

Evaluation of Medical Ethics among patients with Nose and Abdominal Surgery

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Abstract: Background-Medical ethics in surgeries is counted as great importance according to the surgical results that might have irreversible side effects or cause patient's death, or bring the patient back to life and health. Especially in recent years, in addition to indispensable surgeries, surgeries with cosmetic purposes have increased and of course many reasons are claimed for these without indication for surgeries, including economic factors and educational purposes. **Materials and Methods:** This study intended to investigate the role of medical ethics in nose and different abdominal surgeries among 100 patients and 70 hospital personnel in different parts of Ilam City in 1386. **Results and Conclusions:** The results state a lack of patient's awareness of medical ethics committee, lack of awareness of their rights and lack of medical staff's awareness of the way of dealing with medical ethics issues while facing such cases during treatment of patients and during working in therapeutic environment. On the other hand, patients' awareness of their rights help them endure health problems and may lead to their satisfaction from treatment team.

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1. Introduction

The word akhlagh (ethics) is the plural form kholgh (ethic) which means morals. Ethics is a branch of philosophy and it is also known as moral philosophy. Ethics is a science dealing with the way of humans thinking and acting and behaving and it is not about the ethics humans already have, but it is about the ethics humans should have and is proper for humanity. In fact, ethics is the science of determining principles for human beings life and that's why it is also known as science of duties or good deeds. Medical ethics is a branch of ethics and medical science which deals with moral philosophy in the field of medicine, daily practice medicine and the rules, and medical researches. In other words medical ethics is a set of moral principles and good manners that doctors must follow them or the improper behaviors they must avoid. Ethics are more personal and cannot be delegated to someone else. The rules clarify the minimum or necessary standards for us. Although obeying the labor law is reasonable, but it is not enough. Morality asks us to do more than the minimum standards and in fact to do the best. The ethics attends specially to beneficence (goodness), justice (treating equally to every one), and informed consent (the right that the patient become aware of the consequence of his decision before obtaining consent). Scientific advances are useful and effective for mankind when they are appropriately and morally supported. Medical movements have been along

ethical axis mainly in the field of medicine and medical efforts for saving human lives and bringing them back to life and health and treating diseases and relieving pain are enormous efforts for human survival and enriching generational environment of moral values. Thus the nature of medicine is piety and medical ethics is in fact a kind of commanding what is good and forbidding what is bad in medical science. Like commanding to dignity, not ravaging, having pure visions, chastity, compassion, kindness, friendship, Patience, sympathy with people and patients, the confidentiality, the integrity, command to study and update one's knowledge and they are forbidden from non-responsibility due to patients and society, from wrong treatment and wrong decisions, forbidden to tell patient's secrets, forbidden from unnecessary violence and humiliation the doctors and colleagues, forbidden to see a patient as a client, Forbidden from illegal certificate issuance, from sending patients to unprofessional colleagues, from receiving high and disproportionate salary etc.

If the result of medical operators' effort and diligence is to provide valuable services based on medical ethics and proportional to the science progress then medical services are the upmost emerged human feelings and the beautiful combination of commitment, knowledge and specialty with the approach of sacrifice. The influence of this ethical integrity in medical world is shown in the sensitive positions, doctor and patient. The more

