



EMERGING PARADIGMS OF ETHICS IN HOSPITALS: AN INSIGHT

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ABSTRACT

Ethics is a set of moral principles that guides a person to address his or her conscience. Lately, business houses have been confronting with various unethical practices resulting into ebbing of their reputation. Though ethics is termed as superfluous by many organizations, prioritization of ethical behavior has become the need of the hour. Healthcare being an industry based on the doctrine of 'utmost good faith and trust', since antiquity, cannot afford to undermine the importance of ethics in their functioning. The growing awareness regarding the ethical conduct of medical practitioners and hospital management appears to be escalating. In hospitals, ethical dilemmas could become more challenging as unethical activities may be in the form of billing of services not rendered, over-utilization of services, false or unnecessary issuance of prescriptive drugs, incorrect reporting diagnoses to name a few. This study aims to highlight the relevance of ethics in the hospitals in the wake of increasing unscrupulous practices and to know the perception of the patients/family regarding the compliance of the basic principles of medical ethics i.e. autonomy, justice, beneficence and non-maleficence. Further the study also aims to shed light regarding the ethical practices of doctors, nurses and other medical staffs.

KEYWORDS: *Ethics, Healthcare Industry, Hospitals and Unethical Practices*

INTRODUCTION

In ancient Greece ethical concepts like right, good and duty were discussed by Plato and Aristotle in the 3rd and 4th century BC. Ethics is viewed to have derived from genetic inheritance, religion, philosophical system, code of conduct, legal system and cultural experiences (Sciortino, 1994). However, ethics is the code of conduct that guides an individual while dealing in a situation. It relates to the social rules that influence people to be honest in dealing with other people (Murthy, 2004). Healthcare in the 21st century has taken paradigm shifts concerning ethical practices from the times of antiquity. Ever since the inception of medical care, ethical standards have been devised that go beyond the pragmatic medical approach. The 'Hippocratic Oath' or the 'Corpus Hippocraticism', that dates back to the 5th century B.C., provides an insight to the importance of ethics in health care ever since its emergence. The alteration of the societal norms and education system has also witnessed the changed in the ethics followed in the medical profession, wherefrom 'Paternalism' (the doctors knows the best) modified to

'Individual Autonomy' (patient must be consulted). Health care ethics, used synonymously as medical ethics, is the meticulous prognosis of the nodus which is capable of binding the faith of all the parties. It is the adherence to conscience backed by rationality. Though medical care has been accredited as a religion, emphasizing the utmost faith in the profession, the rise of unscrupulous events has shadowed the belief of the masses in recent times. Corrosion in the ethics has undermined the noble art of healing. Bribes, embezzlement, forgery, absenteeism from work, overbilling in insurance claims, unprofessionalism are some of the chief issues in the healthcare sector that pose as stumbling blocks for the public. Considering the momentousness of the need of health care ethics, Tom Beauchamp and James Childress had compiled the 'Principles of Biomedical Ethics' back in 1985 to safeguard the interest of the patients. These principles are:

1. **Autonomy:** The patient is at his discretion to follow the advice of medical practitioners and



any attempt to exercise coerciveness would be violation of this principle.

2. **Beneficence:** This principle aims to secure the best advice for the beneficiary from qualified and skilled healthcare professionals at any circumstance.
3. **Non-maleficence:** The decision taken for an individual patient's well being should not be at the cost of the general good.
4. **Justice:** This principle seeks to emphasize the need of fair and equal distribution of scarce resources for the benefit of all.

The physicians in India follow the Code of Medical Ethics enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics - Regulation, 2001 which was amended in 2016) as personal prejudice has no place in a doctor's life. This code assists the doctors in understanding and working more efficiently on ethical guidelines.

I. BRIEF REVIEW OF LITERATURE

Egyptian papyri dating back to the 16th century are considered to be the first known records in support of ethics in healthcare. They mention the structure of fees according to the social and economic position of women and also lay down the code of conduct for the medical professionals. With the sophistication of healthcare, many malpractices have crept in healthcare sector inciting researchers to stress on the importance of ethics in hospitals.

Walker (1998) in his research paper highlighted the essence of ethics in the hospitals, concluded morality to be essentially interpersonal, existing in the contemporary times and guided by social conscience.

Vilma et al. (2010) analyzed the ethical dilemmas that concern decision making in healthcare industry in the management. It was inferred that there is lack of focus by the management on ethical dilemmas which needs to be changed in order to maintain a healthy administration and interpersonal relationship.

