
COMPARATIVE STUDY OF KNOWLEDGE AND PRACTICE TOWARDS MEDICAL ETHICS AMONG PHYSICIANS OF FAYOUM UNIVERSITY HOSPITALS AND FAYOUM GENERAL HOSPITAL, EGYPT.

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Abstract

Background: Medical ethics is an arrangement of good rules that apply qualities to the act of clinical medicine. It depends on a lot of qualities that experts can allude to on account of any disarray or strife. These qualities incorporate the regard for autonomy, non-maleficence, beneficence, and justice.

Aim of the work: to assess knowledge and practice of medical ethics among physicians of all qualifications in Fayoum general hospital and Fayoum University hospitals, also make a comparison between the two hospitals.

Methods: A cross sectional descriptive study was carried out at Fayoum General Hospital and Fayoum University Hospital. The survey was conducted over a period of six months between January 2017 and June 2017. This study was based on a self-administered, structured, close ended questionnaire.

Results: The majority of participants could mention the correct answers with a percentage near 100% in most questions related to knowledge. participants of FUH (90%) knew more about the existence of an ethical committee and about half of them knows its role compared to participants of FGH (50% and 20% respectively). also a shortage of knowledge in both hospitals' participants as regard the Code of Ethics, 2002. There was a shortage in taking informed consent from patients before examination in participants of both hospitals. A statistical significant difference in the total knowledge score (IQR=11&7 for FUH&FGH respectively) and total practice score (IQR=14&13 for FUH&FGH respectively) between the

two settings of the study. The total practice score was significantly different among physicians of different qualifications in participants of FGH. Knowledge score was positively correlated with practice score, while, age showed a negative correlation with practice.

Conclusion: This outcome proposes that medical ethics learning in Fayoum Faculty of medicine ought to be reinforced in subjects where knowledge and practice levels were low.

Key words: Fayoum; Knowledge; Medical ethics; Practice.

INTRODUCTION

Medical ethics is an arrangement of good rules that apply qualities to the act of clinical medicine. It depends on a lot of qualities that experts can allude to on account of any disarray or strife. These qualities incorporate the regard for autonomy, non-maleficence, beneficence, and justice (**Beauchamp & Childress 2013**). Such precepts may permit specialists, care suppliers, and families to make a treatment plan and work towards a similar shared objective with no conflict (**Weise Mary 2016**).

It is commonly concurred that morality is about what is good and bad dependent on socially affirmed standards of human conduct. We learn moral guidelines alongside other social tenets. Then, we can recognize general social standards held by all individuals from society, and explicit social tenets or moral rules restricting the individuals from exceptional gatherings (**Agich, 2005**).

The Hippocratic Oath which frames the ethical ground of clinical practice is now seen persuasively. With inflexible advancement in medicine and commercialization, the established premise of ethical parts of clinical practice is re-imagined in following significant documents like Nuremberg code and Helsinki assertion. The pertinence of human services morals in a specific nation parallels with winning law. Additionally, financial requirements and contemporary social qualities regularly shape and decide

ethical practice (**Adhikari et al., 2016**).

There is Growing open mindfulness with respect to the moral direct of medical professionals, and grievances against doctors seem, by all accounts, to be heightening. The evolving doctor-patient relationship and commercialization of current medical practice has influenced the act of medicine. Patient speculates carelessness as a reason for their torment (**Reddy, 2007**).

Forensic medicine and clinical toxicology department, Faculty of medicine, Fayoum University, teaches a lecture on ethics and medical responsibility for 4 hours per group of four groups for fourth year medical students, but from the beginning of the next year a full course on ethics will be taught to students of the second class 12 hours a year. On the other hand postgraduate students don't take any teaching course about medical ethics. Strangely enough, students consider the subject unimportant and useless in their practical lives.

To our knowledge this is the first study that deals with medical ethics either in Fayoum general hospital or Fayoum University hospitals.

AIM OF THE WORK:

This study was conducted to assess knowledge and practice of medical ethics among physicians of all qualifications in Fayoum general hospital and Fayoum University hospitals, also make a comparison between the two hospitals. And so we can prove or not the need for a learning course of medical ethics for

postgraduate students in Fayoum Faculty of medicine.

