked at the association between levels of knowledge and selected variables. A self-administered structured questionnaire was distributed to all doctors working in RIMS, Imphal between September and October 2007. 315 of 440 (71.6%) doctors contacted, responded. 62.2% of respondents (196) were below 35 years of age. 22.5% (71) were faculty members. 98.7% (311) had heard of the Code of Medical Ethics but only 188 (59.7%) had read it, even in part. 69.2% (218) felt that the undergraduate curriculum on medical ethics was not adequate. 10.5% (33) could describe what medical professionalism meant. Knowledge of medical ethics was higher among those who were over 35 years of age, those who graduated before 1999 and those having higher educational qualifications. The doctors in this survey lacked adequate and detailed knowledge on the code of ethics, though most of them had read it once. There is a need to sensitize doctors on medical ethics and professionalism. The study covered 574 doctors working in RIMS. Of these 171 were excluded (37 did not give consent, 30 were on leave and 104 were not available on three consecutive visits). Of the 403 eligible doctors, 315 responded and 88 did not return the questionnaires giving a response rate of 78.6%. The age of the respondents ranges from 22 to 60 years and the median age of 35 years was used to separate them into two groups. The majority of respondents were below 35 years of age (196, 62.2%). Males constituted 60.9 % (192) and senior faculty members constituted 22.5% (71). Around 29.8 % (94) respondents had qualifications higher than MBBS and half the respondents (160, 50.8%) graduated before 1999. In a multiple response query, the majority (228, 72.3%) responded that they obtained their knowledge of ethics during their undergraduate training, 29.8%(94) said that they acquired a knowledge of ethics through experience at work, whereas 33% (104) stated that they got it through attending lectures, seminars, workshops or continuing medical education (CME). Only 48(15.3%) of the respondents correctly answered the question regarding the Medical Council of India (MCI) Code of Ethics guidelines on the required hours of participation

by medical professionals in a CME session. 93(29.5%) responded correctly when asked how long records for indoor patients were to be maintained, 84 (26.7%) could give the correct response regarding the period within which a physician has to produce the records when asked by patients or legal authorities and 165 (52.3%) responded that it was necessary to display the MCI registration number in every prescription slip, medical certificate and receipt given to patients. When asked whether healthcare professionals are bound by the Consumer Protection Act of 1986, 236 (74.9%) gave the correct response. On a multiple response question about why patients ask for disclosure of records, most of the respondents 220(69.8%) stated that patients want information on the condition and treatment, 140(44.4%) said that it could be to consult another physician and 117(37.1%) responded that the patients were considering lawsuits. Around 14.3% (45) responded that doctors should have adequate knowledge regarding ethics and work accordingly as a precautionary measure against lawsuits. Around 33.3% (105) knew of the existence of an ethics committee in RIMS but only 22 (6.9%) respondents knew the role of the ethics committee. Most of the respondents (150, 47.6%) said that they would consult a lawyer or the head of the department or the ethics committee when faced with ethical or legal problems. More than half (59%) of the respondents replied that the patient's consent was necessary before surgery, laboratory tests and physical examination. But, nearly 3/4<sup>th</sup> (71.7%) of the respondents answered that consent was necessary for surgery and laboratory tests. Nearly one third (95/315, 30.1%) of the respondents had adequate knowledge on the code of ethics. Though statistical significance were lacking, knowledge of ethics was higher among the respondents who were more than 35 years of age, those who graduated before 1999, among males and those having higher qualification. Only 33 (10.5%) of the respondents could state what medical professionalism means. The majority (170, 54%) of respondents could not recall any of the contents of the Hippocratic Oath. The majority of respondents disagreed with the statements that patients should be informed of wrong-doings by doctors (64.4%) and doctors should refuse to treat uncooperative patients (67.3%). Again, the majority of respondents disagreed on the statements that doctors should reveal the patient's condition to close relatives irrespective of whether the patient gave permission (80.0%) and children should not be treated without the parents' consent (61.9%). There was a statistically significant difference between the opinions of senior and junior doctors regarding whether doctors could refuse to treat uncooperative or violent patients, with a significantly higher proportion of senior doctors disagreeing with the statement that doctors could refuse ( $P < 0.012$ ). Although a higher proportion of senior doctors agreed with the statements, there were no significant differences in the strength of the opinions regarding other issues such as whether patients should be informed if a doctor did something wrong, whether close relatives should be informed about a patient's condition, whether seeking consent should be sought from children and whether it was acceptable for a doctor to conduct a legally permissible abortion<sup>\*15</sup>.