Avasthi et al. (2013) stated that some unique ethical issues arise in psychiatric researches and which needs to be vigilantly taken care of. Maintaining confidentiality of information on mental health and substance abuse treatment patients is important as they are highly sensitive. Practicing of ethical guidelines in India is only a recommendation and not a binding law.

Chatterjee et al. (2013) while evaluating the ethical issues underline the poor indicators of ethics in the Indian healthcare system and also

emphasizes on the necessity for regulating the healthcare services to curb corruption in the sector.

Chattopdhyay (2013) highlighted the forms and dynamics of corruption in the healthcare sector. The study inferred that the healthcare sector is facing ethical crisis in the contemporary times due to the prevalence of widespread corruption.

Peter (2018) in her study analyzed on how nurses respond to the ethical dilemmas engulfing the healthcare sector, highlights the corrosion of morality in healthcare and also stress on the vehement struggle of the nurses in aiding the patients.

II. SIGNIFICANCE OF THE STUDY

The bond between the doctor and the patient is based on trust and any unethical doing by the former can shake the latter's trust which is difficult to repair. The physicians and nurses need to address to the kinds of ethical dilemmas that specially arises in case of obstetricians & gynecologists and pediatricians. There are few ethical issues which can be addressed easily but others may be quite challenging in deciding about two conflicting value systems of the doctor and the patient. Ethical decisions should respect the values and attitude of the patients too. Ethical standards promote the values that are pre-requisite for good communication, viz; trust, accountability, mutual respect and fair medical care. This study will help the patients/family in understanding the ethical working of the medical and non-medical staff. It will shed light on the adherence of ethical practices, so that they can improve on the areas which needs special attention as far as ethics is concerned.

III. OBJECTIVES OF THE STUDY

The main objectives of the study are;

- i. To study the compliance of the basic principles of medical ethics by the select hospital;
- ii. To examine the ethical behavior of doctors and other medical staff towards the patient; and
- iii. To analyze the satisfaction level of the patients/family regarding the essential services provided by the select hospital.



IV. METHODOLOGY OF THE STUDY

Research Design: This study is a Descriptive Research Design as it involves knowing the perception of the patient/ attendant regarding the adherence of basic ethical principles as well as observing the ethical behaviour of the doctors and other medical staff towards the patients without influencing it any way.

Population: The population of the study comprises of all the patients/ attendant (including both Indoor and Outdoor) of Pratiksha Hospital, Guwahati.

Sampling Technique(s): Convenience sampling technique has been adopted in the selection of the private hospital and the departments as well as in the selection of the respondents.

Sampling Units: The sampling unit of the study consist of only one private hospital i.e. Pratiksha Hospital. There from, only patients of Paediatric and Obstetrics & Gynaecology department were selected in which the hospital specialises.

Sample Size: 125 structured questionnaires have been distributed among the patients/ attendant of the selected department. However, only 116 questionnaires were received back.

Data Collection: Primary data was collected through a structured questionnaire which was distributed amongst the patient/ attendant both in digital form as well physically. Observation method was also followed in order to understand the actual practice of ethics by the doctors, other medical staff as well as administrative staff. Secondary data were collected from e- journal, books and research articles.

Data Analysis: The demographic data are analysed by using percentage analysis method and to measure the degree of agreeableness the composite/mean score was calculated and

to know the degree of variability standard deviation has been calculated. Cone diagram is used to give a graphical representation of the data.

V. OVERVIEW OF ETHICAL PRACTICES IN THE HOSPITALS

Ethics in healthcare refers to the rules of etiquette adopted by the medical profession to regulate professional conduct with each other. The most unethical act was done by the Nazi doctors who exploited the convicts and performed experiments on them. The revelation of this fact left the entire world in the state of shock and led into the formulation of Nuremberg code, (Avasthi et al., 2013). There are a number of ethical dilemmas which the doctors or the medical staff encounters which can be listed as under:

- i. Where the treatment needs to be withhold if the treatment cost is not paid by the patient/family or insurance company on time.
- ii. Where mistake is done and they try to cover it.
- iii. Referring a specific laboratory for test in order to avail high commission from the pharmaceutical companies.
- iv. Cherry-picking the patients.
- v. Contravening patient's confidentiality norm.
- vi. Prescribing non-integral tests.
- vii. Incorporation of complex norms for settlement of medical insurance.
- viii. Not maintain the dignity of the patient.

