

Research Article

Evaluation the Performance of Doctors in Observing Ethical Medical Practice in the Treatment of Patients from Doctors and Patients' Perspective

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ABSTRACT

In this study, we evaluate the performance of doctors in observing ethical medical practice in the treatment of patients from doctors and patients' perspective in Loghman Hakim Hospital emergency departments. Using descriptive method and a questionnaire, 37 doctors and 308 patients were studied, and the results show that from the perspective of the physician and the patients' medical standards are somewhat respected. Few were unaware of this basic principle of medicine, but the majority of physicians stated that a low level of understanding of patients hampers the delivery of information and one the main obstacles of lack of divulging information from participating physicians perspective are these two cases. However, in the case of patients' idea, they only claimed that, doctor gave enough information on visible items, such as pre-hospitalization, anesthesia procedures, management, self-care training, and patient satisfaction. This contradiction between the opinions of doctors and the patients goes back to lack of appropriate disclosure of information and lack of acculturation of this important cause among physicians.

Keywords: physician performance, medical ethics, physicians and patients

Statement of the problem

Of the most important responsibilities the doctor has can be the relationship between doctor and patient, obtaining consent, confidentiality, truth telling, and giving full information to the patient, and the relationship between doctors and medical staff with colleagues (Larijani, 2004). Rights and responsibilities of patients and physicians are important issues in this field. The position of the patient in the intellectual-medical value system is an important issue that has a strong influence on observing ethical principles. Respect for the patient autonomy, refusal of sheer patriarchy by the physician, and using the patient's physical and mental capacity for necessary decisions are important processes in the field of medicine. Work

ethics, professional responsibility, having scientific and practical qualifications, lack of financial, physical, or mental exploitation of the patient are of important aspects where the issue of medical malpractice and negligence become meaningful in this regard. Offering full information about the patient and the quality of treatment and the duration of the treatment and recovering, and even the absence of cure for patients should be told, and due to the importance of the issue, Patients' Charter was created. The physician is obliged to give necessary information about diagnosis and treatment in explicit, clearly, and precisely to the patient and his appropriate treatment effects and side-effects or techniques

mentioned about the benefits and risks of each. In addition to providing necessary information, the physician must allow the patient to use the power of his judgment. In this regard, the description should be understandable and without influence and personal advice of the doctor (Zali, 1999). The World Health Organization has determined some rights to patients, including the right to have information, right to privacy and confidentiality, the right to informed consent, the right or freedom of opinion, the right to have health education, the right to express objections, and complaints and the right to compensation (Fattahi, 1997). In other words, doctors should provide basic information to patients affecting the decision in all medical, diagnostic, and treatment process, since it is only with the availability of this for patients that, it can be claimed the patient has consent with care process (Parsapour, 2011). If the doctor does not give sufficient medical information to the patient about his disease and treatment, the physician is responsible and has committed a medical error. From American medicine perspective, medical is

an error or failure to fully implement the planned actions or using the wrong method to achieve a goal. According to the legal texts of our country, medical error is defined thus: Action or inaction of physician, which inflicts physical, financial, or spiritual damage to the patient, and these errors are very diverse and are placed in various categories and groups. However, none of these definitions is comprehensive, but in one of definition, it goes: Medical errors include violations of a duty that directly leads to injury (Kazemian, 2012). Moreover, the beginning of this medical error is lack of giving adequate information to the patient. This means that the doctor has legislated all information and it has bad consequences including bad decisions of the patient, formalization of informed consent, and the doctor has committed medical errors.

According to the foregoing, it is essential that doctors observe medical ethics, and that is why the main goal of this study is to investigate the issue.

RESEARCH METHODOLOGY

In this study, we set the emergency department of loghman Hakim hospital in Tehran as research case, and using descriptive method and a questionnaire, we studied 37 doctors and 308 patients.