### **Knowledge, attitude and practice of medical ethics among medical internstudents in a Medical College in Kathmandu.**

This baseline study was conducted to find out the knowledge, attitudes and practices of medical ethics among the undergraduate medical interns who did not have structured ethics curriculum in their course. A descriptive, cross-sectional study was carried out using a self administered structured questionnaire among the medical undergraduate interns of Maharajgunj Medical Campus, the pioneer medical college of Nepal which 521 rolls 60 students in a year. A total of 46 interns participated in the study. The most common source of knowledge on ethics was lectures/seminars (35.7%) followed by experience at work (24.5%), training (21.4%) and own reading (17.3%). The main contents of Hippocratic Oath were known to 98.8% while 60.9% knew the main contents of Nepal Medical Council (NMC) code of ethics. Great majority (91.3%) regard ethics as very important in medical profession. "Doctors know the best irrespective of patients' opinion" was disagreed by only 39.1% indicating the paternalistic attitude. However, 78.3% were in favour of adhering to the patient's wish. None of the participant agreed to abandon confidentiality. Only about one-fourth (26.1%) claim to encounter ethical dilemma every day while the highest number (43.5%) had once in a month. To deal with the situation of ethical dilemma, majority approached to immediate supervisor followed by head of the department and colleagues. Eighty-seven percent of participating interns were involved in research activities involving human subjects. Only one of the participants had encountered the ethical issue on end-of-life and it was do-not-resuscitate consent in a terminally ill patient. On implementation of the curriculum on medical ethics focus should be – principles of biomedical ethics, sensitive ethical dilemmas like end-of-life care and practical experiences with participation in deliberations of the ethics committee<sup>\*16</sup>.

### **Chapter 2:**

#### **Methodology:-**

#### **Study Design:**

Descriptive cross sectional hospital based study.

**Study area:**

King Khalid Hospital In Almajmaah. It was found in (1405) years, Hijri calendar and was established as a full service healthcare institution. It is situated in Majmaah City and Governorate in Central Region of Saudi Arabia. At present, there is a continuous effort to improve the quality of health care services as evidenced by the continuing acquisition of modern medical equipment, renovation/ modernization of facilities and implementation of significant programs. The plan for providing patients care is designed to serve innovation in practice as well as keeping its staff knowledgeable of the new developments in health care.

**Study population:**

Medical doctors.

According to the hospital information system,2016 , The total number of all the physician who are working in KKH is 125.

| Major             | Number |
|-------------------|--------|
| Pediatric         | 14     |
| ICU               | 6      |
| Dermatology       | 1      |
| Emergency         | 25     |
| Anesthesiology    | 6      |
| Surgery           | 34     |
| Gynaecology       | 13     |
| Dentistry         | 5      |
| Internal medicine | 15     |
| Other             | 6      |
| Total             | 25     |

(exclusion: dentists, laboratory doctors and other health care provider)

- Sampling:
- Sample Size:

90 doctors

The sample size was calculated using the following formula:

$$n = \frac{NZ^2 P(1-P)}{Nd^2 + Z^2 P(1-P)}$$

$$n = \frac{125(1.96)^2 0.5(1-0.5)}{125(0.05)^2 0.5(1-0.5)} = 90 \text{ doctors}$$

**Sample Design:**

Stratified random sample.