SUBJECTS AND METHODS

The study Design;

A cross sectional descriptive study was carried out at Fayoum General Hospital and Fayoum University Hospital. The survey was conducted over a period of six months between January 2017 and June 2017.

The study population;

A total sample of 200 physicians was included in the study. One hundred persons were selected from each setting.

The study tool;

This study was based on a self-administered, structured, close ended questionnaire developed for the stated objectives. The questionnaire was designed based on wide search in the literature. The questionnaire has two parts: the first part is for getting information on certain demographic characteristics. The second part consisted of three subscales designed to assess the knowledge (14 questions and practice (16 questions) about medical ethics.

The responses were based on 2 points which included (know or do not know) for knowledge questions; the know answer was scored 1, don't know was scored 0 with a maximum total score of 14 and (Done and not done) for practice questions; right practice was scored 1 and a bad practice was scored 0 with a maximum total score of 16. Furthermore, it was field-tested on a pilot sample of (10% of the target sample) to clarify any ambiguities and to ensure proper understanding of the questionnaire. The pilot testing allowed some modifications of certain questions to achieve high internal consistency and reliability (Cronbach's

$\alpha = 0.721$ and 0.80 for knowledge and practice, respectively). The pilot sample was not included in the final sample of the study.

DATA ANALYSIS:

All data was coded, entered, and analyzed using Statistical Package for Social Sciences program (SPSS, version 21, SPSS, Chicago, IL, U.S.A.). Mean and SD or median (IQR) were calculated for quantitative variables in the form of simple descriptive analysis. Independent t-test, Mann-Whitney, or Kruskal-Wallis test were used as a test of significant; p-value of ≤ 0.05 was considered statistically significant. Categorical data was analyzed by computing numbers and percentages. Chi-squared test was used as a test of significant. Multiple linear regression analyses were performed for predicting score of knowledge & practice.

ETHICAL CONSIDERATIONS:

This study was reviewed and approved by the Fayoum University Research Ethical Committee Permission and official approval was procured from all directors of the involved health facilities. Participation were voluntary, anonymous and without compensation. The study was conducted after clearly explaining the background and the purpose of the study with an information sheet.

RESULTS

There was a statistically significant difference between participants of Fayoum University Hospital (FUH) and Fayoum General Hospital (FGH) as regards mean age (35.9 ± 9.3 vs. 31.4 ± 6.8), $p < 0.0001$. Regarding sex, there was no statistically significant difference between participants from the two settings. On the other hand, there was a

statistically significant relation between qualification and the study settings, $p < 0.0001$ (table 1).

The majority of participants could mention the correct answers with a percentage near 100% in most questions related to knowledge. However, about one-third (35.0%) of physicians at FGH knew about the existence of the ethics committee in the faculty of medicine, contrary to 90% of physicians at FUH. Also, only 20.0% of physicians at FGH could identify the roles of this committee in opposition to 50% of physicians at FUH. Minority of the study participants (10% and 41% at FGH and FUH, respectively) was not aware about MCI's Code of Ethics, 2002. No physicians at FUH and only 9% of physicians at FGH were aware about that disclosure of medical reports is a good idea. Only 9% of physicians at FGH in contrary to a majority (90%) of physicians at FUH agreed that relationship can be established between physicians and patients in medical practice. Less than half (43.0%) of physicians at FGH knew what made a practitioner negligent contrary to 89% of physicians at FUH. About one-third of physicians at FGH and 10% at FUH stated that medical treatment should not rely heavily on drugs (table 2).

The majority of participants could do the correct practice with a percentage close to 100% for all items except for three items. No physician at both settings took informed consent from patients (before history-taking, before examination or before exposing any body part). About half (51%) of physicians at FGH and one third (35%) at FUH accepted patient's request not to be examined by medical students. About one-third (35%) at FGH did not

share information without patient's consent in contrast to 85% at FUH (table 3).

