International Journal of Clinical & Medical Informatics

ISSN: 2582-2268 **Research Article** | Vol 2 Iss 1

Morality in the Medical Profession

Celina Gomez-Gomez, Raul Fernando Gutierrez-Herrera, Hector Riquelme-Heras*, Felix Martinez-Lazcano, Eduardo Mendez-Espinosa and Ricardo Avilán-Salas

Department of Family Practice, School of Medicine, UANL Monterrey, NL, Mexico

***Corresponding author:** Hector Riquelme-Heras, Department of Family Practice, School of Medicine, UANL Monterrey, NL, Mexico, Tel: 528180204829; E-mail: riquelme@doctor.com

Abstract

Objective: To evaluate the ethical characteristics of physician morality.

Material and Methods: We conducted a prospective, descriptive survey of 150 physicians conducted from November 2012 to January 2013; at a third level Hospital in México. Morality and sociodemographic variables were included (such as marital status, residence, religion). The morality and professional practice variables were crossed tabulated and analyzed with the demographic ones. Statistical analysis was performed using SPSS version 20 for Windows.

Results: The doctors belong to different specialties; the majority was male, single, with an average age of 30.8 years and less than 5 years in medical practice. When there is a disagreement regarding care provided by the treating physician, one out of fifteen will attempt to speak directly with the attending physician about this concern whereas only 1 out of 3 will disclose the disagreement to the patient. When a patient speaks negatively about a physician, one out of twenty-five doctors support the physician. In one out of every three cases, patients have told their physicians their care has been questioned by another physician.

Conclusions: Male physicians tend to advise the treating physician about a treatment disagreement half of the time compared to female physicians. These physicians tend to question more the care by general physicians compared to the care by specialists. Finally, those over 36 ask more about the diagnosis and management of the patient.

Keywords: ***Morality; Practice; Professional practice; Medical ethics***

Received Date: January 23, 2019; **Accepted Date:** February 02, 2019; **Published Date:** February 09, 2019

Introduction

Concerns about patient welfare and proper behavior of physicians are mandates originated with the Code of Hammurabi, the first set of laws in history (2000 BC) [1,2].

Moral ethics is an ancient concept; however, the guidelines of moral behavior have not lost their relevance and must meet the

demands in contemporary practice [3]. The principles and Codes of Medical Ethics and Professionalism of the American Medical Association (AMA) provide standards for professional behavior. These standards were designed primarily for the benefit of patients and serve as a guide in conducting the medical-patient relationship [4,5].

Professional deference means not to disqualify the patient's opinion of a colleague but try to make it their own or at least to justify it [4,5].

Respect for colleague consists, to begin with, the simple social respect, which requires recognizing in each one value as a person. The deontological respect is more intense and must be strong enough to override the difficulties that arise, for example, differences of opinion, responsibilities, and competencies [6].

Variable	Number	Percentage
Gender		
Male	96	64
Female	54	36
Marital status		
Married	85	56.7
Singles	65	43.3
Place of Residence		
Monterrey	61	40.7
San Pedro	26	17.3
Guadalupe	19	12.7
San Nicolás	17	11.3
Other	27	18
Religion		
Catholic	139	92.7
Baptist	5	3.3
Christian	3	2
Other	3	2
Age: X 30.8 years	**DE** = 3.95 years	**Rank** (25-50 years)

Table 1: Sociodemographic Characteristics (**Note:** n = 150).

Respect for colleagues is also evident in recognizing the right to have their own convictions and create an atmosphere of tolerance for ideological diversity that allows peaceful and constructive coexistence. The first obligation is to be a patient advocate. The second, to aid a colleague, there are not missing opportunities to exercise with a partner a discrete job of advice and moral support [6].

The moral duty to help a partner is especially difficult when someone is a victim of unfair allegations, discrimination, or degrading treatment. Physicians who have a good reputation in one specific area of knowledge act as experts, either through their influence on their opinion or as witnesses, in defense of a colleague unjustly accused [7,8].

Taking into account the economic situation and the difficult conditions for employment, competition between physicians and other professionals is ethical and acceptable but [9] competition between doctors is one of the most important characteristics for making statements that compromise the honorability and reputation of others [10].

It is worth mentioning that in the struggle to succeed, the discredit of colleagues to gain patients, is a violation of the code of

medical ethics, losing the deference and respect [11-13].