**Data Collection method:**

Data was collected by using self-administered questionnaire which was distributed to doctors who are chosen to participate in the study working in KKH.

**Data Analysis:**

Data were analyzed using SPSS software programme.

**Ethical Concern:**

A letter of acceptance from the ethical committee in the university and from KKH administration was taken before starting the study.

Written consents were taken from participants after explaining the objective and importance of the study (participant signature).

**Chapter 3:**

**Results:-**

**Table.1:-** Age distribution of the medical doctors working in king Khalid hospitals at Almajmaah city 2017.

| Age   | NO. | Percentage |
|-------|-----|------------|
| 25-35 | 21  | 23.3       |
| 36-45 | 49  | 54.4       |
| 46-55 | 12  | 13.3       |
| >55   | 8   | 8.9        |
| Total | 90  | 100.0      |

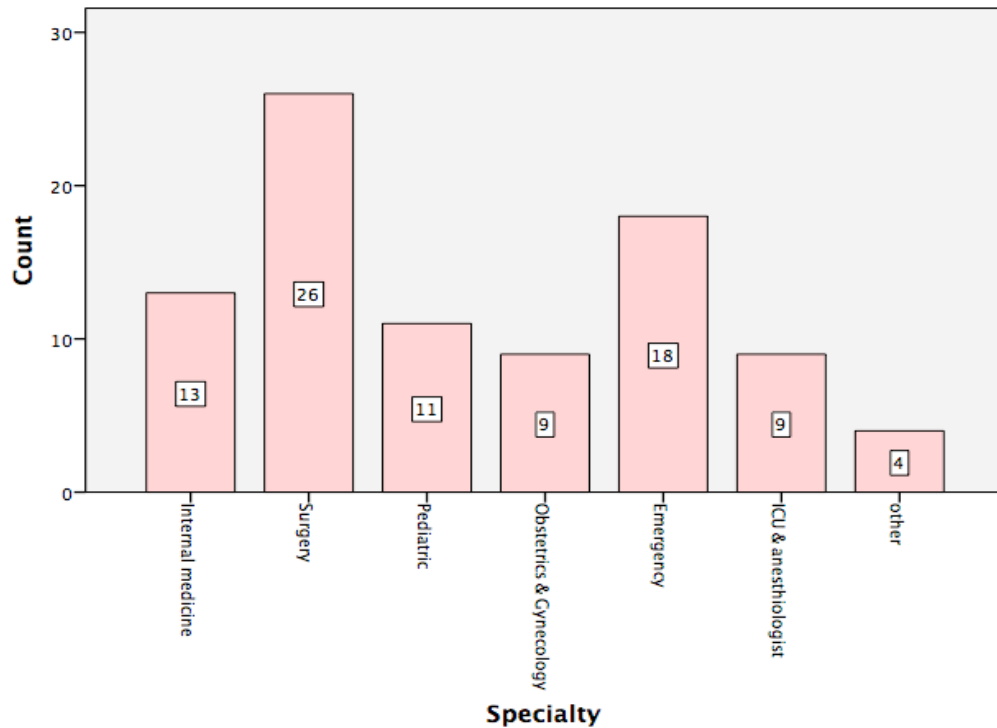
Table.1 There were 21 medical doctor(23.3%) between age group 25-35, 49(54.4%) between age group 36-45, 12(13.3%) between age group 46-55, and 8(8.9%) were older than 55.

