

Review article

Basic ideas on medical ethics

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Abstract: **Introduction:** Medical ethics means the moral principles, which should guide the members of the medical profession in the course of their practice of medicine and in relationship with their patients and other members of the profession. **Objective:** To recapitulate the matter to the medical practitioners so that they can apply them in course of their practice. **Methodology:** A search focused on the basic terminologies on medical ethics was made in Medline, PubMed and Cochrane database. The search captured citation on history of medical ethics. Both advances in medical ethics and advances in medicine and science with ethical ramifications were included. The topics span clinical medicine (end of life care and medical error), healthcare management (priority setting), science (biotechnology), and education (of medical ethics). **Discussion & Conclusion:** Core issues in in medical ethics: Autonomy, beneficence, non-maleficence, justice – dignity, truthfulness and honesty. Different terms in the Field of Medical Ethics: Medical Etiquette, Professional infamous conduct, Professional death sentence, Professional secrecy, A physician should not commit any negligence or mal-practice. Islamic Medical Ethics: A Muslim physician derives his /her conclusion from rules of Islamic laws (Shariah). The goal of medical ethics is to improve the quality of patient care by identifying, analyzing, and attempting to resolve the ethical problems that arise in the practice of clinical medicine. *Medical ethics is an important part of the undergraduate medical curriculum. It should not be left to a 'laissez-faire' process of osmosis from teachers to students.*

Introduction

Medical ethics is primarily a field of applied **ethics**, the study of moral values and judgments as they apply to medicine¹. Ethics is the understanding of moral values. Medical ethics means the moral principles, which should guide the members of the medical profession in the course of their practice of medicine and in relationship with their patients and other members of the profession². Medical ethics is a code of conduct for the member of the medical profession in order to render the best possible service to the humanity and to maintain the honors and dignity of the profession. Worldwide, many medical schools offer structured programs for teaching medical ethics to their students³. Unfortunately these are not practiced in

most third world countries especially in Bangladesh.

The history of medical ethics is since the Code of Hammurabi about 2200 BC. Then Greek physician Hippocrates declared an oath known as Hippocratic Oath within 460 to 377. The Hippocratic Oath was formulated in the 4th century BC. The oath became the nucleus of all medical ethics⁴. The oath was modified during the 20th century, but its ethical strength remained. The modified version was written by Lasagna, which eventually became known as the Oath of Lasagna⁵. In 1948, the Second World Medical Assembly adopted a modern equivalent of the Hippocratic Oath. Known as the Declaration of

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Geneva, the declaration was amended in 1968 and again in 1983⁶. The modern principles of medical ethics were prepared by Thomas Percival in 1803. Lastly Geneva declaration was declared in 1948 and was accepted in 1949. American **Medical Association** adopted its first code of **ethics**, with this being based in large part upon Percival's work⁷.

Objective

To recapitulate the matter to the medical practitioners so that they can apply them in course of their practice.

Methodology

A search focused on the basic terminologies on medical ethics was made in Medline, PubMed and Cochrane database. The search captured citation on history of medical ethics. Both advances in medical ethics and advances in medicine and science with ethical ramifications were included. The topics span clinical medicine (end of life care and medical error), healthcare management (priority setting), science (biotechnology), and education (of medical ethics).

Values in medical ethics

Six of the values that commonly apply to **medical ethics** discussions are:

- **Autonomy** - the patient has the right to refuse or choose their treatment.
- **Beneficence** - a practitioner should act in the best interest of the patient.
- **Non-maleficence** - "first, do no harm".
- **Justice** - concerns the distribution of scarce health resources, and the decision of who gets what treatment (fairness and equality).
- **Dignity** - the patient (and the person treating the patient) have the right to dignity.
- **Truthfulness and honesty** - the concept of informed consent has increased in importance since the historical events of the Doctors' Trial of the Nuremberg trials and Tuskegee Syphilis Study¹.

When moral values are in conflict, the result may be an ethical dilemma or crisis. WHO described ethical dilemma as a dilemma between different values which are seen as important or beneficial, but which in particular cases and circumstances are in conflict with each other. In such cases a physician has to choose which value is more important or the physician may refer to add values and to consider contexts to be able to make a decision.

WHO has given special emphasizes to work on some specific health issues like treating HIV/ AIDS patients, patients with mental illness, making end-of-life decision (Euthanasia), organ donation and transplantation, medical termination of pregnancy, creation and uses of registries and bio banks, informed consent in a vaccine field trial, cloning of species and also research of stem cells from an intact embryo⁸.

Different terms in the Field of Medical Ethics

Medical Etiquette: It is a conventional laws of courtesy observed between members of the medical profession. The physician does not criticize the referring physician.

