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People often ask what impact teaching bioethics will have on medical profession. Most of them are skeptical that there will be any changes. Being scientific people, we as doctors are find it difficult to go beyond etiology, clinical signs and symptoms and treatment modalities. People often want to have answers in the quantitative term to the question whether teaching bioethics make in difference or not? Finding not an easy answer makes them uneasy, and strengthens the notion that bioethics is a fashionable thing, in vogue these days.

I got interested in Bioethics almost four years ago, and got admission in a diploma course, which was offered by a neighboring institute, in my country. This is the only institute in the country of 200 million population, imparting formal training in Biomedical ethics. At that time my University had hardly one or two persons who had some basic knowledge of biomedical ethics. I was allowed to attend contact period of diploma courses on the pretext that I will make an attempt to introduce the subject in the curriculum of my University. As I continued my studies in the subject, I started feeling vibes of changes with in my inner self. I started having a feeling of discomfort when information officer came and asked me if I will be interested in the Congress being held at one of the tourist resorts. A polite refusal always made them inquire me why I was saying NO, as I used to travel with them in past. The worst scenario were when the neighboring unit of the hospital used to post their pictures on social media with added comments from friends and family members, that how beautiful this world is !. One day a junior consultant came to my office and said that majority of consultants from neighboring units are on holidays, except our unit. What is wrong with us, neither you go in these conferences, neither they are taking us now a days. I found my self in deep waters as I found it difficult to make her understand that all the money which will be spent on our fun and frolic, will be paid by our poor patients. Since the start of my journey in the field of Bioethics, I have not availed any of the foreign conferences on the expense of Pharmaceutical industry. Since I as unit Incharge do not encourage this practice, the junior consultants find it difficult to say YES for these fun tours. I had difficulty in reducing the influence of Pharmaceutical industry from my department. They were assisting us in getting printed stationary, all types of analgesics and antibiotics, providing help with infrastructure in the department, when it was difficult to get assistance from the officials of the hospital. The official help is never denied in the public sector hospitals, but availing them at the right moment becomes a very hard task, and we all like to have short cut to our problems. Slowly, I started finding solutions to all these daily problems. Stationary problem was solved with the help of buying a photocopier machine for the department. A little persistence with the hospital officials, helped me in improving infrastructure of the department. Since the sample antibiotics stopped coming with this change in attitude, I started teaching my residents the importance of prophylactic antibiotics. Now we make it sure that residents follow the patient safety protocol, which means patients are given bath a night before any surgical procedure, antibiotic is given only at the induction of anesthesia, or at cord clamping. Repeat dosing is done only in special circumstances. Not only has it decreased the infection rate in the department, it has also made an influence on the cost of medicines. The drugs which are prescribed at the time of discharge from facility, is also a source of concern. You as a doctor, are always expected to write favored drugs, with out giving a second thought that how much it will cost to the patient? I remember doctors of my neighboring unit always used to prescribe drugs at the time of discharge which were manufactured by her spouse’s company. With the help of hospital pharmacy, we customized drug packets, which included a multivitamin or iron supplement, a simple analgesic and antibiotic if required. This also ensured that patient had medicines at the time of discharge and made them happy as well. Now neither I am visited by the information officer of the pharmaceutical companies, neither my staff finds any one to interact with. This paradigm shift came after attending the module on Physician-Pharma relationship. Before attending the module I was not aware that local regulatory authorities have issued code of conduct how to interact in professional matter, the responsibilities of Physician in this regard, and the concept of conflict of interest was made understandable to me.

So when people ask me what have you learned after enrolling your self in the Bioethics course, I find difficult to answer. There are no numbers to tell them, change in attitude and behavior takes long to get noticed, can not be expressed explicitly, unless you are being observed closely.

My relationships with patients and their families have also seen a shift in my approach towards them. Like all other Physicians I had a very paternalistic attitude towards my patient. What my science taught me was good for my patient, always practiced that with out even taking into consideration family members and surrogate consent makers. Cesarean section is the most common procedure performed in operating room. Every time before the procedure the junior doctors were on hunting mission for the spouses to sign the consent form. The woman giving birth was never considered for signature. She was only informed that she is being taken for operative procedure. In absence of spouse, all other family members had the right to sign the document, except the woman undergoing procedure. Introduction to respect for person’s right changed this practice in my department. One of the good things for my adult learning was that I had an audience who could listen to me. It was my residents with whom I used to interact after each contact session. Now residents know that it’s the woman in labor room who not only needs to understand the reason for her operation, but also has to sign the consent form. Though she will always ask the resident to inform the spouse or any other surrogate consent maker who is with her at that time. But that signature now comes under the heading of witness. At any given time in the training session there are minimum of 20-25 residents who are being trained. Will it have any impact in future, only time will tell.

The same module taught me what are rights of patients? Being a gynecologist I used to get patients who requested for perennial tightening procedures. I always used to rebuff them, and will not admit them. Learning bioethics also killed my paternalistic attitude, introduced the art of listening to the patient. When one such woman, mother of five children requested for this procedure in out-patient, instead of saying a firm NO, I asked her why she wanted to have the procedure. She told me that she will be thrown out of house, if she is unable to satisfy sexual desires of her spouse. This was the first time, I donned the cap of cosmetic surgeon, in order to save her marriage. It did not matter for the woman, that the professional bodies of my discipline forbids for doing this procedure, unless it endangers mental health of woman. Now when I think in retrospect, I don’t know how many marriages may have been dissolved out of my paternalistic attitude towards patient.

My training in the subject of Biomedical ethics also introduced me to the concept of research ethics, rights of participants and the knowledge of infamous research trials which have been conducted in the past. I found it was a common practice to conduct trials on the drugs, with out taking permission from Institutional Review Board. And when physicians were asked to obtain approval beforehand, their reply always was to issue approval letter this time and they will be careful in future. Once an administrative officer who also happened to be University’s hierarchy rang to ask for approval letter for a clinical trial which had been done three years ago, in different hospitals. Research ethics module had introduced the concept of respect for research participants, how to safe guard the research participants. It was hard to explain to the Physician that terms of reference for IRB, states clearly that permission needs to be taken before the start of trial and not at the completion of trial. This battle is on going with full administrative support for Physician.

Coming back to question does training and teaching bioethics in medical curriculum makes any difference? On a personal note I feel positive that it will bring a change in society, albeit slowly and gradually. One must realize that it is not a magic pill, it poisons you slowly and gradually !