JOURNAL OF MEDICAL STANDARDS & ETHIC

Ethics of the Medical Profession

SK Gyoh

Medical ethics consist of written and unwritten, professionally accepted principles guiding the conduct of medical practice and defining acceptable standards. Although protection is largely for the interest of the patient, the principles provide excellent guidelines that assist clinicians to avoid mistakes or deviation from what is accepted as competent and effective. All graduating doctors get a booklet of ethics [1] which constitutes the small visible tip of an iceberg whose bigger submerged (unwritten) aspect is the skill and correct performance in any specific circumstance. The doctor or dental surgeon promises to comply through the various versions of the Physicians' Pledge [2] which have replaced the famous Hippocratic Oath that used to be sworn to the ancient Greek gods.

The human body is a biological machine that requires the attention of a "mechanic" specialised in its construction and working, the physician, better known as the medical doctor or dental surgeon. Like a good technician, he or she must take a good history of how it has been working, consider all factors that might have led to disorder, examine the machine (body and mind), determine what is wrong, then carry out all actions that would restore perfect health. Modern medicine has become so complex that the doctor no longer works alone, but does so in conjunction with other professional colleagues whose roles are also very important.

It starts with the person feeling unwell, the "patient" going to consult the doctor. He must truthfully tell him or her all his or her activities, physical and mental to enable the doctor determine factors that might be relevant in the cause of the illness, and many may be highly confidential, not to be disclosed to anyone else. The doctor will examine the patient and conduct various laboratory tests where necessary. All these put him in a fiducial responsibility requiring perfect manners and behaviour, particularly confidentiality.

Having found the source of the disorder, the patient's might require advice, prescription of drugs, bodily manipulation or surgical intervention. Some of these procedures are potentially dangerous for the patient. Even small mistakes under certain conditions can cause unintended outcomes, from temporary or permanent disability to even death. Whatever the doctor does, even if he cannot get the patient better, he has the obligation never make the patient worse. He or she must do no harm [3].

Doctors and dental surgeons are trained to meet these grave responsibilities. There are still many unpredictable variables that cannot be assured, starting with the manner of education, training, the skill of the physician, equipment available and the inherent character of the doctor.

Once a doctor accepts to attend to the health problems of anyone, that person becomes his or her patient, and the obligations of the doctor-patient relationship becomes a contract. Though an unwritten contract, it is still justiciable [4]; the only ethical way it can end is when the healed patient is formally discharged, or if unhealed, transferred to another registered practitioner. The Consultant doctor may indeed invite other diagnostic and treatment professionals in the health team to assist in getting the patient well, but "he retains personal responsibility for the overall management of the patient [5]." He must obtain the patients' consent before he can cease to be their clinical attendant. It applies to Consultants because all patients are under the care of Consultants or any doctor, though not formally appointed a Consultant might be acting in that capacity, i.e. not practising under the direct supervision of another doctor.

Despite this, no doctor or dentist is under any compulsion to start treating a patient except in emergencies where delay may cause loss of life, temporary or permanent disability. The doctor is not permitted to treat any patient against his or her will, he must respect the principle of the patient's autonomy. He has the obligation to explain the treatment procedure in the language the patient understands, offer the choices of remedies available and recommend the best for the patient to make an informed choice. For invasive procedures, permission must be obtained in the form of a written consent, and the doctor must keep strictly to what he promised the patient he would do. Surgeons must not remove or modify organs without prior specific written permission obtained before surgery unless it becomes an emergency necessary to save life. Where the patient is a minor, unconscious or in a mental condition that renders him or her unable to understand or take a rational decision, the consent must be given by the next of kin—parent or guardian.

Patients in the normal state of mind may still refuse lifesaving treatment like blood transfusion, often for religious reasons. The doctor must respect this decision and apply alternative procedures to save life [6]. If, however, a parent or guardian is using religion to impede the saving of the life of a minor or a person not in a normal state of mind—coma or reduced mental clarity that compromises rational thinking—the doctor should seek a court order to override the objection. The doctor too must not allow his or her personal religious convictions to bend the management of patients away from what the experts in the profession accept as standard. This also forbids him working in liaison with unqualified persons within or outside the health sector. He will be held responsible should his patients sustain any injury through such liaison.