VI. DATA ANALYSIS AND INTERPRETATION

Table 1: Showing the demographical details of the respondents

Variable	No.	Percentage (%)
Gender		
Male	29	25
Female	87	75
Age		
Younger than 30	34	29
31-40	46	40
41-50	29	25
51-60	07	06
60 & above	00	00
Place of Residence		
Rural	12	10
Urban	104	90

Source: Field Survey, February 2020

Interpretation: It can be observed from the above table that 75% respondents are female and 25% male. Similarly, 40% of the respondents are in the age bracket 31-40 years and 29% comprises the age group

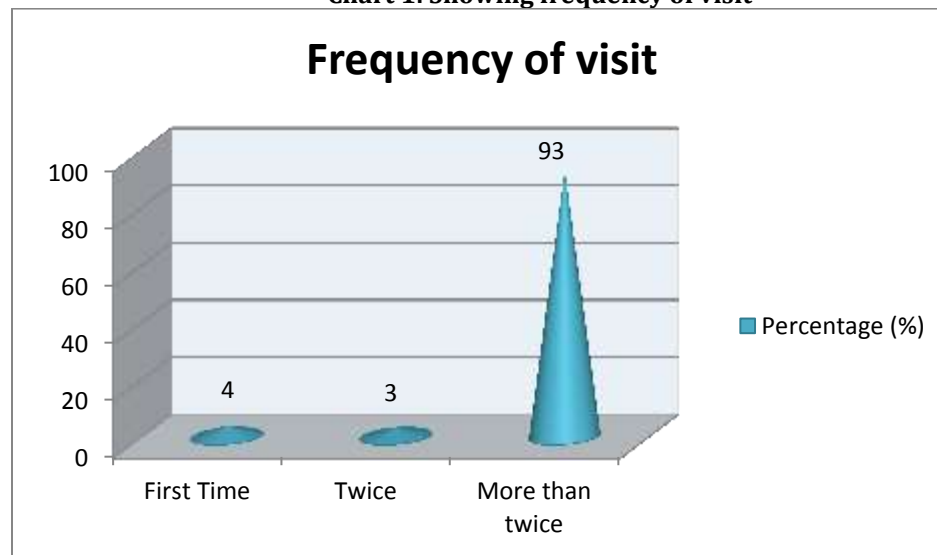
Younger than 30. Again 90% of the respondents are from urban area.

Table 2: Showing the frequency of visit

Frequency of Visit	No.	Percentage (%)
First Time	05	04
Twice	03	03
More than twice	108	93
TOTAL	116	100

Source: Field Survey, February 2020

Chart 1: Showing frequency of visit



Source: Table 2

Interpretation: 93% of the respondents visited the selected hospital more than twice and a meagre 3%

visited twice and 4% respondent visited the hospital for the first time.



Table 3: Showing the compliance of basic principles of medical ethics

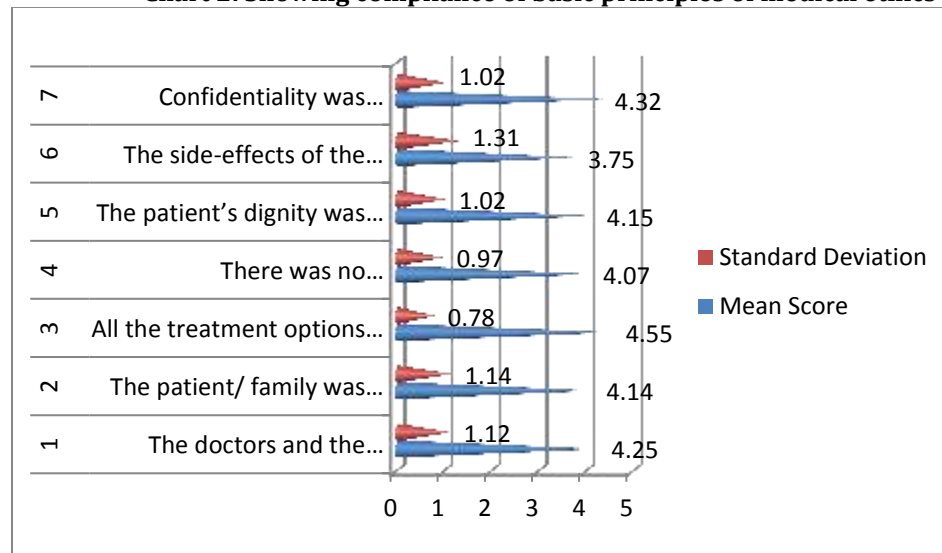
*SA= Strongly Agree, MA=Mildly Agree, N= Neither Agree nor Disagree, MD= Mildly Disagree, SD= Strongly Disagree

