

Attitudes and practices towards health care ethics among health care providers of a tertiary care centre: A cross-sectional study

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Abstract:

Background: National Medical Commission enforce high ethical standards in all aspects of medical services and lay down policies and codes to ensure observance of professional ethics in medical profession.

Methods: A cross-sectional was done among resident and intern doctors of a tertiary care institute for a period of two months to obtain information on ethics and related components. Their attitude, practices and awareness towards ethics were also enquired. Analysis was done using SPSS software for quantitative variables. Proportions were derived. Chi-square test and fisher exact test was applied. Themes were generated for open ended questions “their hurdles in maintaining ethical standards” and “suggestions for improvement”.233 (68.3%) participants have high knowledge score while 320(93.8%) participants have high attitude towards ethics contributed by resident doctors as no intern doctor have high attitude towards ethics.

Results:Attitude score among intern doctors was; 13(16.2%) with moderate, 67(83.7%) with low attitude score while among resident doctors; 1(0.3%) with high, 7(2.6%) with moderate, 253(96.9%) with low attitude score.No One among intern as well as resident doctors have high practice score. 22(21.0%) participants feel that there is inadequate education regarding medico-

legal issues and this is the major hurdle. 28(28.0%) participants believe that proper education and learning at undergraduate level will help in enhancing ethics work culture. 24(24.0%) believe that proper training of the healthcare professionals will help in dealing with the ethical issues. **Conclusion:** Majority of intern as well as resident doctors have poor attitude and practice scores towards ethics.

Key Words: attitude, health care ethics, practices, resident and intern doctors

Introduction:

Healthcare ethics deals with how providers apply moral code of conduct to patients in a healthcare setting, taking into account the patients' self-respect, individuality, safety and welfare.¹ Medical field is very dynamic field, with rapid progress in medical science and technology and its application our societies are faced with new ethical doubts from time to time. Medical ethics instruction in the medical profession can also be traced back 2500 years, but teaching it to medical students as an academic discipline is relatively recent.²

The current medical education gives limited help in dealing with the ethical dilemmas. Physicians are supposed to manage those dilemmas they face during their practices.³

National Medical Commission enforce high ethical standards in all aspects of medical services and lay down policies and codes to ensure observance of professional ethics in medical profession.⁴

Multiple studies revealed varying levels of knowledge gaps in bioethics leading to lack of confidence experienced by medical professionals in dealing day to day clinical practice which results in undermining the medical profession and lots of problems faced by the health care workers from community.^{5,6,7,8} The goal of ethics education for medical students is to enable them to identify difficult situations and deal with them in a rational and principled manner.⁹

This study adds information in existing literature on health care ethics among health care providers of a tertiary care institute. Though resident and intern doctors are being trained on ethics related components formally, they are getting information informally also, there is need to carry out such trainings time to time to keep them updated with changing ethical dilemmas.

With this background this research was planned among resident and intern doctors to fulfill primary and secondary objectives.

Aims & objectives

Primary

1. To assess and compare the knowledge, attitude and practice scores about health care ethics among resident and intern doctors.
2. To document association of attitude and practice scores with participants characteristics.
3. To document whether participants have ever faced any ethics issues at work place and how those issues were managed.

Secondary

1. To document aspects contributing lack of knowledge towards ethics principles among participants.
2. To document participant's hurdles in maintaining standards of work ethics.
3. To document their suggestions for promotion of ethics principles.

Material and Methods:

Participants were briefed about the purpose of research. Looking to the sensitivity of the study questionnaire, confidentiality of information was maintained and no identity was disclosed and results of the study were documented.

Study Design: Cross sectional study.

Study setting: Tertiary care hospital of a Government Medical College.

Sampling Technique: Purposive sampling

Study group: Resident and intern doctors.

Sample Size:(n=341) Data collection was done among 261 resident and 80 intern doctors.

Study Duration: After obtaining the permission from Institutional Ethics Committees, study was started and data collection was carried out for two months. **Ethics Approval No.** GMCS/STU/ETHICS/Approval20081/22 date: 02/08/2022

Inclusion Criterion:

1. Resident and intern doctors who were willing to participate.

Exclusion Criterion:

1. Participants who did not fill the questionnaire after at least 3 reminders/could not be approached therefore assumed non-willing to participate.

Method of data collection:

Literature search was done in designing the semi-structured questionnaire. Mobile numbers of participants were obtained from Institute and questionnaire was shared among them in the form of Google form. Questionnaire was kept as simple as possible. Queries of participants were also solved as and when required. Enough reminders were sent to participants to get good response from them. Consent of participants was implied if they filled the responses in Google form on purely voluntary basis. Participants were asked to reply genuinely and correctly whatever information they have as their response are valuable to avoid any kind of bias.

Participant's basic information; resident doctor in particular branch, gender, age, place of birth (urban vs rural) was obtained. Their self-rated awareness on bioethics components and their ability to manage bio-ethics issues was obtained. Their status of receiving the training on ethics and its method was also enquired. Information was collected on "whether they have ever faced any ethics issues at their workplace and if yes how those issues were managed". Information about existence of Institutional Ethics Committee was obtained and their

knowledge regarding duties of ethics committee was enquired. All collected information was in the form of categorical data except age which was categorised later on.

Information about ethics principles was asked using agree, neutral and disagree statements. Aspects contributing lack of knowledge towards ethics principles were enquired.

Open ended questions on their hurdles in maintaining standards of work ethics and suggestions for promotion of ethics principles and enhancement of work culture were documented with theme generation.

Participants were asked whether “the extent of teaching on medical ethics in undergraduate curriculum is satisfactory or not”. Requirement of training on bioethics at undergraduate level and for clinical practice and preference for teaching learning methods was enquired and documented.