The attitudes of many people on some ethical issues are difficult to separate from religious sentiments, like the reversal of the Roe versus Wade ruling [7], reducing the autonomy of women on abortion issues in the United States. In Nigeria, abortion is illegal when performed just to get rid of an unwanted pregnancy. However, the law is silent where it becomes necessary to save a patient's life, as in the case of

Correspondence:
Prof SK Gyoh, MBBS (Duneim), FRCS (Eng), FNAMed, DObst.RCOG, Former Chairman MDCN

Cite This Article As: SK Gyo. Ethics of the Medical Profession. Journal of Medical Standards & Ethics, 2023; Vol.1 (1): 3-5

fulminating toxaemia of pregnancy, gross mental conditions or for removal of a grossly deformed foetus. While avoiding any illegal action, the doctor should specifically ensure that his decisions do not lean away from the interest of the patient that came to consult him. This principle of beneficence provides that the patient's interest must always be the supreme guide for all the doctors' actions.

The doctor must always tell the truth. Many patients love traditional practitioners and quacks for what we would recognise as overconfidence and for always giving them brilliant hopes no matter how grave the clinical condition deteriorates, probably due to their ignorance of the real pathology of disease. With modern diagnostic equipment, doctors can make more accurate assessments, but must develop the skill of telling the truth without extinguishing the hope for life. A prognosis that authoritatively pronounces the number of years or months a patient has left to live is not refined medicine. Where necessary, honest and open discussion is better.

Telling the truth should include evidence at the Medical and Dental Practitioners' Disciplinary Tribunal. Unfortunately, people do not go to court to tell the truth but to win their cases. Consequently, "evidence" may be reformatted to win a case and truth compromised in the process. The best doctors would neither lie about their patients nor unnecessarily expose embarrassing confidential but irrelevant information just to assassinate the character of their patients before the Tribunal.

When a doctor realises that a colleague, through some unfortunate circumstances (alcohol, drugs etc.) has become a danger to patients, he should first have a serious discussion with the doctor. If he does not get cooperation, he should bring in other friendly colleagues, or the Nigeria Medical Association. If no resolution can be reached the case must be reported to the Investigative Panel. Protecting the public from the malpractice of colleagues is an ethical imperative.

Recently, few students training abroad attempted to force the MDCN to modify its regulations to accommodate their foreign training that did not properly correspond with the Council's standards. The recruitment of political support and the blackmailing MDCN officers with accusations of demanding bribes should never be tolerated. If the Council succumbs to such unethical pressure, standards might sufficiently fall to adversely affect the safety of medical attention in Nigeria. The MDCN should be insulated from political and all other extraneous pressures to do its job properly.

If the patient, in painful terminal stage of his illness requests for euthanasia, should the doctor carry it out? It is unethical in Nigeria [8] if he does, he is liable to prosecution for murder. In painful terminal cases, the doctor must do all that is necessary to effectively relieve pain and suffering, but his intention must never be to terminate life.

Orthodox medicine advances by research and clinical trials often requiring the use of placebos. Researchers must obtain consent from all participants, and, where it exists, no one should be denied effective treatment for the sake of having "controls." To avoid the conflict of interest, only doctors not involved in the clinical trials should advise the participants.

Another conflict of interest is referral of patients to a particular doctor or a health institution that pays for such referral. The fear is that the fee, not the skill in the specific diseases might become the dominant motivating factor. Where treatment of patients is shared between doctors and non-medically qualified staff, no matter how high the staff may be in their professions, the Consultant Doctor under whom the treatment is being conducted is considered legally responsible for the welfare of the patient [9].

The healing process often includes comforting the distressed. Doctors must do this without becoming emotionally involved with their patients. Professional organisations too can be involved in unethical conduct. Drug companies may bribe prescribers with sponsorship to academic conferences, association meetings, dinners and shower them with free samples. Further, millions of Nigerians might be spending their hard-earned resources attempting to get rid of harmless or even useful microbes in and around their homes and on their bodies because the vendor of an antiseptic solution claims in persistent advertisements that doing so would enhance their health, and the endorsement of that claim by a medical professional association may give it undeserved credibility.