Variable	Number	Percentage
Specialty		
Family Practice	**55**	**36.7**
Gynecology	18	12
General Practitioner	17	11.3
Internal Medicine	15	10
Surgery	13	8.7
Pediatrics	12	8
Other	20	13.3
Hospital position		
Resident	134	89.3
Professor	16	10.7
Graduated		
UANL	124	82.7
UNAM	13	8.7
ITESM	5	3.3
Other	8	5.3
Master´s degree		
No	141	94
Ph.D. degree		
No	147	98
Diplomat		
No	138	92
Institutional practice		
Institutional	134	89.3
Institutional and private	16	10.7
Years of practice		
01-May	121	80.7
06-Oct	11	7.3
Less than 1	10	6.7
11 years and more	8	5.3
Member of the collegial body		
No	132	88
Yes	18	12
Ownership		
Office	12	8
Clinic	1	0.7
No	137	91.3
Specialist group		
No	87	58
Yes	63	42

Note: n=150 UANL (Universidad Autónoma de Nuevo León), UNAM (Universidad Autónoma de México), ITESM (Instituto Tecnológico y de Estudios Superiores de Monterrey).

Table 2: Professional Characteristics.

Material and Methods

The study was approved by the Institutional Ethics and Research Committee. Requested written informed consent of the participants and the ensured confidentiality of information were taken. The study was descriptive, prospective, and included 150 physicians from various departments of a Mexican third level hospital, who agreed to answer the survey, during the period

of November 2012 to January 2013. We excluded those physicians who did not want to participate.

The questionnaire included sociodemographic variables and variables measuring morality in practice among physicians.

According to the author's opinion questions were classified into two categories: those that measure competency and those which measure discredit.

The data analysis was conducted in SPSS version 20 for Windows. Frequencies and percentages were obtained. The sociodemographic variables were crossed with the variables measuring ethics in practice. The chi2 was used with a significance of $p < 0.05$.

Variable	Number	Percentage
If someone refers you a patient for inter consultation, you transfer the patient to the sending physician		
Always	65	43.3
Most of the times	49	32.7
Occasionally	30	20
Never	6	4
If you disagree with the treating physician in the diagnosis or treatment, you: n= 142		
Tell the patient	62	41.3
Say nothing and give the prescription	39	26
Talk with the patient´s family	24	16
Talk with the treating physician	17	11.3
Your professional fees are		
Similar to your colleagues	144	96
Higher	3	2
Lower	3	2
You think your specialty is very competitive		
Yes	115	76.7
No	35	23.3
Get a percentage for referring patients		
No	147	98
Discussed with a colleague for keeping his/her patients		
No	144	96
A discussed colleague with you for keeping his/her patients		
No	149	99.3
What do you do when a patient tells you he/she wants to see another physician?		
Refer the patient	76	50.7
Investigate patient´s wishes	54	36
End relationship with the patient	20	13.3
What do you do when a patient tells you that health professionals sent him/her to another physician? n= 144		
Refer the patient	69	46
Investigate patient´s wishes	55	36.7
End relationship with the patient	20	13.3

Table 3: Competition (**Note:** n=150).

Results:

Sixty-four percent of participants were men; the average age was 30.8 years old; SD 3.95. The predominant marital status was

married, living in Monterrey and Catholic religion (Table 1). One hundred thirty-three were residents, 89.3% and 16 professors, 10.7% from different specialties. Eighty-two percent graduated from UANL (Universidad Autonoma de Nuevo Leon), 94% had no master's education and 98% had no doctoral studies, 92% had any of that degree. The institutional practice was 89.3%.

Regarding the time of practice, 80.7% had less than five years and only 8 had more than 10 years of practice. Eighty-eight percent did not belong to any collegial body. Only 8.0% owned their office and 1% had a clinic, 42% belong to a specialist group (Table 2).

Variables	Number	Percentage
When a patient speaks bad of the previous physician, your reaction is		
Just listen without comments	66	44
Investigate the cause of anger	50	33.3
Agree with the patient	28	18.7
Defend a colleague	6	4
Some of your patients have sued you		
No	143	95.3
Yes	7	4.7
Some of your patients have sued a member of your group of specialists		
No	111	74
Yes	39	26
Some of your patients have told you that the prescribed treatment has been questioned by another colleague		
No	101	67.3
Yes	49	32.7
What has been your reaction when a colleague has spoken badly of you with your patients: n= 144		
Do not care	87	58
Justifies with the patient	55	36.7
Claim to the physician	2	1.3
If a colleague treatment caused patient harm, you: n= 147		
Tell the patient	50	33.3
Say nothing	49	32.7
Talk to the physician	24	16
Talk with the patient´s family	24	16
If you have a personal problem with a colleague and he/she has consulted one of your patients who expressed well about him/her, this influences patient's treatment		
Never	123	82
Occasional	26	17.3
Question the diagnosis and management when the patient was not treated by a specialist physician		
Always	52	34.7
Most of the times	52	34.7
Occasionally	33	22
Never	13	8.7
Have you suggested the idea to some of your patients to sue a colleague?		
No	142	94.7
Yes	8	5.3
Some of your colleagues have written negative quotations in the medical record questioning your ability or disagreement with your instructions		
Yes	15	10
No	135	90

Table 4: Discredit (Note: n=150).