4.4. Distribution of frequency of the views of doctor on observing medical ethics to treatment of patients

Item	Yes Frequency (%)	somehow Frequency (%)	No Frequency (%)
Providing the patients' needed information is of nurses' duties.	32(86.5)	4(10.8)	1(2.7)

The main issue in medical ethics is the disclosure of information and one of the problems that we faced initially and had a violation of medical ethics was the discussion of offering the necessary information to patients, and in medical ethics, it is defined as the duty of doctor, and many hospital denied this right and are considered to be the culprit here.

Item	Yes Frequency (%)	somehow Frequency (%)	No Frequency (%)
Detail about the type of disease before hospitalization is necessary.	35(94.6)	1(2.7)	1(2.7)

Another category of medical ethics is the need to provide information to patients before admission by the doctor that 94.6% percent agreed, 2.7% agreed to some extent, and 2.7% rejected it.

Item	Yes Frequency (%)	somehow Frequency (%)	No Frequency (%)
The doctor must provide suitable information about different ways of treatment to the patient's.	32(86.5)	5 (13.5)	0

Another category of medical ethics is the need to provide information about different ways of treatment to the patient that 86.5% agree and 13.5% somewhat agrees.

Item	Yes Frequency (%)	somehow Frequency (%)	No Frequency (%)
The doctor should tell the success rate of current treatment methods	33(89.2)	2 (5.4)	2 (5.4)

Another issue of medical ethics is raising the success rate of the method chosen by doctor that 89.2% agree and 5.4% agree to some extent, and 5.4% do not agree.

Item	Yes Frequency (%)	somehow Frequency (%)	No Frequency (%)
The possible negative consequences of treatment by a physician must be expressed.	33(89.2)	2 (5.4)	2 (5.4)

Another issue of medical ethics is the need to state the possible negative consequence of treatment that 89.2% agree and 5.4% agree to some extent, and 5.4% do not agree.

Item	Yes Frequency (%)	somehow Frequency (%)	No Frequency (%)
The expected benefits and treatment by a physician is basically necessary to be described by the doctor.	33(89.2)	2 (5.4)	2 (5.4)

Another issue of medical ethics is the need to explain the beneficial effects of treatment that 89.2% agree and 5.4% agree to some extent, and 5.4% do not agree.

Item	Yes Frequency (%)	somehow Frequency (%)	No Frequency (%)
It is better that the time to return to normal activities should be explained by doctors	32(86.5)	2(5.4)	3(8.1)

Another issue of medical ethics is the need to express the possible time to everyday life that 86.5% accept, 5.4% to an extent, and 8.1% do not accept.

Item	Yes Frequency (%)	somehow Frequency (%)	No Frequency (%)
The physician should discuss the patient's consent to be hospitalized.	30(81.1)	3(8.1)	4(10.8)

Another issue of medical ethics is the need for doctors' explanation about the patient's consent on the hospitalization that 81.1% accepted, 8.1% to some extent, and 10.8% do not accept.

Table 5-4: Distribution of patients' opinions about studies on observing medical ethical issues

Item	Yes Frequency (%)	somehow Frequency (%)	No Frequency (%)
Details about the type of disease were given by the doctor before admission	236(76.6)	33(10.7)	39(12.7)

The patient believes that explaining about the type of disease is given by the doctor before admission and 76.6% believe that it has been done, 10.7% to some extent, and 12.7% believe, it has not been done.

Item	Yes Frequency (%)	somehow Frequency (%)	No Frequency (%)
The doctor gave good information about the different therapeutic modalities.	220(71.4)	38(12.3)	50(16.2)

The patients believe that doctor gave good information about the different therapeutic modalities, and 71.4% believe that it has been done, 12.3% to some extent, and 16.2% believe, it has not been done.

Item	Yes Frequency (%)	somehow Frequency (%)	No Frequency (%)
The doctor explained the success of this treatment method.	203(65.9)	36(11.7)	69(22.4)

The patients believe that doctor explained the success of this treatment method, and 65.9% believe that it has been done, 11.7% to some extent, and 22.4% believe, it has not been done.