**SD= Standard Deviation

Sl. No.	Statement	SA	MA	N	MD	SD	Mean Score $\frac{\sum fx}{\sum f}$	SD $\sigma = \sqrt{\frac{1}{N} \sum fx^2 - (Ms)^2}$
1	The doctors and the medical staff acted in the best interest of the patient.	66	32	05	07	06	4.25	1.12
2	The patient/family was given the right to choose or refuse treatment.	59	36	04	12	05	4.14	1.14
3	All the treatment options were properly explained to the patient/family.	78	29	05	03	01	4.55	0.78
4	There was no discrimination regarding the treatment given to the patient.	41	57	05	12	01	4.07	0.97
5	The patient's dignity was ensured.	54	42	05	13	02	4.15	1.02
6	The side-effects of the treatment properly explained.	39	46	05	16	10	3.75	1.31
7	Confidentiality was maintained regarding the patient's medical health.	68	31	06	08	03	4.32	1.02

Source: Field Survey, February 2020

Chart 2: Showing compliance of basic principles of medical ethics



Source: Table 3

Interpretation

In order study the degree of agreeableness, the mean score of all the statements were calculated. Thus, it has been observed that the Mean score of the Statement 3 i.e. ‘All the treatment options were properly explained to the patient/family’ is highest 4.55, followed by Statement 7 ‘Confidentiality was maintained regarding the patient’s medical health’ which accounts for 4.32

Standard deviation has also been calculated in order to examine the variability of the different statements and the result shows that both the statement 5, ‘The patient’s dignity was ensured’ reveals the lowest degree of variability among the respondents and statement 7 ‘Confidentiality was maintained regarding the patient’s medical health’ accounting for 1.02 which is followed by Statement 1, ‘The doctors and the medical staff acted in the best interest of the patient’ where the standard deviation is 1.12

Table 4: Showing the ethical behaviour of the doctors and other medical staff towards patient/family member

*SA= Strongly Agree, MA=Mildly Agree, N= Neither Agree Nor Disagree, MD= Mildly Disagree, SD= Strongly Disagree

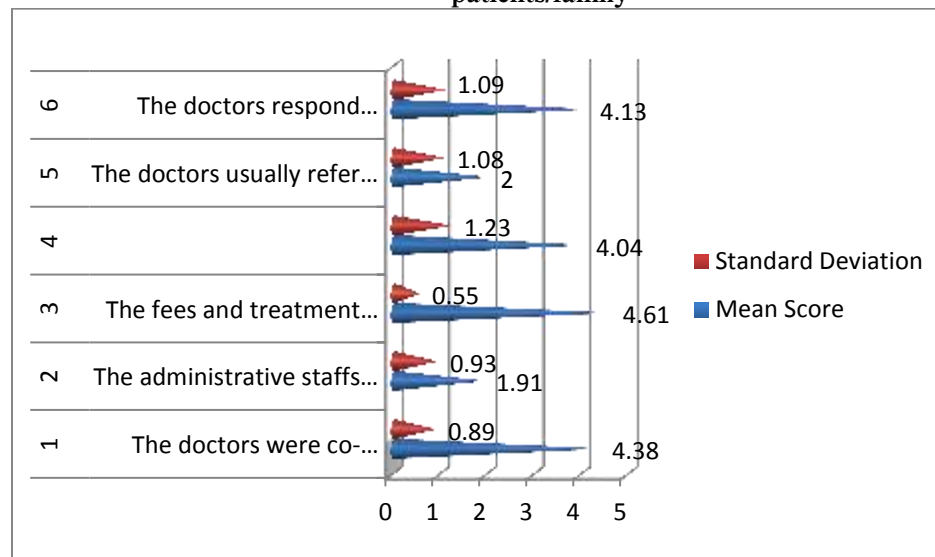
Sl. No.	Statement	SA	MA	N	MD	SD	Mean Score $\frac{\sum fx}{\sum f}$	Standard Deviation $\sigma = \sqrt{\frac{1}{N} \sum fx^2 - (Ms)^2}$
1	The doctors were co-operative and the patients could ask them questions without any hesitation.	67	35	06	07	01	4.38	0.89
2	The administrative staffs were co-operative in settlement of	01	13	05	48	54	1.91	0.93



	claims.							
3	The fees and treatment are expensive.	74	39	03	00	00	4.61	0.55
4	The nurses and other medical staff are helpful and supportive.	57	33	06	14	06	4.04	1.23
5	The doctors usually refer a specific entity for test/ultrasound.	04	12	06	53	41	2	1.08
6	The doctors respond when you call or send text messages at the time of medical emergency.	43	61	04	07	01	4.13	1.09