43.3% always transfers the patient to the referring physician while 41.3% said the patient disagreed with the treating physician. In 96% the fees are like those of their colleagues. 76.7% feels that their specialty field is very competitive. Only 2% receive a payment or percentage for referring patients.

One hundred forty-nine (99.3%) has discussed keeping their patients, and only did it in one case, 0.7%.

When a patient expresses a desire to see another doctor, 50.7% refer the patient, 36.7% inquire the patient's wishes, 13.3% end the relationship with the patient and none was upset or speak badly about the physician the patient wants to consult (Table 3).

Forty-four percent only listen to the patient without making comments when a patient speaks bad of the previous doctor, 33.3% investigate the cause of the anger, 18.7% agreed with the patient and only 4.0% goes defends a colleague.
The patient has not sued a physician in 143 cases. The patient has sued someone of the group of specialists in 39 cases, 26.0% patients have told the physician that the treatment has been questioned by a colleague in 49 cases, 32.7%. When a colleague has spoken badly about the physician with his/her patients, 58.0% of physicians do not give importance, 36.7% have been justified themselves with the patient and 1.3% has called the physician.

When a colleague caused harm to a patient, only 50, 33.3% has told the patient, say nothing 49, 32.7%, and talk to the physician and with the family of the patient 24, 16.0%.

Eighty-two percent said the treatment of the patient won't be affected if they have a personal problem with a colleague who has attended any of their patients when he/she expressed well about the physician.

34.7% always question patient management by a non-specialist.

Only 5.3% has suggested a patient of suing a colleague. In 15 cases physicians have made negative quotations on the medical record questioning the ability or disagreement with instructions of another physician (Table 4).

Gender	**Tell the physician**		**Tell the patient**		**Talk to patient´s family**		**Say nothing**		**Other**		**Total**	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Male	8	8.3	47	49.0	16	17.0	19	19.8	6	6.3	96	100.0
Female	9	16.7	15	27.8	8	14.8	20	37.0	2	3.7	54	100.0
Total	17	11.3	62	41.3	24	16.0	39	26.0	8	5.3	150	100.0

Table 5: Disagreement with Treating Physician (**Note:** n = 150; P< 0.05).

Male physicians tend to express their disagreement with to the treating physician half of the times compare to female physicians.

Gender	**Always**		**Most of the times**		**Occasionally**		**Never**		**Total**	
	Number	**%age**	**Number**	**%age**	**Number**	**%age**	**Number**	**%age**	**Number**	**%age**
Male	36	37.5	41	42.7	18	18.8	1	1.0	96	100.0
Female	16	29.6	11	20.4	15	27.8	12	22.2	54	100.0
Total	52	34.7	52	34.7	33	22.0	13	8.7	150	100.0

Table 6: Question the management of non- specialist physician (**Note:** n = 150; P< 0.001).

Male physicians tell the patient about their disagreement with the treatment prescribed by the treating physician more often than female physicians (Table 5).

Male physicians question more often the diagnosis and management of a patient treated by a non- specialist physician than female physicians (Table 6).

Age	Always		Most of the times		Occasionally		Never		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
Under 35 years	43	31.2	51	37.0	31	22.5	13	9.4	138	100.0
Over 36 years	9	75.0	1	8.3	2	16.7	0	0.0	12	100.0
Total	52	34.7	52	34.7	33	22.0	13	8.7	150	100.0

Table 7: Question the management of non- specialist physician (Note: n = 150; P< 0.05).

Those over 36 years old question more the diagnosis and management just for the fact the patient has been treated by a non-specialist physician than do physicians under 35 years of age (Table 7).

Category	No		Yes		Total	
	Number	**%age**	**Number**	**%age**	**Number**	**%age**
Professor	12	92.3	1	7.7	13	100.0
Resident	89	66.4	45	33.6	134	100.0
External	0	0.0	3	100.0	3	100.0
Total	101	67.3	49	32.7	150	100.0

Table 8: Patient has told their treatment has been questioned (Note: n = 150; P< 0.01).

