

Topic

**“Knowledge of Fresh Medical Graduates Regarding Medical Ethics and Professionalism in Bangladesh”**

a] Introductory Overview and Current Situation

b] Views of Teachers and Stakeholders

c] Steps to be Taken (Suggestions) for further Improvement

**Participating Disciplines:** Department of Microbiology  
Department of Neurology  
Department of Ophthalmology

Date : 16<sup>th</sup> June , 2025

Time : 08.00 am

**Venue : Medical Education Unit ( 3<sup>rd</sup> Floor, College building, DMC)**

**All respected Faculties are cordially invited**

**Medical Education unit**

**Dhaka Medical College**

# SPEAKERS



**Dr. Farjana-Binte-Habib**  
**Lecturer**  
**Department of Microbiology**  
**Dhaka Medical College**



**Dr. Rezvey sultana**  
**Registrar**  
**Department of Neurology**  
**Dhaka Medical College**



**Dr. Md. Robiul Islam**  
**Assistant Professor**  
**Department of Ophthalmology**  
**Dhaka Medical College**

# **Knowledge of Fresh Medical Graduates regarding Medical Ethics and Professionalism in Bangladesh**

3

# Introductory Overview and Current Situation

4

**Dr. Farjana-Binte-Habib**

**Lecturer**

Department of Microbiology

Dhaka Medical College

# Ethics

- The word ethics comes from the Greek word “**ethos**” which means **character or custom**.
- Ethics is a branch of philosophy that deals fundamentally with the rules of **human conduct** from moral point of view.
- **Types:**
  - Professional
  - Bio-ethics

# Medical Ethics

- ▶ **Medical ethics** is a branch of bio-ethics
- ▶ It focuses on the **moral principles and values** which guide the practice of medicine.
- ▶ Medical ethics and professionalism has **positive impact** on the **behaviour and attitude** of physicians towards their patients if learnt in **early years**.

# Importance

- It **balances** between physician's autonomy and patient's autonomy as well as their interaction.
- Helps to **make decisions** in situations where there are conflicting values, interests or uncertainties in healthcare practice.
- Essential for ensuring patients' trust, safety and quality care.
- Violation of medical ethics can be threatening.

8

# Determinants of Ethical Behaviour

- Family
- Society
- Religious view
- Education
- Observing seniors



# Historical Background

- ▶ Hippocratic Oath (5<sup>th</sup> century BC)
- ▶ Adab-al-Tabib by Ishaq bin Ali al-Rohawi (9<sup>th</sup> century BC)
- ▶ Thomas Percival's Code of Medical Ethics (1803)
- ▶ The Nuremberg Code (1947)
- ▶ The Declaration of Geneva (1948)
- ▶ The Declaration of Helsinki (1964)
- ▶ BMDC (Bangladesh Medical & Dental Council)

# Hippocratic Oath

- This oath is taken by new doctors
- **Promise:** not to cause harm to the patients

# Adab-al-Tabib

- 1<sup>st</sup> medical ethics book in Arabic medicine
- Written by Ishaq bin Ali al-Rohawi
- **Focus:** teaching related medical ethics

# Thomas Percival's Code of Medical Ethics

- First modern code

## Highlights:

- The physicians should be the hope and comfort to the sick
- It may be justifiable to violate the truth for the benefit of the patient

# The Nuremberg Code

- It was drafted after the Nuremberg War Crimes Tribunal following World War II

## Issues covered:

- Informed consent
- Avoiding unnecessary risks
- Freedom of the participants to leave the study

# The Declaration of Geneva/Physicians oath

Considered to be the modern version of the Hippocratic Oath

## Promises:

- ▶ The health of the patient will be my first consideration
- ▶ My colleagues will be my brothers and sisters
- ▶ I will not use my medical knowledge to violate human rights and civil liberties, even under threat

