A STUDY TO ASSESS THE AWARENESS OF MEDICAL ETHICS AMONG MEDICAL STUDENTS

*Harini Krishnan, III MBBS, Saveetha Medical College and Hospital, Thandalam, Chennai 602105, +91 44 24993479, biomath2016@gmail.com*

*Dr. S. Porchelvan, Professor of biostatistics, Department of Community Medicine, Saveetha Medical College and Hospital, Thandalam, Chennai 602105, +91 44 26811299, porchelvan@yahoo.com*

ABSTRACT:

Medical ethics is a system of moral principles that apply values to the practice of clinical medicine and in scientific research. Ethical issues are common in healthcare. This study is done among Interns and Post graduates of tertiary care hospital to assess their level of understanding, knowledge and awareness about Medical ethics and ethical code of conduct. A prospective cross-sectional study with simple random sampling was conducted among the Interns and Postgraduates of various departments of Saveetha Medical College and Hospital with a total of 180 willing participants. Almost all the participants had a positive response regarding importance of ethics. Clinical training (37.2%) were considered the predominant sources of knowledge. Majority of students expressed mixed responses regarding different aspects of basic ethical reasoning in their professional life. There was increase in scores corresponding with increasing age and course of medical education. The study throws light on the prevailing situation and helps to plan and implement the medical curriculum to encourage the practice of medical ethics and the ethical code of conduct and make it an integral part of every registered medical practitioner’s Medical practice.

KEYWORDS:

Awareness, knowledge, medical ethics, medical students

INTRODUCTION:

Ethics, derived from the Greek word ethos, or “behaviour”, is concerned with questions about right versus wrong conduct and what constitutes a good or bad life, as well as the justificatory basis for such questions, the situations in which values conflict (e.g. ethical dilemmas), and the systematic analysis and resolution of these conflicts.(1) Medical ethics is a system of moral principles that apply values to the practice of clinical medicine and in scientific research. It provides professionals with a standard to refer back to in the case of any confusion or conflict. These values include the respect for a patient’s autonomy, non-maleficence and beneficence on the part of the doctor, and justice.(2) (13)

Ethical issues in healthcare are fairly common. Traditionally, professional codes and ethical principles provide instructive guidance for physicians, but these need to be interpreted and applied in each clinical situation.(3)(4)Physicians make ethical judgments about clinical situations everyday.(3) Nearly every decision that is made in the course of diagnosis and treatment, has ethical implications--for patients, for providers and for healthcare leaders.(5) Physicians today face ethical dilemmas that are both perplexing and emotionally draining. Electronic medical records, handheld personal devices and provision of care by interdisciplinary teams all hold the promise of more coordinated and comprehensive care but also raise new concerns about patient confidentiality, appropriate boundaries of the doctor-patient relationship and doctor responsibility. Physicians need to be prepared for learn continuously about ethical issues and dilemmas as well as about new scientific and clinical development.(3)

The Medical Council of India, with the previous approval of the Central Govt. has detailed and published regulations to be implemented relating to the professional conduct, etiquette and ethics for registered medical practitioners, in the Gazette of India dated 06 April, 2002 (part III– Section 4). As per the Medical Council of India amendment act no.24 of 1964, the Council has specified a warning notice that violation of this code shall constitute “infamous conduct” in a professional sense; i.e. it will be Professional Misconduct(6)(7).This, therefore, requires for all registered practitioners to know the ethical regulations and follow them to protect themselves from lawsuits in future. It also enables them to protect the interests of the patient and provide them with better healthcare services.

The ethical conduct of a registered medical practitioner depends on the training given to them during his tenure in medical school, their internship and practice during post-graduation. The General Medical Council now requires that medical ethics be a core subject in the medical curriculum and the development of a specific medical ethics curriculum with the aim of teaching medical students to analyze and deal with ethical issues in a principled and rational manner.(8)(9).Although the undergraduate medical curriculum is considered a good time to introduce medical ethics, it has been found that purely theoretical study in this context may not produce the best recall and application of these principles, and students may learn best when faced with ethical dilemmas in clinical practice. The best time to teach medical ethics may thus be during postgraduate education or continuing professional development.(8) (12)

This study is done among, interns and post graduates to assess their level of understanding, knowledge and awareness about Medical ethics and ethical code of conduct. It also throws light on the prevailing situation and helps to plan and implement the medical curriculum to encourage the practice of medical ethics and the ethical code of conduct and make it an integral part of every registered medical practitioner’s Medical practice.