human, ethical, sincere, and honorable this behavior is, the result is nothing but mental and physical secure and satisfaction for the patient and the people around. One of the reasons of bolding the discussion of medical ethics is the increasing demands of society and the right of choosing by the patient. Certainly the community attitudes are changing towards doctors, and the best for the patient is not only determined by the doctors. So the doctor should inform the patient in decision making and any action must be held with the patient's satisfaction. Medical ethics in surgeries is counted as a great matter according to the surgical results that might bring the patient back to life and health, or may cause irreversible side effects or patients' death. Especially in recent years that in addition to indispensable surgeries, surgeries with cosmetic purposes have been increased and of course many reasons are claimed for these without specific indication surgeries, including economic factors and educational purposes. According to what is being said, research on the relationship between doctors and patients, the patients' awareness of all the side effects of the surgery, being aware of different ways of dealing with illness and awareness of the aims of the surgery, determining the compliance of the patients' rights to make decisions. The doctors' reliability of treatment and surgery, existence or absence of alternative methods are the cases which considered in connection with nose and abdominal surgeries. Accordingly with the aim of investigating the role of medical ethics in nose and various abdominal surgeries and to determine the patient's awareness of surgical procedures and treatments or alternative methods, and to determine the patient's information provided by the doctor, and to determine the level of patient satisfaction after surgery, to determine the level of doctor's reliability from the result of surgery based on patient's information (patient's questionnaire), to determine the level of compliance of medical ethics in relation with the doctor and the patient based on the observance of patient rights by doctor and to determine the awareness level of medical staff, the present study was designed and performed.

2. Materials and Methods

The type of study is cross-sectional and descriptive. 100 patients admitted to Ilam hospitals were selected randomly according to statistical rules in 1386. 100 questionnaires were returned from 250 questionnaires distributed among the patients and in the second part of the study 70 questionnaires were distributed among the male and female surgery department personnel, operating room personnel, specialists and doctors with the aim of awareness survey and finally 50 questionnaires were returned. The obtained data were analyzed via software SPSS.

3. Results

The obtained results from this study show that most of the people (about 64 percent) followed their doctor's advice and did the surgery, in other words the patients did not play a special role in making decision and more than half of them had the doctor's decision as their treatment basis. The reason that doing the surgery has been chosen as the optimal decision by the doctor advice, needs more investigation and it is not clear if it had been the best choice. As **Porthovoe** et al found out in their survey conducted in 2000, 61 percent of people in the study did not participate in making decision and their doctors took the main decision and also the results of a survey conducted by **Entwist** in 2001 were similar to this study (tables 1-4). The results show that only 13 percent of patients are aware of the consequences of their surgeries, in a more simple way more than 87 percent of patients were not aware of what would happen to them finally and it means weather the patients were not aware of their rights and did not know it was a natural right to be aware of the consequences of the treatment method or the surgery, or the doctor or the medical team were not aware of the fact that their patients must be aware of their right of knowing possible side effects during or after surgery or even they knew but did not tell the patient. People who had a higher education than a bachelor's degree believed that the presented information by doctor and their medical staff helped them in taking the surgery; As if this group of patients took these information better or the doctor and medical staff could have justified them better, or these patients could make the medical staff give them the necessary information better because they were aware of the surrounding issues or they had done the necessary researches before the surgery or even decision making and after that they proceed to have surgery (tables 4, 5). Those who had a diploma or illiterate people have benefited somewhat less than this and about 20 percent of them believed that the taken information from the medical team was useful enough to sustain their operation. One of the most interesting findings of this study is to answer this question that if you had the current information, would you do the surgery or not? People, to whom the obtained information from medical staff was useful to sustain the surgery, believed that they would still sustain the surgery with the current information, in a more simple way they are people who have been really justified (tables 3, 4). The information obtained from the medical staff also helped them in sustaining the operation and also they were satisfied with the surgery result and the treatment process was as their expectations.

Table 1. Frequency of reasons mentioned by the admitted patients for their referring to hospital

Reasons	NO	Percent	Total
Sickness	78	78	78
Beauty	22	22	22
Total	100	100	100

Table 2. Frequency distribution of the responses to the question” What will you do if you have a medical problem?”

