

Editorial

Is the Importance of Medical Ethics Declining?

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The medical profession is not immune from open criticism both within and outside the boundaries of the hospital. Certainly not in this day and age where the world has become one big global communication village.

Recently I have noticed that not a single day passes by without news of doctors, nurses or the health care management system. The local newspapers have offered their pages as breeding grounds for public grievances. While this can be a healthy phenomenon and reflects an increasing awareness among the public and their concerns regarding the quality of health care and their providers in our country, the danger lies in this healthy phenomenon becoming a fixed pattern to discredit the profession. No one can deny that these grievances can at times help bring about radical and constructive changes in some of our medical practices and attitudes. Although sad to say most of what is written these days is usually in the form of criticism and an open attack against doctors and hospitals. There is that rare occasion however when a grateful patient sends a letter of gratitude and appreciation.

These practices are not unique to our small local community; in fact they are universal and are in some countries growing beyond recognition and leaving the doctors and other health professionals at risk of being abused and at times targeted. What can we do to protect ourselves, our profession and indeed our patients? Shall we deal with and confront these issues or shall we remain in our ivory towers and pretend that such matters do not exist and therefore do not affect us? Shall we ignore them and hope that they will soon resolve on their own or be forgotten. I personally believe that such issues are never forgotten and when pushed way temporarily, they comeback ultimately in another form as a mutation in the profession, as they say “energy can never be destroyed it can only be converted from one form to the other”. Therefore, it is time that we address such issues before it is too late and someone else outside our profession takes control and dictates to us our code of practice and behaviour leaving us way behind.

Is the importance of medical ethics declining? We often hear many background voices from within the profession and also from the society calling for the review of medical ethics. The question asked is how realistic are we about implementing these ethics? How far are we willing to go to protect these values? Are Medical ethics a cliché we allude to whenever we want to impress people with our professional competency? I often wonder how much we all know about medical ethics? And what do they really -

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mean to us? Are medical ethics a set of behavioural codes formulated to guide health care providers to enable them to provide quality care to society and attain professional and personal fulfilment? Medical ethics not only refer to our rights and responsibilities towards patients' care but also are a reflection of and perception of how the health care system should work. To implement a professional code of behaviour we need to make sound "ethical" decisions based on facts rather than emotional responses or clichés.

At some stage of our medical career we must have dealt with the subject of medical ethics. Whether we were medical students having to submit an assignment on the subject or when brought face to face with the code of medical ethics while giving the "Doctors Oath" at the start of our medical career. Nowadays you hear the subject dealt with in a rather loose way by almost anyone starting from the highest authority on the subject to the lay person expressing his opinion as to how best doctors should behave.

Today our competence and existence in serving society is being challenged. The time has come for us to leave our "ivory towers" and recover from years of professional isolation. We have to return to our professional ethics and work by them. Recently I asked a couple of junior doctors whether they can recall any of the **Geneva Convention Code of Medical Ethics**, which was adopted by the World Medical Association in 1949. I was not surprised that none of them could recall more than one or two. These were young newly qualified doctors who supposedly are fresh and beaming with idealism and values. The world literature offers volumes and volumes on medical ethics and one is never at a loss researching the theory yet the practice hang in the balance today. I wonder why? Have we overlooked practicing these ethics in our day to day life? Allowing them to take the back seat as we go about with our career convinced that we are actually doing our best.

To refresh my memory I looked up the **Geneva Code of Medical Ethics**. That is usually referred to as the modern "Hippocratic Oath" and is read by doctors at the time of being admitted as members of the Medical Profession.

This Declaration states:

I solemnly pledge myself to consecrate my life to the service of humanity;

I will give to my teachers the respect and gratitude which is their due;

I will practice my profession with conscience and dignity;

The health of my patients will be my first consideration;

I will respect the secrets which are confided in me;

I will maintain by all means in my power, the honour and the noble traditions of the medical profession;

My colleagues will be my brothers;

I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient

I will maintain the utmost respect for human life from the time of conception; even under threat. I will not use my medical knowledge contrary to the laws of humanity.