Regarding the relation between participants' characteristics with the knowledge and practice of medical ethics, there was a statistical significant difference in the total score of knowledge and practice score between the two settings of the study with $P < 0.05$. Whereas, the two scores was higher in participants at FUH than those at FGH. Also, the total knowledge score showed a statistically significant difference between males and females in participants of FGH only. As well, the total practice score demonstrated a statistical significant difference in relation to sex with $P < 0.05$ in both settings. However, there was a statistically significant difference between different categories of qualifications as regards practice score among participants at FGH only, as shown in table(4).

Multiple linear regression analyses were performed to show the significant predictors affecting knowledge and practice. For knowledge; the setting and qualification were found to be significant predictors, $P < 0.05$. Regarding practice; age, setting (FUH versus FGH) and total knowledge score were significant predictors, $P < 0.05$, table (5).

Table (1): Participants' characteristics

| Variable | FGH | FUH | P-value |
|-----------------------------|----------------|----------------|----------|
| Age, Mean \pm SD | 35.9 \pm 9.3 | 31.4 \pm 6.8 | <0.0001* |
| Sex, N (%) | | | |
| Male | 72 (72.0) | 66 (66.0) | 0.359 |
| Female | 28 (28.0) | 34 (34.0) | |
| Qualification, N (%) | | | |
| Resident | 45 (45.0) | 60 (60.0) | <0.0001* |
| Specialist | 55 (55.0) | 20 (20.0) | |
| Consultant | 0 (0.0) | 20 (20.0) | |

*Significant

Table (2): Distribution of physicians in both Fayoum General Hospital (FGH) & Fayoum University Hospital (FUH) according to Know answers for different items of knowledge about medical ethics.

| | FGH | | FUH | |
|--|-----|-------|-----|-------|
| | N | % | N | % |
| 1-Do you know that ethics committee is present in the faculty of medicine? | 35 | 35.0 | 90 | 90.0 |
| 2- Do you know the role of ethical committee in your institution? | 20 | 20.0 | 50 | 50.0 |
| 3- Do you know the term "medical ethics"? | 100 | 100.0 | 100 | 100.0 |
| 4- Is medical ethics an essential topic for physicians? | 100 | 100.0 | 100 | 100.0 |
| 5- Are you aware of MCI's Code of Ethics, 2002? | 10 | 10.0 | 41 | 41.0 |
| 6- Do you know the rights of patients that should be acknowledged? | 75 | 75.0 | 80 | 80.0 |
| 7- Is disclosure of medical reports a good idea? | 9 | 9.0 | 0 | 0.0 |
| 8- Can relationship be established between a physician and the patient in medical practice? | 9 | 9.0 | 90 | 90.0 |
| 9- Do you know what makes a practitioner negligent? | 43 | 43.0 | 89 | 89.0 |
| 10- Is it good for patients to know about their own disorders via the Internet and/or books? | 68 | 68.0 | 80 | 80.0 |
| 11- Patients have the right to a second medical opinion? | 100 | 100.0 | 100 | 100.0 |
| 12- Is palliative care good? | 56 | 56.0 | 64 | 64.0 |
| 13- Should medical treatment rely mainly on drugs? | 29 | 29.0 | 10 | 10.0 |
| 14- Should physicians as a routine describe and/or explain information about drugs? | 71 | 71.0 | 90 | 90.0 |

FUH= Fayoum University Hospital FGH= Fayoum General Hospital

Table (3): Distribution of physicians in both Fayoum General Hospital (FGH) & Fayoum University Hospital (FUH) regarding good practice for different items of medical ethics.