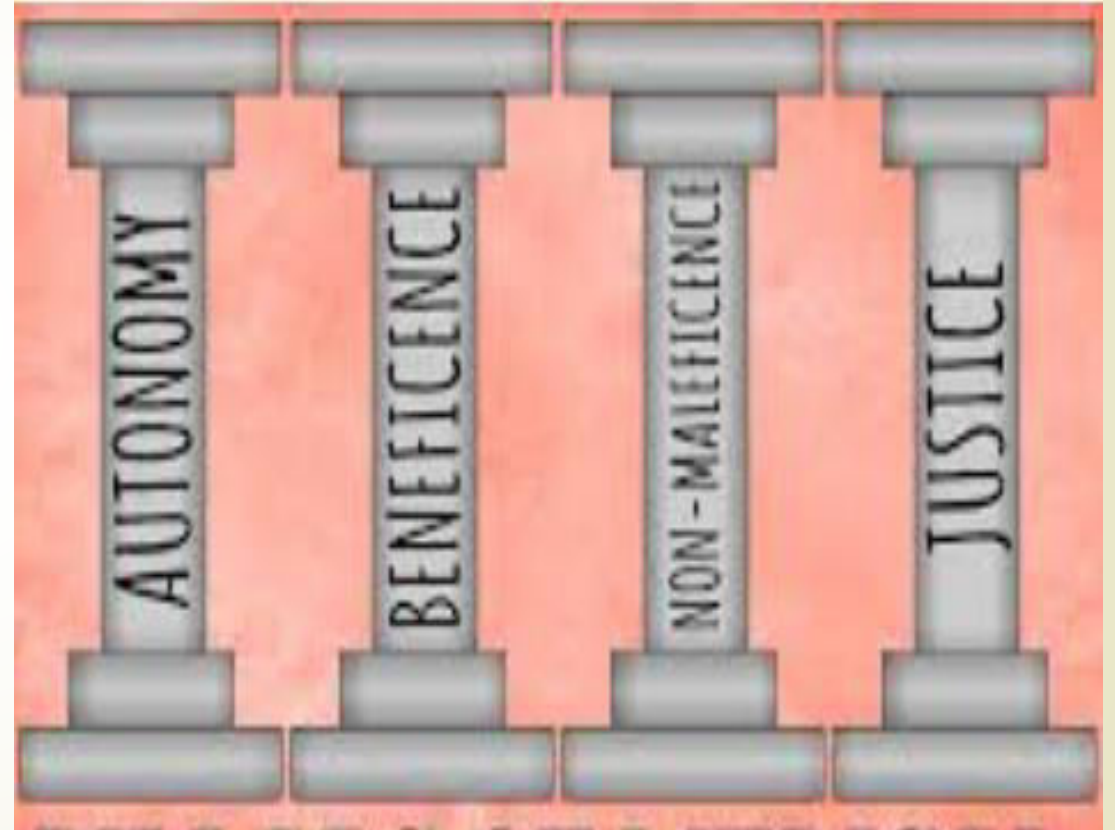
# The Declaration of Helsinki

## **covers:**

- Research ethics
- Privacy and confidentiality
- Informed consent
- Use of placebo

# Principles of Medical Ethics

- Autonomy
- Beneficence
- Non-maleficence
- Justice



# Autonomy

- Respecting a patient's right to make their own decisions about themselves
- **Important elements** of autonomy:
  - Patient education
  - Informed consent
  - Confidentiality
  - Paternalism