Their assessment of knowledge towards health care ethics was done using knowledge based questions with yes/no/don't know replies and were scored respectively as '3', '2', '0'. Attitude and practice-based statements were assessed with agree/disagree/unsure options and were given score of '3', '2', '1' respectively. Then, the composite score for each participant was computed. Participants with “no opinion/don't know were given “0” scores.

Statistical Analysis:

After data cleaning analysis was done using SPSS software version 23. Mean age and proportions were derived for quantitative and qualitative data respectively. Scores for knowledge, attitude and practice towards health care ethics were calculated and were categorized as High/Moderate/Low (if average scores were more than 75%, between 50-75% and less than 75% of average score respectively).

Knowledge, attitude and practice scores among resident and intern doctors were compared statistically.

Association between attitude and practice scores and participants' personal characteristics like job profile (resident/intern doctor), gender, age groups, and training status was calculated using Chi-square and Fisher exact tests. P values less than 0.05 were considered significant at 95% significance level.

For open ended questions proportion of themes was calculated.

Results-

A total of 341 study participants were included in the study, 261 (76.6%) resident doctors, 80 (23.5%) intern doctors. 193(56.6%) males and 148 (43.4%) females participated in the study. Mean age of study participants was 26.02 ± 2.0 years. 235(68.9%) participants were from urban areas and 106 (31.1%) from rural setting.

233 (68.3%) study participants have high knowledge score, 65(19.0%) have medium, 43(12.6%) have low knowledge score. Category wise knowledge score among intern doctors was 8(10%) with high, 22(27.5%) with moderate, 50(62.5%) with low knowledge score while among resident doctors 35(13.4%) with high, 43(16.4%) with moderate and 183(70.1%) with low knowledge scores.

Chi-square test was applied between resident and intern doctors with knowledge score categories (high/moderate/low). Results were statistically insignificant with p-value= 0.08. Chi-square test was applied between male and female study participants with knowledge score categories (high/moderate/low). Results were statistically significant with p-value= 0.01. Chi-square test was applied between those who have received training on ethics and those who have not, with knowledge score categories (high/moderate/low). Results were statistically insignificant with p-value= 0.06. Chi-square test was applied between different categories of age groups (21-26years, 27-32years, >32years) with knowledge score categories (high/moderate/low). Results were statistically insignificant with Fishers-exact test with p-value= 0.498.

285(83.5%) study participants agree that patient's wishes must always be adhered to irrespective of the doctor opinion while 39(11.4%) disagree. 297(87.1%) participants agree that the patient should always be informed of wrong doing by anyone involved in his/her treatment, 34(10.0%) were unsure about the same. 331(97.1%) participants disagree that "even if they were unable to treat the patient they will somehow manage and try to do their best for the patient and will not refer him/her to a suitable physician". 319(93.5%) study participants disagree that confidentiality is not so important aspect of treatment. 301 (88.3%) disagree that confidentiality can't be maintained as medicine is advancing. 312(91.5%) disagree that consent is required only for surgical procedures only not for medications or investigations, 15(4.4%) were unsure. 266(78.0%) agree that they are legally bound to treat all the patients, 44(12.9%) disagree and 27 (7.9%) were unsure. 292(85.6%) agree that doctors should do their best for the patient irrespective of the patient's opinion while 34(10.0%) disagree. 316(92.7%) participants acknowledge to the fact that the patient needs to be informed about his/her diagnosis. On being asked if ethical conduct is important to avoid legal issues; 192(56.3%) agree, 119(34.9%) disagree, 24(7.0%) were unsure. 243(71.3%) disagree that even if law allows abortion, doctors cannot refuse to do abortion; 59(17.3%) agree, 32(9.4%) were unsure. 171(50.1%) believe that doctor's decision should not be final if there is disagreement between patient/family and health care professional about his treatment, 80(23.5%) were unsure. 313(91.8%) disagree to the fact that when a patient who wishes to die should be assisted in doing so. (**Table 2**)

Attitude score among intern doctors was; 13(16.2%) with moderate, 67(83.7%) with low attitude score while among resident doctors; 1(0.3%) with high, 7(2.6%) with moderate, 253(96.9%) with low attitude score. None among intern doctors have high attitude score. Chi-square test was applied between resident and intern doctors with attitude score categories. Results were statistically significant with p-value= 0.00. Chi-square test was applied between male and female study participants with attitude score categories. Results were statistically

insignificant with Fishers-exact test and p-value= 1. Chi- square test was applied between those who have received training on ethics and those who have not received training with attitude score categories. Results were statistically insignificant with Fishers-exact test,p-value =1.0. Chi- square test was applied between different categories of age groups (21-26years, 27-32years, >32years) with attitude score categories (high/moderate/low). Results were statistically insignificant with Fishers-exact test,p-value= 0.07.

330 (96.8%) agree that they treat every patient considerately. 329 (96.5%) agree that they always obtain permission from patients before doing any physical or internal examination. 139 (40.8%) agree that they listen to all the stories of the patients, while 131 (38.4%) disagree and 58(17.0%) were unsure. 275(80.6%) agree that they spend enough time to explain the nature, purpose and possible consequences of treatment or procedure when obtaining informed consent from patients. 317 (93.0%) agree that ethics as a part of syllabus should be taught in every medical/nursing teaching institution. 308 (90.3%) of the study participants disagree to the fact very difficult to keep confidentiality, so it should be abandoned. When the study participants were asked about their opinion 182 (53.4%) disagree that doctors are receiving income from referring patients for medical tests,52 (15.2%) agree while 32 (9.4%) were unsure about the same. 273 (80.1%) do not inform patient's condition to their close relatives while 46(13.5%) do inform the patient's condition to their close relatives. 307 (90.0%) know that consent is required not only for surgeries, but also for tests and medicines. 278 (81.5%) disagree that writing nervous system examination normal or B.P normal when it hasn't been done, is acceptable because it is important for documentation while 40(11.7%) were unsure on the same. 316 (92.7%) disagree that any patient who wishes to die, he or she should be assisted in doing so no matter what their illness. 182 (53.45) disagree that doctors are influenced by drug company inducements, including gifts, 52(15.2%) agree, 46(13.5%) were unsure. 255 (74.8%) believe that in order to prevent transmission of TB, disclosure of TB positive status to

