

# ABSTRACT

## Introduction

Medical ethics is concerned with the ethical obligations of doctor to their patients, to their colleagues and to the society. Ethics is rarely about black and white as it often deals with uncertainty and finding the best possible course of action under the circumstances.

It was evident in the annual reports of Sri Lanka Medical Council (SLMC) that the number of complaints against doctors has been increased during last few years. Even at present, in Sri Lanka, there are number of court cases against doctors. Increasing criticisms by the media and litigations are becoming a major challenge for clinicians.

## Objectives

The aim of this study was to assess the level of knowledge, attitudes and practice of medical ethics among medical officers in three teaching hospitals in the Kandy district.

## Methodology

This was a hospital based cross sectional descriptive study. A structured self administered questionnaire was developed and pre-tested to assess the level of knowledge, attitudes and practice of medical ethics among medical officers in three teaching hospitals in the Kandy district (n=313). Cross-analysis of selected factors and the level of knowledge were performed to determine the association between them. Chi Squared test is used to test the significance of association. Independent t-test and ANOVA were used to compare mean scores on knowledge between categories. A probability value of  $<0.05$  was considered as significant.

## Results

A response rate of 62% (313/502) achieved. Study population mainly consisted of Grade II medical officers (66.8%). The majority of doctors (50.2%) belonged to the age group of 34 - 44 years.

The study found that 81.2% of doctors had poor knowledge on medical ethics (Mean score = 49.8; SD =13.58).

The majority of doctors (69.3%) disagreed that the extent of ethical medical practice at present is satisfactory. The vast majority (91%) agreed that the undergraduate curriculum on medical ethics is not adequate and 95.3% of doctors justify that the in-service training on medical ethics as a necessity. Out of 313 respondents 191 doctors (61%) did not accept the fact that favouritism for students in medical exams as a rare event.

In this study 24.6% of doctors get a chaperone some times and 3.5% of doctors never get. The proportion of doctors who said that 'some times' they write generic name of the drug with its brand name was the majority (40.6%) and 6.7% said that they 'never'. The majority (54%) responded that they never accept gifts from pharmaceutical companies in recognition of their prescribing pattern while 37.7% accepted some times.

The proportion of postgraduate trainees who had good knowledge (60.7%) was higher than the doctors who were not postgraduate trainees (44.4%) and the difference was statistically significant ( $\chi^2 = 5.175$ ,  $df = 1$ ,  $p = 0.023$ ).

### **Conclusions and recommendations**

The vast majority of medical officers (81.2%) in three hospitals had a poor level of knowledge on medical ethics. Postgraduate trainees had comparatively a good level of knowledge than other medical officers. A majority of medical officers had favourable attitudes towards the basic principles of beneficence and nonmaleficence. Most of the doctors frequently practiced ethically. There was no statistically significant association between level of knowledge on medical ethics and field of work or work experience.

Guidelines on ethical conduct developed by the SLMC for medical practitioners should be given and taught during the undergraduate period. In-service training programmes focused on personal professional development should be organized to improve the knowledge, attitudes and practice of medical ethics.