**Table.2:-** Distribution of medical doctors working in King Khalid hospitals by gender at Almajmaah city 2017.

| Gender | NO. | Percentage |
|--------|-----|------------|
| male   | 58  | 64.4       |
| female | 32  | 35.6       |
| Total  | 90  | 100.0      |

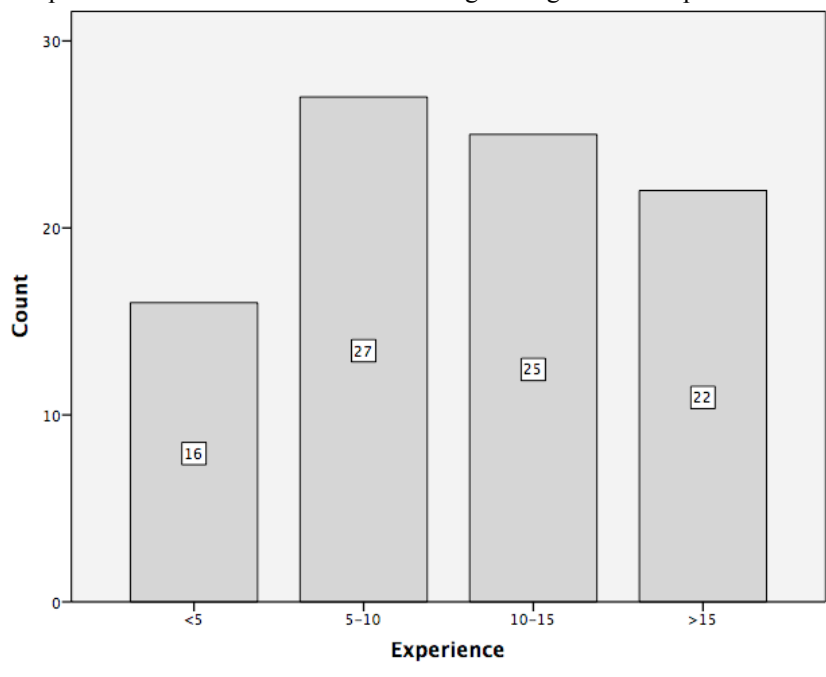
58(64.4%) of the participants were male while 32(35.6%) were female.

**Figure.1:-** Specialities of the medical doctors working in King Khalid hospitals at Almajmaah city 2017



Regarding the specialty of the participants figure.1 showed that 26(28.9%) are working in surgery, 18(20%) in emergency, 13(14.4%) in internal medicine, 11(12.2%) in pediatric, 9(10%) in obstetrics & gynecology, 9(10%) in ICU and anesthesiologist, and 4(4.4%) were in other specialties.

**Figure.2:-**Years of experience of the medical doctors working in king Khalid hospitals at Almajmaah city 2017



For the experience results in figure.2 showed that 16(17.8%) had an experience <5 years, 27(30%) were with experience between 5 and 10 years, 25(27.8%) were between 10 and 15 years, and 22(24.4%) had an experience >15 years.

**Table.3:-** Distribution of the medical doctors working in king Khalid by qualifications hospitals at almajmaah city 2017.

| Qualification | NO. | Percentage |
|---------------|-----|------------|
| MBBS          | 25  | 27.8       |
| Master        | 44  | 48.9       |
| Doctoral      | 18  | 20.0       |
| Postdoctor    | 3   | 3.3        |
| Total         | 90  | 100.0      |

Regarding the qualification of the participants in table.5 showed that 25(27.8%) of them had MBBS, 44(48.9%) had master, 18(20%) had doctoral, and 3(3.3%) had postdoctoral.

**Table. 4:-** Distribution of the medical doctors working in king Khalid hospitals by nationalityalmajmaah city 2017.

| Background information | NO. | Percentage |
|------------------------|-----|------------|
| arab                   | 71  | 78.9       |
| non-arab               | 19  | 21.1       |
| Total                  | 90  | 100.0      |

Table.4 showed that nationality 71(78.9%) were Arabs while 19(21.1%) were non-Arabs.

Figure.3:-Awareness of medical ethics among doctors in king khalid hospitals at Almajmaah city 2017.

