

Research article

Knowledge, attitude and practice of healthcare ethics among final year medical and nursing students at a college in South IndiaAshwini K. Shetty¹, Ravi Vaswani²¹Department of Physiology, Sri Devaraj Urs Medical College, Sri Devaraj Urs Academy of Higher Education and Research (Deemed to be University), Tamaka, Kolar, Karnataka, India²Department of Medicine, Yenepoya Medical College, Yenepoya University (Deemed to be University), Deralakatte, Mangalore, Karnataka, India

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Corresponding author: **Ashwini K. Shetty**. Email: ashshetty31@gmail.com**ABSTRACT**

Introduction and Aim: The basic knowledge about health care ethics is very much necessary for both medical and nursing students before they start dealing with patients. The aim of the study is to assess the knowledge of, attitude and practice of health care ethics among final year medical and nursing students and to compare the same among these students.

Methodology: The cross sectional study was done using a validated questionnaire on 75 students each from final year MBBS and nursing. The collected data was interpreted using appropriate statistical methods like percentages, proportions. Chi square test was used for comparison, $p < 0.05$ was considered statistically significant.

Results: The medical and nursing students included in our study had significant knowledge about medical ethics like autonomy where there is respect to patient and his decisions regarding treatment plans. The students lacked sensitivity on issues of paternalism. Majority of respondents also felt that any wrong doing by health care professional should be conveyed to the patient. Respondents had inclination towards learning ethics and wanted it in their respective curriculum.

Conclusion: This study demonstrates the paucity in knowledge of health care ethics among medical and nursing students. Respondents had an inclination to study ethics of health care.

Keywords: Health care ethics; medical students; nursing students.

INTRODUCTION

Medical practice is one the challenging professions where there is constant evolution to incorporate new inventions, human needs, new technology and also social needs but the core of this profession is to be available at the service of the sick patient.

The work pressure, commercialization of medical education, complexities involved in giving specialized care and also advancement in medical science is distraction to the doctor to deviate from his prime motive of selfless care. Corporate culture and technology have also interfered with doctor patient relationship from a compassionate one to offering best available medical solution. Providing the best medical solution to diseased patient however will not give favourable experience to the patient (1).

A good doctor should understand the human needs and behaviour, ethical codes, human rights and professional accountability (1). Acquisition of clinical skills will not be sufficient without proper knowledge of ethical principles and moral behaviour expected from a medical professional. With increasing awareness of human rights and consumer protection

act, Doctors have to face assaults while attending patients at emergency situations. These can be attributed to lack of communication and paternalistic attitude exhibited by the doctor.

The doctor has best clinical knowledge and skills which has high impact on the wellbeing of the patient and the patient who is need of this service is unwell and completely dependent and trusts on the doctor's decision regarding his medical care. Between these relationships there is a very narrow gap and which be easily abused if the doctor fails to adhere to highest medical standards of patient care.

Nurses also have immense contribution towards health care delivery to the patients. For a doctor to deliver best medical care there is need of support from the nursing staff especially during inpatient care. Every day, nurses support each other to fulfil their ethical obligations to patients and the public, but in an ever-changing world there are increased challenges. Many principles of medical ethics such as beneficence, non-maleficence and respect for autonomy are also part of nursing ethics. Although doctors and nurses work closely in delivering patient care but these two professions have difference with regard to their knowledge attitude and practice of health care ethics.

Every medical and nursing student has to know the basic knowledge about health care ethics before they start treating patients. Right ethical decision making will definitely impact the wellbeing of the patient just as profoundly as the correct clinical diagnosis. Ethical decisions are subconsciously made based on individual's inherited moral values in many situations. Ethical conduct prescribing moral behaviour was included in medical and nursing training and practice from earliest times. Final year students of nursing and medicine have already undergone complete training pertaining to their degree and will be directly exposed to patient care and associated ethical dilemmas in short while. This study is undertaken to assess the knowledge, attitude and practice of health care ethics among final year medical and nursing students, which will provide an edge to refine bioethics teaching for medical and nursing students. The aim of this study was to assess the knowledge of, attitude and practice of health care ethics among final year medical and nursing students at a college in South India and further to compare the knowledge of, attitude and practice of health care ethics among final year medical and nursing students at a college in South India.