Patients told residents more often that their treatment has been questioned by another physician than they do with professors and external physicians.

Category	Always		Most of the Times		Occasionally		Never		Total	
	Number	**%age**	**Number**	**%age**	**Number**	**%age**	**Number**	**%age**	**Number**	**%age**
Professor	10	76.9	1	7.7	2	15.4	0	0.0	13	100.0
Resident	40	29.9	51	38.1	30	22.4	13	9.7	134	100.0
External	2	66.7	0	0.0	1	33.3	0	0.0	3	100.0
Total	52	34.7	52	34.7	33	22.0	13	8.7	150	100.0

Table 9: Question management of non-specialist physician (**Note:** n = 150 P< 0.05).

Professors and external physicians question more the management by a non-specialist physician than residents (Table 8 & 9).

Masters degree	Always		Most of the Times		Occasionally		Never		Total	
	Number	**%age**	**Number**	**%age**	**Number**	**%age**	**Number**	**%age**	**Number**	**%age**
No	45	31.9	51	36.2	32	22.7	13	9.2	141	100.0
Yes	7	77.8	1	11.1	1	11.1	0	0.0	9	100.0
Total	52	34.7	52	34.7	33	22.0	13	8.7	150	100.0

Table 10: Question management of non-specialist physician (**Note:** n = 150 P< 0.05).

Physicians with master's degree most of the times questioned the management of a non- specialist physician. Physicians of

private clinics and who owned their offices tend to question more the management of non- specialist physician. In general, physicians tend not to give ideas to patients to sue another doctor.

Ownership	Always		Most of the Times		Occasionally		Never		Total	
	Number	%age	Number	%age	Number	%age	Number	%age	Number	%age
Clinic	1	100.0	0	0.0	0	0.0	0	0.0	1	100.0
Office	10	83.3	1	8.3	1	8.3	0	0.0	12	100.0
Resident	41	29.9	51	37.2	32	23.4	13	9.5	137	100.0
Total	52	34.7	52	34.7	33	22.0	13	8.7	150	100.0

n = 150 P< 0.05

Table 11: Question management of non-specialist physician.

Ownership	NO		YES		TOTAL	
	Number	%age	Number	%age	Number	%age
Clinic	0	0.0	1	100.0	1	100.0
Office	11	91.7	1	8.3	12	100.0
Residents	131	95.6	6	4.4	137	100.0
Total	142	94.7	8	5.3	150	100.0

Table 12: Physicians give idea to patients to sue (**Note:** n = 150 P< 0.05).

Discussion

There is limited information in the literature to provide statistically significant data on morality in practice among physicians. This study found that the majority was men, and residents who are doctors in training in different specialties, which also is consistent with their status, less than half of them remain single. It will be interesting to interview more female colleagues and external partners.

One of every 4 doctors always refer the patient to the sending physician, when ideally most should do it. When there is a disagreement with the treating physician regarding diagnosis and treatment 1 in 15 talks to the treating physician, but 1 in 3 would tell the disagreement to the patient, but not the physician. When a patient asks to see another physician half refers to the patient who makes the request. When a patient speaks against a physician, 1 in 25 defends a colleague. More than a quarter works with a group of specialists where some of its members have been sued. One of every 3 patients has been told his/her physician that the treatment has been questioned by another colleague. 1 in 3 also justified with the patient when a colleague has expressed badly with his/her patients. A third of the physicians questioned the diagnosis and treatment of a patient just because the physician is non-specialists, regardless of the level of knowledge, clinical judgment or experience [14-16].

It is interesting to find in a teaching hospital that 10% of physicians have negative quotations on the record questioning the ability or disagreement with the treating physician, the majority changing the prescribed treatment, mostly residents. The ethics code specifies a rule that physicians should not use the record as a battlefield and they should talk to the colleague before making annotations [17,18].

Physicians with masters' degree and those who have offices and private clinics question more the management of non-specialists, due to the competition, as it has been expressed in some publications anecdotally [19].

We found that deference, principle of the code of ethics and medical ethics, is uncommon in our environment because most colleagues showed unwillingness to condescend and agree with the clinical judgment of another physician, which can lead to a feeling of uncertainty in the patient if treated poorly and motivate him/her to change physician or seek another opinion, making this a vicious circle, that in the worst cases could result in a lawsuit, especially if the physician-patient relationship is damaged [20-22].

It is interesting and expected to find that the large majority of physicians tend not to give ideas to patients to sue a colleague. It is a very important aspect in a city that is becoming highly litigious.