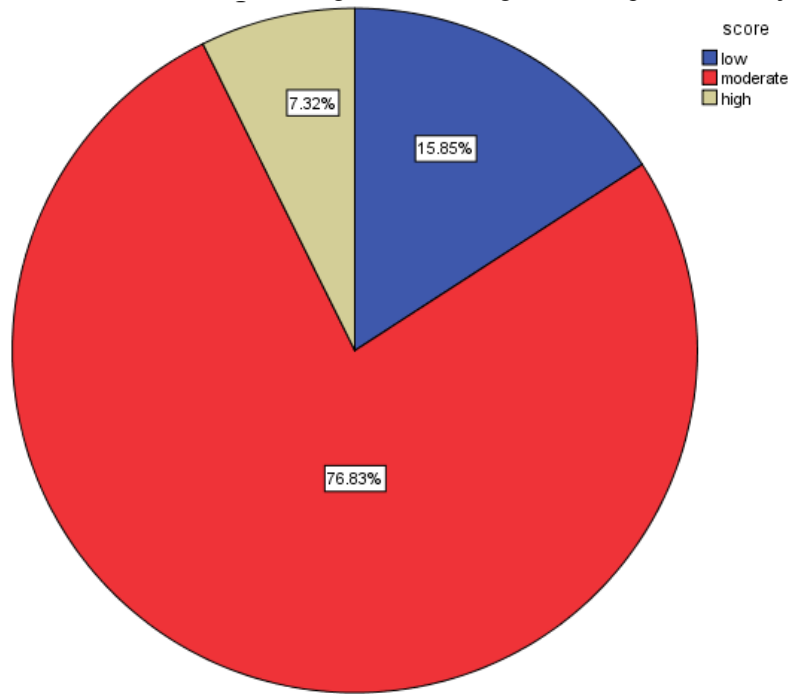
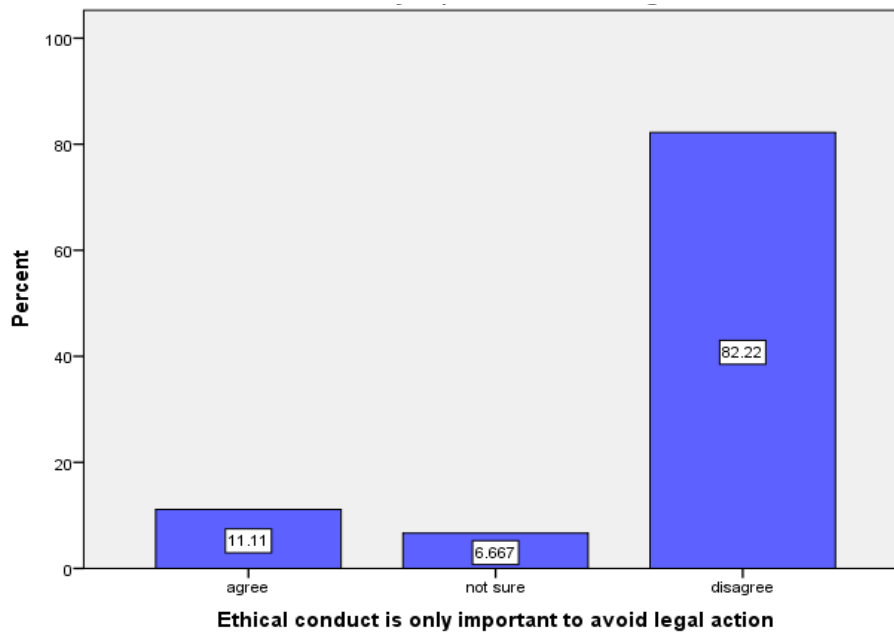
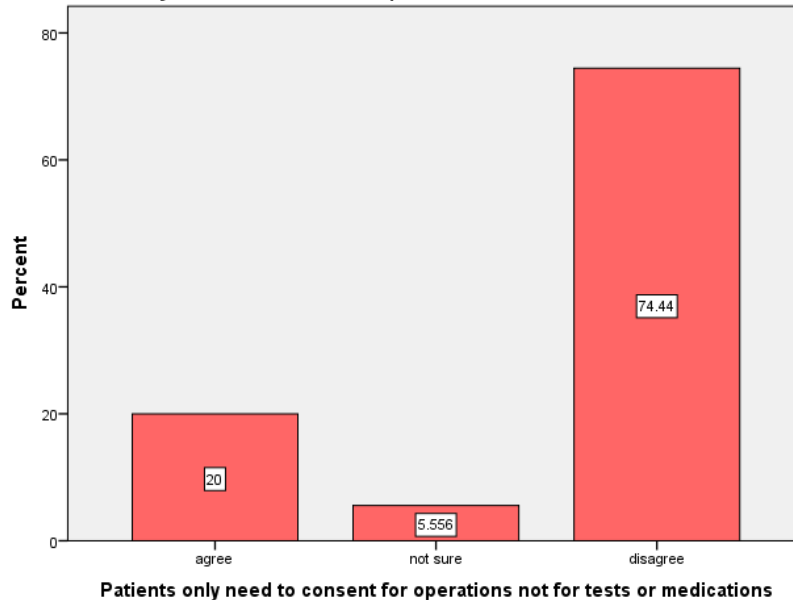