METHODOLOGY

This was a cross sectional study conducted at a medical college and nursing college at South India after taking informed consent. A total of 150 students were involved in the study which included, 75 students from final year MBBS and 75 students from final year nursing.

A questionnaire which had 15 items was administered to the study participants after taking informed consent. The 15 questions included 9 questions on attitudes of the medical and nursing students towards health care ethics, 4 questions on practice of health care ethics and 2 questions on knowledge of health care ethics. Study population was explained about the nature and purpose of the study and requested to respond the questionnaires.

The respondents were to answer if they agree or disagree to the statements made on these issues and the gradation of the response was provided in a Likert scale ranging from 1 to 5 (1-strongly disagree, 2-disagree, 3-not sure, 4-agree and 5-strongly agree).

The data was subsequently coded and entered in excel sheet for statistical analysis. The collected data was interpreted by using appropriate statistical methods like percentages and proportions. For comparison across the groups, Chi square test was used and $p < 0.05$ was considered statistically significant.

RESULTS

Out of 150 respondents, 75 medical and nursing students only 71 medical and 70 nursing returned the completely filled questionnaire. The response rate was 93% among nursing students and 94% among medical students.

Questions on attitudes towards health care ethics:

Paternalism: 38.5% of the medical students and 21.4% of nursing students disagreed to the statement that the doctor can impose the best mode of treatment for the patient in life threatening conditions even if the patient denies such treatment. Students who disagreed to this attitude of paternalism by the doctor opined that the important reason for disagreement was doctor must respect the wishes of the patient as far as possible (52%), second reason being that the patient is the only person who has a right over his treatment decision (28%) and 20% believed that doing the procedure against a wish even if the outcome is good is doing harm to the patient. Whereas the important reason for agreement with the fact that the doctor can decide the mode of treatment in life threatening condition was the doctor is highly qualified and knows the best (47%). This was followed by the diseased person to be suffering and therefore will not be able to take correct decision (40%) and lastly the relatives of the patient are better persons to give consent for the patient (13%).

Truth telling: 70% of the medical students and 64.3% of the nursing students agreed that if a wrong doing has occurred by anybody who is involved in his/her treatment it has to be brought to the notice of the patient and further treatment has to be planned.

Confidentiality: 31.42% of medical students and 40% of nursing students agreed that in order to prevent transmission of certain disease condition like HIV, the doctor can go ahead and inform regarding the disease condition to his relatives even if the patient has requested the doctor to keep it confidential. 25% of medical and 34% of nursing students opined that it is more and more difficult to maintain confidentiality with upsurge in popularity of social media platforms like Facebook and WhatsApp etc., so it should be done away with. However, 44% of medical and 14% of nursing students disagreed to this while 50% of nursing and 30% of medical students were not sure about this.

Informed consent: 29% of Medical students and 21% of nursing students opined that written informed consent is required only for surgeries and not for procedures, blood tests and medicine.

Documentation: 7% of medical students and 40% of nursing students agreed that writing clinical examination which is not performed by the physician

as normal is acceptable as it is important for documentation.

Doctor decision is final in treatment if there is disagreement by patients: 28% of medical and 48% of nursing students agreed that doctors decision will be final in circumstances where there is disagreement between patient /family and health professional in treatment options.

Bioethics teaching for undergraduate medical and nursing curriculum is a burden: 10% medical students and 16% of nursing students agreed to this.

Questions on practice of health care ethics: When asked about instruments of learning ethics, majority medical students picked ethics workshop followed by case conferences, lectures and media. Majority of the nursing students picked listening to lectures then by books on ethics followed general texts and media.

Preference of consultation in case of ethical dilemma: Majority of the medical students picked colleague, then preferred to consult ethics committee and head of the department whereas nursing students preferred to consult a friend followed by colleague and supervisor.

