



ATTITUDES OF MEDICAL STUDENTS TO ETHICAL CONDUCT TOWARDS TERMINALLY ILL PATIENTS

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ABSTRACT

THE PURPOSE of this paper is to examine the opinion, understanding and attitude of medical students for ethical conduct towards terminally ill patients and specifically as regards Advance Directives for Health Care (ADHC). METHODS: A direct group inquiry was conducted with first-year medical students in May 2010, in Medical Faculty, Thracian University, Stara Zagora. RESULTS: Most of the inquired students, 72.9%, think that considering the professional conduct with the preliminary expressed patients' wish is justified by the principle of autonomy's respect. According to 59.4% of the examined students ADHC should not be compulsory. The grounds are that any potential compulsory character would verge to compulsion and would deprive the right of choice. 31.3% of the students think that the person who will keep the document and be responsible for its performance should be specified by the patient. Since ADHC reflects the patient's free wish and is a mechanism for exerting his main rights, the patient himself should initiate the filling of ADHC, according to 41.7% of the replied students. CONCLUSION: The majority of inquired students have positive attitude to ADHC. The respect of preliminary expressed wish is grounded by the principle for respect of autonomy.

Key words: advance directives for health care, palliative care, terminally ill, patients' rights, autonomy of personality

INTRODUCTION

The first ethical principle of the modern medical ethics is the principle for respect of autonomy. It assumes that through his/her professional conduct the physician protects the main patient's rights – the right of information, the right of free and informed consent as well as the right of human dignity. (1)

Nowadays many countries of European Union, the USA, Australia have legally endorsed opportunities for the patients to preliminary express their wish related to health care and possible conduct of specific conditions, mainly

for incurable diseases as well as to assign a representative who has the right to take informed decisions in the cases the patient is not able to exert this right. (2)

Advance Directives for Health Care (ADHC) is a mechanism for expanding and acknowledgement of patients' rights. (3, 4)

PURPOSE

The purpose of this paper is to examine the opinion, understanding and attitude of medical students for ethical conduct towards terminally ill patients and specifically as regards Advance Directives for Health Care (ADHC).

AIMS

1. To examine the attitude of medical students for professional conduct consistent with ADHC.
2. To investigate their opinion and understanding of ADHC nature, as well as arguments to support their statement.

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MATTERS AND METHODS

A direct group inquiry was conducted with first-year medical students, being trained for medical ethics in 2009-2010 academic years. The research has included 96 students. The inquiry has been performed immediately after thematic classes on ethical aspects of palliative care for terminally ill patients. The questionnaire is prepared by the authors of the investigation and includes 11 questions most of which are closed ones. Some of the queries allow the choice of more than one answer. Statistical Package SPSS has been used for data processing and analysis.

RESULTS AND DISCUSSION

General characteristics of the investigated group of students:

1. Regarding separation by sex female prevails: 63 female (65.6%) and 32 male (33.3%).
2. Citizens of R Bulgaria are 80 (83.3%) of the inquired people.
3. The average age is 20.39 years old, 95% CI (20.05, 20.73).
4. To the question: "Which religion do you belong to?", 73 of the inquired students have replied. Most of the replied students, 55 (75.3%) are Christians; 13 (17.8%) mention Islam as their religion and 5 (6.8%) have self-determined as being atheists.

This general characteristic defines relative similarity by age, nationality and religious belonging.

To the first question of the questionnaire card – if they accept the idea that the palliative care should respect the patient's wishes expressed in advance, most of the inquired students, 70 (72.9%), gave an affirmative answer (Chart 1). The argument is that such an ethical conduct would protect best the patient's rights and dignity. Therefore, a great deal of medical students manifest understanding that the deference of the will expressed in advance is justified by the principle of autonomy's respect – patient's right of own opinion, decision and choice.

At the same time considerable part of the students, 37 (38.5%) (**Chart 1**), take up a certain paternalistic position declaring that they would take into consideration this wish only in cases when it corresponds to their professional judgment for the patient's best interest. Similar attitude perhaps is an expression of realizing the professional responsibilities which a physician undertakes in the process of rendering medical care as well as the need of reaching a balance between these responsibilities and patient's rights.