Figure.3 showed that majority of participants had moderate awareness of medical ethics (76.83%), while(15.85%)were with low awareness, and (7.32%)had high awareness.

Figure.4:- Knowledge of medical doctors working in king Khalid hospital towards ethical conduct Almajmaah city 2017.



**Figure.5:-** Awareness of medical doctors regarding the importance of patients consent for operations,tests and medications in King Khalid Hospital –Almajmaah City 2017.



**Table.5:-** The relationship between awareness of medical ethics and specialty among doctors in king Khalid hospital in Almajmaah city (p<0.05).

| Specialty              | Mean score | P value |
|------------------------|------------|---------|
| Obstetric& gynecology  | 2.426      | 0.027   |
| Emergency              | 2.412      |         |
| Pediatric              | 2.394      |         |
| Others                 | 2.333      |         |
| ICU & anesthesiologist | 2.241      |         |
| Internal medicine      | 2.147      |         |
| Surgery                | 2.141      |         |

Table.5Significant association between specialty and awareness of medical ethics which was observed in obstetrics & gynecology whoget highest score(2.42), followed by emergency department (2.41), then, pediatric specialty ( 2.39), after that, ICU& Anesthesiologist ( 2.24), while surgery and internal medicine were the lowest (2.14).

**Table.6:-** Relationship between awareness of medical ethics and years of experience among doctors in king Khalid hospital in Almajmaah city 2017.

| Expeirience | Mean score | P value |
|-------------|------------|---------|
| <5 years    | 2.417      | 0.089   |
| 5-10 years  | 2.194      |         |
| 10-15 years | 2.327      |         |
| >15 years   | 2.208      |         |

Table.6 showed no significant association between experience and awareness of medical ethics. There was no significant association observed between participants' age, gender, qualification, and nationality and their level of awareness.

**Figure.6:-** Source of information of medical doctors working in king Khalid hospital regarding medical ethics in Almajmaah city 2017.