neighbours should be done, 61(17.9%) disagree to the same. 298(87.4%) think that doctors/nurses must serve hard to reach areas and underserved population. 208(61.0%) disagree that strikes done by doctors are indirectly beneficial to patients while 87(25.5%) think that they are indirectly beneficial to patients. 217(63.6%) believe that at present the extent of ethical medical practice among doctors is unsatisfactory while 58(17.0%) believe that it is satisfactory, 40(11.7%) were unsure. 185(54.3%) agree that juniors tend to follow their consultants' attitudes towards patient care, 113(33.1%) disagree. (*Table 3*)

Category wise practice score among intern doctors was; 16(20.1%) with moderate, 64(80.1%) with low practice score while among resident doctors; 13(4.9%) with moderate, 248(95.0%) with low practice score. None among intern as well as resident doctors have high practice score. Chi- square test was applied between resident and intern doctors with practice score categories (high/moderate). Results were statistically significant with p-value= 0.00. Chi-square test was applied between male and female study participants with practice score categories (high/moderate/low). Results were statistically insignificant with p-value= 0.31. Chi- square test was applied between those who have received training on ethics and those who have not received training with practice score categories (high/moderate) and results were statistically insignificant with p-value= 0.127. Chi- square test was applied between different categories of age groups (21-26years, 27-32years, >32years) with practice score categories (high/moderate) and results were statistically insignificant with Fishers-exact test, p-value= 0.13.

332(97.4%) agree to the fact that a health care worker should make certain that their actions do not intentionally harm another even to a small degree. 328(96.2%) believe that a health care worker should never harm another person physically or psychologically and a similar percentage feel that a doctor should not perform an action which might in anyway threaten the dignity of another individual. 315(92.4%) agree that a health care worker should treat patients

as they would wish others to treat them if they were the patients. 223(65.4%) disagree to the fact that under no circumstance, a health care worker has right to shout at a patient while 34(10.0%) agree.

When participants were asked about their knowledge on the duties that the Institutional Ethical Committee performs, 26(26.6%) believed that it acts as an advisory body regarding medicolegal issues, 20(20.2%) believe that it takes disciplinary actions to maintain ethical code of conduct, 16(16.1%) believe that it helps in approval of research protocols, 15(15.1%) believe that it promotes research. 7(7.0%) think that it is a governing body in an institution. 3(3.0%) believe that it helps in education of staff/Ethics Committee Members and a similar percentage believe that it helps in maintenance of confidentiality. 2(2.0%) believe that it acts as a source of information, helps in protection of healthcare workers, advocates ethics training. 1(1.0%) believe that it helps in tackling complaints made by patients.

Upon asking the study participants about the hurdles they face in their practice, majority 22(21.0%) feel that there is inadequate education/lack of awareness regarding medicolegal issues, 15(14.4%) believe that there is a lack of knowledge about established guidelines. 13(12.5%) face high workload/ lack of coordination within workforce which is their hurdle for maintaining work ethics. 12(11.4%) participants responded that patient's distrust in treatment/dissatisfaction and non-compliance towards treatment also hinders health care workers for maintaining standards of work ethics. Other hurdles include, 10(9.6%) administrative obstacles, 7(6.7%) believe that there is lack of training, 6(5.7%) believe that cultural beliefs pose a barrier in maintaining clinical ethics. 5(4.8%) feel that delays in hospital settings and lack of proper time management prevent from maintaining standards of work ethics. **(Table 4)**

28(28.0%) participants believe that proper education and learning activities at undergraduate level will help in enhancing ethical work culture. 24(24.0%) believe that proper training/organising lectures/seminars/workshops of the healthcare professionals helps them in dealing with the ethical issues. 15(15.0%) believe that addressing doubts of patients and providing assistance to them and allotting enough time to patients can help in reducing medicolegal issues. 13(13.0%) believe that reduction of workload/distribution of workload/improved time management can help reduce ethical mishaps. 7(7.0%) believe that proper communication with patients can help in preventing such issues. 6(6.0%) believe that proper rules and standardised legislations/easy access to guidelines/ensuring proper code of conduct can help to enhance ethical practices. Getting assistance from seniors/colleagues/assistance from ethics committee was another suggestion from participants. Few believed that experimental learning/ Learning from prior mistakes 2(2.0%) and fixed working hours can be helpful for good ethics practices. **(Table 4)**

Discussion:

With increasing knowledge among the common people about medical practices and ethics from unreliable internet sources, complaints against the doctors for ethical malpractices have risen. Ethics deals with the moral principles which guides members of the medical profession in their dealings with each other and their patients.¹⁰

Each doctor learns about medical ethics during their medical education with little or no practically applicable knowledge. Our medical education is such that students after completing their degrees are expected to know and apply ethical principles directly in clinical settings.

Knowledge of healthcare personnel such as interns, and residents on a periodic basis can help to gain information about their knowledge towards medical ethics and guide their

dealings with patients. It can also guide the medical institutions to make necessary changes in their medical curriculum.

This study aims at assessing the self-rated awareness of interns, resident doctors (first year, third year and senior residents) about their knowledge, attitudes and practices towards healthcare ethics. Study has also helped us to know about prevalent ethical issues faced by doctors.