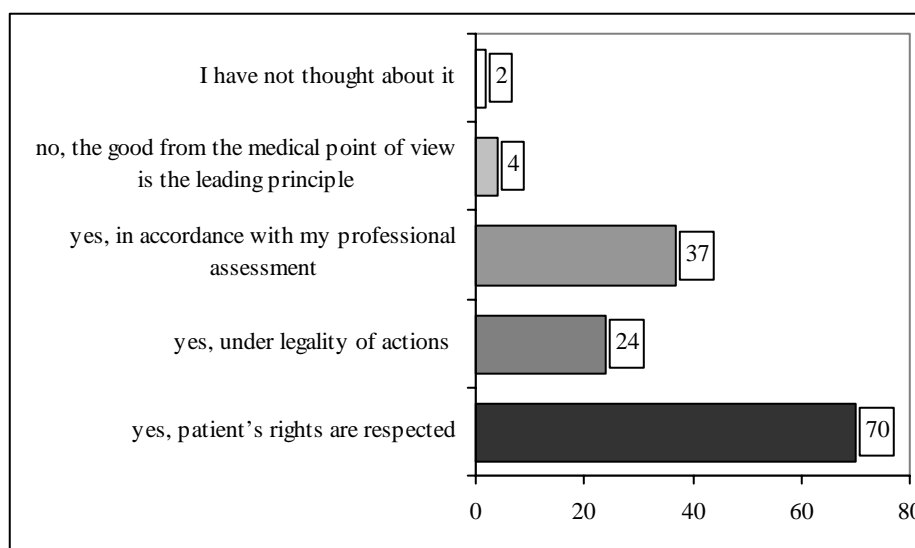


Chart 1. Should palliative care respect the anticipated wishes of the patient?

One fourth of the students, 24 (25%) (**Chart 1**), express the opinion that they would undertake actions corresponding to the patient's wish only if they are legal. Such understanding raises the question for the

necessity of developing clear and legal regulations - not only as regards the legalization of patients' possibility to express their wish for end-of-life health care but also as a legal regulation stipulating the scope of

allowable professional actions in the process of rendering palliative care. The clear definition of rights and obligations concerning patients in their terminal stage of disease would create better guarantees for respecting their rights through relevant professional conduct.

Only 4 (4.2%) of the inquired students express definite paternalistic opinion highlighting that they do not agree with this idea since the medical good for the patient is leading.

It is interesting to be mentioned that only 2 (2.1%) have not been thinking about this issue.

Similar result perhaps reflects the circumstances, that matters related to end of life, are existential ones and there might be no one being indifferent to them (**Chart 1**).

The fact that almost all inquired students have formed opinion and attitude to ADHC points to a sensibilisation to the ethical aspects of end-of-life care. The next question of the questionnaire card aims at clarifying the students' position as regards to what the character of ADHC should be – compulsory or not (**Chart 2**).

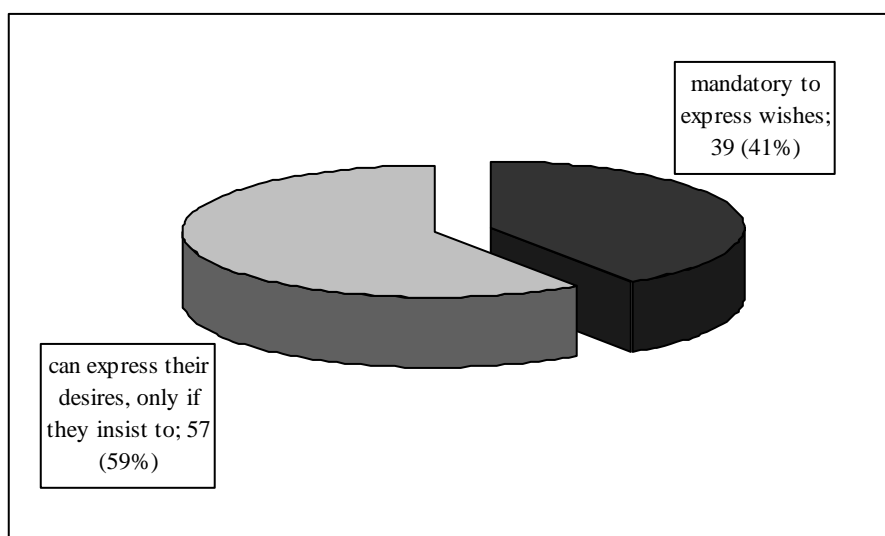


Chart 2. Do you consider that patient with the final oncological diagnosis and defined terminal condition:

Considerable number of inquired ones, 39 (40.6%), think that the expression of ADHC should be compulsory. The allocation of arguments in favour of that position is interesting (**Chart 3**). Larger part of the students having such attitude, 25 (64.1%), consider that the compulsory character of ADHC could better ensure the real respect of the patients' right to determine from their own point of view what would be best to be done at the end of their life, i.e. an argument is given towards respect of the autonomy of personality.