| | FGH | | FUH | |
|--|-----|-------|-----|-------|
| | N | % | N | % |
| 1- Are you taking informed consent from patient (before history- taking, before examination or before exposing any body part)? | 0 | 0.0 | 0 | 0.0 |
| 2- Do you prescribe medication that was not indicated (e.g. only for research)? | 100 | 100.0 | 100 | 100.0 |
| 3- Do you instruct investigations that were not indicated (e.g. only for research)? | 100 | 100.0 | 100 | 100.0 |
| 4- Do you show respect, dignity, responsiveness and attention to patient's health needs? | 100 | 100.0 | 100 | 100.0 |
| 5- Do you accept patient's request not to be examined by medical students? | 51 | 51.0 | 35 | 35.0 |
| 6- Do you use a private room/screen for examination? | 100 | 100.0 | 100 | 100.0 |
| 7- Do you ensure nobody present other than medical team? | 100 | 100.0 | 100 | 100.0 |
| 8- Do you share information without patient's consent? | 34 | 34.0 | 85 | 85.0 |
| 9- Do you fully inform patient about cause(s) of illness? | 72 | 72.0 | 96 | 96.0 |
| 10- Do you make full examination of patient to reach diagnosis? | 100 | 100.0 | 100 | 100.0 |
| 11- Do you give patient the right to refuse treatment and change health care provider? | 100 | 100.0 | 100 | 100.0 |
| 12- Do you give patient the opportunity to share in decision about treatment? | 87 | 87.0 | 92 | 92.0 |
| 13- Do you fully inform patient about side-effects of treatment? | 70 | 70.0 | 83 | 83.0 |
| 14- Do you fully inform patient about cost of drugs? | 84 | 84.0 | 93 | 93.0 |
| 15- Do you Inform patient about follow-up visits? | 100 | 100.0 | 100 | 100.0 |
| 16- Are you taking consultation of seniors for patient care when needed? | 100 | 100.0 | 100 | 100.0 |

FUH= Fayoum University Hospital FGH= Fayoum General Hospital

Table (4): Relation between participants' characteristics and knowledge and practice about medical ethics

| Variable | | Knowledge score | | Practice score | |
|----------------------|------------|-----------------|----------|----------------|----------|
| | | Median (IQR) | P-value | Median (IQR) | P-value |
| Setting | | | | | |
| FGH | | 7 (7-8) | <0.0001* | 13 (12-13.75) | 0.044* |
| FUH | | 11 (9-12) | | 14 (13-14) | |
| Gender | | | | | |
| FGH | Male | 8 (7-9) | <0.0001* | 13 (13-14) | 0.003* |
| | Female | 7 (7-7) | | 12(12-13) | |
| FUH | Male | 11 (8.75-12) | 0.752 | 14 (11-14.25) | 0.018* |
| | Female | 11 (10-11) | | 13.5 (13-14) | |
| Qualification | | | | | |
| FGH | Resident | 7 (7-8) | 0.512 | 14 (13-14) | <0.0001* |
| | Specialist | 7 (7-9) | | 12 (12-13) | |
| FUH | Resident | 11 (7-12) | 0.719 | 14 (13-15) | 0.220 |
| | Specialist | 10.5 (9-12) | | 14 (13-14) | |
| | Consultant | 11 (10-11) | | 14 (13-14) | |

*Significant FUH= Fayoum University Hospital FGH= Fayoum General Hospital IQR= interquartile range

Table (5): Multiple linear regression analysis for predicting score of knowledge & practice.

| | β coefficient | P-value | 95.0% Confidence Interval for β | |
|--------------------------|---------------------|--------------------|---------------------------------------|--------------|
| | | | Lower Bound | Upper Bound |
| Knowledge score | | | | |
| (Constant) | 5.803 | <0.0001 | 4.107 | 7.5 |
| Setting (FUH versus FGH) | 2.053 | <0.0001* | 1.473 | 2.634 |
| Qualification | 0.748 | 0.024* | 0.098 | 1.398 |
| Age | -.027- | 0.323 | -.080- | 0.027 |
| Sex | -.236- | 0.419 | -.809- | 0.338 |
| Practice score | | | | |
| (Constant) | 14.266 | <0.0001 | 12.775 | 15.756 |
| Setting (FUH versus FGH) | 0.948 | <0.0001* | 0.688 | 1.209 |
| Qualification | -.181- | 0.186 | -.451- | 0.088 |
| Age | -.022- | 0.047* | -.044- | 0.000 |
| Sex | 0.016 | 0.893 | -.217- | 0.249 |
| Total knowledge score | .074 | 0.012* | .016 | .131 |

*Significant FUH= Fayoum University Hospital FGH= Fayoum General Hospital

DISCUSSION

Healthcare ethics are a delicate system installed inside the medical profession. Non-adherence to medical ethics and unacceptable administration and arrangement of the cases undermine to weaken doctor-patient relationships, as well as lead to imperfect administration conveyance and conceivably trigger rates of violence and misuse. In different settings, proof of unethical conduct seen by medical students and resident doctors has been reported (**Ulrich et al., 2010**).