Training status of participants

Health care delivery systems are guided by a complex set of factors such as clinical knowledge and skills and competencies in medical ethics is essential for upholding the professional integrity and safeguarding against physical and infrastructural assault which are on the rise in recent times.¹¹ In our study 208(61.0%) of the study participants have not received training on ethics. In a study done by Anila et al, only 12 participants (8.3%) had received training in Clinical Ethics.¹² This depicts the need for incorporating formal education on medical ethics within the medical curriculum.

Participants who have received training on medical ethics the most common measure was lecture method 109(32.0%) followed by workshop method 10(2.9%), 8 (2.3%) by online method. Healthcare personnel receive limited formal training in ethics even though their work involves direct and often crucial intervention in others' lives.¹³

Participant's responses while facing an ethical issue

316(92.7%) participants in our study face ethical issues in everyday practice. In a study done by Anila et al 64.1% post graduate residents stated that they come across ethical problems during clinical practice daily. This can be because these doctors are the first contacts with patients especially during emergency care and are involved throughout a patient's hospital stay.

This can also imply that the residents are sensitive to ethical practices but need to be better equipped to handle these difficult situations.¹²

On assessing the major ethical issues faced by the participants, the most prevalent issue was- delays in the clinic 128(37.5%) followed by patient dissatisfaction with treatment 90(26.4%), not listening to patients 39(11.4%), absence of medicines 33(9.7%), lack of confidentiality 30(8.8%). Delays in the hospital setting are a major setback. In a study done by Subramanian T et al 12/109 (22%) of all respondents mentioned patient dissatisfaction with treatment and 9/109 (16%) of all respondents mentioned providers' gender bias in the treatment of patients.¹⁴ In a study by Karthikeyan K et al the most frequently faced ethical problem was patient dissatisfaction with treatment (68.2%).³

Management of the ethical issues by participants was via consulting their senior 133(39.0%), solving it by themselves 92(27.0%), talking to a friend 54 (15.8%), Informing the police or security 37(10.9%). This depicts the need for proper communication between the doctors and their consultants in preventing ethical issues and addressing the ethical issues. In a study by Karthikeyan et al (Tamil Nadu), discussion with the guide or department head (52%) was the common way to handle ethical dilemmas, thus proficiency of bioethics becomes indispensable to avoid discordance.³ 321(94.1%) participants were aware about the presence of an ethics committee in their institution but unsure about what duties an ethics committee plays in an institution. This highlights the need for the ethics committee to organize lectures or display its list of activities for the enlightenment of doctors.³

Knowledge in health care ethics among participants

279(81.8%) respondents think that medical ethics is more important for certain speciality over others. 181(53.1%) think that it is not good for patients to know about their own rights via the

internet and/or books while 132 (38.7%) participants think that it is good. This might root to the belief that there is false information on the internet.

Association of male versus female with knowledge score categories (high/moderate/low) was statistically significant with p-value <0.05 while the association of those who have received training on ethics and those who have not received training with knowledge score categories (high/moderate/low) was statistically insignificant with p-value >0.05. Similarly, association of different categories of age groups (21-26years, 27-32years, >32years) with knowledge score categories (high/moderate/low) were statistically insignificant with p-value > 0.05. In a study by A.W.I.P. Ranasinghe et al in Sri Lanka postgraduate training was significantly associated with a good level of knowledge (p = 0.02). There were no significant associations between overall level of knowledge and the factors such as age, sex, religion, duration of the service, marital status and the private practice.¹⁵ Mukul Chopra (2013) in his multicentric study has mentioned that senior doctors (either by age or qualification) have better knowledge in healthcare ethics either by experience or by attending more CMEs, conferences and workshops.¹⁶

Issues/ attitudes in health care ethics faced by participants

285(83.5%) of the study participants believe that patient's wishes must always be adhered to irrespective of the doctor opinion. This highlights their knowledge on the principle of autonomy. In a study by Mukul Chopra et al in Northern India (2013), many senior level staff donot feel that the patient's wishes should be adhered to at all times.¹⁶

297(87.1%) participants agree that the patients should always be informed of wrong doing by anyone involved in his/her treatment. This implies that the participants are aware about the rights of the patients and practice honesty in their conduct. In a similar study carried out by Iswarya S. et al (Tamil Nadu, 2018) 73% of students agreed that patient should always

be informed of wrong doing by anyone involved in his/her treatment.¹⁷ In a study in Manipur ,32% of doctors agreed that patient should always be informed about wrong doing by doctors.⁸ Cooperation amongst medical personnel and nursing staff as well as proper guidelines can help to prevent ethical mishaps.

331(97.1%) participants agree that if they are unable to treat and manage a patient then they should refer the patient to a suitable physician. In a study by Subramanian T et al, 7/51 (13.7%) would treat patients even when unable, rather than refer them to a more suitable doctor.¹⁴

Confidentiality is among the core issues of doctor patient relationship.¹⁸319(93.5%) participants disagree to the fact that confidentiality is not so important aspect of treatment. 301 (88.3%) disagree that confidentiality can't be maintained as medicine is advancing. This implies that the participants consider confidentiality as an important aspect of patient management to avoid ethical and legal issues.

312(91.5%) know the fact that consent is required not only for surgical procedures but for medications or investigations too. Study by Karthikeyan over 90% of respondents made it a point to get a verbal/informed consent before examination or treatment.³

The Medical Council of India Code of Ethics Regulations emphasizes that patients should not be neglected. [19] In our study 266(78.0%) agree that they are legally bound to treat all the patients, 44(12.9%) disagree, 27 (7.9%) were unsure. Anilastated in her study, physician is free to choose whom he will serve, but he is obliged to respond to any request for his assistance in an emergency.¹²

292(85.6%) of the study participants believe that doctors should do their best for the patient. In a similar study carried out by Iswarya S et al (Tamil Nadu, 2018) 65% of the students felt that “doctor should do what is best”.¹⁷