Professional infamous conduct: Also called professional misconduct. Professional infamous conducts are:

Conviction: Abuse of professional position by committing adultery or improper conduct with a patient or by maintaining an improper association with a patient. Such as misconduct, adultery, addiction (drugs, alcohol) etc.

Contravention: A registered medical practitioner shall not contravene the provisions of the drugs and cosmetics act and regulations.

Covering: The term covering means association with unqualified or unregistered person practicing medicine.

Issuing false certificate: A registered medical practitioner shall not issue certificates of efficiency in modern medicine to unqualified or non-medical persons.

Dichotomy: Is receiving/giving commission or other benefits from/to medical practitioner or consultant for introduction of a patient. Such practice is called fee splitting or dichotomy.

Advertising: Soliciting of patients directly or indirectly, by a physician, by a group of physicians or by institutions or organizations, is unethical.

Professional death sentence: Erasure of name due to infamous conduct in any professional aspect which deprives the practitioner of all the privileges of a registered practitioner.

Professional secrecy: It is the term implied a contract between the medical practitioner and his patient by which the medical man is bound both morally and ethically not to divulge the secrets of his patient which is learned by him in course of treatment and disclosure of which without a reasonable cause is punishable under law.

A physician should not commit any of the following acts which are unethical

Negligence: Means doing something that is not suppose to do or failing to do something that is supposed to do.

Mal-practice: Means absence of reasonable care and skill or willful negligence of a medical man resulting in bodily injury or death of the patient.

- **Civil Mal-practice:** Such as -Failure to prescribe Tetanus toxoid to a patient with multiple road injuries, medical examination of a person against his or her consent.
- **Criminal Mal-practice:** Performing criminal abortion, Issuing false medical certificate, Leaving instrument or swabs in the site of operation after performing the operation⁹.

Islamic Medical Ethics

A Muslim physician derives his /her conclusion from rules of Islamic laws (Shariah) and Islamic medical ethics. The two main principles of Islamic Medicine are: **1)** emphasis of sanctity of human life which derives from Quran 5:32 “whosoever saves a human life, saves the life of the whole mankind”. **2)** emphasis on seeking a cure which derives from saying of Prophet Mohammad (p), “seek cure as God has created no disease without creating a cure for it except for old age”.

Some of the rules of Islamic medical ethics are: **1)** Necessity overrides prohibition that is if there are certain items which are Islamically prohibited, under dire necessity they can become permissible. **2)** Accept the lesser of the two harms if both cannot be avoided. **3)** Public interest overrides the individual interest. **4)** Harm has to be removed at every cost if possible.

Islamic Medical Ethics also upholds the four basic principles of biomedical ethics which are: **1)** Respect for the autonomy, **2)** Beneficence, **3)** Non-maleficence, and **4)** Distributive Justice¹⁰.

Conclusion

The goal of medical ethics is to improve the quality of patient care by identifying, analyzing, and attempting to resolve the ethical problems that arise in the practice of clinical medicine¹¹. Presently the concept of "recent advances" in medical ethics has been developed in five areas – end of life care, medical error, priority setting, biotechnology, and medical ethics education and anticipate two future issues – "e Health" and global bioethics. The main recent advance has been the General Medical Council's requirement that medical ethics be a core subject in the medical curriculum and the development of a medical ethics curriculum¹². The revolution in information technology will dramatically change medical practice. This subject raises many ethical issues, including confidentiality of electronic

medical records, and the relation of clinical records to research and management of health systems. There will also be a dramatic change in the way physicians learn and access the medical literature. To address these issues, a code of ethics for "e Health" has been developed¹³.

The prime objective of the medical profession is to render service to humanity; reward or financial gain should not be taken in to consideration (Beneficence). A physician should be an upright man, instructed in the art of healings. In his/her mind he/she should always possess the thought, the belief that he/she is the person for patients comfort and physical betterment (Non-maleficence). He/she shall keep himself/herself pure in character and be diligent in caring for the sick; he/she should be modest, sober, patient, prompt in discharging his/her duty without anxiety; The principal objective of the medical profession is to render service to humanity with full respect for the dignity of profession and human being (Justice and dignity). Physicians should draw the confidence of patients entrusted to their

care, rendering to each a full measure of service and devotion and thus create a field to take part in the process of decision making (autonomy). Physicians should try continuously to improve medical knowledge and skills and should make available to their patients and colleagues, the benefits of their professional attainments. The physician should practice methods of healing founded on scientific basis and should not associate professionally with anyone who violates this principle (truthfulness and honesty). The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to individuals but also to society which is the demand of the present time. Today, the formulation of medical ethics has become a multidisciplinary endeavor, often involving teams that may include clergy, philosophers, scientists, and lawyers, as well as physicians and nurses¹⁴. Medical ethics is an important part of the undergraduate medical curriculum. It should not be left to a 'laissez-faire' process of osmosis from teachers to students¹⁵.

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