Recent developments in medicine have multiplied ethical conundrums. In the past, death was regarded as the cessation of spontaneous breathing and heartbeat. However, recent advances have made possible the survival of life even after such arrests so long as the brain remains alive. New technologies have further enabled tissues of the body to be kept alive even when the brain's function is so damaged that recovery of normal consciousness becomes impossible. The doctor now faces two interest groups. First, the relatives sometimes do not want the machines keeping the brain-dead patient "alive" to be switched off; they may even go to court to compel doctors to maintain what they regard as "vegetative life." No doctors should decide alone, but bring in other senior colleagues and obey the court order if it comes to that. The second interest group is the organ transplant team. Its participation will depend on permission given by the relatives of the patient, a most awkward time to approach them on the subject. The doctor in charge of the patient must most skilfully manage the situation with full sensitivity to the feelings of the relatives.

Doctors must not get involved in any form of physical or mental torture no matter what incentives or threats an oppressive regime might pose. They should not be involved in the illegal trade or clandestine harvest of human organs.

Assisted conception and surrogacy have modified the legal and traditional understanding of parenthood, as numerous court cases show. Advances in genetics have made it possible to edit the genome of an embryo [10] to prevent distressing inheritable diseases. Many people have questioned the ethics of editing human embryos as unintended, perhaps detrimental outcomes cannot be excluded in the long-term or even few generations in the future. The physician is a central causative agent in all these moral, social and ethical developments and should be thoroughly familiar with their moral, emotional and legal implications.

Factors endangering the health of innocent members of the public have given rise to states enacting laws to modify the ethics on specific issues. Certain countries permit abortion and euthanasia while others forbid them. In the United States, the situation varies from state to state. As regards to the United Kingdom, confidentiality is no longer unchallengeable, but can now be legitimately breached if the issue is considered be in the public interest.

For example, in infectious diseases, a doctor might treat a person for HIV infection, but the patient insists on a confidentiality that excludes the partner. In genetic medicine, discovery of a gene for inheritable cancer of the breast makes it ideal for the patient to alert other members of the family for

screening in case they wish take pre-emptive actions. In both of these cases, if the patient refuses to cooperate, there may be a need to first warn the patient of subsequent action which might be to either seek a court injunction or to inform the social services to take appropriate action. Today's doctor, acting on the ethical standards of yesteryears may find himself or herself in court, unable to defend his or her omissions or commissions specified in legal charges. Ethics and the law have become so intricately intertwined in the practice of modern scientific medicine that it has become imperative for all medical colleges to include the subject in their undergraduate curricula.

References.

1. The Code of Medical Ethics in Nigeria, Medical & Dental Council of Nigeria, 2008 Edition.
2. Physician's Oath, Gyoh, SK, Babatunde, L; Principles of Clinical Ethics and their Legal Dimensions in Nigeria. P. 57-58. Lawbreed Ltd., Lagos
3. Ibid, Non-malfeasance, 38-29
4. Ibid, Unwritten but Justiciable Contract p. 48-51
5. The doctor retains responsibility for the overall management of the patient. MDCN (2008): The Code of Medical Ethics in Nigeria, para 39.3b, p 45.
6. Beneficence: Gyoh, SK, Babatunde, L, Principles of Clinical Ethics and their Legal Dimensions in Nigeria P. 34-35
7. Supreme Court overturns Roe v. Wade, ending right to abortion upheld for decades https://www.npr.org/2022/06/24/1102305878/supreme-court-abortion-roe-v-wade-decision-overturn.
8. Euthanasia: MDCN: The Code of Medical Ethics in Nigeria (2008), para 67, p 68.
9. Association with unqualified and unregistered persons, MDCN The Code of Medical Ethics in Nigeria (2008), para 39, P. 44,
10. Editing the Human Genome, Gyoh, SK, Babatunde, L, Principles of Clinical Ethics and their Legal Dimensions in Nigeria. p 230-234.