

Social Groups' View Points Pertaining to Medical Ethics Practice in Mosul

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Background & Objectives: The aim of the present study is to investigate the perspective and opinions of a representative sample of social groups regarding physicians' medical ethics' practice. \

Subjects and Methods: A exploration of point of view of social group conducted by a self-administered questionnaire distributed to a convenient sample from various localities including University of Mosul, primary and intermediate schools, and various governmental and private enterprises.

Results: From 48 respondents 54.2% agreed that there are an intentional or unintentional ignorance of patients' rights from the physicians and only 41.7% considered that most of the population has trusted the physicians. On the other hand, more than three quarters (77.1%) of the sample considered that ethical and humanistic side of medical practice are more important than physicians' scientific qualifications and capabilities. While, half of the study sample (50%) was not sure that most of the physicians have a clear vision about their commitment to patients and society.

Conclusions: Social groups' opinion highlighted the presence of major and important frustration regarding gaps of doctors' knowledge and attitude in recognizing patients' right and the importance of humanistic side of medical practice; resulting in diminished trust by the physicians. From their point of view they demonstrated several convincing suggestions for improving physicians' ethical practice

Introduction

Society has conferred professional privileges for physicians with the expectation that they will use their position for the benefit of patients^(1,2).

Nowadays, the public criticize doctors as they put their own interests before those of their patients. Consequently, this negative view of the public has diminished the trust in medical profession resulting in reducing patient compliance and an increase in litigations. It is very important to take into consideration the fact that a population undergoing huge social changes⁽³⁾. The population especially those with higher income or better education expect to be treated with courtesy and respect and want to be more in control of medical decisions affecting their own lives⁽⁴⁾. In addition, social determinant of ill health such as cultural health believes, poverty, economic crises, ignorance, unhealthy life style should not be disregarded by doctors and there should be awareness of local familial and psychological aspect of ill health⁽⁵⁻⁷⁾. Therefore, physicians need to be aware of the social and environmental determinants that influence the health status of their patients; and there should be a process of honest discussion and communication apply to those affected by the current problems in the health service, such as public or special social groups, professional, health care worker and managers in order to identified their perspective and opinion regarding MEs practice for humanizing medical practice^(8, 9). The aim of the present study is to assess the perspectives and opinions of a sample of social groups regarding physicians' MEs practice.

Subjects and Methods

An exploration of point of view of social group was conducted by interviewing a convenient sample (n=48) to investigate their perspective and views regarding MEs practice. The study settings include various localities including University of Mosul, primary and intermediate schools, and various

governmental and private enterprises such as Federal Board of Supreme Audit/ Iraq, Nineveh Pharmaceutical and Medicine Requirements Company and Al-Hdbaa Dairy Company. The aim and objectives of the present work were discussed with study groups who were soon interviewed. Informed oral consent was taken for participation. A special designed questionnaire which comprised 6 questions was designed; the responses were categorized into 5 points rating scale which were collapsed later into 3 categories (agree, equivocal, disagree) for the purpose of statistical analysis. The answers of some questions were in a reversed form to explore the participants' attitudes regarding MEs practice. Participants' opinions about the source of defect (if present) about MEs practice were taken via an open ended question, and their suggestions for improving physicians' ethical practice were similarly obtained.

Results

Table 1 describes basic characteristics of the interviewed social groups in the present study. Males were forming 54.2%. Less than one half (43.8%) were in the age group 45-<55 year, one third (33.3%) have a Ph.D. qualification, and 41.7% were university faculties.

Table 2 illustrates the social groups' attitudes concerning physicians' ethical practice. More than half of the sample (54.2%) agreed that there are an intentional or unintentional ignorance of patients' rights from the physicians; and only 41.7% considered that most of the populations have trusted the physicians. On the other hand, more than three quarters of the sample (77.1%) were not agreed about physicians' scientific qualification and capability as much as necessary than ethical and

humanistic side of medical practice. Furthermore, half of the study sample (50%) was not sure that most of the physicians have a clear vision about their commitment to patients and society.

