Original Article

The concept of "Medical Ethics" according to doctors and nurses and their demands from Ethicists in Turkey

Gulay Yildirim[1], Selim Kadioglu[2], Haldun Sumer[3]

ABSTRACT

Objective: To determine what the physicians and nurses understand from the concept of ethics and to evaluate their expectations from the specialist who study medical ethics.

Methodology: The views of 192 physicians and 192 nurses from all hospital in Sivas were obtained through a questionnaire. The difference between the responses of both groups for each question was assessed by Chi-square test and t-test.

Results: The mean score given by all participants for the relationship between the different activities, applications and approaches and ethics approaches was 4.7 "taking extremely important and critical decisions for patients" The highest score for the question of "the necessary qualifications that a medical specialist should have" was 4.7 "the solution ability for the medical problems".

Conclusion: Participants had a tendency to reduce medical ethics to practical ethics; and they consider ethics from their occupational point of view.

KEY WORDS: Medical ethicists, Health professionals, Medical ethics.

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INTRODUCTION

Medical ethics refers to a theoretical area of study with its own characteristic knowledge and method, and application of moral values and responsibilities in the areas of medical practice and research for self-control mechanism for the actions of health care professionals. Therefore, two different groups of people are considered to be involved in the area of medical ethics in Turkey. The first group consists of academic personnel with or without medical background who perform theoretical studies in the area of medical ethics. The second group, larger than the first group, is composed of medical professionals pursuing their lives within the medical ethics framework with experiences in facing ethical issues.

While carrying out the activities of health protection, treating the disease and rehabilitation through a holistic approach, the health professional should also take ethics into account.[1-3] Therefore, having common concepts and a language regarding medical ethics is of great importance. During the education of medical professionals, information on medical ethics is provided on a wider scope in some institutions than in others. On the other hand, as the formation and maturation of medical ethics have not been completed, problems arise related to having a common understanding and language after

1. Gulay Yildirim, PhD,
Assistant Professor, Department of Deontology,
2. Selim Kadioglu, PhD, MD,
Assistant Professor, Department of Deontology,
Cukurova University School of Medicine,
Adana, Turkey.
3. Haldun Sumer,
Professor, Department of Public Health,
1, 3: Cumhuriyet University School of Medicine,
TR-58140 Sivas, Turkey.

Correspondence:

Dr. Gulay Yildirim,
Assistant Professor,
Deontoloji Anabilim Dali
Cumhuriyet Universitesi Tip Fakultesi
TR-58140 Sivas,
TURKEY.
E-mail: gyildirimg@gmail.com

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graduation.[4] However, a common understanding and language and solidarity between medical professionals and academic professionals in medical ethics are crucial in the transition of ethical theory to ethical practice.[5]

While on one hand futile discussions go on, on the other hand a case will arise which is chaotic or devoid of critical thinking. This situation will negatively affect patients, human subjects and public health in a broader sense.

This study was performed as a doctoral research[6] and its aims were to determine similarities and differences in connotations of concept of medical ethics to nurses and doctors and to evaluate their expectations from medical ethicists who perform theoretical studies on medical ethics.

METHODOLOGY

The data of this descriptive study were collected through a questionnaire for doctors and nurses. A preliminary study was performed on 30 people - 15 doctors and 15 nurses to confirm the reliability of the questionnaire in the light of the literature. Expert opinion was received before the application of the study to assess the validity of questions (by a three-person proposal commission) Thus, the data collection form was given its final form. The participants involved in the pilot study were not included in the study.

The universe of the study consisted of 1314 doctors and nurses who were working in all education hospitals in central Sivas. The frequency was assumed to be 0.80 and by using a formula to determine the universe of the study, a sample group of 384 people (196 doctors, 219 nurses), was selected from groups of 537 doctors and 777 nurses respectively [á=0.05; d=±0.045; P=0.80), was formed. A layer example method was used in selection of doctors and nurses to represent their institution, and a simple randomization method was used in determining the questionnaire applicable to doctors and nurses. 192 of the doctors (97.9%) and 192 of the nurses (87.6%) participated in the study. The data were collected between December 2006 and March 2007.

All the participants were fully informed about the study and their consent was obtained. Necessary permission was obtained before starting research. Questionnaires were distributed by the same researcher (G.Y.). After a day, filled questionnaires were collected. In all there were eleven questions with multiple choice and scoring from one to five. These were related to socio demographic information, others enquired about their expectations from a medical ethicist and their views regarding concept of ethics. The subtitles/choices of the questions which were to be scored and multiple-choice were classified.

For statistical analysis, both groups were assessed in terms of their sociodemographic characteristics. The difference between the responses of the doctors and nurses for each question was assessed by Chi-square test in one variable system, by Chi-square and t-test in multiple variable systems. A p value of less than 0.05 was considered statistically significant.

