

the Hippocratic Oath, codes of conduct and laws regulating the profession are devised and updated from time to time [1]. These codes have been included in the health professionals' training curriculum in many countries, and there has been a growth in the number of ethicists and ethical committees. Despite this, complaints against healthcare professionals appear to proliferate. This may be a reflection of both an increased public awareness as well as the inappropriate practices by the healthcare professionals.

Traditional medical training offers little help in resolving the ethical dilemmas encountered by healthcare professionals. There are opinions that very few physicians trained in the Caribbean have been exposed to training in this important area of medical practice. However, on qualifying, healthcare professionals are expected to know about ethical practice during application of their skills [2].

There have been many reports stressing the importance of incorporating ethical and legal issues into medical curricula [3-5]. There is also an argument that doctors and nurses should be taught medical ethics simultaneously [6]. There are reports of unethical behavioural patterns of medical students and medical practitioners with patients as well as colleagues [7-9]. The value of both positive and negative role models in teaching medical ethics has been well recognized [10,11].

There are many recommendations to strategize the teaching of medical ethics, most of it emphasizing the importance of tailoring it to the needs of the particular society in which it would be relevant. Medical ethics teaching should also be all inclusive, such as the teaching the value of 'heart' over 'mind', the value of incorporating deontological concepts etc [12].

On the other side of the spectrum, teaching medical ethics as if it is a scientific body of knowledge could also be dangerous. This is because it may miss the individualistic perception of morality and ethics innate to every professional, which would have been constructed by one's own unique cultural, socioeconomic and geographical background [13]. Hence the curriculum of medical ethics should be tailored to the social and cultural background where it is taught.

In order to formulate ethical curriculum germane to every region, the first step may be to determine the current basic knowledge and attitudes of the healthcare practitioners in the region. There have been few standard yardsticks designed to measure what is known and practised, so that educational efforts may be better targeted [14]. Physicians and nurses work closely together for patient-care, but the professional relations between the two categories may

have differences with respect to their attitudes towards patient-care [15]. With this background the present study is an attempt to elucidate the knowledge, attitude and practice of the physicians and nurses in relation to healthcare ethics and law in Barbados.

## Methods

A thirty item self-administered structured questionnaire about knowledge of law and ethics and the role of an ethics committee in the healthcare system was devised *de novo* and tested. It was made available to all levels of staff at the Queen Elizabeth Hospital in Barbados (a tertiary care teaching hospital) during April, May 2003. The questionnaire included a full range of response options, designed to identify the practitioner's knowledge, beliefs and attitudes towards patient care in relation to healthcare ethics and law. Prior to distribution of the questionnaire a pilot study was done with a select group of healthcare workers who were asked to fill out the questionnaire and return with comments and criticism. Minor changes were made to the final instrument. The questionnaire is given in the 'Appendix' section.

The initial part of the questionnaire consisted of demographics such as occupation, age, gender, the duration of work experience and the frequency of ethical or legal problems encountered in practice. The second part of the questionnaire comprised of questions regarding the importance of knowledge of ethics and law to work, the source of knowledge of ethics and law and the preference for consultation regarding an ethical or legal problem should it arise.

Questions were asked whether the respondent knew of the presence of an ethics committee in the institution. The respondent was asked if he/she knows about the role of the ethics committee and if the ethics committee satisfied its role. There were eight roles described for the ethics committee in the questionnaire and the respondents were given a choice of 'yes', 'no' or 'not sure' to respond to this question (Appendix).

In the final part of the questionnaire, respondents were asked to answer questions on everyday ethical issues, if the respondent agrees or disagrees to statements concerning ethical conduct, autonomy, paternalism, confidentiality, informing patients about wrongdoing and relatives of patient condition, informed consent, treating non-compliant or violent patient, religious beliefs influencing the treatment, abortion and euthanasia. The respondents were required to answer if they agree or disagree to the statements made on these issues and the gradation of the response was provided in a Likert scale ranging from 1 to 5 (1-strongly disagree, 2-disagree, 3-not sure, 4-agree and 5-strongly agree) (Appendix).