AIM:

Assessment of awareness of medical ethics among Interns and Postgraduates of Saveetha Medical College, Thandalam, Chennai, Tamil Nadu.

OBJECTIVES:

To evaluate the awareness of medical ethics among the Interns and Postgraduates of Saveetha Medical College, Thandalam, Chennai, Tamil Nadu.

METHODOLOGY:

The study was conducted after obtaining permission from the Institutional Ethics Committee (IEC) of Saveetha Medical College and Hospital. This is a prospective cross-sectional study conducted among the interns and post graduates of various departments of Saveetha Medical College and Hospital. A total of 180 participants both from interns and post graduates were included in the study. It is a simple random sampling where all willing participants were included. All unwilling, those from other courses, undergraduates and those from other colleges were excluded.

A written informed consent was obtained from the study participants. Strict confidentiality was maintained regarding all the information obtained from the participants.

The participants were given a semi-structured questionnaire regarding medical ethics and were asked to fill in questions regarding perception on medical ethics, attitude towards medical ethics, attitude regarding intimate examination of patients and knowledge of code of conduct of the Tamil Nadu Medical Council. Some questions were also derived from the code of medical ethics as laid by Tamil Nadu Medical Council.

Statistical analysis: Data was analyzed by SPSS 20.0. p<0.05 was considered as significant.

RESULT:

Among the180 participants, 44% were male and 56% were female with 130 interns and 50 postgraduates. Their ages ranged from 20 to 30 years, with mean age of 23years.

Clinical training (37.2%) were considered the predominant sources of knowledge followed by more than one source (21.9%) in which lecture classes are the predominate source. A lot of them, 76.7% knew about the existence of the institutional ethics committee in the college; 94% were Postgraduates.

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| TABLE 1:**PERCEPTION ON MEDICAL ETHICS:** | | | | | | | | |  | |  |  |  | |
|  | **AGE (No. %)** | | | |  |  | | **COURSE (No. %)** | | | | |  |  |
|  | **20-25years** | | **26-30years** | | **p-value** | | | **Interns** | | | | **Postgraduates** | **p-value** | |
| **How important is ethical issue in your profession?** | | | |  |  | | |  | | | |  |  | |
| Extremely important | 63 (42.9%) | | 20 (60.6%) | |  | | | 55 (42.3%) | | | | 28 (56%) |  | |
| Very important | 60 (40.8%) | | 11 (33.3%) | | 0.123 | | | 51 (39.2%) | | | | 20 (40%) | 0.035\* | |
| Important | 24 (16.3%) | | 2 (6.1%) | | (NS) | | | 24 (18.5%) | | | | 2 (4%) |  | |
| Somewhat important | 0 (0%) | | 0 (0%) | |  | | | 0 (0%) | | | | 0 (0%) |  | |
| Not at all important | 0 (0%) | | 0 (0%) | |  | | | 0 (0%) | | | | 0 (0%) |  | |
| **What are sources of your knowledge?** | |  |  | |  | | |  | | | |  |  | |
| Lecture classes | 26 (17.7%) | | 4 (12.1%) | |  | | | 25 (19.2%) | | | | 5 (10%) |  | |
| Ethical books | 4 (2.7%) | | 1 (3.1%) | | 0.045\* | | | 3 (2.3%) | | | | 2 (4%) | 0.074(NS) | |
| Seminar & workshop | 12 (8.2%) | | 7 (21.2%) | |  | | | 11 (8.5%) | | | | 8 (16%) |  | |
| Clinical training | 60 (40.8%) | | 7 (21.2%) | |  | | | 54 (41.5%) | | | | 13 (26%) |  | |
| Others(Journals,newspaper,television) | 13 (8.8%) | | 7 (21.2%) | |  | | | 11 (8.5%) | | | | 9 (18%) |  | |
| More than one source | 32 (21.8%) | | 7 (21.2%) | |  | | | 26 (20%) | | | | 13 (26%) |  | |
| **Is there an institutional ethics committee in your institution?** | | | | | | |  | | |  | |  |  | |
| Yes | 107 (72.8%) | | 31 (93.9%) | |  | | | 91 (70%) | | | | 47 (94%) |  | |
| No | 0 (0%) | | 0 (0%) | | 0.009\*\* | | | 0 (0%) | | | | 0 (0%) | 0.001\*\*\* | |
| Don’t know | 40 (27.2%) | | 2 (6.1%) | |  | | | 39 (30%) | | | | 3 (6%) |  | |

**\*p<0.05, \*\*p<0.01, \*\*\*p<0.001, NS- Not Significant**

Table 1 describes the perception on medical ethics and source of their information on this. Almost all had a positive response regarding importance of ethics. 46.1% in total opined that ethics was “extremely important”. Among them 56% were Postgraduates.