Item	Yes Frequency (%)	somehow Frequency (%)	No Frequency (%)
The possible negative consequences of treatment are explained by the doctor.	172(55.8)	39(12.7)	97(31.5)

The patient believes that the possible negative consequences of treatment are explained by the doctor, and 55.8% believe that it has been done, 12.7% to some extent, and 31.5% believe, it has not been done.

Item	Yes Frequency (%)	somehow Frequency (%)	No Frequency (%)
Effects of non-treatment were explained by the doctor.	178(57.8)	37(12.0)	93(30.2)

The patient believes that the effects of non-treatment were explained by the doctor, and 57.8% believe that it has been done, 12.0% to some extent, and 30.2% believe, it has not been done.

Item	Yes Frequency (%)	somehow Frequency (%)	No Frequency (%)
Useful and expected effects and results of treatment were described by the doctor.	196(63.6)	74(24.0)	38(12.3)

The patients believe that the useful and expected effects and results of treatment were described by the doctor, and 63.6% believe that it has been done, 24.0% to some extent, and 12.3% believe, it has not been done.

Item	Yes Frequency (%)	somehow Frequency (%)	No Frequency (%)
The doctor spoke to me about the consent to hospitalization.	191(62.0)	42(13.6)	75(24.4)

Patient believes that the doctor spoke to him about the consent to hospitalization, and 62.0% believe that it has been done, 13.6% to some extent, and 24.4% believe, it has not been done.

DISCUSSION

One of the most important issues of ethics is medical ethics (Maniz, 2014) and in medical ethics, several fundamental principles are the subject of discussion, one of which is the debate of providing full of information to patients and the other is observing patients' rights during the course of treatment (Venitr, 2012). Regarding the importance of the issue of medical ethics in the whole world, in this study, we evaluated the performance of doctors of emergency department of Lohman Hakim hospital in observing some medical ethics standards during the treatment, and given that, in contemporary legal systems, of the most important patient rights is the need to give necessary medical information to him about treatment. Today, in medical contracts, patient awareness of the percent chance of success, possible risks, side effects, and so on play a central role in getting consent of patient of the treatment process and thus concluding proper treatment contract (Almaliki, 2013). Today,

despite the efforts of doctors and healthcare staff and extensive facilities, the level of dissatisfaction and complaints of patients are on the rise. Complications from medical procedures, which lead to lawsuit by patients, have a profound impact on the lives of the patient and his family and adverse long-term health effects on the job and social life, and even this leads to anxiety, stress, depression and withdrawn of patients. The main goal of medical ethics is to help physicians to provide appropriate services with regard to ethical and professional principles and one of the most important principles of medical ethics is observing patient rights during the treatment. No doubt, the bulk of patient satisfaction in hospitals is related to observing their rights by the staff of medical centers and helping them meet the needs. Taking into account the patients' rights, it is possible to provide more effective care for patients. Recipients of health services, demand compliance with and enforcement of patients' rights and medical ethics, and expect, while satisfying the

needs of their health, their rights be respected. Fortunately, in this hospital, except for a major factor, observance of medical ethics was normal, and the only concern was that doctors consider one of their main duties, providing information to patients, as nursing duty to know and this is a major factor that is an obstacle to providing quality services and causes complaints of the patients. The results of the study are similar to research by Khademalsadat (2009). In his research, he examines the ethical and behavioral role of doctor in observing doctor's orders by patient in the treatment. In this study, according to four basic principles of medical ethics in the rights of patients- justice, making benefits, not making losses, and observance of autonomy of the patient- are considered as different characteristics of doctor. The results showed that fairness of the doctor, in terms of both patients and physicians is the most important factor in reducing patient refusal of medical directives. Moreover, among indicators related to the principle of justice, in terms of physician, choosing the best and most cost-effective medical treatment, and the patient's idea, a sense of responsibility and conscientiousness had the highest scores.

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