

Study Protocol

Knowledge, attitudes and practices related to healthcare ethics among medical and dental postgraduate students in Central India

Abstract:

AIM: To assess knowledge, practices and attitudes to health care ethics among Postgraduate Medical and Dental Students

MATERIAL AND METHOD: The total number of 450 post graduates students will be participated in the study during the Period of 6 months. This will be the Questionnaire based cross sectional study, carried within the span of 1st January 2020 to 30th June 2020. The pre validated questionnaire will be validated in Indian culture and then will be distributed among all the medical and dental post graduate students. After receiving the feedback of the questionnaires the data will be studied and resulted.

RESULT: Postgraduate students in medical and dental education face various ethical dilemmas during their day to day working in their clinics. These ethics related doubts and issues will be cleared during their postgraduate life. The postgraduate students will be cleared with all the dilemmas and that will be useful for them throughout the clinical practices.

CONCLUSION: The questionnaire feedback will be useful to the postgraduate students for their future clinical practice following the Ethics.

KEYWORDS: Knowledge, attitudes, Practices, Ethical dilemmas, Ethical code, Ethics and Law

Introduction:

Postgraduate medical and dental students receive extensive instruction in clinical and advanced procedures. Postgraduates need extensive bioethics preparation in order to understand patient rights, cultural nuances, and scientific ethics, as well as to be able to address ethical dilemmas. There are also different perspectives on how to teach bioethics. The majority of them stress the importance of tailoring subject teaching to the needs of the community in question. Bioethics education should be comprehensive. Students should be learned about the importance of the "heart" over the "mind," a community's set of principles and convictions, and the ability to consider patients' lived experiences, among other things, while also integrating various ethical approaches. Due to a scarcity of bioethics experts and a shortage of well-organized human capital, the pressing need to incorporate bioethics in medical and dental education in India has gone unnoticed. Furthermore, there are worries that teaching bioethics as a disciplined science would be difficult and impossible. Because of India's cultural diversity, bioethics education must take into account the diverse perspectives on morals and ethics held by people from various cultural, social, and regional contexts. This subject's education should be focused on the local social and cultural ideals^[1].

Patients, their families, and neighbourhoods are expected to receive comprehensive treatment from healthcare providers, but there is also disappointment with the care they receive. Expressions of dissatisfaction regarding unethical behaviour indicate dissatisfaction. The

public's perception of healthcare professionals' ethical behaviour is growing, and lawsuits against doctors tend to be on the rise. This may indicate a rise in unethical activities by healthcare providers or a rise in general perception of those practises. The recent increase in lawsuits against healthcare providers is unquestionably a cause for alarm. Negative media coverage of the practise has exacerbated the problem and eroded people's confidence in healthcare professionals. Just a few studies have been undertaken in India to determine the ethical actions of the healthcare community.

Hence, training in regards to “healthcare” will be beneficial for the postgraduate students. Once they have passed their Postgraduate specialty, they are eligible for running basic and composite clinics independently. So, all Postgraduate Medical and dental students in these subjects must understand ethical considerations in healthcare during their postgraduate tenure. It will be better to get these students acquainted with Ethical considerations in their clinical practices of medical and dental Postgraduate tenure only.

Aim:

To assess knowledge, practices and attitudes to health care ethics among Postgraduate Medical and Dental Students.

Objectives:

1. To assess the knowledge in the existing postgraduate curriculum of medical and dental education.
2. To assess the attitude in the existing postgraduate curriculum of medical and dental education.
3. To assess the practices in the existing postgraduate curriculum of medical and dental education.

Material and Method:

The total number of 450 post graduates students will be participated in the study during the period of 6 months. This will be the Questionnaire based cross sectional study, carried within the span of 1st January 2020 to 30th June 2020. The pre validated questionnaire will be validated in Indian culture and then will be distributed among all the medical and dental post graduate students. After receiving the feedback of the questionnaires the data will be studied and resulted.

Rapid review of literature for the purposes of identification of ethical considerations in healthcare of medical and dental education a various phases of clinics. Critical appraisal with reference to the extent, scope, objective, operation and expected outcome contemplated in the existing postgraduate curriculum of medical and dental education.

Bioethical gap and research voids in the existing postgraduate curriculum of medical and dental education^[2,3]. Critical appraisal of the said identified Bioethical inclusions with reference to their extent, scope, objective, operation and expected outcome.

Collection Tool - Pre validated Questionnaire in Indian culture having questions, under 5 subheadings, those are viz.

1. Respondents' demographic characteristics
2. Instruments of choice for learning about ethics and law for postgraduate students

3. Postgraduate students' understanding of ethical codes
4. Postgraduate students' preference for consulting on an ethical issue
5. Preference when it comes to legal advice

“Statistical Analysis (for sample size calculation):

Sample size will be 209 for 95% confidence level.

Sample Size for Frequency in a Population

Population size (for finite population correction factor or fpc) (N): 457
 Hypothesized % frequency of outcome factor in the population (p): 50% +/- 5

Confidence limits as % of 100(absolute +/- %) (d): 5%
 Design effect (for cluster surveys-DEFF): 1

Equation
 Sample size

$$n = [DEFF * Np(1-p)] / [(d^2 / Z^2_{1-\alpha/2} * (N-1) + p*(1-p)]$$

Results from OpenEpi, Version 3, open source calculator—SSPropo”

Expected results:

Postgraduate students in medical and dental education face various ethical dilemmas during their day to day working in their clinics. If their ethics related doubts are not cleared during their postgraduate life, they might not get further chance of getting these doubts cleared in their professional life. So, it will be better to get these students acquainted with Ethical considerations in the clinics during their Postgraduate tenure only.