This study is a cross-sectional descriptive study which aims to compare knowledge and practice of medical ethics among physicians of different qualifications in Fayoum General Hospital and Fayoum University Hospital.

To our knowledge no earlier studies had been done in Fayoum governorate about the issue of medical ethics.

This study showed that the mean age of participants of Fayoum University Hospital (FUH) and Fayoum General Hospital (FGH) was (35.9 ± 9.3 vs. 31.4 ± 6.8), which was highly significant ($p < 0.0001$). Also, there was a highly significant difference ($p < 0.0001$) between the two hospitals regarding their qualification. This was in accordance with **Adhikari et al., 2016** and **Hariharan et al., 2006** where, residents were the highest number among participants, but disagree with our results in that the age of participants was lower than ours.

Regarding the knowledge about medical ethics, this study reported that the majority of participants could mention the correct answers with a percentage near 100% in most questions. On the other hand participants of FUH (90%) knew more about the existence of an ethical committee and about half of them

knows its role in the faculty of medicine, Fayoum University compared to participants of FGH (50% and 20% respectively), this may be due to their work and adherence to all departments in FUH, the same was reported by **Hariharan et al., 2006**, although the percentage (71%) was higher than ours. Also, **Mohamed et al., 2012** agreed with our results as they reported that the majority of physicians realized the presence of an ethics committee in the faculty and only a few of them asked the committee for advice.

A shortage in knowledge about disclosure of medical reports and the relationship between physicians and patients had been reported in participants of FGH compared to participants of FUH, which may be explained by the Bad treatment of patients with doctors, as well as doctors' fear of legal liability and frequent complaints against doctors from patients and their families. These findings expressly delineated the grim knowledge on the most essential moral standards and research ethics among health staff.

The current study results agree in most topics of knowledge with **Mohamed et al., 2012** who studied knowledge and practice among residents of Alexandria University hospitals. On the other hand they disagree with our results in FUH in that disclosure of medical reports were a good idea (45.3%) compared to none of the participants of FUH considered this a good idea. Also, our results go online with studies done by **Walrond et al., 2006** and **Anup et al., 2014** in which majority of the participants had answered correctly to the questions based on ethical knowledge.

Our results also showed a shortage of knowledge in both hospitals' participants as regard the Code of Ethics, 2002, which denotes the need

for frequent courses about ethical conducts for postgraduate students and frequent seminars regarding this issue in both hospitals. This was in accordance with **Adhikari et al., 2016**, who revealed 90 % of doctors and nurses did not know the content of Nuremberg code and over 85 % of them did not know about the content of Helsinki Declaration. Similarly, **Subramanian et al., 2013** reported that 16% of physicians informed ethics as a "code of conduct". The same was found by **Hariharan et al., 2006** who reported that more than 90% of doctors did not realize the Nuremberg Code or the Helsinki Declaration.

Generally, healthcare personnel gets restricted formal training in ethics, however their everyday work includes immediate or indirect need for knowledge in this area. The view has been unequivocally communicated that teaching and training of ethics ought to be a nonstop procedure in medical training. It is likewise proposed that medical and nursing students could be trained together in interdisciplinary settings to enhance ethical practice in social insurance (**Hanson, 2005**).

Regarding the practice about medical ethics, this study reported that the majority of participants could do the correct practice with a percentage close to 100% in most items; this might be because of the way that questions based on practice were basic and simple to reply as they depended on fundamental good standards. This was in accordance with **Anup et al., 2014**, **Mohamed et al., 2012** and **Hariharan et al., 2006**.

Although FUH and FGH are public hospitals, where the patient may be examined and history is taken in front of any person present in the room of examination which makes the patient hide any details about his illness, this study had shown the keen of all participants to check the patient

in a private room keeping the secrecy of him. This was online with **Mohamed et al., 2012**. Also, **Geiderman et al., 2006** reported the same results.