Source: Field Survey, February 2020

Chart 3: Showing the ethical behaviour of the doctors and other medical staff towards patients/family



Source: Table 4

Interpretation: It has been observed that the Mean score of the Statement 3 i.e. ‘The fees and treatment are expensive’ is highest 4.61, followed by Statement 1 ‘The doctors were co-operative and the patients could ask them questions without any hesitation’ which accounts for 4.38.

Standard deviation has also been calculated in order to observe the degree of variability with different

statements and the result shows that the statement 3, ‘The fees and treatment are expensive’ reveals the lowest degree of variability among the respondents accounting for 0.55 which is followed by Statement 1, ‘The doctors were co-operative and the patients could ask them questions without any hesitation’ where the standard deviation is 0.89.

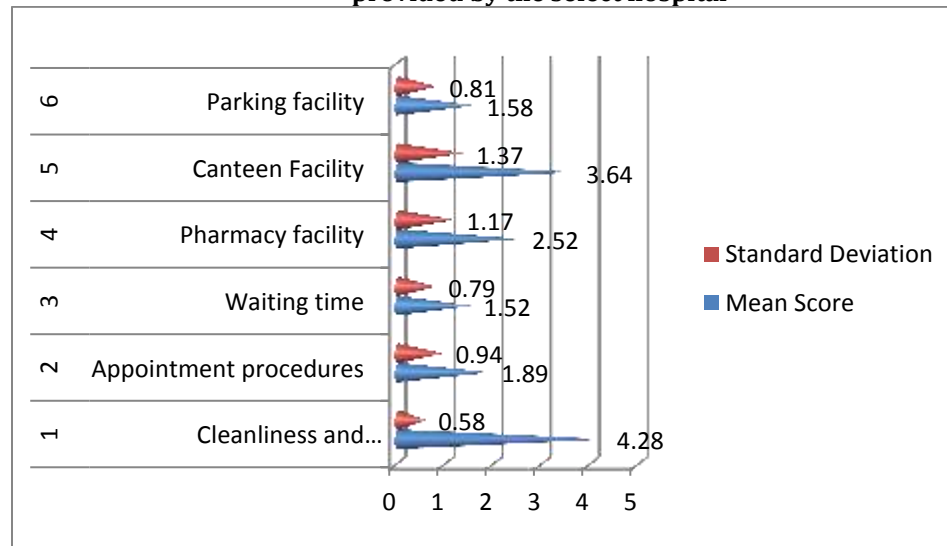
Table 5: Showing the satisfaction level of the patients/family regarding the facilities provided by the select hospital

* HS= Highly Satisfied, S= Satisfied, N= Neutral, D= Dissatisfied, HD= Highly Dissatisfied

Sl. No.	Factors	HS	S	N	D	HD	Mean Score $\frac{\sum fx}{\sum f}$	SD $\sigma = \sqrt{\frac{1}{N} \sum fx^2 - (Ms)^2}$
1	Cleanliness and maintenance of the hospital	38	74	03	01	00	4.28	0.58
2	Appointment procedures	01	11	07	52	45	1.89	0.94
3	Waiting time	00	05	06	34	71	1.52	0.79
4	Pharmacy facility	02	35	08	48	23	2.52	1.17
5	Canteen Facility	27	56	12	18	03	3.64	1.37
6	Parking facility	01	04	06	39	66	1.58	0.81

Source: Field Survey, February 2020

Chart 4: Showing the satisfaction level of the patients/family regarding the facilities provided by the select hospital



Source: Table 5

Interpretation: It has been observed that the Mean score of the Factor 1 i.e. Cleanliness and maintenance of the hospital is highest 4.28, followed by factor 5 Canteen facility which accounts for 3.64.

Standard deviation has also been calculated in order to observe the level of satisfaction with different factors and the result shows that the factor 1, Cleanliness and maintenance of the hospital reveals the lowest degree of variability among the respondents accounting for 0.58 which is followed by factor 3, Waiting time where the standard deviation is 0.79.

