MEDICAL ETHICS: READY TO SEE THE MIRROR?

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Our world is faced with an existential crisis. As we make substantial strides in technology, innovation, and production, we also witness heartbreaking deprivation, disease, and death. There is an ever-growing divide between those with abundant resources (far exceeding their needs) and those with minimal to none. Disparities, including those in healthcare, have become stark and undeniable. These disparities exist across multiple dimensions and include disparities in access to care, patient outcomes, and what is valued by healthcare systems versus what is valued by physicians. The common denominator driving these disparities seems to be privilege. Privilege, defined as "a special right, advantage, or immunity granted or available only to a particular person or group", is often tied to financial status. Just like high-income countries can get away with massacres, wealthy individuals can evade legal repercussions of unlawful acts. The global stage and societal institutions hence reward and reinforce the acquisition of resources and privilege above anything. This leads to greed. Greed has also found its way into our profession (Medicine). Dr. Sania Nishtar's book is a massive indictment. It tells us about corruption and the endemic injustices in Pakistan. They are like choked pipes of Pakistan's health system. They deny Pakistanis their rights to health and health care[1]. We risk losing our identity as healers and becoming mere employees and beneficiaries of the healthcare industrial complex. This editorial is an attempt to remind ourselves of the oaths we took. I have worked as a physician for 45 years and over these four and a half decades, I have seen the changes in the moral campus of our healthcare sector. Doctors have become businessmen, and the health sector has become the health industry. Private hospitals and private medical colleges are now open to mint money. Medicine is no longer a noble profession. The people are also more demanding now and they want the doctors to work like the professionals abroad. This is due to awareness through print and social media[2]. I will use the four pillars of medical ethics to highlight where and how we violate our oath and what can be done.

CAPSULE SUMMARY

The health sector has evolved into an industry and physicians have turned into entrepreneurs. Private medical colleges and hospitals are minting money. People are also more aware now and they expect doctors to work like professionals abroad. The basic pillars of medical ethics like patient consent, Justice, confidentiality, beneficence and non-maleficence must never be compromised. The unholy nexus of doctors with pharmaceutical companies, laboratories and imaging facilities should be discouraged. Students should be taught medical ethics right from the beginning. Unethical research practices must be stopped.

Autonomy

Physicians should always use a collaborative and patient-centered approach. A hierarchal approach in which the physician tells a patient what to do, without fully explaining the diagnosis, treatment choices, risks, benefits, & alternatives, violates the principle of autonomy. The patient has to live with the side effects of the treatments that we propose, and therefore, it is imperative that they know the side effects and freely consent to the treatment. Unfortunately, some physicians in Pakistan do not share the diagnosis and rationale for treatment with their patients. The alternatives and side effects are hardly discussed. Even consent for major procedures such as surgeries is obtained in a rushed and coercive manner and by personnel not qualified for it. Residents sometimes perform surgeries without supervision and proper patient consent, even in the teaching hospitals[3].

Justice

The remnants of colonisation and the stratification of people, based on their socio-economic status and accumulated privilege can be seen within the healthcare sector as well. The patients are categorised as very, very important person (VVIP), very important person (VIP) , and those admitted to general wards. The way physicians approach these patients and their level of empathy and compassion is also contingent on their categorisation. A VVIP patient will receive superior care than other patients. Patients who visit government hospitals and are admitted to general wards sometimes have to wait for hours, are denied adequate care because of a lack of resources, are not adequately heard and examined due to high patient loads, and are dismissed and sent away due to an over-extended physician

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workforce. A patient who was never properly assessed, was never told his diagnosis, and has no means to secure treatment will have suboptimal outcomes. Dr. Martin Luther King said, "Injustice in health is the most inhuman form of inequality because it often results in physical death". Moreover, the healthcare budget remains abysmal (0.04% of the Budget), and whatever is allocated is unsafe because of corrupt practices[4].

Confidentiality

Patient confidentiality is paramount. A patient puts his/her trust in their physician, and this trust is an honour and privilege for physicians. However, trust is violated when a patient is assessed and examined by others in the same room who can overhear the conversation between the patient and their physician. Lack of resources should not deter physicians from ensuring adequate patient privacy and confidentiality. Also, a physician is barred from sharing patient information with anyone, without proper release of information documents, which the patient must voluntarily consent to. Therefore, any communication about the patient, with others, is unethical. However, confidentiality is not absolute. This principle can be breached in certain situations and must be breached in other situations[5].

Beneficence and non-maleficence

The central principle of Medicine is patient care, beneficence. Everything we do, should be in service of the benefit of the patient. It saddens me to share that I have seen this principle undermined. Sometimes, physicians' convenience and availability, financial responsibilities towards themselves or the institutions they work for, relationship with pharmaceuticals, etc., take precedence. Non-maleficence means "do no harm". This is the least physicians can do for their patients, to not harm them volitionally. Unnecessary investigations and polypharmacy (including prescription of food supplements and nutrients without evidence-based benefits) put patients at risk. Polypharmacy risks the patient not only due to side effects but also because of the possible drug interactions, which sometimes physicians do not take into account. Another way we can harm our patients is by charging them exuberant sums of money. Yes, physicians are entitled to compensation for their expertise, but it's also imperative to be just and measured . We are a low-income country, where many patients cannot afford our services / recommended treatment. Therefore, we must be careful and prudent in discerning which investigations, procedures, and medications are absolutely required. Alliances and relationships with pharmaceutical companies and laboratories are obvious conflicts of interest.