68(19.9%) study participants believe that the patient’s condition should be told to the close relatives, 32(9.4%) were unsure. While in their practice towards patient’s care 46(13.5%) do inform the patient’s condition to their close relatives and 273(80.1%) do not do it. Study among government physicians in Chennai reported 76.4% agreed for the above statement.¹⁴

242 (70.0%) participants agree that children should not be treated without consent of their parents, 68(19.9%) believe that they can be treated. In a study by Dr.Jasuma et al, 90% of respondents felt that children should not be treated without parent/guardian consent except in cases of emergency.²⁰

232(68.0%) agree that doctors can refuse to treat violent patients, while 61(17.9%) disagree and believe that it is the duty of a doctor to treat a patient irrespective of their behaviour. In a study by Dr.Jasuma et al, (55%) said that treatment should not be refused if the patient behaves violently. This confusion is because there is no clear-cut law on patient’s care in Indian scenario; however fundamental rights enshrined in the constitution say that patient has a right of access to health care.²⁰

If patient refuses treatment due to personal beliefs, 254(74.5%) participants of our study agree that they should be instructed to find another doctor. In a study done by Anila et al, when a patient refuse certain treatment due to his/her beliefs, 39.3% of residents agreed that doctor should heed the wishes of the patient while 39.3% were unsure while 21.4% disagreed.¹²

Majority of study participants, 316(92.7%) acknowledge the fact that the patient needs to be informed about his/her diagnosis. In a study by Karthikeyan et al 142 (95.9%) agreed and 6 (4.1%) disagreed that the patient need to be informed about the diagnosis.³

On being asked if ethical conduct is only important to avoid legal issues 192(56.3%) agree, 119(34.9%) disagree and 24(7.0%) were unsure. Knowledge of ethical and legal issues becomes indispensable because of the increasing allegations against doctors for unethical practices.³ In the study among medical postgraduates in Cochin reported 85% of them disagreed that ethical conduct is important only to avoid legal action.¹⁰

243(71.3%) disagree that even if law allows abortion, doctors cannot refuse to do abortion. There are many aspects that need to be taken care of before making any intervention. Multi centric study among doctors and nurses from North India reported 63% of them reported doctors can refuse to do abortions.¹⁶

171(50.1%) believe that doctor's decision should not be final if there is disagreement between patients/families and health care professionals about treatment decisions, 80(23.5%) were unsure. In a study by Mukul Chopra et al, 161(64.4%) disagreed that the doctor's decision should be final.¹⁶

313(91.8%) disagree that when a patient who wishes to die should be assisted in doing so. This implies that the participants are aware that euthanasia is not legal in our country. In a study in Nepal by Samaj Adhikari et al, when asked if a patient wishes to die, he or she should be assisted in doing so, 11(9.3%) agreed, 107(90.7%) disagreed.²¹

In our study association of resident versus intern doctors with attitude score categories (high/moderate/low) was statistically significant with p-value=0.00. While association of male/female study participants and those who have received training on ethics versus those

who have not received training on ethics with attitude score categories (high/moderate/low) came out to be statistically insignificant with p-values >0.05. Similarly, association of different groups of age groups (21-26years, 27-32years, >32years) with attitude score categories (high/moderate/low) was statistically insignificant with p-values >0.05. Study by Karthikeyan et al, age group, sex, specialty, and duration of work experience had no significant association with attitude toward health-care ethics.[3] Study by Mutaz H. et al, participants who reported having a previous training in bioethics had a significant higher mean attitude scores compared with those who had not.²²

Practices about health care ethics among participants

330(96.8%) study participants agree that they treat every patient considerately. 329 (96.5%) agree that they always obtain permission from patients before doing any physical or internal examination. In a study by Subramanian T et al 46/51(90.1%) participants obtained permission from patients before doing any examination, 6/51(11.7%) disagreed.¹⁴ This implies that the participants believe that consent is required before any physical or internal examination and also follow this in clinical practice.

139 (40.8%) agree that they listen to all the stories of the patients, while 131 (38.4%) disagree and 58(17.0%) were unsure. Study by Subramaniam et al, 25/51 (49.0%) stated that they did not have time to spend listening to their patients.¹⁴

222(65.1%) participants agree that while prescribing drugs in their brand names, they mention the generic name also. In a study carried out by Iswarya S et al 40% felt it is better to use brand name rather than generic name during giving prescription to patients and 30% were unsure.¹⁷

133(39.0%) participants were unsure if they engage in Continuous Medical Education (CME) activities or not, 66(19.4%) do not engage, 45(13.2%) do engage in CME activities. This implies the lack of knowledge among participants about the resources available to get knowledge regarding medical ethics and ethical clinical practices. In a study by A.W.I.P. Ranasinghe et al (Sri Lanka), 70 (22.4%) always, 133 (42.5%) often, 96 (30.7%) sometimes, 14 (4.5%) never engaged in CME activities.¹⁵

275(80.6%) agree that they spend enough time to explain the nature, purpose and possible consequences of treatment or procedure when obtaining informed consent from patients.

317(93.0%) agree that ethics as a part of syllabus should be taught in every medical/nursing teaching institution. In a study by Mukul Chopra et al, 210(85.0%) agreed that ethics should be a part of the syllabus while 37(14.9%) disagreed.¹⁶This addresses the fact that education about clinical ethical practices is necessary to prevent any legal issues.

308(90.3%) of the study participants disagree to the fact that it is very difficult to keep confidentiality, so it should be abandoned. In a study by Iswarya S et al 46% of students disagreed confidentiality cannot be maintained in modern care & 29% of them were uncertain.¹⁷

When the study participants were asked about their opinion 182(53.4%) disagree that doctors are receiving income from referring patients for medical tests, 52(15.2%) agree,32(9.4%) were unsure. In a study by Mukul Chopra et al,195 (80.2%) disagreed and 48(19.8%) agreed that doctors are receiving income from referring patients for medical tests.¹⁶

278(81.5%) disagree that writing nervous system examination normal or B.P normal. when it hasn't been done, is acceptable because it is important for documentation. In a study

by Mukul Chopra et al, 157(56.1%) disagreed, 123(43.9%) agreed.[16]This implies that the study participants are aware of the consequences they or the patient will face medically as well as legally if an issue arises regarding false/improper documentation.