I make these promises solemnly, freely and upon my honour.

I do not intend to dwell on the complexities of medical ethics, this is beyond the scope of this article nor do I claim to be an authority on the subject and propose to write about its philosophy. The views expressed here are my own personal opinion. One of the basic and vital issues we need to re-exam is one's professional behaviour towards one's colleagues. Just as there is no excuse for professional misconduct and negligence towards patients our behaviour towards our colleagues is an issue not to be taken for granted.

The Geneva Convention states "My colleagues will be my brothers". During the course of our career and medical profession we interact with a wide range of people with whom we develop strong ties. Medicine is an integrated science and therefore no doctor can work alone. Our colleagues are indispensable. We tend to spend more time with our colleagues than we do with our own families. Our profession gives us a rare privilege that very few professions possess which is dealing with intimate human emotions and thoughts, compassion, apathy and disappointment. We deal with the most intimate secrets of our patients, safe guarding their interest above ours yet do we entertain similar sentiments towards our colleagues.

Do we treat them with respect they deserve?

We have an important obligation towards our colleagues and especially the younger generation of doctors. We have to set standards and guidelines for the new generation of doctors to follow. One of the most important standard and influences we can offer is in being role models. I like us all to ask ourselves are we being fair in our dealings with our colleagues, encouraging and guiding them through? Are we protecting their interests enough?

Many questions that only our conscience can help us answer. Certainly there is no harm in being more proactive and eliminating the negative feelings of lost and isolation that some of our juniors suffer from. One of the interns expressed to me his insecurity about the future; the sad part was that he was totally convinced that no one really cared about their welfare. He said, "everyone is fighting his/her own battle do you think they'll fight for our rights or even acknowledge our presence. They just want someone to do the work with very little pay, basically we came at the wrong time" he shook his head in frustration and disappointment and said "it was a mistake, they are simply too many of us. I wish I went to business school like my other friends at least I would be financially better off". His spoken and unspoken words fell painfully on my ears. I was very sorry for him, he was unhappy, confused and lost! He pulled his chair and left me with a terrible feeling of guilt. Where are our Medical ethics "charity starts at home" they say. Lets us address these issues before it is too late and breed a generation of disheartened and probably bitter doctors lacking direction and motivation.

There can be no progress in medicine without progress in research. “Today’s good medicine was yesterday’s research and today’s research will decide what will be good medicine tomorrow”. There is a need to encourage doctors and health professionals to conduct research. A huge wealth of clinical material lies in our hospitals waiting to be uncovered. We have an academic obligation towards society to promote and encourage research in our field regardless of our clinical commitment. Some may wonder how are medical ethics relevant here?

Medical ethics play a pivotal role in the issue of research. Since we deal with patients’ highly sensitive and confidential data. We need to honour their confidentiality and interest and not abuse the trust that patients invest in us by letting them down and exposing their privacy and privileges for our own personal gains, in order to present and or publish some clinical data or statistics. We have an important responsibility and duty directed towards maintaining patients medical records.

In a series of articles published in the Bahrain Medical Bulletin, Dr Jaffar M. Al-Bareeq the first ENT surgeon in Bahrain, former President of the Bahrain Medical Society (1980-1981) and one of the academic pioneers and fonder member of the Bahrain Medical Bulletin discussed in detail the importance of maintaining medical records¹⁻³. He suggested ways of improving communication among doctors through patients’ records. These can provide valuable information about the patient and his treating doctors as well. In addition patients records are a permanent written record for patients and researchers⁴.

Medical doctors interested in conducting and promoting research have a moral and ethical obligation to recognise and honour the work of their colleagues and acknowledge it. When conducting research a thorough literature search should be carried out to learn more about the subject of interest and also to appreciate the work invested in such projects. Research has to be conducted in a methodical and original manner eliminating any remote association with plagiarism. Plagiarism reflects a lack of originality on the part of the plagiarist. It is considered a major breach in academic conduct reflecting a behaviour that is unprofessional, illegal, totally unethical and unacceptable.