The representative social groups referred to non-humanistic medical practice including several publics' frustrations regarding physicians' ethical practice as the most unacceptable ethical behavior (35.4%), followed by the financial concerns of physicians (22.9%), and only one participant pointed

to professional commitments regarding patients' cards usages as the less frequent criticism regarding physician' ethical practice, (Table 3).

Table 4 demonstrates several convincing suggestions for improving physicians' ethical practice from the representative social groups' point of view. In this table there were emphasis on MEs education, activation of the control and follow up of ethical and professional behaviors of physicians which were the most frequent suggestions rose up by the participant

Table (1): Basic characteristics of study population (n=48)

Characteristics	No.	%
Sex		
Male	26	54.2
Female	22	45.8
Age		
25-	7	14.6
35-	3	6.3
45-	21	43.8
55+	17	35.4
Education		
Illiterate	0	0.0
Primary education	0	0.0
Secondary education	2	4.2
Higher Diploma	6	12.5
College graduate	13	27.1
Master of sciences	11	22.9
Doctor of philosophy	16	33.3
Occupation		
Universities' faculty	20	41.7
Government employee	3	6.3
School social supervisor	16	33.3
School manager	9	18.8

Table (2): Social groups' attitudes relating to physicians' ethical practice

	Items	Agree (4+5) %	Not sure (3)%	Disagree (1+2) %
1	Most of the populations have trusted the physicians.	(41.7)	(43.8)	(14.6)
2	Most of the populations are satisfied about humanistic side of physicians' medical practice.	(16.7)	(37.5)	(45.8)
3	Humanistic cares by physicians do not affect medical treatment.	(39.6)	(10.4)	(50.0)
4	Most of physicians have a clear vision about their commitment to patients and society.	(22.9)	(50.0)	(27.1)
5	Physician' scientific qualification and capability are as much as necessary as ethical and humanistic side of medical practice.	(6.3)	(16.7)	(77.1)
6	There are an intentional or unintentional ignorance of patients' rights from physicians.	(54.2)	(18.8)	(27.1)

Table (3): Social groups' criticisms regarding physicians' ethical practice

Social groups' criticisms *		No.	%
1-	Ignorance of the human side of medical management including the following behaviors: a- Dealing with patients as a cases rather than a human-being. b- Neglecting the psychological state of patients. c- Feeling of superiority in dealing with patients. d- Ignoring the cultural, social and educational levels of patients. e- Lacking of empathy during patients' managements. f- Declining to listen to the patients' points of view in relation to his/ her medical problems.	17	35.4
2-	Financial aspect: The second frequent criticism to the physicians was the financial concerns the physicians precede other aspects.	11	22.9
3-	Loosing or breaking of confidentiality in both private and out-patients clinics by interviewing more than one patient at the same time and at the same place. Moreover, patients' interview very short.	6	12.6
4-	Bad physical environment of the private clinics specially in relation to cleaning, conditioning and uncomfortable furniture in the waiting rooms which reflects diminished respect and concerns of patients.	5	10.4
5-	Most physicians don't respecting the time schedules with patients.	3	6.2
6-	Criticism in relation to laboratory investigations whether to their importance, it's very high cost, or depending on undocumented laboratory, and neglecting informing patients the result of their investigations.	3	6.2
7-	Neglecting medical errors which appeared later on or after a long period of time.	2	4.1
8-	Discrimination in the management of patients visiting the private clinics from those who visiting the governmental out patients' clinics.	2	4.1
9-	Patients' cards were rarely used in the clinics both private and governmental.	1	2

* Results of an open ended question were demonstrated according to the summary of the most frequent opinions.

Table (4): Social groups' suggestions for improving physicians' ethical practice

Suggestions *	
1-	Emphasis on MEs education to be effective and sufficient.
2-	Effective and continuous control and follow up of the medical practice and assessment of the professional behaviors of physicians according to the local ethical standards of care.
3-	Activation of cooperation of various medical and ethical committees with medical personals for improving ethical medical practice both in governmental and private medical institutions.
4-	Local MEs standards of care should be identified and celebrated to all medical personals with regular thorough clarification of its contents.
5-	Planning for workshops and training programs for physicians about ethical standards of care and the requirements of proper professional behaviors.
6-	The necessity for activation of the health insurance.
7-	Increasing the financial and non-financial incentives for physicians.