Almost half, 18 (46.2%), consider that ADHC should be compulsory since the best balance of responsibilities in the process of care rendering is achieved through it. Obviously, it shows the

understanding that the achievement of such a balance has a significant importance as a prerequisite for assuring care quality and effectiveness for patients.

One third of the students, 12 (30.8%), who agree with the compulsory character of ADHC, express their concept that the obligatory documented evidence of wish for health care would allow for achievement of greater confidence in ethical behaviour and in the legality of decisions and actions.

The same number, 12 (30.8%), have the opinion that similar approach would be significant to avoid any potential ethical conflict among the members of a medical team when discussing the usefulness of a certain professional conduct.

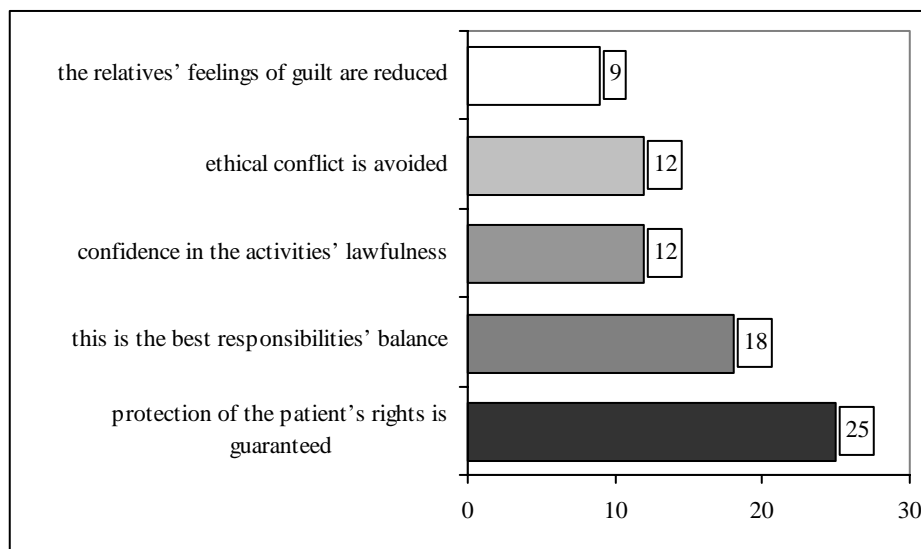


Chart 3. Advance Directives for Health Care should be compulsory because of:

The number of students grounding their opinion on the importance of ADHC for the patient's relatives is considerable. Every fourth student (of the inquired group) states that ADHC would relieve the suffering of loss and reduce the conflict in the family and sense of guilt.

The analysis of the above mentioned grounds directs to the following conclusion: according to the students the compulsory character of ADHC is grounded extremely by reasons related to striving for standing up patients' interests. In the legislative regulation of such compulsory practice they see a reliable mechanism for exercising and defending patients' rights – the right of autonomous choice and decisions as well as the right of dignified death.

Achieving balance of responsibilities is also of significant importance. The improved, as result of this balance, communication and collaboration among the members of the medical team is important for reaching the goals of palliative care for every patient.

Most of the half of the inquired students, 57 (59.4%) has an opposing opinion as regards the character of ADHC. They think that ADHC should not be compulsory (**Chart 2**). Patients in terminal condition should be able to express their preferences for health care only in case they have declared their wish for it. Obviously, according to them, a legal regulation is needed for such an option; however, it should not be a mandatory practice. The normative regulations

should obey the fundamental ethical principle in the contemporary medical ethics, i.e. respect to patient's autonomy, and ensure the right of choice as to expressing the will for life. Thus, the right of autonomy would be best protected as well as the right of maintaining the personal dignity, extremely important for patients in terminal stage of disease suffering the shuddering and painful human drama of realizing the near end of life.

The arguments for grounding that point of view for ADHC are exactly in this direction (**Chart 4**). Thirty eight (66.7%) of the students do not accept the compulsory character of ADHC since it verges on duress. Almost half, 25 (43.9%), think that deprived right of choice harms seriously the autonomy. Every fourth considers that the possibility of harming the patient's psychic condition should not be ignored. The compulsory discussion about the problems regarding end-of-life cares especially at inappropriate time, by unsuitable approach and without considering the patient's individuality may really harm the patient and could be in discord with his strategies to contend.

