

Code of Medical Ethics: Guidelines of Bangladesh Medical and Dental Council (BMDC)

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Medical ethics is a code of conduct for the members of the medical profession in order to render the best possible service to the humanity and to maintain the honor and dignity of the profession.

History of medical ethics:

The history of medical ethics ushered since the code of Hammurabi about 2200 BC. The Greek physician Hippocrates declared a oath known as Hippocratic oath within 460 to 377 BC. The modern principles of medical ethics were prepared by Thomas Percival in 1803. Lastly Geneva declaration was declared in 1948 and was accepted by the general assembly of the world medical association in London on October 12, 1949. Till this day, we are abiding by those points of Geneva declaration.

Ethical dilemma:

There are times when physicians are in a confusing state and thus suffering from indecision about what to do regarding case management on ethical ground. In ethical term this is called ethical dilemma. In such cases, the physician has to choose which value is more important or (s) he may refer to additional values and contexts to be able to make a decision.

Central areas of health ethics:

In the context of fairness and equity, the physician should consider the economic situation of patient and family, choosing patients for treatment under resource constraints.

The Bangladesh Medical and Dental Council (BMDC) was duly constituted under the Medical and Dental Council act No XVI of 1980 on September, 1980 and was empowered to look after – Public interest by maintaining proper medical and dental standards, medical and dental education in the country, maintaining a register of qualified medical /dental practitioners qualifying from duly recognized institutions and taking disciplinary

action for criminal convictions or serious professional misconduct of a medical / dental practitioner. The council is not an association or a union for protecting professional interest.

According to BMDC guideline: Disregard of professional responsibility to patient, such as gross negligence in respect to his professional duties to his patient may be regarded as misconduct sufficient to justify the suspension or the removal of the name of a medical practitioner from the register. The Medical and Dental Council Act, section 28 provides that if any registered medical/ dental practitioner has been convicted of any criminal offence, or after due enquiry, found guilty of infamous conduct in any professional respect by the council, the council may in its discretion direct the removal of the name of the medical practitioner from the register. The word convicted is obviously used in relation to a duly constituted court.

According to BMDC guidelines the registration of a medical practitioner may be suspended temporarily or removed permanently in following situations -

1. If (s) he gives any certificate (birth, death, insurance, compensation, medical fitness etc.) that contains any false statement.
2. If (s) he accepts any illegal gratification from a patient in the course of his professional duty.
3. If (s) he found guilty of causing an illegal abortion or of prescribing drugs in violation of the Dangerous Drugs Act, or who becomes addicted to a drug himself or is convicted of driving under the influence of alcohol or other drug.
4. If (s) he commits adulteration or has an improper association with a person having professional relationship.
5. If (s) he discloses any information obtained in confidence from a patient except when necessary to do so in the interests of the security of the state or the maintenance of law and order in the country.

6. If (s) he commits gross negligence in respect of his professional duties to the patient.
7. If (s) he assists an unregistered person to practice medicine or has professional association with such a person performing the functions of a medical practitioner.
8. If (s) he is convicted of false pretences, forgery, fraud, theft, indecent behavior/ assault.
9. If (s) he commercializes any secret remedy or share any professional fees with any other medical practitioner or other person in the form of a commission.
10. If (s) he canvasses and advertizes for the purpose of obtaining patient, whether done directly or indirectly through an agent, associations or other persons and organizations.
11. If (s) he uses false title, description or symbol indicating additional professional qualification.

There is no rule preventing medical practitioners from charging one another for their service. However it is generally regarded as a pleasure and privilege to give one's services free to a professional brother, his wife and children, and to medical / dental student and their parents.

Physician-patient relationship component:

The relationship between a physician and a patient should be based on mutual trust and confidence. It is the doctor, who with his manner, attitude and speech should make the patient feel comfortable. The physician and patient relationship depends on different events. But it can be maintained and nurtured properly by taking informed consent, telling truth in serious illness, honoring patient autonomy and caring conflict management. The physician must reassure the patient that the best possible treatment will be provided and that pain and suffering will be minimized without misleading the patient when symptom or a terminal diagnosis exists. Physician has to treat the patient with empathy. The patient should be seen as a total human being rather than a vector of altered physiology and thus should get treatment for both illness & disease.

Physician-patient relationship- verdict before trial:

Communication is a very important aspect of physician patient relationship. In fact it is lack of communication

that leads to most of the violent incidents against physicians even when the physician has done most to his ability or had very little chance to do anything at all. Communication is a difficult task and requires training, experience and skill. Physician must adequately counsel his patient and party regarding management and prognosis of his disease so that they can feel confidence upon the physician. Communication also involves concerned hospital authority, professional society/ bodies and mass media.

Recently many incidents took place in this country regarding patient management; some of which has led to arrest of physician, ransacking hospital and most unfortunately violence against physician leading to death. In most of these incidents, physician was punished before the verdict. On the part of physician, the important drawback is lack of communication that is inadequate counseling and documentation. On the other hand, general people instigated in different ways have a negative attitude towards physicians. Physicians cannot escape the responsibility to some extent. The professional bodies should take initiatives to overcome this situation. What they can do is to train doctors to improve physician patient relationship, and at the same time work with the legal system to prevent harassment of physicians before trial.

Physician-patient relationship (model):

It can be paternalistic in emergency care, while it can be an informative one in a walk in clinic and in one visit situation with minor illness. In deliberative model, physician in a public health setting acts as a teacher or friend who articulates or persuades the patient to pursue the best course based on mutual understanding of patient's value and medical information. While on an ongoing clinical situation physician is an advisor or counselor and he or she should interpret course of disease and its care understanding the personality, style and reaction type of the patient to the nature of disease.

Physician-patient relationship depends on- a. Patient autonomy b. Truth telling in serious illnesses c. Informed consent and in d. Conflict solving. Conflict over referral of patient and situations of 'doctor shopping' where patient goes to multiple physicians, a physician should decide whether he should continue the treatment or sent back to the previous physician. The occurrence of adverse events and medical errors in medical practice is

not always in itself an ethical issue, but the way such errors are subsequently managed may involve ethical issue.

World Health Organization (WHO) has given special emphasis on certain situations like treating HIV-AIDS, dealing with patient with mental illnesses, making end of life decisions (Euthanasia), organ donation/transplant and medical termination of pregnancy. These need involvement of relevant expertise and should consider national legislation and institutional policies of relevance

for the issue raised. Physicians of government and nongovernmental organizations, lawmakers and member of civil society should jointly come up with a policy to deal with these specific health issues mentioned by WHO.

Acknowledgement

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