Responses	Frequencies	Percent	Total
Consult with physician	73	73	73
Consult with nurse	6	6	6
Consult with family	10	10	10
Consult with social nurse	11	11	11
Total	100	908	90

Table 3. The relationship between educational level and the patients’ ideas about whether they do the surgery by having the current ethics knowledge?

tendency for surgery/ Education level	Yes, not sure(N/P)	Yes certainly	No	Total
ILITERATED	13(56.5)	8(34.8)	2(8.7)	23(100)
HIGH SCHOOL	17(56.7)	7(33.3)	6(20)	30(100)
BSc level	17(5.8)	10(32.3)	4(12.9)	31(100)
MSc and higher	13(81.2)	3(18.8)	00(0)	16(100)
Total	60(60)	28(28)	12(12)	100(100)

Table 4. The relationship between satisfaction with the surgery outcomes and undergoing the surgery if they have the present ethics knowledge.

Satisfaction of surgery/ tendency for surgery	Yes (N/P)	No(N/P)	Total (N/P)
Doing the surgery	41(100)	00(0.0)	41(100)
Not doing the surgery	6(50)	6(50)	12(100)
Don’t know	15(100)	00(0.0)	15(100)
No any other options	32(100)	00(0.0)	33(100)
Total	94(94)	6(6)	100(100)

Table 5. Frequency of medical staff based on their specialties

Medical staff	Frequency(percent)	Total (N/P)
Nurse	7	7
Student	1	1
Anesthesia technician	2	2
ENT specialist	3	3
Administrative	2	2
Assistant nurse	6	6
Anesthesia specialist	2	2
Surgeon	4	4
GP	13	13
Obstetrics and Gynecologist	4	4
Operation room technician	3	3
Urologist	2	2
Orthopedist	1	1
Total	50(100)	100(100)

44 percent of studied medical staff believed that the behavior and the moods of the patients are effective in their treatment and if these people are decision makers for patient's treatment and their care, it cannot be expected that the patient's rights must be fully respected and if the patient has a violent temper, he/she should forget some part of his/her rights and this means that the matter of medical ethics is ignored. 54 percent of people have claimed that they have never dealt with the problem of medical ethics so far and the analysis of this response is a complex. If we assume that they were aware of medical rights and they have followed them with their patients we went wrong because they have confessed in their questionnaires that they did not know the medical ethics issues as well and if we accept that the problems of medical ethics have not existed then we went wrong again because such issues exist in our communities, on the other hand the response to different questions prove the fact. The last point worth mentioning is that the medical staff itself did not recognize that such issues as medical ethics exist or not and they have neglected them. It is not in consistent with the researches conducted by **Harihavan** et al in 2006 which suggests that more than 90 percent of people have dealt with medical ethic issues while a smaller percentage have not dealt. Patient participation in decision-making is based on medical ethics and since the patient and the doctor are participated, decision making is done in a more optimal way. One of the investigating ways of this issue is to ask medical staff: how important is the patient's desire in decision making? More than half of people have considered it somewhat important while we know how essential it is. And the decisions must be based on the patient's desire. These results were much similar to the results of the researches conducted by **Entwistle** et al in 2001. It is an important matter the way you consult when there are medical ethics problems and in this regard it seems that some centers to obtain medical ethics consultations can be very helpful. Over 75 percent of people responded that they took advice from their colleagues and this fact is a lot consistent with the research done by **Mosely** et al in 2006 (Table 2). And in a survey conducted by **Harihavan** in 2006, doctors and nurses preferred to consult with their colleagues. Although the colleagues and the people we ask are in similar situations. Table (1) Frequency distribution of reasons to refer hospitals in admitted patients.

Conclusions

The discussion of medical ethics is of current human societies needs and considering this role and also medical staff's awareness of medical ethics can result in a better interaction with the

patients and help the patients undergo the surgery better; on the another hand, it is more important to know what patient's rights are and in what cases their rights must be considered and what mechanisms needed to secure these rights. There is not enough awareness about medical ethics among medical staff and also there are not provided with the necessary resources. On the other hand, the patient's rights cannot be secured totally due to the lack of awareness and knowledge of patients and medical staff. Primarily those who have enough knowledge about their rights and their treatment and are active in decision making would have more successful surgeries. Both groups emphasize the need to learn about medical ethics and be active in this field.

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