Fig. 1: Percentage of respondents in relation to attitude towards ethical issues

Figure 1 shows that 48.89% agreed with the statement “Ethical conduct is important only to avoid legal action”, in which there is significant correlation between age groups and course with that statement. 78.89% agreed on the statement “During clinical rounds along with clinical aspect of a patient’s care, it is also essential to discuss ethical, social and legal issues of that patient”. 72.22% of them agreed for both statements “During treatment, patient’s wishes must always be adhered to” and “A patient who wishes to die should be assisted in doing so, no matter what his/her illness”, where 66.7% agreed to the later. 43.62% of participants disagreed to statement “The doctor should to what is best irrespective of the patient’s opinion”. 56.7% agree that “Doctors and nurses should refuse to treat patients who behave violently”. There is significant correlation between age groups or course and statements “Close relative must always be told about the patient’s condition.” and “Children (except in emergency) should never be treated without the consent of their parents or guardian”.

Fig.2: Percentage of respondents in relation to attitude regarding intimate examination of patients

Figure 2 shows that 97.22% agree with the statement “During clinical teaching it is important to follow certain guidelines for intimate (vaginal, rectal) examinations of the patients like informed consent, maintain confidentiality”. 78.89% agree to the statement “this should be followed even for anaesthetized or sedated patient. There is significant correlation between the above statements and age groups or courses.

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| **TABLE 2: COMPARISON OF ATTITUDE SCORES** | | | | | |  |  |  |  | |  | | |  |
| **Statements on ethical issue** | **AGE (MEAN ± SD)** | |  | |  | | **COURSE(MEAN ± SD)** | | | | |  |  | |
|  | **20-25years** | **26-30years** | | **p-value** | | | **Interns** | | | **Postgraduates** | | **p-value** | | |
| Ethical conduct is important only to avoid legal action. | 3.20 ± 0.99 | 3.82 ± 1.13 | | 0.001\*\*\* | | | 3.22± 0.97 | | | 3.54 ± 0.17 | | 0.003\*\* | | |
| During clinical rounds along with clinical aspects of a patient’s care, it is also essential to discuss ethical, social and legal issues of that patient. | 3.95 ± 0.76 | 4.09 ± 0.95 | | 0.051(NS) | | | 3.95± 0.75 | | | 4.06 ± 0.89 | | 0.272(NS) | | |
| During treatment, the patient’s wishes must always be adhered to. | 3.76 ± 0.82 | 4.12 ± 0.82 | | 0.083(NS) | | | 3.75± 0.80 | | | 4.02 ± 0.89 | | 0.026\* | | |
| The doctor should do what is best irrespective of the patient’s opinion. | 3.41 ± 1.01 | 3.30 ± 1.16 | | 0.676(NS) | | | 3.42± 1.03 | | | 3.32 ± 1.08 | | 0.654(NS) | | |
| The patient should always be told if something goes wrong. | 4.11 ± 0.75 | 4.42 ± 0.66 | | 0.225(NS) | | | 4.12± 0.75 | | | 4.30 ± 0.71 | | 0.433(NS) | | |
| Close relatives must always be told about the patient’s condition. | 3.64 ± 0.90 | 3.79 ± 1.19 | | 0.020\* | | | 3.68± 0.87 | | | 3.62 ± 1.16 | | 0.001\*\*\* | | |
| Children (except in emergency) should never be treated without the consent of their parents or guardian. | 3.88 ± 0.77 | 4.15 ± 1.25 | | 0.000\*\*\* | | | 3.89± 0.76 | | | 4.04 ± 1.14 | | 0.001\*\*\* | | |
| Doctors and nurses should refuse to treat patients who behave violently. | 2.53 ± 1.02 | 2.21 ± 1.22 | | 0.039\* | | | 2.52± 1.04 | | | 2.34 ± 1.14 | | 0.158(NS) | | |
| A patient who wishes to die should be assisted in doing so, no matter what his/her illness. | 2.20 ± 0.96 | 2.34 ± 1.11 | | 0.695(NS) | | | 2.22± 1.00 | | | 2.24 ± 0.98 | | 0.161(NS) | | |
| Patients who refuse to be treated on religious or other grounds, should be told that they need to find another doctor with their beliefs or accept the treatment offered. | 3.21± 1.02 | 2.79± 1.17 | | 0.030\* | | | 3.24± 1.03 | | | 2.86 ± 1.12 | | 0.141(NS) | | |