RESULTS

The ratio of male subjects was significantly lower among the nurses than that among the doctors (4.7% vs. 72.9%, $p<0.05$). The ratios of age groups of the doctors and nurses were similar ($p>0.05$). In both the doctors and nurses, the ratio of 25-29 age group was significantly higher than that of the other age groups ($p<0.05$). The ratios of seniority of doctors and nurses were similar ($p>0.05$), the seniority majority of participants was 5-9 years (30.2%).

Table-I shows the scores related to statements of ethics and medical ethics in the questionnaire for the doctors and nurses. Of all the parameters, the parameter P1 provided the highest score (4.3); and the parameter P7 provided the lowest score (2.8). The scores of the parameters P4, P5, P6 and P7 of the doctors and nurses were comparable, respectively, and the difference was statistically significantly higher in favor of the nurses ($p<0.05$).

When the answers given to another question were evaluated within the scope of all participants by taking the basic medical ethics principles as the measure the questions with the highest mean scores in all the participants regarding the importance and priority of basic ethics principles were as follows: "being righteous", "being harmless" and "showing respect to life" 4.8. The lowest score was 4.2 for "the respect to autonomy". The mean score for "being righteous" was 4.7 and 4.9 for the doctors and nurses, respectively, and this score was significantly higher for the nurses compared to the doctors ($p<0.05$). The mean score for "the respect to autonomy" was 3.9 and 4.5 in the doctors and nurses, respectively, and this score was significantly higher for the nurses compared to the doctors ($p<0.05$).

The highest mean score given by all participants for the relationship between the different activities, applications and approaches and ethics approaches was "taking extremely important and critical decisions for patients" 4.7. The lowest score was 3.0 for the: "determining the approach to experimental

Table-I: Statements of ethics and medical ethics for the doctors and nurses in the questionnaire.

Parameters		*Doctors (n=192)*	*Nurses (n=192)*	*Total (n=384)*	*P*
P1	Ethics is the composition of rules that determines the appropriate and inappropriate behaviors in the society and medicine	4.3±1.0	4.3±1.2	4.3±1.1	0.755
P2	Ethics and medical ethics investigate the social and occupational bases. values	4.0±1.2	4.1±1.3	4.1±1.3	0.208
P3	Ethics, in general, and medical ethics, in particular, are an information source for ideal behaviors	3.9±1.3	4.1±1.3	4.0±1.3	0.074
P4	Ethics and medical ethics are the characteristics of responsibilities, rights and authorization of the social and medical organization	3.2±1.5	3.8±1.5	3.5±1.5	0.001
P5	Ethics and medical ethics study the social and . occupational exceptions	3.1±1.4	3.5±1.6	3.3±1.5	0.010
P6	Ethics and medical ethics are hesitations in deciding the correct behavior	2.8±1.6	3.3±1.7	3.0±1.6	0.001
P7	Ethical rules are arrangements to support the medical laws	2.6±1.4	3.1±1.7	2.8±1.6	0.001

"Please score the following qualifications regarding general and medical ethics from 1 to 5, 1 being the least important and 5 being the most important."

animals". The mean score for the "development of patient rights" was 3.8 and 4.3 in the doctors and nurses, respectively, this score was a significantly higher for the nurses compared to the doctors ($p<0.05$). The mean score for the "evaluation of the scientific publications" was 4.1 and 3.8 in the doctors and nurses, respectively, and the mean score of the doctors was significantly higher than that of the nurses ($p<0.05$).

The importance of medical researches according to used subjects and different materials was asked and the highest mean score was the "studies on ill subjects" 3.9; the lowest score was 3.3 for "studies on the fetal supplement like placenta or umbilical cord". The mean score for the "studies on the registered information of ill subjects" was 3.1 and 4.0 in the doctors and nurses, respectively, and this score was significantly higher in the nurses compared to the doctors ($p<0.05$), for the "studies on the fetal supplements like placenta or umbilical cord" choice was 3.1 and 3.5 for the doctors and nurses, respectively, and this score was significantly higher in the nurses compared to the doctors ($p<0.05$).

In the evaluation of the responses to the question on rating the issues for which doctors and nurses may seek the help of medical ethics specialists for their clinical and scientific studies, the scores were as follows: 4.3 for "the consultation for ethical appropriateness of studies", and 4.1 for "assistance in increasing the standards of patient rights". The lowest score was 3.6 for the "reconciliation between patient's relatives and medical team. The mean scores for the consultation of studies for ethics appropriateness were 4.1 and 4.4 for the doctors and nurses, respectively, and this score was significantly higher in the nurses compared to the doctors ($p<0.05$). The mean scores for increasing the standards of patient rights were 3.7 and 4.4 for the doctors and nurses, respectively, and the difference between the two groups was statistically significant ($p<0.05$).