FINDINGS

(a) Findings pertaining to objective 1:

- i. The mean score was highest for the statement ‘All the treatment option was properly explained to the patient/family member which was followed by the statement ‘Confidentiality was maintained regarding the patient’s health details.’
- ii. The standard deviation was also calculated to show the degree of agreeableness and it was found that the statement ‘the patient’s dignity was ensured’, followed by ‘Confidentiality



was maintained regarding the patient's health details' revealed the lowest degree of variability.

(b) Findings pertaining to objective 2:

- i. The mean score was highest for the statement 'The fees and treatment are expensive' followed by the statement 'The doctors were co-operative and the patient could ask them questions without any hesitation.'
- ii. The standard deviation was also calculated to show the degree of agreeableness and it was found that same statements 'The fees and treatment are expensive' and 'The doctors were co-operative and the patient could ask them questions without any hesitation' showed the least degree of variability.

(c) Findings pertaining to objective 3:

- i. The mean score was highest for the factor 'Cleanliness and maintenance of the hospital', followed by the factor 'Canteen facility'.
- ii. The standard deviation was also calculated to show the degree of agreeableness and it was found that the factors 'Cleanliness and maintenance of the hospital' and 'Waiting time' exhibited the lowest variability amongst all the other factors.

(d) General Findings:

- i. The behavior of the administrative staff as a whole was unprofessional and rude in comparison to the doctors and other medical staff.
- ii. There was lack of co-ordination among the select departments of the hospital with the front desk executives. The respondents mostly complained about the long time duration they have to wait for the concerned doctors.
- iii. There is lack of resources in comparison to the increasing number of patients. It takes a minimum of 5 hours to get the ultrasound done there which is quite discomforting for the patients who mostly have to opt there because of emergency reasons.
- iv. There should be a distinct cell which must take care of patients' grievances, as most of the patient /family members are not aware regarding the reporting procedure of any unethical activity.

- v. The respondents were satisfied regarding the hygiene of the hospital, good canteen food (so the hassle of bringing home food is minimized), rooms (even general wards) are clean and well managed, well equipped medical facilities, efficient front desk executives, caring nursing staff, availability of the best doctors of India from time to time to cater to the needs of the serious patients.
- vi. The respondents are dissatisfied regarding the unprofessional attitude of the reception staff, parking facility provided by the hospital, the staff in the pharmacy should be more efficient as it takes lot of time in their billing process which is quite annoying as it is mostly crowded, too much time is taken for test specially ultra-sound, non-functional air conditioners specially in the patients sitting area and this is quite discomforting specially for the children and expecting ladies, feeding rooms are dirty and suffocating, the room charges are very high and getting a bed there is also a herculean task, lift service is worst as it is extremely slow and rather non-functional most of the time.

VII. SUGGESTIONS

The researchers have given the following suggestions;

- i. The hospital surely needs amicable and friendly staff at the reception.
- ii. Ethical training should be imparted to the non- medical staff too through ongoing education programs and in-service programs, so that they are able to handle the dilemma more empathetically.
- iii. The waiting time of the patients needs to be reduced as it is quite time consuming. The patients should be called as per their appointment time.
- iv. Installation of one more elevator with good capacity and efficiency is the need of the hour as the existing one is insufficient to cater the requirements of so many patients.
- v. Proper display of the reporting procedure regarding patients/ family member grievances should be made.



- vi. Improvement should be made regarding the air conditioning as the waiting area becomes claustrophobic because of increased number of patients and heat.
- vii. The feeding rooms should be made more airy and should be well-maintained.

VIII. CONCLUSION

Medical ethics is concerned with promoting health, upholding what is best for the patient's interest and maintaining human dignity and the rights of the patients. A proper understanding of the basic principles will enable the doctors to critically analyze their own practice and to defend such practices publicly. The utmost faith of the patients on the healthcare professionals should be reciprocated by them in the form of best of intention. The corrosion of ethics in the recent times has undermined the nobility of the healthcare services. Revival and incorporation of the eroded ethics can go a long way in restoring the faith upon the noble service. Inclusion of feedback machinery can help in addressing the grievances of the patients and their families. Further, establishments of proper organizational standards or codes of ethics, backed by rational consideration of the patients' conditions will serve as yardstick to adhere to the age old Hippocratic Oath.

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