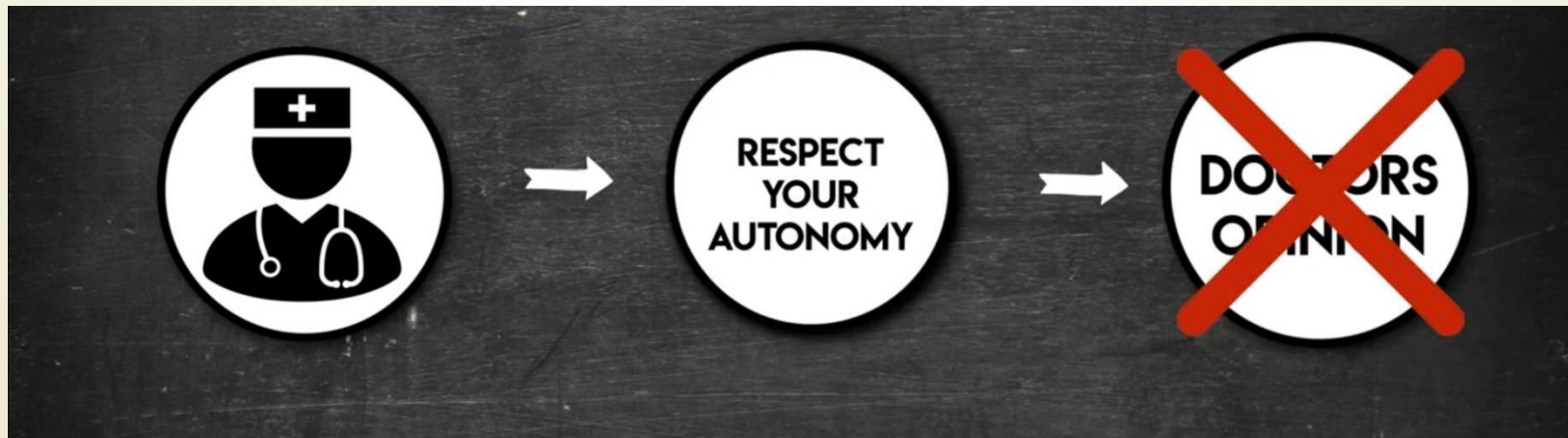
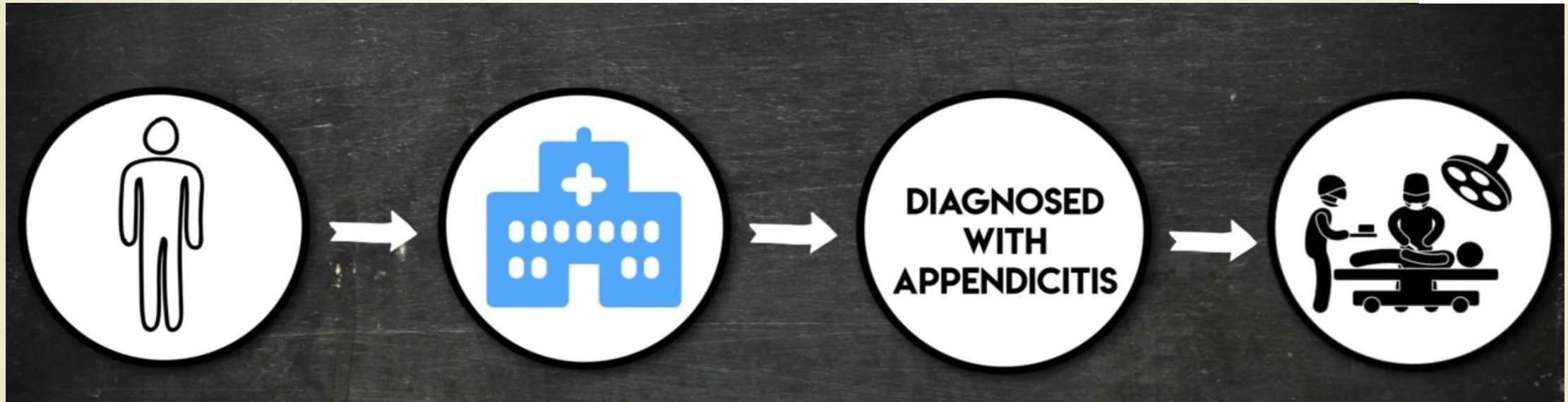
Autonomy







Autonomy





Autonomy



# Confidentiality

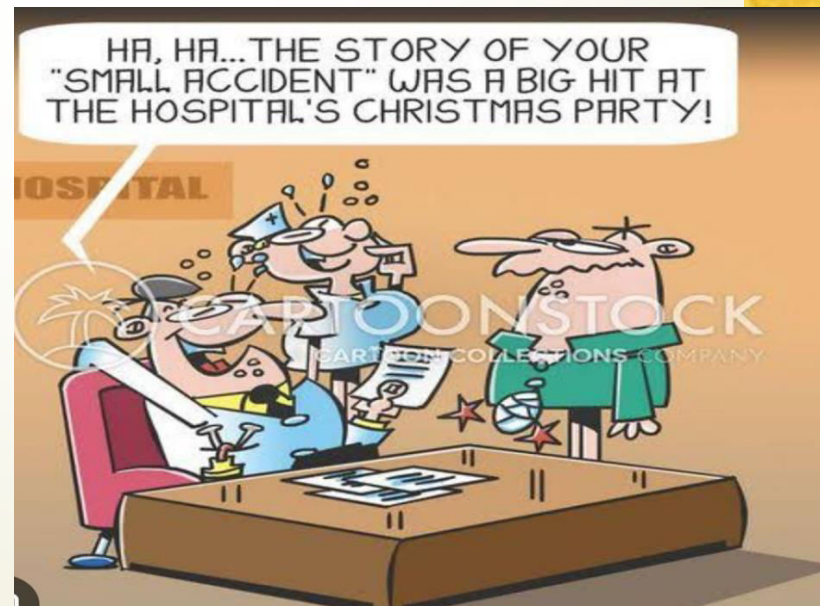


Autonomy

- Never be broken without patient's consent

Except:

- **Public health issue:** in case of infectious diseases
- **Minor patient**



# Paternalism

- Some patients want doctors to make the right decisions for them



Autonomy



23

# Challenges



Autonomy

- **Incompetence:** low IQ
- **Threat to self:** psychiatric patient

# Dilemmas

- **Euthanasia:** any competent patient refusing life-saving treatment
- Parents refusing vaccination for their children



# Solution

- **Respecting** the decision even if we disagree (e.g. refusing treatment)
- offering **alternative treatment** options
- In **minors or mentally impaired** patients: consultation with legal guardians or ethics committees



# Beneficence/Doing good



- ▶ Acting in the best interest of the patient to promote their health and well-being
- ▶ When **autonomy compromised: Beneficence** is the guiding ethics
- ▶ Sometimes the doctor's perspective for the patients' best interests may not be the same as what the patients think for themselves

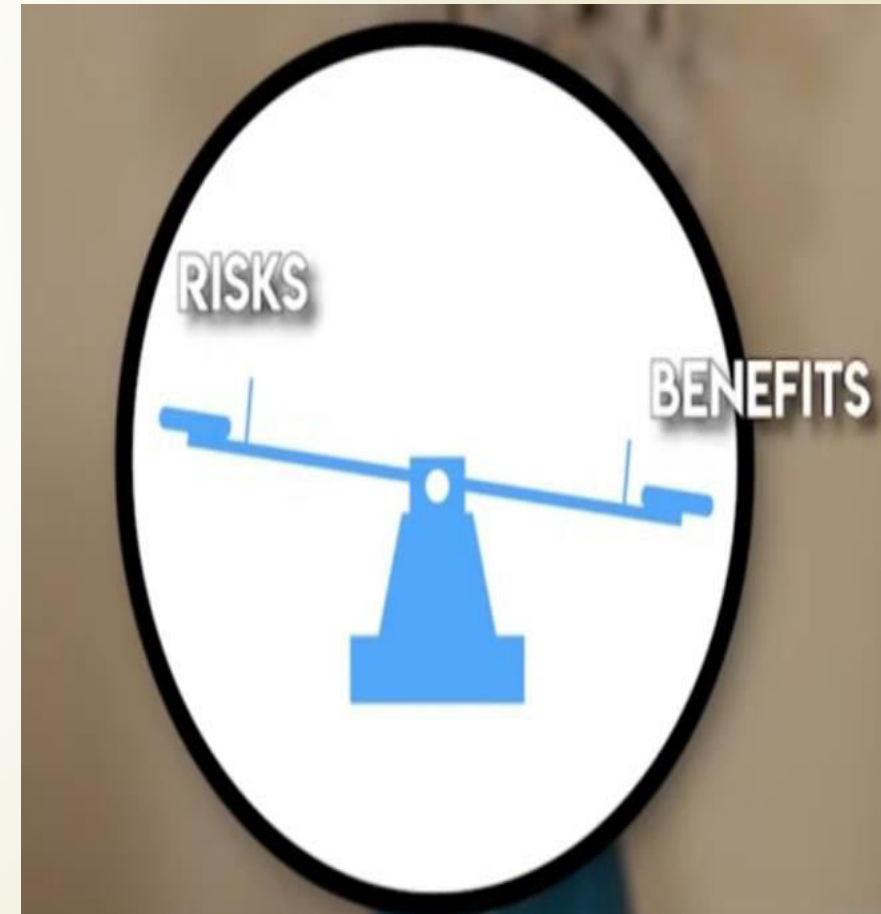
# Dilemmas



- Any procedure/treatment has benefits as well as some side effects
- Giving a treatment that causes pain now but may cure the disease later.
- Deciding on aggressive care for a terminally ill patient.
- Should we provide experimental treatments with uncertain benefits?

# Solution

- If we think of a see-saw, benefits should outweigh the risks
- **Explaining:** why a treatment is in their best interest
- Involving patients in **decision making**
- Choosing the “least invasive, most effective” option



# Non-maleficence

- It is the responsibility of any health care related personnel to never bring any harm or sufferings to the patients
- If we can not do any good, at least we should not do any harm
- Example: Reluctant to refer patient

“Primum,  
non nocere.”