This study reported a shortage in taking informed consent from patients before examination in participants of both hospitals, which explained by the nature of the culture of both the doctor and the patient and what grew up and learned by each of them as well as lack of knowledge related to good practice. This finding was opposite to what reported by **Mohamed et al., 2012**, All residents took informed consent and complied with the principle of not harming the patient.

Also, this study concluded that most of the participants of FUH denied Patients' right to refuse examination by medical students compared to FGH participants, which may be due to the nature of FUH as an educational institution aimed at teaching students in return for free treatment of patients. On the contrary **Mohamed et al., 2012** stated that 93% of participants accepted the patients' request not to be examined by medical students.

Medical practice appends extraordinary significance to the ideas of informed consent, and specialists have considered it a "cultural artifact", in that dependence on this idea isn't all-inclusive (**Ruhnke et al., 2000**). Indeed, even in the US, there is regularly a conflict between these moral models and the ethical instincts of many doctors (**Boisaubin, 2004**). Absence of applied ethics training has additionally been noted in different nations, for example, Germany (**Moehring et al., 2011**) and even the US, which has dependably advocated the reason for bioethics (**Mattick and Bligh, 2006**).

Generally this study showed a statistical significant difference in the total knowledge score (**IQR=11&7 for**

FUH&FGH respectively) and total practice score (**IQR=14&13 for FUH&FGH respectively**) between the two settings of the study with $P < 0.05$. The two scores were higher in participants of Fayoum University Hospital than those of Fayoum General Hospital. This finding may be explained by the participants of FUH are adherent to the ethical committee in the faculty, subjected to continuous medical education from their seniors and attending seminars or conferences periodically, so they meet other mates from different universities and learn from their experience. The same findings were reported by **Mohamed et al., 2012**, where they stated that the overall knowledge score extended from 30.7%– 92.3% with an interquartile range of 80.8% (IQR 9.8%) and 69.5% of residents had satisfactory knowledge. **Anup et al., 2014**, reported nearly similar results where they stated that participants who were related with institution had more knowledge in correlation with those had no connection this might be because of the way that they are in contact with academics, educational modules and different ongoing advances. In close affirmation to our results **Hariharan et al., 2006**, revealed in his study that professionals who were related with both clinical and academic practice had better practice score compared to private specialists this might be because of the way that they work under logical morals advisory group which enable them to work under the moral standards.

This study also reported that **total knowledge score** was significantly higher ($p < 0.0001$) in males than females in FGH participants, this may be due to many of the participants were males. This finding contrary to **Mohamed et al., 2012**, who reported that no significant knowledge

differences were noted between residents by sex ($P = 0.729$).

The total knowledge score also showed no significant difference between participants of both hospitals regarding their qualifications. This was contrary to **Anup et al., 2014**, who stated that physicians having masters degree have more knowledge than the graduates (mean of Masters 4.32 vs. 3.67 of MBBS) ($p < 0.0001$).

On the other hand total practice score was significantly higher in males than females in both FUH and FGH participants; this may be due to males get engaged in the work rapidly or in other private clinics which give them more experience and practice than females. This was the opposite to **Mohamed et al., 2012** who revealed that 61.8% of female physicians were compliant with the principles of medical ethics compared with 31.2% of males ($P = 0.003$).

Explanations behind sex contrasts in adherence to ethical practices, and how these distinctions may affect patient care, remain indeterminate (**Jafarey and Farooqui, 2005**). Women will in general stick more to standards of morality and that their thoughts of "goodness" rely upon satisfying and helping other people (**Moazam, 2000**).

Also the total practice score was significantly different ($p < 0.0001$) among physicians of different qualifications in participants of FGH, where it was better in residents than specialists. We can explain this finding as the residents still in contact with ethical committee in the faculty during the preparation of their master degree and good knowledge about the ethical conduct; also, these young doctors are trying to change the misbelief of the community about physicians through change in their practice towards patients. Also, the large number of residents included in this study than

other qualifications may play a role. This was the opposite to what found by **Anup et al., 2014**, who reported no statistical significant difference among participants of his study regarding their qualifications for practice behavior ($P = 0.93$).