**\*p<0.05, \*\*p<0.01, \*\*\*p<0.001, NS- Not Significant**

Table 2 shows that the mean attitude scores of different age groups and different course exploring different areas of ethical issues in everyday practice increased corresponding with increase in age and course.

Fig.3: Percentage responses of respondents in relation to the code of conduct of Tamil Nadu Medical Council

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| TABLE 3: **COMPARISON OF RESPONDENTS' ATTITUDE SCORES REGARDING INTIMATE EXAMINATION OF PATIENTS** | | | | | | |  |  |  |  |  |  | | |
| **Statements on ethical issue** | **AGE(MEAN ± SD)** | | |  |  | **COURSE(MEAN ± SD)** | | | | | | |  |  |
|  | **20-25years** | **26-30years** | **p-value** | | | **Interns** | **Postgraduates** | | | | | **p-value** | | |
| During clinical teaching it is important to follow certain guidelines for intimate (vaginal , rectal) examinations of the patients like informed consent, maintain confidentiality | 4.48 ± 0.53 | 4.61 ± 0.75 | 0.001\*\*\* | | | 4.47 ± 0.53 | 4.58 ± 0.67 | | | | | 0.022\* | | |
| This should be followed even for anaesthetized or sedated patients | 4.03 ± 0.77 | 4.34 ± 0.85 | 0.033\* | | | 4.00 ± 0.77 | 4.30 ± 0.81 | | | | | 0.030\* | | |
| Privacy of one patient may be ignored for the benefit of the larger group | 2.40± 1.00 | 2.39 ± 0.9 | 0.907(NS) | | | 2.41 ± 1.00 | 2.38 ± 0.92 | | | | | 0.809(NS) | | |

**\*p<0.05, \*\*p<0.01, \*\*\*p<0.001, NS- Not Significant**

Table 3 shows that with increase in age or increase in course of study there is increase in attitude scores regarding intimate examination of patients. Participants of age 20-25 years [2.40; ±1.00] and interns [2.41; ±1.00] have better mean score in responses related to whether “privacy of one patient may be ignored for benefit of larger group”.