The highest scores for the question of "the qualifications that a medical specialist should have" were 4.7 for "providing solutions to ethics related medical problems", 4.6 for "being a good example to the students". The lowest score was 1.2 for "remaining silent". The comparisons for providing solutions to ethics related medical problems, the mean scores were 4.5 and 4.8 in the doctors and nurses, respectively, and the difference between the two groups was statistically significant ($p<0.05$). The mean scores for the "consultation for value problems in clinics" were 4.3 and 4.7 in the doctors and nurses, respectively, and the difference between the two groups was statistically significant ($p<0.05$). The mean scores

for increasing the standard of patient rights were 3.7 and 4.3 in the doctors and nurses, respectively, and there was a statistically significant difference between the two group ($p<0.05$).

DISCUSSION

This study aimed to investigate the connotations of ethics concept to medical professionals in central Sivas, a central Anatolian city, and their expectations from medical ethicists. The results of the study can be generalized for all the nurses and doctors working in the centre of Sivas.

During the planning of the study, what was of primary importance was to determine the opinions and expectations of a wide group of doctor and nurses. Making comparisons among the subgroups determined according to age and gender of the health professionals was of secondary importance. Because comparisons weren't statistically significant.

As of the three expressions having the highest mean scores in a series of expressions about medical ethics-ethics, it was seen that the participants pay attention both to the concrete aspect of ethics which emerge in the form of rules and to the abstract aspect which emerge in the form of ideals (Table-I). The nurses had a tendency towards the importance of the abstract dimensions than the doctors. Three of the four expressions that received lower scores state the social function of medical ethics while the last expression states the individual-social dimension of medical ethics. Based on the responses to these questions, there was a significant difference between the doctors and nurses. In the light of the higher scores provided by the nurses, it can be concluded that nurses have a higher tendency towards considering medical ethics as a mechanism that regulates communities than do doctors. This might be a result of the socio-cultural focus of nursing education[7] and the frequent interactions between nurses and patients.[8-11]

When the basic principles of medical ethics were put into an order of adoption, "Being just" was the most important concept for the nurses, all participants. It is noteworthy that doctors did not place much emphasis on modern medical basic concepts like being useful and respect for autonomy, which are highly emphasized principles in contemporary medical ethics.[12-15] Our results are similar[9,16-18] to the results of some earlier studies; however, there are also differences[3,11-12,19] The differences are due to the fact that this study concentrated on the comparison of various principles, whereas the other studies focused on a single principle.

Making critical decision about the patients within the framework of the relation of different processes, activities, applications and approaches with medical ethics is the category which has the closest relation with medical ethics among medical and paramedical processes according to the participants. Within the framework of evaluations related to different processes, the nurses integrates the development of patient rights with medical ethics and the doctors integrates the auditing of scientific studies more with medical ethics. This situation can be explained through the fact that the nurses spend more time with patients and they are interested in not only the medical but also the socio-cultural aspect of caring and they have adopted the role of patient rights advocate.[7,10,20-21] The significant difference about auditing of scientific studies between nurses and doctors might be explained by the higher interest of doctors in scientific studies.

Within the framework of choosing the more important and prioritized among the medical research types, in this study, the choice of the all the participants and doctors was research on patients and the choice of nurses was research on the information from patients' files and background. Within this context, it was seen that there was meaningful statistical difference between two groups. In order to explain this finding, it is possible to claim that the doctors have a perspective focusing on the body of patients and the nurses have a perspective focusing on the individual rights of the patients. Among the medical research types, when an assessment was made within the context of the more prioritized and important it was seen that the further the research gets away from the clinic and the more it moves towards the laboratory, the lower the scores it takes from the participants.

As regards the appropriateness of situations for which the guidance of a medical ethics specialist was required, the general population and doctors expressed that the study should be administered within the applicable ethical framework, but the nurses expressed the importance of increased patient's rights. The difference between the two groups was statistically significant, which is compatible with the observations and literature findings on of the role of nurses as patient rights advocate.[10,18] The high interest by the doctors in research might be the result of the high number of doctors from education and research hospitals participating in the study.

Theoretically, ethics specialist is thought to produce ideas and make analysis rather than

finding concrete solutions to problems.[22] Nevertheless, the results of this study showed that participants placed more importance on an ethics specialist's finding concrete solutions to problems rather than producing ideas and making analysis.

CONCLUSIONS

In general, participants have a tendency to reduce medical ethics to practical ethics. Participants wait to make practical solutions from ethical problems from ethics specialists. Doctors and nurses consider ethics from their own occupational point of view.[23] As such we recommend Multi-disciplinary in-service educational programmes should be organized for health workers about medical ethics.

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