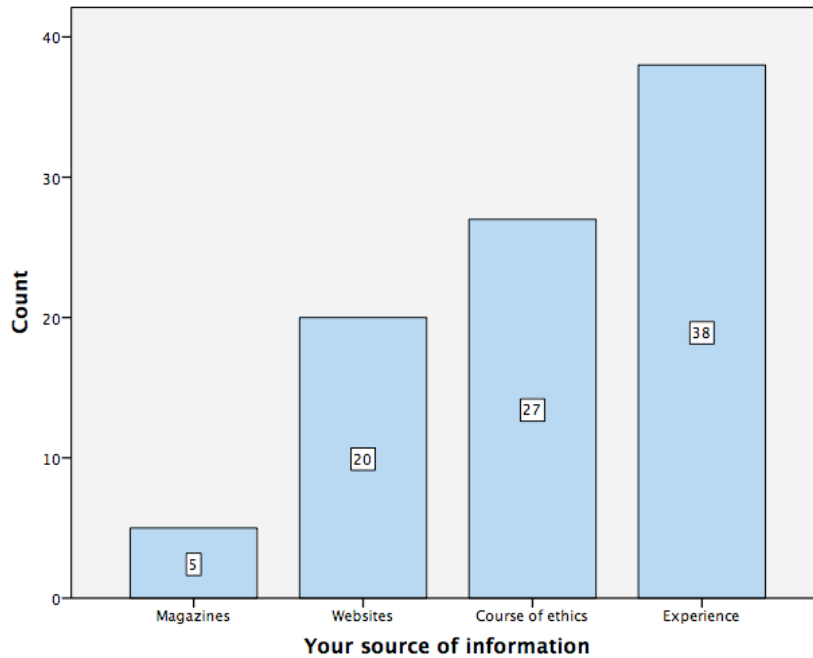


Figure.6 shows that the highest source of information among participants was from their experience (42.22%), followed by course of ethics (30%), then websites (22.22%), lastly was magazines.

#### Chapter 4:

##### Discussion:-

In this study the majority of the participants were 58(64.4%) males while 32(35.6%) were females.

The age group & years of experience were not normally distributed among study population. SO, the majority of study population were (54.4%) between age group 36-45. And regarding the experience, the result shows that 27(30%) have experience between 5 and 10 years.

Regarding the specialty of the participants 26(28.9%) in surgery, 18(20%) in emergency, 13(14.4%) in internal medicine, 11(12.2%) in pediatric, 9(10%) in obstetrics & gynecology, 9(10%) in ICU and anesthesiologist, and 4(4.4%) were from other specialties.

25(27.8%) of the participants, had MBBS, 44(48.9%) had master, 18(20%) had doctoral, and 3(3.3%) had postdoctoral. Regarding the nationality 71(78.9%) were Arabs while 19(21.1%) were non-Arabs.

This study shows that the majority of participants had a moderate awareness of medical ethics (76.83%), while(15.85%)were with low awareness, and (7.32%) had high awareness. In study done about: the knowledge towards medical ethics of physician residents at university hospitals in Alexandria, Egypt The overall knowledge score ranged from 30.7%–92.3% with a median and interquartile range of 80.8% (IQR 9.8%). Over two-thirds of the residents (69.5%) had satisfactory knowledge (total knowledge scores greater than median score).

About the awareness of medical ethics, both studies agree that the medical doctors have moderate knowledge score regarding the medical ethics.

This study shows that the highest source of information of the medical doctors working in king Khalid hospital regarding medical ethics at Almajmaah city was from their experience (42.22%), followed by course of ethics (30%), then websites (22.22%), lastly was magazines (5.56%). Also, In study done about: Awareness of medical ethics among undergraduates in a West Bengal medical college showed that their knowledge of the code of medical ethics from Lectures (54.7%) and books (47.8%) were their predominant sources of knowledge. Only 10.9 % were

aware of the existence of an institutional ethics committee and 42.8% did not know its exact role. So, regarding both studies there was a difference in the highest source of information.

In that study which was done in West Bengal, the highest source was from lectures and the lowest is from experience but our finding shows that the experience has the highest percentage.

Another study was done on Nigerian medical doctors in 2012 showed Over half of the respondents (50.5%) have personally updated their medical ethics knowledge post-graduation, by reading books and medical journals (32.3% and 26.9% respectively), attendance of conferences (24.7%), and through online ethics courses (4.3%).

Also, the results shows the relation between specialty and awareness of medical doctors working in King Khalid Hospital at Almajmaah city that the participants in obstetrics & gynecology get the highest score(2.42), followed by emergency department (2.41), then, pediatric specialty ( 2.39), after that, ICU& Anesthesiologist ( 2.24), while surgery and internal medicine were the lowest (2.14).