Conclusions

Male physicians tend to express their disagreement about diagnosis and treatment to the treating physician half of the times that the female physicians. Male physicians tell the patient more often their disagreement with the treatment of the treating physician.

More male physicians question the diagnosis and management by the fact the patient is treated by a physician non-specialist than female physicians.

Physicians over 36-years-old questioned the diagnosis and management by the fact the patient is treated by a non- specialist physician than physicians under 35 years of age.

Patients told more to the residents that his/her treatment has been questioned by another physician than they do to professors and external physicians.

Professors and external physicians questioned more the management of a non-specialist physician than residents.

Physicians with master's degrees most of the times questioned the management of non-specialist physician than do physicians who do not have masters' degree.

Physicians of medical clinics and private offices tend to question more the management of a non-specialist physician.
In general, physicians tend not to give patients ideas to sue a colleague.

Recommendation

It is necessary to implement morality courses in medical practice, especially in the area of ethics; to set standards of professional ethics and to adjust them to the new demands of medical practice; always in accordance with the social changes and legal systems.

Also is important to treat this topic in more medical congresses in order to improve inter professional-relationships that actually are not entirely satisfactory.

We should do more research on this topic because very little information exists.

References

1. www.bvs.hn/RMH/pdf/1973/pdf/Vol41-1-1973-1.pdf
2. https://www.scribd.com/document/320860785/Moral-Medica-Dr-Luis-Razetti
3. Chavez I (1964) Medical morality against the medicine of our time.
4. https://www.ama-assn.org/about/publications-newsletters/ama-principles-medical-ethics
5. https://www.professionalstandards.org.uk/docs/default-source/publications/research-paper/dishonest-behaviour-by-hcp-research.pdf?sfvrsn=cff17120_34
6. https://www.icomem.es/
7. https://www.cgcom.es/sites/default/files/estatutos_omc_oct_2012_1.pdf
8. https://www.cnmc.es/sites/default/files/73017_6.pdf
9. https://studylib.es/doc/125988/c%C3%B3digo-de-%C3%A9tica-y-deontolog%C3%ADa-m%C3%A9dica
10. https://studylib.es/doc/125988/c%C3%B3digo-de-%C3%A9tica-y-deontolog%C3%ADa-m%C3%A9dica
11. http://www.comsegovia.com/secciones/asesoriajuridica.html
12. Edelstein L (1943) The relationship Oath: text, relationship and interpretation. Bulletin of the History of Medicine Supplementary, Baltimore: Johns Hopkins Press, USA.
13. American Medical Association Council on Ethical and Judicial Affair (1998) Principles of medical ethics, in elation medical association council on ethical and judicial affair: code of medical Ethics: Current opinion with relationship 1998-1999. Chicago, Elation Medical Association.
14. Nutting PA (1992) Referral and consultation in primary care: do we understand what we´re doing? Journal of Family Practice 35: 21-23.
15. Beauchamp TL, Childress JF (1994) Principles of Biomedical Ethics (4thedn). New York, Oxford University Press, USA, p28.
16. Pearson SD (1999) Principles of generalist-specialist relationships. Journal of General Internal Medicine 14: S13-S20.
17. Stoeckle JD, Ronan L, Emanuel LL, et al. (1997) A manual on manners and courtesies for the shared care of patients. Journal of Clinical Ethics 8: 22-23.
18. Emmanuel LL, Richter J (1994) The consultation and the patient-physician relationship. A trilateral deliberative model. Archives of Internal Medicine 154: 1785-1790.
19. Morreim EH (1993) Am I my Brother´s Warden? Responding to the unethical or incompetent colleague. Hastings Center Reports 23: 19-27.
20. American Medical Association Council on Ethical and Judicial Affairs (1998) Opinion 3.04 “Referral of patients”, in American medical Association Council On ethical and judicial affairs. Code of medical ethics: current opinions whit annotations, 1998-1999. Chicago, American Medical Association p76.
21. American Medical Association Council on Ethical and Judicial Affairs (1998) opinion 9.031, “Reporting impaired, incompetent, or unethical colleagues”, in elation medical association Council On ethical and judicial affairs: Code of Medical ethics: Current opinions with annotations, 1998-1999. Chicago, American Medical association p161.
22. American Medical Association Council on Ethical and Judicial Affairs (1998) Opinion 8.11, “Neglect of patient”, in American medical Association Council on Ethical and judicial affairs. Code of medical ethics: current Opinions whit annotations p139.