182(53.45) disagree that doctors are influenced by drug company inducements, including gifts,52(15.2%) agree. In a study by Mukul Chopra et al, 197 (69.6%) disagreed, 86(30.4%) agreed that doctors are influenced by drug and company inducements.¹⁶

255(74.8%) believe that in order to prevent transmission of TB, disclosure of TB positive status to neighbours should be done, 61(17.9%) disagree that the positive status should be disclosed. This points to the fact that the study participants consider it as a social responsibility to prevent further transmission of communicable or notifiable diseases. Breach of confidentiality is against ethics but at times, in the larger interest of the public, it may be acceptable.¹⁶In a study by Iswarya S et al, nearly half (47%) of the students were of opinion privacy of the patient must not be ignored for benefit of larger group and 20% of them were uncertain.¹⁷

When asked about a given situation, when male doctor needs to examine a female patient & female attendant is not available 237(69.5%) believe that it is ethical to refuse the patient, 60(17.6%) believe that it is not ethical to refuse the patient. In a study by A.W.I.P. Ranasinghe et al (Sri Lanka) 24.6% doctors reported get a chaperone “sometimes” whereas 3.5% of doctors never obtained the presence of a chaperone. The presence of a chaperone could prevent potential allegations of professional misconduct by doctors and potential harm to patient.¹⁵

268(78.6%) of the study participants agreed that they consider patient’s religious and cultural views when managing patients, 60(17.6%) do not consider patient’s religious and cultural views when managing patients. In a study by Subramanian T et al, 23/51 stated that if

a patient refused a particular treatment for religious reasons, they would refer them to another doctor.¹⁴

298(87.4%) think that doctors/nurses must serve hard to reach areas and underserved population. In a study by Mukul Chopra et al, 95(36.7%) agreed and 164(63.3%) disagreed to the same.¹⁶

217(63.6%) believe that at present the extent of ethical medical practice among doctors is unsatisfactory while 58(17.0%) believe that it is satisfactory. Majority participants believe that the extent of medical practice is unsatisfactory, this necessitates the need for formal education or training on medical ethics among healthcare workers. In a study by A.W.I.P. Ranasinghe et al (Sri Lanka) most doctors (69.3%) believed that the extent of ethical medical practice at present is not satisfactory, necessitating further exploration of the reasons driving this perception of the professional conduct of doctors.¹⁵

185(54.3%) believe that juniors tend to follow their consultants' attitudes towards patient care, 113(33.1%) believe that juniors do not follow their consultants' attitudes. In a study by A.W.I.P. Ranasinghe et al (Sri Lanka), 248 (79.2%) study participants agree that juniors tend to follow their consultants' attitudes towards patient care.¹⁵

Upon being asked if they have interest in learning healthcare ethics, out of the 341 participants 174(51%) agreed, 103(30.2%) disagreed and 44(12.9%) were unsure. In a study by Mukul Chopra et al, 157(59.9%) disagreed, 105(40.1%) agreed that they have interest in learning healthcare ethics.¹⁶ This can be due to lack of interest on their part or time constraint.

Association of resident versus intern doctors with practice score categories (high/moderate) was significant with p-value=0.00, while association of male/female and those who have received training on ethics versus those who have not received training with practice score categories (high/moderate/low) was statistically insignificant with p-value >0.05. In a

study by Karthikeyan et al age group had significant relationship with practice of health-care ethics, in particular those <36 years had a good ethical practice. Sex, specialty, and duration of work experience had no significant correlation with practice of health-care ethics.³ In a study by Mutaz H. et al, there was a major relationship between the mean practice scores and gender, as females had a significant higher practice scores compared to other groups.²²

Knowledge of Ethical principles among participants

332(97.4%) agree to the fact that a health care worker should make certain that their actions do not intentionally harm another even to a small degree. In a study by A.W.I.P. Ranasinghe et al(Sri Lanka), 284 (90.7%) study participants strongly agreed that doctors should make certain that their actions do not intentionally harm another even to a small degree.¹⁵

328(96.2%) believe that a health care worker should never harm another person physically or psychologically and a similar percentage feel that doctors should not perform an action which might in anyway threaten the dignity of another individual. In a study in Sri Lanka by A.W.I.P. Ranasinghe et al, 278 (88.8%) participants believe that doctors should never harm another person physically or psychologically and a similar percentage believed that doctors should not perform an action which might in anyway threaten the dignity of another individual.¹⁵

315(92.4%) agree that a health care worker should treat patients as they would wish others to treat them if they were the patients. In a study by A.W.I.P. Ranasinghe et al, 253 (80.8%) agree to the same.¹⁵

223(65.4%) disagree that under no circumstance, a health care worker has right to shout at a patient, 34(10.0%) believe that a healthcare worker cannot shout at a patient under any

circumstance. In a study by A.W.I.P Ranasinghe et al, 218 (69.6%) participants believe that under no circumstance, a doctor has right to shout at a patient.¹⁵

Aspects contributing lack of knowledge towards ethics principles

Common ethical problems faced by participants were; administrative challenges 122(35.8%), lack of knowledge on concept of ethics 107(31.4%),lack of formal supervision 80(23.5%) and lack of recognition for human dignity 25(7.3%). This addresses the need to impart proper knowledge and training to the healthcare professionals so that they can face challenges properly.