* Results of an open ended question were demonstrated according to the summary of the most frequent suggestions.

Discussion:

A convenient sample of social groups was interviewed to explore their attitudes, criticisms and suggestions concerning physicians' ethical practice. Exceptional sample's perspectives were taken since even though patients are good indicator in assessing quality of their health care; but they are not always aware of their rights and the power they have in offering adequate feedback concerning the quality of the medical services ⁽¹⁰⁾. Furthermore, highly educated people and those with higher socioeconomic status have more control over their life, with the ability to understand their medical conditions. This enables them to assess their needs and quality of health care ⁽¹¹⁾. The

current study showed that more than half of the social group sample (54.2%) agreed that there are an intentional or unintentional ignorance of patients' rights from the physicians and only 41.7% considered that most of the populations have trusted the physicians. On the other hand, more than three quarters of the sample (77.1%) were not agreed about physicians' scientific qualification, and capabilities are more important than ethical and humanistic side of medical practice. Furthermore, half of the study sample (50%) was not sure that most of the physicians have a clear vision about their commitment to patients and society. These findings are consistent with the results of different studies which highlighted the presence

of major and important gaps of doctors' knowledge and attitude in recognizing autonomy, patients' right and the importance of using ethical principles in their profession⁽¹²⁻¹⁵⁾. Cruess et al.⁽¹⁶⁾ considered medicine has lost both autonomy and influence throughout the world. There was a feeling that the professions did not deserve the trust or their privileged position in society⁽¹⁷⁾. Gill⁽¹⁸⁾ claimed that patient's trust in a doctor being undermined. Brand⁽¹⁹⁾ urged that the gap between what society expects and what it gets increases. In the current study, the social groups referred to non-humanistic medical practice including ethical behaviors which was the most unacceptable, followed by the financial concerns of physicians. From their point of view they demonstrated several convincing suggestions for improving physicians' ethical practice. The most frequent suggestions raised up by the participants were emphasis on MEs education, activation of the control and follow up of ethical and professional behaviors of physicians. Various studies referred to improving humanistic aspect of medical practice for the benefit of patients and society from one side and physicians and professionalism from the other side; for instance, Farooqi⁽²⁰⁾ in a study in UEA revealed that patient's primary concerns was the communicative, compassionate approaches of doctors and their attention to psychological and contextual determinants of the illness alongside with biomedical aspects. Larson and Yao⁽²¹⁾ from United States stressed on clinical empathy as a symbol of the health care profession. , Cruess and Cruess^(2, 16) in two studies; stated that a social contract does exist between medicine and society and all evidence indicates that society still values the healer-professional (ill wish healers to demonstrate competence, caring and compassion, and treat them as individuals), and does not wish to abandon professionalism as a concept, it appears to prefer an independent and knowledgeable professional to deal with its problem rather than the state or a corporation. Gill and et al.⁽¹⁸⁾ referred to "Soft skills" such as being friendly, listening and having a good attitude were viewed as positive attributes for doctors from patients' point of view, which also helped to develop trust and confidence in individual doctors. They concluded that patients want to be listened to and want to have unrestricted access to consistently good quality medical treatment, care and advice. To achieve this requires an effective doctor and patient relationship. While, Blackmer⁽²²⁾ advised on the need to establish an updated and modernized "social contract" between society

and the medical profession to help physicians understand how to balance their competing priorities and roles. Finally, Hamdan⁽²³⁾ insisted that physicians' humanistic and ethical handling of patients were responsible to prove that medicine is an honest profession and can never be considered as a business for making money at the expenses of the miserable sufferers.

In conclusion, social groups' opinions highlighted to the presence of major and important frustration regarding gaps of doctors' knowledge and attitude in recognizing patients' right and the importance of humanistic side of medical practice, using ethical principles in their profession; resulting to diminished trust by the physicians. Indeed, society perspectives and suggestions are an important contribute to improve medical ethical practice and to restructuring the trust of medical profession in general.

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