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Editorial

Ethics in Medical Profession

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Ethical challenges exist in all fields and in daily practice. It is a requirement for optimal professionalism. Ethics is a Greek word derived from "Ethos" and "Ethica" meaning right and wrong in one's act and decision. Ethics and ethical practice is a requirement especially in science and social science. There are 15 principles in bioethics of which autonomy, justice, beneficence, nonmaleficence and dignity has become the integral part of medical profession for good medical practice.[1] Ethics in medical profession depends on the type of practice the doctor takes up and hence ethics in medical profession can be in

1. Medical Education
2. Patient care
3. Medical Research & publication

Ethics in Medical Education

Medical education is more critical as it needs both acquiring knowledge and clinical skills for outcome of a better doctor for the benefit of the society. Medical education is a lifelong learning where the doctor learns the newer skills and updates the knowledge. The undergraduate and postgraduate students should be aware of medical ethics and the institute should provide basic education regarding the medical ethics. The educators should consider the dignity, distributive justice and to some extent the autonomy of the students. The educators should provide the information regarding the various opportunities available in medical field and its benefit. The graduates should have knowledge regarding the plagiarism while taking up research projects and doing dissertation.[2]

The trainees in medical education directly interact with the patients. The trainees should be aware of medical ethics in examination /treatment of the patients, consider patients as humans with dignity / self-respect and not objects for medical education. The trainees should have adequate responsibility for the patients and should disclose their status, experience and role to the patients to obtain consent specifically instead of "Blanket consent". The commitment of the trainees should be "not to harm" (negative duty) and " to do good" (positive duty) to the patient. The trainees should examine or treat the patients under the guidance of supervisor or specialist only.[2]

The patients should be aware and informed of the role, status and experience of the trainees and should be empowered to give consent for the examination, procedures and interventions. The advantage for the patients is closer attention by the trainees. However the disadvantages are inexperience of trainees, not aware of the outcome and probably, not proved, "July phenomena" where there will be more patient mortality and morbidity with entry of new trainees. The educators should take care of this by assessing the benefit and risks to patients and finding the ways to minimize the risks under their guidance. The involvement of trainees in patient care should have the distributive justice as some reports states that doctor's children are less or not attended by trainees and vulnerable population especially those with low socioeconomic status are more exposed to trainees which shows the difference between the empowered and disempowered population respectively violating the distributive justice. Hence the burden and benefit of medical education should have distributive justice.[2]

The medical ethics is applied not only to the trainees, but also the junior doctors. It is applied to senior doctors who do new procedures, interventions and practices as medical education and knowledge evolves every day.

The aim of the medical education practice should be to protect interest of the patient.

Ethics in Patient care

Ethics in patient care extends from neonates to the terminal case. It is the professional obligations in patient care. Altruism is the best behavior and attitude of the physician in the best interest and benefit of the patient. There exist an obligation between the physician and patient with trust and confidence of patient on physician which is Fiduciary duty. Fiduciary is a Latin word "Fides" and "Fiducia" meaning faith and trust respectively. Fiduciary raises the standard of care and loyalty of patient to physician.[1]

The principles of ethics in patient care are beneficence, nonmaleficence, autonomy and justice. The physician has to examine and treat the patient in the best interest, benefit and moral obligation to the patient without doing harm. The decision taken by the physician has to be balanced between risk and benefit especially while dealing with terminally ill or cancer patients.

The physician has to respect the autonomy and justice of the patients. These principles have emerged from the Western medical practice which has replaced medical paternalism of physician especially of Indian scenario. Autonomy defines the right of the patient to choose or refuse examination, investigative procedures, treatment, interventions or rehabilitation. The physician is expected to describe the procedure of examination, investigative procedures and treatment aspect and also explain the benefits and risk by which the patient takes the decision. The physicians have to counsel the patient and respect the decision of the patient. Justice is the right of every patient. The physician has to consider the distributive justice and treat every patient equally irrespective of the socioeconomic status of the patient. It is the right of the patient to ask for the information of diagnostic tests, treatment procedures and its anticipated outcome. Autonomy and justice are the key principles which have resulted in obtaining informed consent from the patient by the physician before subjecting the patient for laboratory tests and treatment. [1]

Privacy of the patient while examining or treating the patient and confidentiality regarding the patient information with respect to laboratory reports, treatment and its outcome has to be maintained by the physician in view of respect and dignity to the patient.