Opinion of participants regarding medical ethics learning

324(95.0%) believe that the extent of teaching on medical ethics in undergraduate curriculum is not satisfactory. Since healthcare ethics is not taught in the undergraduate level in any of the medical colleges, it is more likely that the senior doctors (either by age or qualification) have better knowledge in healthcare ethics either by experience or by attending more CMEs, conferences and workshops. Doctors have to manage the bio-ethics issues without proper professional training on the same. Adequate knowledge, favourable attitude and comprehensive training on medical ethics help prepare medical professionals to anticipate, cope with, discuss and resolve ethical dilemmas and challenges encountered in day-to-day practice.²¹

Ethics as a part of syllabus should be taught in every medical institution. 339(99.4%) participants believe that bioethics training is important/very important/somewhat important at *undergraduate level*,339(99.4%) participants believe that bioethics training is important/very important/somewhat important at *clinical practice level*. 330 (96.8%) and 316(92.7%) participants believe that bioethics training is essential for *undergraduate curriculum and*

clinical practice respectively. Subramanian T (2013) has strongly expressed that teaching and training of ethics should be a continuous process in medical and nursing education.¹⁴

Upon being asked about their preferred methods for teaching learning methods bioethics components among participants, 195(57.1%) prefer curriculum-based learning, 130(38.1%) prefer experimental learning. In a study by Sucharitha et al, when asked regarding preferred teaching learning methods for bioethics training among study subjects, (64.7%) chose a combination of curriculum based and self-directed learning. Curriculum based teaching when delivered with committed academic teachers and clinical practitioners sharing their experiences in dealing with bioethics makes the learners engaged and identify the practical application in their contemporary practice of medicine.¹¹

Professional courses should impart cyclical training in basic principles of ethics such as autonomy, confidentiality, and issues related to patients to help resolve ethical dilemmas in clinical scenario.³ These will make them more confident and professional in their medical conduct. Inculcating the principles of medical ethics in the medical personnel from the grassroot level will help to prevent mishaps. Moreover, promoting the use of innovative learning platforms and tools will be more effective as the current generation are most invested in digital tools which can be channelized for advances in medical education.¹¹

Key Message

This study has helped in generating a baseline data for assessing the knowledge, attitude and practices towards health care ethics among health care workers of institute. Majority of intern as well as resident doctors have poor attitude and practice scores towards ethics. Hurdles in their journey for maintaining work ethics and valuable suggestions for promotion of ethics principles including training requirements are documented. From the participants perspective study has documented the common type of ethics issues faced by them and means to manage

those issues. Study has also documented the need of medical ethics at undergraduate level and among clinical practitioners. Sharing a questionnaire and collecting data from participants has sensitized them to think about ethics principles in their busy schedule. Study results are a useful document for the Institutional Ethics Committee for planning future trainings among health care workers.

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Manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes that the manuscript represents honest work.

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Tables

Table 1. Assessment of knowledge about health care ethics among study participants

Knowledge Assessment	Frequency(n=341)	Percentage
Medical ethics is more important for certain speciality		
Yes	279	81.8
No	30	8.8
Don't know	32	9.4
It is good for patients to know about their own rights via the internet and/or books		
Yes	132	38.7
No	181	53.1
Don't know	28	8.2
Do you know when to stop futile therapy		
Yes	205	60.1
No	89	26.1
Don't know	47	13.8

Table 2. Issues/ attitudes in health care ethics faced by the study participants.

Issues/ attitudes in health care ethics	Frequency(n=341)	Percentage
Patient's wishes must always be adhered to irrespective of the doctor opinion		
Agree	285	83.6
Disagree	39	11.4
Unsure	13	3.8
Don't know	4	1.2
Patient should always be informed of wrong doing by anyone involved in his/her treatment.		
Agree	297	87.1
Disagree	2	0.6
Unsure	34	10.0
Don't know	8	2.3
Even if I am unable to treat the patient I will somehow manage and try to do my best for the patient, I will not refer him to a suitable physician		
Agree	6	1.8
Disagree	105	30.8
Strongly Disagree	226	66.3
Don't know	4	1.2
Confidentiality is not so important aspect of treatment		
Agree	3	0.9
Disagree	319	93.5
Unsure	16	4.7
Don't know	3	0.9

As medicine is advancing confidentiality can't be maintained		
Agree	8	2.3
Disagree	301	88.3
Unsure	28	8.2
Don't know	4	1.2
Consent is required only for surgical procedures not for medications or investigations:		
Agree	8	2.3
Disagree	312	91.5
Unsure	15	4.4
Don't know	6	1.8
I am legally bound to treat all the patients		
Agree	266	78.0
Disagree	44	12.9
Unsure	27	7.9
Don't know	4	1.2
Doctors should do their best for the patient irrespective of the patient's opinion		
Agree	292	85.6
Disagree	34	10.0
Unsure	11	3.2
Don't know	4	1.2
Close relatives should be told about patient's condition.		
Agree	68	19.9
Disagree	239	70.1
Unsure	32	9.4
Don't know	2	0.6
Children should not be treated without consent of their parents.		
Agree	242	71.0
Disagree	68	19.9
Unsure	30	8.8
Don't know	1	0.3
Doctors can refuse to treat violent patients		
Agree	232	68.0
Disagree	61	17.9
Unsure	39	11.4
Don't know	9	2.6
If patient refuses treatment due to beliefs, they should be instructed to find another doctor		
Agree	254	74.5
Disagree	53	15.5
Unsure	28	8.2
Don't know	6	1.8
The patient needs to be informed about diagnosis		
Agree	316	92.7
Disagree	18	5.3
Unsure	5	1.5
Don't know	2	0.6
Ethical conduct is only important to avoid legal issues		
Agree	192	56.3
Disagree	119	34.9
Unsure	24	7.0
Don't know	6	1.8
If law allows abortion, doctors cannot refuse to do abortion.		
Agree	59	17.3
Disagree	243	71.3
Unsure	32	9.4
Don't know	7	2.1