The students have been asked for their opinion about who has to possess a copy of the filled in document (ADHC) and to engage directly with its fulfillment. The biggest share, 31.3%, has the students, who think that it should be the person specified by the patient as his representative. The rest of the replies are being sorted almost equally among the specialist – oncologist, general practitioner and the family.

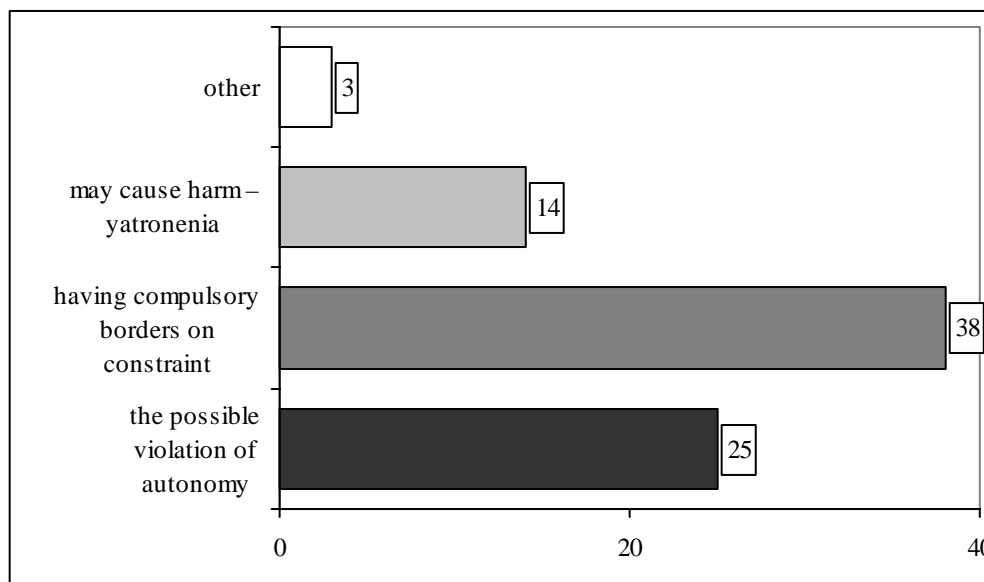


Chart 4. Advance Directives for Health Care shouldn't be compulsory because of:

To the question: “According to you, who should initiate expressing the will for life for oncology disease patients?”, the sorting of replies is not surprising. According to 38 (41.7%) of the answers, the patient shall be the originator of the process; it is a reply which corresponds to the described above predominating attitude to ADHC and to its recognition as a mechanism for patient's declaration of will.

Nearly the same is the share of students thinking that this role should be played by the oncologist - 22%, or by the general practitioner - 20.9%. A similar result reflects the reality of the medical practice in Bulgaria related to palliative care which turns out at being of narrow circle and at that of mainly medical professionals.

As a positive result we could estimate the share of 18.7% of the students who replying to the raised question point the clinical psychologist as the most suitable professional for that role. Obviously, a part of the students realize the need of specific approach and specific communicative skills when working with terminally ill patients. Despite of the lack of positive experience in our medical practice related to the participation of specialists from other professional fields in the palliative care team the students understand that their enticement as partners is of great importance. The tendency for rendering holistic palliative

care requires exactly such multi-professional approach.

CONCLUSIONS

- The majority of inquired students have positive attitude to ADHC. The respect of preliminary expressed wish is grounded by the principle for respect of autonomy.
- According to 59.4% of them ADHC should not be compulsory since the opposite would verges on compulsion and would violate the patient's right of choice.
- 40.6% of the students have the opinion that ADHC should be of compulsory character since such an approach would ensure the real respect of the patient's wish, reaching the balance of responsibilities and confidence in the legality of the decisions and actions of the medical team.

The practical implication of AD in medical practice is an expression of respecting the patient's basic negative right to decide the problems of his own life including these with his ill-health, specifically in the domain of the health care at the end of life. This period is especially difficult and scary because of being connected with the existential fear of death that is inherent to every human being. The implication of an opportunity for managing health care in such a complex context brings a feeling of safety to the patient and their family and friends and to the medical personnel as well. That it why the problem that we have began to explore should be studied further.

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