In case of treatment of seriously ill unconscious patient brought to the hospital by bystanders not

related to the patient: 88% of medical and 70% of the nursing students agreed that the duty doctor in the casualty should attend to the patient and give necessary treatment and not bother about getting consent. Whereas 8% of medical students and 15% of nursing students thought that the duty doctor should wait until the relatives arrive and then start treatment after consent is taken. 4% of the medical students and 15% of nursing students agreed that the doctor on duty, should convince the non-related bystanders who brought the patient in, to sign the consent sheet. No student was in favour of refusing treatment for the patient. Given a situation of emergency, a male doctor should examine a female patient in case a female attendant is not available, What should the doctor do- 100% of medical students and 98.5% of nursing students agreed to treat the patient in presence of a female nurse.

Knowledge of health care ethics: When asked about four principles of health care ethics only 14% of medical students and 20% of nursing students were able to identify them.

Problems of the Tuskegee trial led to Belmonte report: None of the medical students were aware of this whereas among nursing students 15.71% were aware of the report.

Table 1: Comparison of opinions of medical and nursing students on different health care issues

Parameters	Course	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Pearson value	P value
Paternalism	Medical	13	24	0	27	06	18.07	0.000***
	Nursing	8	47	0	15	0		
Confidentiality	Medical	8	14	14	16	18	6.06	0.19
	Nursing	13	16	15	17	9		
Informed consent for blood test and medicine	Medical	8	12	8	24	18	3.9	0.40
	Nursing	7	8	3	26	24		
Abandon confidentiality with upsurge of social media platforms	Medical	3	15	21	18	13	15.8	0.03**
	Nursing	1	23	35	9	1		
Writing clinical examination as normal when not done	Medical	2	3	6	39	20	69.8	0.000***
	Nursing	11	17	10	15	17		
Disagreement between patients and doctors-doctors decision final	Medical	8	11	8	25	18	6.26	0.18
	Nursing		24	4	24	8		
Adding bioethics to UG teaching A burden	Medical	1	6	11	33	19	6.60	0.15
	Nursing	3	9	20	27	11		

* P<0.05 was considered statistically significant

Table 1 depicts the responses of medical and nursing students on various aspects of healthcare ethics there

was difference between opinions of medical and nursing students with reference to paternalistic attitude

of the doctor, to abandon confidentiality of the patient with upsurge of social media platforms and in documentation issues, The opinion of medical students were stronger as compared to the nursing students. There was no difference in opinions with other issues like maintaining confidentiality in stigma associated diseases like HIV, informed consent and including bioethics in the curriculum.

DISCUSSION

The basic principles of health care ethics include autonomy, beneficence, non-maleficence and justice. A health care professional should be able to balance all these principles and solve ethical dilemmas that come across once they are exposed to patient care.

The medical and nursing students included in our study had significant knowledge about medical ethics like autonomy where there is respect to patient and decisions regarding his treatment plans. 50% of the medical and 67% of nursing students opined that a treatment plan can be imposed upon the patient by the doctor in treatment of a condition which endangers the patient's life reflects that paternalistic attitude prevailed among the respondents. The students might have opined so to uphold the principle of beneficence and let go off the patient autonomy, while other students wanted to uphold the principle of autonomy then giving maximum benefit. On the other hand more than half of the medical students and nearly half nursing students disagreed to the fact that doctor's decision will be final if there is disagreement between patient and his relatives regarding treatment which conveys that students know the concept of autonomy but have dilemma in implementing in real life situations. These type of contradiction in opinions among health professionals was demonstrated in Indian studies (2). This gap in decision might be because students have sufficient clinical knowledge but have lesser knowledge of ethics. These findings suggest that students should be sensitised about the concept of patient autonomy during their training period.

About a question on wrong doing during the course of treatment by health professional majority of the respondents agreed that the patient should be informed about it and further treatment should be planned. These findings are supported by many studies which shows that almost three fourth of medical and nursing faculty agreed that patients should always be informed about the wrong doing (3-5). One of the studies mentions that with regards to their decision making, the doctors should be open to scrutiny (6). With regards information sharing about diseases like HIV, which has high stigmatization rate issue with it, 31.42% of medical and 40% of the nursing students believed that it is ok to share information about these disease status among the patient relatives even if patient doesn't consent for the same. Students might

have thought that it is their social responsibility to share the information and prevent transmission of the disease without realising the stigmatization issues involved.