If there is Disagreement between patients/families and health care professionals about treatment decisions, doctor's decision should be final.		
Agree	72	21.1
Disagree	171	50.1
Unsure	80	23.5
Don't know	18	5.3
Patient who wishes to die should be assisted in doing so:		
Agree	7	2.1
Disagree	313	91.8
Unsure	18	5.3
Don't know	3	0.9

Table 3. Issues in practice of healthcare ethics by study participants

Issues in practice of healthcare ethics	Frequency(n=341)	Percentage
I treat every patient considerately		
Agree	330	96.8
Disagree	5	1.5
Unsure	4	1.2
Don't know	2	0.6
I always obtain permission from patients before doing any physical or internal examination		
Agree	329	96.5
Disagree	7	2.1
Unsure	4	1.2
Don't know	1	0.3
I listen to all the stories of my patients		
Agree	139	40.8
Disagree	131	38.4
Unsure	58	17.0
Don't know	13	3.8
When prescribing drugs in their brand names, I write the generic name also.		
Agree	222	65.1
Disagree	62	18.2
Unsure	42	12.3
Don't know	15	4.4
I engage in Continuous Medical Education (CME) activities		
Agree	45	13.2
Disagree	66	19.4
Unsure	133	39.0
Don't know	97	28.4
I spend enough time to explain the nature, purpose and possible consequences of treatment or procedure when obtaining informed consent from patients		
Agree	275	80.6
Disagree	36	10.6
Unsure	20	5.9
Don't know	10	2.9
Ethics as a part of syllabus should be taught in every medical/nursing teaching institution.		
Agree	317	93.0
Disagree	13	3.8
Unsure	7	2.1
Don't know	4	1.2
It is very difficult to keep confidentiality, so it should be abandoned		
Agree	11	3.2

Disagree	308	90.3
Unsure	20	5.9
Don't know	2	0.6
In your opinion do you think that doctors are receiving income from referring patients for medical tests		
Agree	52	15.2
Disagree	248	72.7
Unsure	32	9.4
Don't know	9	2.6
I always inform my patient condition to their close relatives.		
Agree	46	13.5
Disagree	273	80.1
Unsure	19	5.6
Don't know	3	0.9
Consent is required only for surgeries, not for tests and medicines		
Agree	11	3.2
Disagree	307	90.0
Unsure	14	4.1
Don't know	9	2.6
Writing nervous system examination- normal or B.P normal. when it hasn't been done, is acceptable because it is important for documentation.		
Agree	18	5.3
Disagree	278	81.5
Unsure	40	11.7
Don't know	5	1.5
If a patient wishes to die, he or she should be assisted in doing so no matter what their illness.		
Agree	8	2.3
Disagree	316	92.7
Unsure	15	4.4
Don't know	2	0.6
In your opinion do you think that doctors are influenced by drug company inducements, including gifts		
Agree	87	25.5
Disagree	182	53.4
Unsure	46	13.5
Don't know	26	7.6
In order to prevent transmission of TB, disclosure of TB positive status to neighbours should be done		
Agree	255	74.8
Disagree	61	17.9
Unsure	19	5.6
Don't know	6	1.8
Given a situation, a male doctor needs to examine a female patient & female attendant is not available. In your opinion is it ethical to refuse the patient?		
Agree	237	69.5
Disagree	60	17.6
Unsure	36	10.6
Don't know	8	2.3
Do you have interest in learning healthcare ethics		
Agree	174	51.0
Disagree	103	30.2
Unsure	44	12.9
Don't know	20	5.9
When managing patients, I consider patient's religious and cultural views		
Agree	268	78.6

Disagree	60	17.6
Unsure	9	2.6
Don't know	4	1.2
Do you think doctors/nurses must serve hard to reach areas and underserved population		
Agree	298	87.4
Disagree	29	8.5
Unsure	12	3.5
Don't know	2	0.6
At present the extent of ethical medical practice among doctors is satisfactory		
Agree	58	17.0
Disagree	217	63.6
Unsure	40	11.7
Don't know	26	7.6
Strikes done by doctors are indirectly beneficial to patients		
Agree	87	25.5
Disagree	208	61.0
Unsure	31	9.1
Don't know	15	4.4
Juniors tend to follow their consultants' attitudes towards patient care		
Agree	185	54.3
Disagree	113	33.1
Unsure	30	8.8
Don't know	13	3.8

Table 4. Participant's response regarding hurdles and their suggestions in maintaining standards of work Ethics

Hurdles faced by participants	Frequency(n=104)	Percentage
Inadequate education/ Lack of awareness on medicolegal issues	22	21.0
Lack of knowledge about established guidelines	15	14.4
High workload/ Lack of coordination within workforce	13	12.5
Patient distrust in treatment/ Patient dissatisfaction/ Patient non-compliance	12	11.4
Administrative obstacles	10	9.6
Lack of training	7	6.7
Cultural beliefs	6	5.7
Delays in hospital settings	5	4.8
Lack of proper time management	5	4.8
Communication challenges	4	3.8
Confidentiality issues	2	1.9
Financial issues	1	0.9
Lack of recognition of human dignity	1	0.9
Negligence	1	0.9
Suggestions	Frequency(n=100)	Percentage
Proper education and learning activities at undergraduate level	28	28.0
Proper training/Organising lectures/seminars/workshops	24	24.0
Addressing doubts of patients and providing assistance/Allotting enough time to patients	15	15.0

Reduction of workload/Distribution of workload/ Improved time management	13	13.0
Proper communication with patient	7	7.0
Proper rules and standardised legislations/ Easy access to guidelines/Ensuring proper code of conduct	6	6.0
Assistance from seniors/colleagues/Assistance from ethics committee	5	5.0
Experimental learning/ Learning from prior mistakes	2	2.0
Fixed working hours	1	1.0