Unholy nexus of doctors (health industry) and pharmaceutical representatives (pharmaceutical industry)

The ethos of a society is intricately linked with the character of its people, their values, and the role that tradition and religion play in their lives. Thus, medical ethics differ in some aspects, in the developed and the developing countries. The fear that financial motivation may lead to unethical practices by individual physicians results from changing medical practices and a failing national economy. Remuneration by pharmaceutical agencies, increasing user fees, burgeoning private practices, and the increasing use of diagnostic technologies add to the changing financial landscape. An overall scarcity of resources in Pakistan makes these changes more acute and visible, especially as public access and quality of care still have much to be desired. Unfortunately, there is an unholy nexus between doctors and pharmaceutical representatives at the individual and higher levels. The pharmaceutical companies, through their representatives, bribe the doctors with cash, costly gifts, and so-called educational and recreational trips within Pakistan and abroad where they stay in five-star hotels, food is paid, and their trips to recreation places are planned. In return, they would indiscreetly write their medicines, food supplements, and multivitamins. They also choose doctors to do fake research for their products and share this with the healthcare providers and patients. There is a mushrooming of pharmaceutical companies, and the efficacy of their medicines is not rightly assessed. Many clinical setups have their own pharmacies, with medicines available exclusively there. Thus, patients must return to the same doctor to purchase the medication. Only a minority of doctors preserve their honesty and integrity. As Jung (2002) writes, "Once you have sold your soul, it can be a hard item to retrieve". [6,7,8]

Pathological relationship between doctors and laboratories/imaging facilities

Doctors are given incentives and cuts in writing tests from a particular laboratory or imaging facility. Many doctors have their own laboratory or imaging, thus writing unnecessary investigations.

Ethical issues in research

Due to high patient volumes in Pakistan, research can take a backseat. Without allocating protected time and resources, the study quality becomes subpar. Even scholarly work, such as writing and publishing articles, is fraught with unethical practices. The research articles are mandatory for promotion, but the institutes do not provide protected time and resources. This has led to a new business, fake article writing. The research tasks are delegated to junior physicians and postgraduate residents at the teaching institutes but their contribution is not acknowledged as first authors. Senior physicians, without contribution to the manuscript, are included and prioritised in authorship. Sometimes, in haste, the manuscripts are plagiarized, and the quality of work is sub-optimal. Research is conducted without paying heed to ethical considerations. Peer reviews are of low quality, and the journals publish anything provided the physician is willing to pay. In this context, the quality of scholarly and research work becomes questionable and raises doubts about it being truly evidence-based. Therefore, with global partnerships in research, Pakistan has to change this culture[9].

Teaching medical ethics

As physicians, most of us consider ourselves ethical and self-righteous. We rationalise our corrupt practices by believing that private practice is a contract between the consultant and the patient governed by personal ethics. The consultants and

teachers are the role model for many. There is no such thing as "personal ethics". There are ethical principles and codes of conduct, by the regulatory bodies. The ethical and moral principles, embodied in the code of conduct for doctors, clarify the patient's rights and the doctor's responsibilities. However, these principles are not known, understood, or practised[10]. Students learn by observing us. Although in the past, medical ethics were not that explicitly taught, they were practised by the supervisors and the mentors. Now, they are taught in the classes, but their practice is diminishing. Students can memorize these terms, and we can quiz them. However, without proper role modelling, we cannot expect them to adopt these principles in their practice. Senior physicians, supervisors, and mentors must role-model ethical behaviours towards their students. We are being watched, our conduct influences younger physicians, and we are responsible for them and their future patients. This is my plea to call all my colleagues to uphold medical ethics. The future of our profession depends on our current behaviours.

CONCLUSION

I request my colleagues to read this editorial with self-reflection. Do not be dissuaded by its focus. We have to confront the malpractices that have become rampant in our field. When you incise an abscess, the pus comes out for a while; however, the actual healing occurs after that. I wish that our profession heals its soul.

I recommend that my colleagues read and act on the Code of Conduct by the Pakistan Medical and Dental Council(PMDC). This code needs to be revised every five years, given the advancements in medical sciences, have led to new ethical dilemmas.

The specialties and sub-specialties should also make a code of conduct, encompassing their specific issues, like the Madrid Declaration on Ethical Standards for Psychiatric Practice Approved by the General Assembly of the World Psychiatric Association in Madrid, Spain, on August 25, 1996, and enhanced by the WPA General Assemblies in Hamburg, Germany on August 8, 1999, in Yokohama, Japan, on August 26, 2002, and in Cairo, Egypt, on September 12, 2005. Other specialities can make similar codes of ethics.

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