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| TABLE 4**: KWOLEDGE OF THE CODE OF CONDUCT OF THE TAMIL NADU MEDICAL COUNCIL (14)** | | | | | | | |  |  | |
| **Statements of acceptable behavior** | **AGE(MEAN ± SD)** | | |  |  | **COURSE(MEAN ± SD)** | | | |  |  |
|  | **20-25years** | **26-30years** | **p-value** | | | **Interns** | **Postgraduates** | | **p-value** | |
| Every physician shall display the registration number accorded to him by the State Medical Council / Medical Council of India in his clinic and in all his prescriptions, certificates, money receipts given to his patients. | 4.22 ± 0.65 | 4..55 ± 0.62 | 0.044\* | | | 4.21 ± 0.66 | 4.48 ± 0.61 | | 0.072(NS) | |
| A physician shall uphold the dignity and honour of his profession. | 4.40 ± 0.68 | 4.64 ± 0.55 | 0.320(NS) | | | 4.42 ± 0.66 | 4.50 ± 0.68 | | 0.652(NS) | |
| A registered medical practitioner shall maintain a Register of Medical Certificates giving full details of certificates issued. | 4.13 ± 0.72 | 4.45 ± 0.75 | 0.013\* | | | 4.12 ± 0.73 | 4.38 ± 0.73 | | 0.063(NS) | |
| When issuing a medical certificate he/she shall always enter the identification marks of the patient and keep a copy of the certificate. | 4.15± 0.72 | 4.58 ± 0.61 | 0.005\*\* | | | 4.12 ± 0.74 | 4.50 ± 0.58 | | 0.005\*\* | |
| Every physician should, as far as possible, prescribe drugs with generic names and he / she shall ensure that there is a rational prescription and use of drugs. | 4.22 ± 0.61 | 4.42 ± 0.66 | 0.016\* | | | 4.20± 0.62 | 4.40 ± 0.64 | | 0.032\* | |
| The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. | 4.24 ± 0.71 | 4.39 ± 0.70 | 0.462(NS) | | | 4.26 ± 0.69 | 4.28 ± 0.76 | | 0.795(NS) | |
| A Physician should participate in professional meetings as part of Continuing Medical Education programmes, for at least 30 hours every five years, Organized by reputed professional academic bodies or any other authorized organizations. | 4.10± 0.70 | 4.27± 0.72 | 0.377(NS) | | | 4.11 ± 0.71 | 4.20 ± 0.70 | | 0.732(NS) | |
| Physician shall not employ in connection with his professional practice any attendant to who is neither registered nor enlisted under the Medical acts in force and shall nor permit such persons to attend, treat or perform operations upon patients wherever professional discretion or skill is required. | 4.12 ± 0.72 | 4.45± 0.62 | 0.098(NS) | | | 4.12 ± 0.73 | 4.32 ± 0.65 | | 0.404(NS) | |
| A Physician should expose, without fear or favour, incompetent or corrupt, dishonest or unethical conduct on the part of members of the profession. | 4.15± 0.71 | 4.42 ± 0.66 | 0.213(NS) | | | 4.15± 0.72 | 4.34 ± 0.66 | | 0.422(NS) | |
| The physician engaged in practice of medicine shall give priority to the interest of patients. It is unethical to enter into a contract of "no cure no payment". | 4.04± 0.87 | 4.45 ± 0.75 | 0.087(NS) | | | 4.03 ± 0.88 | 4.34 ± 0.80 | | 0.146(NS) | |

**\*p<0.05, \*\*p<0.01, \*\*\*p<0.001, NS- Not Significant**

Table 4 describes students’ knowledge of code of conduct of the Tamil Nadu Medical Council. In answer to question “A physician shall uphold the dignity and honour of his profession”, the mean score was high among 26-30years [4.64; ±0.55] and postgraduates [4.50; ±0.68]. While answers for the question “The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration”, mean scores were high for 20-25years [4.22; ±0.71] age and interns [4.26; ±0.69] when compared to other questions among them. Figure 3 shows that maximum i.e. 85.50% of the participants has agreed to all the statements of ethical code of conduct. There was a significant correlation between age groups or course and the statements “When issuing medical certificate he/she shall always enter identification marks of the patient and keep a copy of the certificate.” and “Every physician should, as far as possible, prescribe drugs with generic names and he/she shall ensure that there is a rational prescription and use of drugs.”

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| TABLE 5: **TOTAL SCORES ON MEDICAL ETHICS OBTAINED** | | | |  |
| **Grading of score** | **AGE**  **No. (%)** | | **COURSE**  **No. (%)** | |
|  | **20-25years (n=147)** | **26-30years (n=33)** | **Interns (n=130)** | **Postgraduates (n=50)** |
| Less (<50%) | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) |
| Moderate (51-75%) | 78 (53.06%) | 11 (33.33%) | 68 (52.31%) | 21 (42%) |
| High (>75%) | 69 (46.94%) | 22 (66.67%) | 62 (47.69%) | 29 (58%) |

Total achievable score (Table 5) shows that none of the participant has scored less (<50%). When compared between ages, almost half the participants of age 20-25 years have scored moderately (51%-75%) while those in 26-30 years age group 66.67% scored high (>75%). 58% of postgraduates have scored high (>75%) while 52.31% of interns scored moderately (51%-75%).

DISCUSSION:

Medical ethics is a system of moral principles that apply values to the practice of clinical medicine and in scientific research.(2) (13) Ethical issues in healthcare are fairly common these days, where physicians make ethical judgments about clinical situations every day.(3)(4) They face ethical dilemmas that are both perplexing and emotionally draining.(3) Thus requiring every medical practitioner to make ethics an integral part of their medical practice where all registered practitioners require to know the ethical regulations and follow them to protect themselves from lawsuits in future. It also enables them to protect the interests of the patient and provide them with better healthcare services.