Fundamental training in clinical ethics should join in its system the four methodologies of connected ethics, casuistry and explicit rules for resolving conflict or contradictions to 'doing' clinical ethics (**Chidwick et al., 2004**).

By running a multiple linear regression analysis to show the significant predictors affecting knowledge and practice, this study showed that the more the education the more the knowledge, this is accepted and may be due to frequent medical learning, conferences attendance and communication with different colleagues. Also, knowledge score was positively correlated with practice score, as the more knowledge the more practice. On the other hand, age showed a negative correlation with practice, as the lower the age, the more practice. This may be explained by young doctors are keen to work and achieve their own and prove their presence among their colleagues doctors. Older doctors are also concerned about the legal issue and may be overworked when they were young, making them more comfortable. This was in agreement with **Anup et al., 2014**, who revealed that the practice scores of the participants varied with age and the difference was not statistically significant. Best practice behavior was seen in the age group from 34-43 years.

CONCLUSION

While a greater part of our participants knew about the basic moral issues and patient's rights, they

had shortage of knowledge about certain moral issues. This outcome proposes that medical ethics learning in Fayoum Faculty of medicine ought to be reinforced in subjects where knowledge and practice levels were low. In general Fayoum University Hospital, participants were better than Fayoum General Hospital participants in some topics of knowledge and practice of medical ethics. Meanwhile, there is a need to postgraduate course for ethics and activates the role of the Ethics Committee more than that.

Conflict of interest; none

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دراسة مقارنة للمعرفة والممارسة تجاه الأخلاقيات الطبية بين الأطباء في مستشفيات جامعة الفيوم ومستشفى الفيوم العام بمصر

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المقدمة: الأخلاقيات الطبية هو ترتيب القواعد الجيدة التي تطبق على فعل الطب السريري. يعتمد ذلك على الكثير من الصفات التي يمكن أن يلمح إليها الخبراء بسبب أي فوضى أو صراع. هذه الصفات تتضمن الاهتمام بالاستقلال ، وعدم الأيذاء ، والإحسان ، والعدالة.

الهدف: لتقييم معرفة وممارسة الأخلاقيات الطبية بين الأطباء من جميع المؤهلات في مستشفى الفيوم العام ومستشفيات جامعة الفيوم ، وأيضاً إجراء مقارنة بين المستفيين.

الطرق: أجريت دراسة وصفية مقطعية مستعرضة في مستشفى الفيوم العام ومستشفى الفيوم الجامعي. أُجري الاستطلاع على مدى فترة ستة أشهر بين يناير 2017 ويونيو 2017. وقد استندت هذه الدراسة إلى استبيان تم إعداده ذاتياً ومنظماً وغلظه تم تطويره لتحقيق الأهداف المحددة.

النتائج: يمكن لغالبية المشاركين أن يذكروا الإجابات الصحيحة بنسبة مئوية تقترب من 100% في معظم الأسئلة المتعلقة بالمعرفة. 90% من المشاركين في مستشفى الفيوم الجامعي كانوا يعرفون أكثر عن وجود لجنة أخلاقية وحوالي نصفهم يعرفون دورها مقارنة بالمشاركين في مستشفى الفيوم العام (50% و 20% على التوالي). كما كان هناك نقص في المعرفة في المشاركين في كل من المستفيين فيما يتعلق بمدونة الأخلاقيات ، 2002. كان هناك نقص في أخذ الموافقة المستنيرة من المرضى قبل الفحص في المشاركين في كلا المستفيين. كان هناك فرق إحصائي معنوي في مجموع نقاط المعرفة ومجموع درجات الممارسة بين المستفيين. كانت درجة الممارسة الإجمالية مختلفة بشكل كبير ($P < 0.0001$) بين الأطباء من مؤهلات مختلفة في المشاركين من مستشفى الفيوم العام. ارتبطت درجة المعرفة بشكل إيجابي مع درجة الممارسة ، في حين أظهر العمر وجود علاقة سلبية مع الممارسة.

الخلاصة: تقترح هذه النتيجة أن تعلم الأخلاقيات الطبية في كلية الطب في الفيوم يجب أن يتم تعزيزه في الموضوعات التي كانت مستويات المعرفة والممارسة منخفضة فيها.