In the same study that mentioned above which was done in university hospitals in Alexandria, their finding showed that there was a significant sex differences were noted as 61.8% of woman physicians were compliant with the principles of medical ethics compared with 31.2% of men (P = 0.003) (data not shown). Residents in psychiatry (80.0%) and paediatrics (80.0%) were significantly more likely to comply with medical ethics than those in internal medicine (50.0%), family medicine (40.0%) or other departments (38.3%) (P = 0.003).

Comparing between our study findings and their result, there is different regarding the relation between specialty and awareness of medical doctors about medical ethics. in this study shows that the participants in obstetrics &gynecology get the highest score. On the other hand, their result showed that the residents in psychiatry and pediatrics had a highest score. And who got the lowest score were family and internal department,but in this study shows that the internal department get lowest score followed by surgery.

According to the gender, the result of a study which was done in Alexandria showed a significant sex differenceswere noted as female had a higher score compared to male. Unlike our study the findings show there is no significant association between participants' gender and the level of awareness.

But according to a study which was done in Alexandria, our findings agree that there was no significant association observed between experience and awareness of medical ethics.Also, participants' age, qualification, nationality and the level of awareness.

### Conclusion:-

Overall majority of participants had moderate awareness of medical ethics (76.83%), while (15.85%)were with low awareness, and (7.32%)had high awareness. Significant association between specialty and awareness of medical ethics was observed, while no significant association between experience and awareness of medical ethics.

### Recommendation:-

1. To increase the awareness of medical ethics among doctors by conducting seminars for them.
2. To enhance doctors attending conferences on medical ethics.
3. To apply medical ethics course in all medical college.
4. To conduct more researches about medical ethics all over the kingdom.

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Annex

**Questionnaire**

This questionnaire will assess the awareness of medical ethics among doctors and your participation is an important part of this process

Your individual response in this questionnaire are confidential and will not be connected with you as an individual in any reporting of this data

Please sign and date below indicating your agreement to participate in this research

.Thank you

:Name(Signature):

Date

**First part:** Please put your choice number in the box:

- 1- Age: 1) 25-35 2) 36-45 3) 46-55 4) >55
- 2- Gender: 1) Male 2) Female
- 3- Specialty: 1) Internal medicine 2) Surgery 3) Pediatric 4) Obstetrics & Gynecology 5) Emergency 6) Other specialty  
If your choice is other, specify:.....
- 4- Experience: 1) <5 years 2) 5-10 years 3)10-15 years 4) >15 years
- 5- Qualification: 1)MBBS 2) Master 3) Doctoral 4) Postdoctor
- 6- Nationality: 1) Saudi 2) Sudanese 3) Egyptian 4) Indian and Pakistani 5) Other nationality  
If your choice is other, specify:.....

**Second part:** Please answer all of the following questions:

| Questions  | 1)Agree | 2)Not sure | 3)Disagree |
|--|---------|------------|------------|
| 1- Ethical conduct is only important to avoid legal action.  |         |            |            |
| 2- The patient's wishes must always be adhered to.   |         |            |            |
| 3- The patient should always be told if something goes wrong.  |         |            |            |
| 4- Confidentiality cannot be kept in modern care and should be abandoned.  |         |            |            |
| 5- The doctor should do what is best irrespective of the patients opinion.   |         |            |            |
| 6- Patients only need to consent for operations not for tests or medications.  |         |            |            |
| 7- Close relatives must always be told about patients condition.   |         |            |            |
| 8- Children (except in an emergency) should never be treated without the consent of their parents or guardians.  |         |            |            |
| 9- Doctors should refuse to treat patients who behave violently.   |         |            |            |
| 10- The law allows abortion to be performed, therefore a doctor cannot refuse to do an abortion for a patient,   |         |            |            |
| 11- A patient who wishes to die should be assisted.  |         |            |            |
| 12- A patient who refuses to be treated on religious or other grounds should be told that they need to find another doctor with their beliefs or accept the treatment offered. |         |            |            |

Your source of information:

- 1) Magazines 2) Websites 3) Course of ethics 4) Other sources
- If your choice is other, specify:.....