In the current study conducted among interns and postgraduates, 42.3% interns and 56.0% postgraduates opined that ethical issues in medical profession is extremely important, 57.7% interns and 44.0% postgraduates felt ethical issues to be important while none viewed it to be unimportant. In other study conducted in West Bengal only 24.1% undergraduates considered ethical issues to be extremely important, 59.3% considered it important whereas there were 4.4% students who viewed it to be unimportant.(10)

In a study conducted in Egypt among physician residents showed that main sources of their knowledge on ethics was from their personal experience at work (40.6%) and 18% learned it during their medical education.(11) In study conducted in West Bengal main source of ethical knowledge involved 54.7% lecture classes and 47.8% from ethical books which is a part of forensic medicine.(10) While this study showed the major source being clinical training (37.2%).

Even though theoretical knowledge which forms the basics of ethics is needed, the variation may be because interns and postgraduates learn ethics better when faced with ethical dilemmas in clinical practice.

As regards the existence of an ethical committee in the college, 70% interns and 94% postgraduates were aware of its existence while 30% interns and only 6% postgraduates did not know if there was one or not. In the West Bengal study, 10.9% were aware of the existence of the ethical committee in their college while 18.9% did not know its existence and 70.2% were not aware if it existed or not.(10)The variation being due to an active involvement of research by students and the importance of Institutional Ethics Committee reinforced by the institution.

Ethical conduct is important only to avoid legal action was agreed by 48.89% of the respondents while 25.55% disagreed. In the study done in Egypt only 4.7% agreed that ethical conduct is important to avoid legal action while 95.3% disagreed to it.(11) In West Bengal study, 43.8% agreed and 37.9% disagreed on that statement.(10) This may be as result of differences in teaching in different countries and differences in course/level of medical studies pursued by different respondents.

Majority of the respondents agreed that it is necessary to follow certain guidelines during intimate examinations like informed consent and maintain confidentiality which should be followed even with anaesthetized patients. This is similar to other studies.

When it comes to adhering to patient’s wishes, 72.22% respondents agreed while 6.67% disagreed which is higher when compared to the study conducted in Egypt where 57.8% agreed while 42.2% disagreed.(11)

The doctor doing best for the patient irrespective of patient’s opinion, the mean scores were higher in postgraduates than interns which shows that there is increase in awareness due to increased exposure to ethical conduct in clinical practice which is similar to the studies carried out in West Bengal and Egypt.

In areas like Children treated without the consent of guardians or parents, most of them agreed that it can be done in emergencies when consent from parents and guardian is not available which is similar to other studies.

During clinical rounds along with clinical aspects of patient’s care, it is essential to discuss ethical, social and legal issues of the patient which is being agreed by most of the postgraduates and interns from the study and as well as by most of the medicos.

Regarding the prescription of medicine the study observed 91.1% agreed on prescribing generic medicines whereas the West Bengal study showed that only 28.9% agreed while 59.9% disagreed on prescribing generic medicines.(10)

Overall study revealed that none has less score and 54.83% had high scores in comparison to the West Bengal study where 50.9% undergraduates had a good score while 3.7% had poor score.(10)

Majority of interns and postgraduates responded positively for importance of medical ethics and also had basic knowledge about the medical ethics laid down in Tamil Nadu Medical Council.

Postgraduates and those aged 26-30 years had far greater positive attitude towards medical issues and knowledge on medical ethics.

The ethical conduct of a registered medical practitioner depends on the training given to them during his tenure in medical school, their internship and practice during post-graduation. (8)(9)

Although the undergraduate medical curriculum is considered a good time to introduce medical ethics, it has been found that purely theoretical study in this context may not produce the best recall and application of these principles, and students may learn best when faced with ethical dilemmas in clinical practice. The best time to teach medical ethics may thus be during postgraduate education or continuing professional development.(8) (12)

Thus medical ethics should be an integral part of medical practice and hence provide healthcare in a healthy environment for both doctors and patients.

CONCLUSION:

The study highlights that exposure to clinical practice provides more insight on ethics.It throws light on the prevailing situation and helps to plan and implement the medical curriculum to encourage the practice of medical ethics and the ethical code of conduct and make it an integral part of every registered medical practitioner’s Medical practice. Although the undergraduate medical curriculum is considered a good time to introduce medical ethics, it has been found that purely theoretical study in this context may not produce the best recall and application of these principles, and students may learn best when faced with ethical dilemmas in clinical practice. The best time to teach medical ethics may thus be during postgraduate education or continuing professional development.

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