Generation of a draft of the update of the Bioethical inclusions in the existing postgraduate curriculum of medical and dental educations with reference to their extent, scope, objectives, operation and outcome thereto which could be availed as a basal document towards the required policy intervention at the appropriate level.

Discussion:

Few surveys have found significant knowledge of healthcare ethics among postgraduate students of medical and dental colleges; however, respondents' knowledge of the central ethical codes of clinical practise, namely the Nuremberg Code and the Helsinki Declaration, would be tested^[4]. The majority of respondents in other parts of India, where the mode of imparting medical education is close to that in the central part of India, were also ignorant of the Nuremberg Code and the Helsinki Declaration, according to studies. Both physicians and nurses seemed to be interested in learning about healthcare ethics, which is encouraging. Ethics should be taught in every medical school and nursing college, according to a significant portion of those who responded. This necessitates a high priority for incorporating medical ethics into curricula. In our research, doctors chose tutorials, books, and publications to practise ethics and law, while nurses preferred ethics journals and books. Previous research has found that seminars and books are the most common sources of

learning ethics for medical students, physicians, and nurses, which is consistent with our findings.

In addition, multiple researchers have found that real-life case presentations, teaching, as well as on learning are the most effective ways to practise healthcare ethics. This means that, in addition to lecturing on health-care ethics, on-the-job instruction and subscriptions to ethics publications and books may be very beneficial. The content of the Hippocratic Oath was unknown to a large number of resident doctors and nurses. Similarly, the rest of them had no idea what the Nuremberg Code and the Helsinki Declaration were about^[5]. These results demonstrated that health professionals had a poor understanding of the most fundamental ethical values and scientific ethics. The results on inadequate ethical code awareness are consistent with previous research undertaken in both high and low income countries. On an ethical problem, the majority of resident doctors preferred to contact their department head, while the nurses preferred to consult their superior. Doctors and nurses, as one would imagine, consult their superiors at work. Surprisingly, very few of them chose to consult a personal friend in our research. This means that when doctors and nurses face an ethical dilemma, they usually resolve it inside the hospital or with the help of their superiors. It's also possible that physicians and nurses believe their occupational superiors are capable of effectively resolving ethical issues. Doctors sought legal advice from a judge, while nurses sought advice from their superior^[6]. Since resident doctors and nurses at Tribhuvan University Teaching Hospital were unable to join a trade union or register with a specialist insurance provider, consulting a lawyer would have been an obvious choice. A single tertiary hospital was used to sample doctors and ward nurses for this analysis. The published answers on medical ethics may have been influenced by social desirability bias, as participants may have replied to questions based on what others think is desirable, rather than what they consider to be ethical. Our evaluation in medical ethics expertise was restricted to three codes of medical ethics. Awareness in biomedical ethics concepts such as "autonomy," "justice" "maleficence," and "beneficence," may have allowed for a more thorough evaluation of knowledge. However, incorporating these concepts into the questionnaire would necessitate a pilot study as well as further testing on questionnaire instrumentation for research.

While the majority of the respondents agreed that ethical expertise is essential, one-tenth of the staff nurses disagreed. Those who believed that experience of ethics and law was unimportant also said that they had never encountered any issues. Many of these respondents could not have noticed the issues at work because of a lack of knowledge of ethics and legal circumstances^[6-9]. Teaching and preparation that begins at the beginning of a course of study in medical and other healthcare specialist schools should be a continuous phase, similar to continuing medical and nursing education. Since both doctors and nurses believe that their primary source of understanding of healthcare ethics and law came from their work experiences, these experiences can be used to validate ethical knowledge and practice^[10].

Breach of secrecy is unethical, but it could be permissible in the wider public interest at times. There have been significant differences of opinion among various cadres of medical and nursing workers on the issue of autonomy. Another research on attitudes toward patient autonomy found that nurses from the United Kingdom were more committed to patient autonomy than all of the US communities, indicating that regional differences could exist^[10,11]. The fact that many senior level employees do not believe that the patient's interests should be followed at all levels demonstrates a lack of understanding of fundamental medical ethics standards. Since healthcare ethics is not taught at the undergraduate level at any of the medical schools, senior doctors (through age or qualification) are more likely to have a greater understanding of healthcare ethics, either by training or through attending more CMEs, seminars, and workshops^[10].

In healthcare, bioethics is the responsibility of medical doctors and their patients to use their technical expertise in an ethical way and still abiding by the rules of the society. Why Is Healthcare Ethics So Important? Around 70% of medical and dental diagnosis today depend on the patient's clinical image, which must also be combined with laboratory results. The content of the Hippocratic Oath is unknown to a large number of resident physicians. Similarly, the vast majority are unaware of the contents of the Nuremberg Code and the Helsinki Declaration. These findings show that health providers have a poor understanding of the most fundamental ethical values and scientific ethics. The intermediary clinician, who is working as the patient's agent, must adhere to the same ethical framework in clinics as in laboratories. The association between these two is often used to make decisions regarding diagnosis, prognosis, and therapy. Many related studies in similar views were reviewed^[12-18].

There are many other ethical concerns associated with clinical work, including Physicians and dentists face ethical dilemmas on a regular basis, but ethics does not get the consideration it needs.

Conclusion:

The input from the questionnaire would be helpful to postgraduate students in their prospective clinical practise in accordance with the Ethics. The results of this research show that doctors and nurses have gaps in their understanding about practical facets of health care ethics that they experience in their daily practise. Practical ethics curriculum could help bridge the ethical divide between various levels of healthcare workers. Workplace education measures such as sensitization seminars, CMEs, and conferences on health care ethics could help close the gap to some degree.

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