However the 44% of medical students and 14% of nursing students disagreed to the fact that confidentiality cannot be let go off even in this modern era where there is upsurge in the popularity of social media platforms like WhatsApp and Facebook. Many studies have shown disagreement ranging from 82%-95.7% (3-5). These discrepancies in results might be due to the study population involve in this study are students who are still not exposed to patient care independently. Popularity of social media platforms pose a threat to maintain confidentiality but physician is always obliged to protect patient's information and it cannot be abandoned (7). There is always a difference in perception of physician and the patient perception regarding treatment of medical information (8).

About a question on if informed, written consent is necessary only in case of surgeries and not required for investigations and treatment plan 60% of medical and 61% of nursing students disagreed to this. These findings are similar to other studies (4,5). In a study done at Barbados, 91% of medical students disagreed (3). This shows that students are aware of the importance of taking written consent as there is increase in litigation against the doctors.

Regarding question on ethics of writing clinical examination which is not performed by the physician as normal is acceptable as it is important for documentation 85% medical students and 45% of nursing were not in agreement with this. Documentation of history of the patient and clinical notes is very important and it must be signed and dated which has got more weight legally than patient's recollections (9). Students are not in favour of writing clinical examination which is not performed by the clinician as normal just for documentation purpose which upholds their ethical reasoning.

In case of treatment of seriously ill unconscious patient brought to the hospital by bystanders not related to the patient 88% of medical and 70% of the nursing students agreed duty doctor in the casualty, should attend to the patient and give necessary treatment and not bother about getting consent. The students are upholding the principle of beneficence and justice.

Given a situation of emergency, a male doctor need to examine a female patient and female attendant is not available, What should the doctor do- 100% of medical students and 98.5% of nursing students agreed to treat the patient in presence of female nurse.

The students had significant knowledge of health care ethics but only 14% of medical students and 20 % of nursing students were able to identify the core principles of health care ethics. Many Indian studies have demonstrated that majority of the respondents were unaware of Helsinki declaration and Nuremberg code (10-12). Majority of the respondents in this study were unaware of the Belmonte report which was result of problems arising from Tuskegee trial.

Medical and Nursing students showed inclination to learning ethics and most of them agreed to include it in their medical and nursing curriculum. Medical students preferred to learn ethics by attending ethics workshop followed by lectures whereas nursing students preferred to learn ethics by listening to lectures followed by books and texts on ethics .These results are consistent with other studies which pointed out lectures and books as sources of learning ethics among medical students and nurses (2,10). Few studies have also shown that ethics can be learnt through presentation of real life cases , training and during work (3,13,14).

In case of ethical dilemma the preference of majority medical student was to contact colleague followed by ethics committee and department head whereas preference of nursing student was to consult a friend followed by colleague and supervisor.

Our study shows that medical and nursing students differ in their opinions pertaining to attitude of paternalism exhibited by the doctor, to abandon confidentiality with upsurge of social media platforms and in documentation issues. In the past many studies have argued that the difference in opinions among different health professions is because of difference in intensities of training. (15,16) This implies that there should be uniformity in teaching health care ethics regardless of different professions of health care like doctors, nurses, paramedics.

All the above findings indicate the need for inculcating ethics related competencies in their respective curriculum. Teaching ethics should be distinct and cannot be taught like any other subjects. There is a need to develop high quality ethics pedagogy in both the curriculum.

The national medical council Of India has brought out the AETCOM(Attitude ethics and communication module; 17) which clearly mentions the ethics related competencies, the teaching learning method to be adopted and the assessment strategies. However the nursing curriculum lacks such initiatives and calls for more attention to the ethics content in their curriculum.

This study will also provide inputs on the main domains like autonomy, beneficence and justice that have to concentrate while planning to design an ethics

curriculum for these professions. Teaching medical ethics for both the nursing and medical students will bridge the gaps that have been identified in this study and improve patient care and health outcomes in our society.

Limitations

The study was limited to a medical college in South India and these results cannot be extrapolated to larger population. The different components in the study like knowledge, and attitude and practice are not explored to same extent.

CONCLUSION

This study demonstrates the paucity in knowledge of health care ethics among medical and nursing students. Students had an inclination to study ethics of health care and majority wanted it to include in their respective curriculum.

CONFLICT OF INTEREST

Authors declare that there is no conflict of interest.

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