The hospital ethical committee along with community members is a requirement to introspect the existing ethical practice and implement the ethical principles in patient care.

Ethics in Medical Research & publication

Medical research or biomedical research exist for more than a century and history states that initially medical research started as an unethical practice especially in western countries where the volunteers, sick, disabled and subjects of extremes of age were exploited by recruiting them into research projects without the information to the subjects regarding the method of recruitment, procedures done, benefits/risk, autonomy to decide the recruitment, decline from the project if not willing at any time, compensation/treatment availability or the consent for recruitment. The medical research ethics remained silent especially when the prisoners in the camps, disabled and economically backward subjects were recruited without their knowledge. Of late the research misconduct has increased with involvement of pharmaceutical companies, financial interest, irregularities in the procedure of research and many times publication of fabricated results. When these issues were highlighted and brought to the notice of administrators, it necessitated to draft the code of conduct in medical research.[3]

Many declarations were put forth in the history of medical research which defined the principles of code of conduct in medical research and specifically the responsibility of researchers. The important once are the Nuremberg code in 1947 and declaration of Helsinki in 1964 and later revised again in 1975.

At present the declaration of Helsinki of 1975 is followed globally. It is mandatory for the medical institutes to form institutional ethical / research committee as per the guidelines of ICMR and protocol of Drug and Cosmetic act to approve the biomedical research projects to protect welfare, right, dignity, safety, integrity and confidence of subjects. Also the confidence of the public in medical research should be protected.

The key issues in ethics of medical research are the consent and information of the subjects. The consent form should be in local and simple language describing the intension / purpose of the study, benefit to the society, method of recruitment of the subjects, method of the study / intervention done, benefit and risk to the subjects, consequence of the procedure, autonomy for consent, compensation if any, related legal issues and free to discontinue when required. For illiterates, the information should be described verbally in their local language. The primary focus of the consent for the subject is for the decision for recruitment in the project or to continue participation. The consent is very much a requirement for random controlled trials. However the problems with respect to informed consent are inability to understand by the subject and it is a challenge especially for genomic research. Hence new models are to be derived or researched in these issues. The subject information sheet basically consists of title of the project, description regarding the project, invitation to the subject, anonymity & confidentiality, address and contact details of the principle investigator.[3]

The other issues with respect to subjects are confidentiality, privacy, privileged communication, respect and responsibility. Confidentiality is non-disclosure of the information except to the authorized persons. The confidentiality has various dimensions which include human right, anonymsing the patient clinical and investigation data. In such cases the basic required data can be shared between the investigators and the anonymous data should be protected by the principle investigator. Privacy means the information that has to be secluded from others which is the right of the subject. One has to make the decision regarding sharing of the subjects information between the investigators and many times with family members also.[3]

Privileged communication is the communication between protected relationship of subject and investigator regarding specific context and the information obtained should be secure, which may have adverse effect if disclosed. The investigator should have respect to the subjects regarding the right, dignity, autonomy and privacy. The responsibility of the investigator is to maintain code of conduct with respect to medical research specifically by providing the information sheet and taking informed consent from participants to maintain quality and reputation of medical research.[3]

The final outcome of research is scientific presentation or publication which should follow the code of ethical conduct as taking ethical clearance from the institute for presentation or publication, defining the role of each author, avoiding fabrication of the results, to consider appropriate statistical analysis for sample size and data analysis, and declaration for competing or financial interest. The citation of the authors or articles should be appropriate to avoid the important issue of plagiarism. Plagiarism is the academic dishonesty. The authors / investigators should be aware of what accounts to plagiarism, consequence of plagiarism and the availability of electronic tools to detect plagiarism.[4]

Conclusion

Ethics has become the integral part of medical profession with respect to medical education, patient care, medical research and publication. Ethical principles has to be followed in medical practice for the best training of medical graduates, best interest of the patient, quality research / publication and benefit to the society. Quality medical practice gains confidence and trust of the public in medical profession.

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