Plagiarism is the failure to assign credit for ideas, data, or languages of one’s own or another’s writing. Plagiarism encompasses a spectrum of actions wherein credit is misappropriated. It may include direct verbatim lifting of passages without attribution; rewording of ideas from the original in the purported author’s own style; naïve (perhaps ignorant), uncredited paraphrasing from another’s work, which may not be considered dishonest; noting the original source of some of what is borrowed; or blatant appropriation of thoughts, ideas, language, techniques or data from another and the representation of these as one’s original work, including outright theft of entire articles⁵⁻¹¹. ”In many cases (authors are not aware of what action constitute plagiarism (and) believe they fulfilled their duty by citing the appropriate reference, and unaware of the shortcomings of this approach”¹². Much time and effort is spent preparing and writing original scientific material. No author with a fair sense of justice and accountability will allow scientific theft and deceit that can have a negative influence both on the original author and the plagiarist.

I have chosen to comment on the issue of ethical behaviour towards colleagues, as I believe that this is the main stem from which grows all other ethical and professional behaviour. I can only think of comparing this with the sound upbringing of a child.

We no longer monopolise all medical information especially today, where at times our patient's knowledge of their illness can supersede our own particularly with regards to the latest advances and research. Patients have discovered the free unlimited access to the information superhighway through the Internet where information is just a keyboard click away. Across the globe the health care systems of most advanced industrialised countries are currently undergoing extensive reforms. The issue is to improve on the quality of health care while keeping the financial cost at its present level or favourably reducing it. We all have our own perceptions of how best health care should be delivered yet we are often at a loss when it comes to working together as a team finding the best way of working towards this goal. In Bahrain, the Ministry of Health takes care of all regulatory and legislative issues. A dedicated and specialised regulatory body in the form of a "Medical Council" that sets special legislative, professional and ethical guidelines for health care professionals has not been established yet. Ideally such a body would be responsible for directing and safeguarding the rights and duties of the profession.

In a recent issue of the journal of The Bahrain Medical Society, the President of the Bahrain Medical Society, Mr Ali Jaffar Al-Arabi called for the establishment of a Medical Council in Bahrain. He wrote, "there is a need for a medical regulatory body in Bahrain similar to the General Medical Council in the United Kingdom. The Bahrain Medical Society is at present the only medical professional body that can fulfil this role"¹³. I am sure many share this belief that the time is right to consider this and we should act now. The Bahrain Medical Society has given an audible voice to doctors in Bahrain. It is only natural for it to extend its role and work towards such an aim.

There are many governmental and non-governmental organisations that can help it in attaining this goal. A new building for the Medical Society was inaugurated on the 5th of February 2000 by the present Amir HH Shaikh Hamad Bin Isa Al-Khalifa. In fact the new site was built from generous contribution from his father the Late Amir of Bahrain HH Shaikh Isa Bin Salman Al-Khalifa and other wealthy entrepreneurs like Mahdi Al-Tajjar and Shaikhan Al-Farsi.

There have been attempts in Bahrain to propose a code of medical ethics for the medical profession. Dr Jaffar M. Al-Bareeq published a compilation of "proposed code of medical ethics"¹⁴ for the medical community in Bahrain. Dr Al-Bareeq has a special interest in the subject since a very long time he published a series of articles on the same subject in the Bahrain Medical Bulletin²⁻⁴. In a subsequent article Dr Al-Bareeq expressed his disappointment with the lukewarm response of the medical community to his attempts and later wrote admits that it must have "fell on deaf ears".

Obviously the road to establishing a dedicated Medical Council in Bahrain may not be paved with roses and can be rather long and perhaps rocky too, however is that going to make us give up or shall we persist and persevere? We need to safeguard our professional ethics and provide the best possible quality health care to our community and this can only be done through maintaining the highest standard of personal and

professional ethics. Therefore , the integration into daily practice of a fully realised sense of medical ethics is one of the greatest possible sources of personal and professional fulfilment. When knowledge and technology are deficient, it is only moral excellence that can protect the sacred values and commitments that make and keep our professions all that they have been, are and can become¹⁵.

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