– Hippocrates  
(“First, do no harm.”)

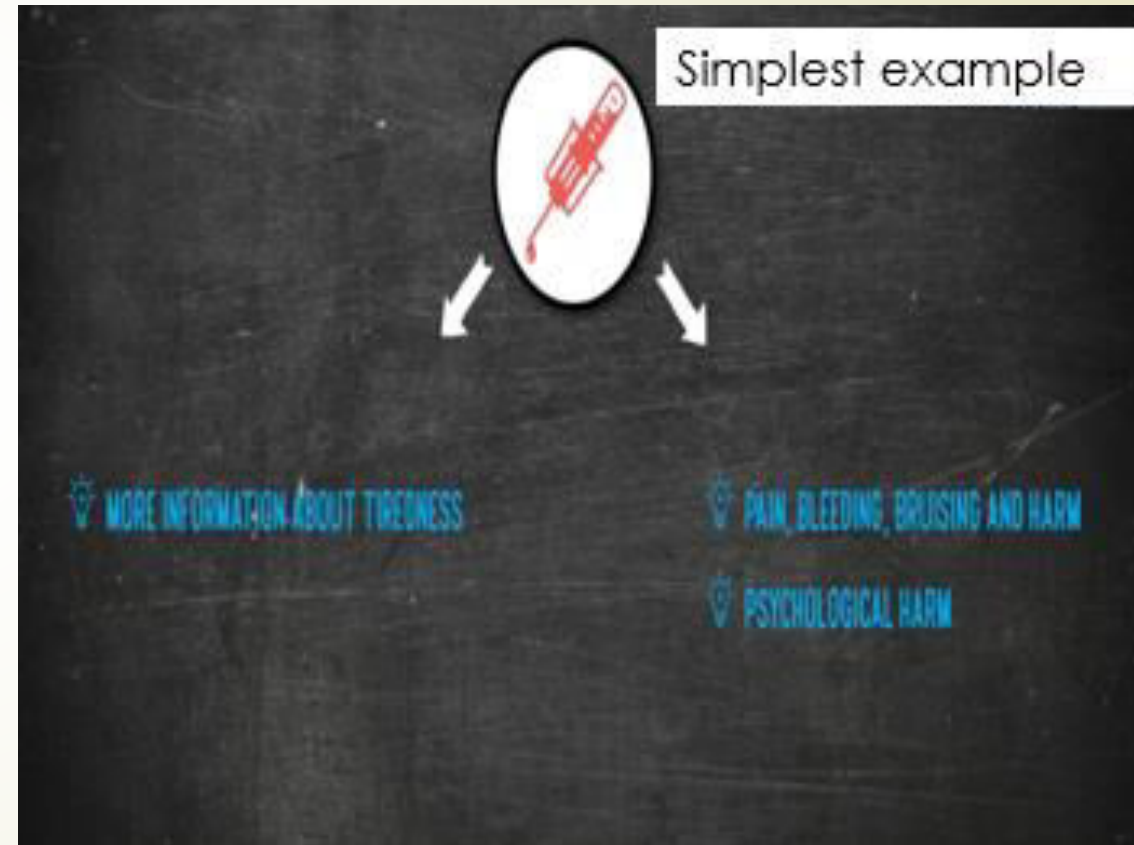
“Primum,  
non nocere.”

– Hippocrates  
(“First, do no harm.”)

30

## Non-maleficence: **Double effect**

- However, it is very difficult as most of our procedures carry some risk of harm still we have to do those



# Justice

- ▶ **Ensuring fairness** in medical decisions, such as the equitable distribution of healthcare resources.
- ▶ **No discrimination:** gender, social status, economical status or religion



# Dilemmas



- Only **one ICU bed** is available, but **two** critically ill patients
- **Emergency room:** one patient with chest pain and another Patient with ankle sprain

## Solution



- **Distributive justice:** Applying principles of justice and fairness in deciding who receives care first.
- **Challenge:** VIP patients

# Current situation of Bangladesh

- ▶ In Bangladesh, medical ethics has not been addressed appropriately in medical education curriculum.
- ▶ As a result, there are many complaints against the medical practitioners such as
  - ▶ not giving adequate time to patients
  - ▶ Misconduct
  - ▶ Commercialization
  - ▶ maltreatment

বিশেষজ্ঞ চিকিৎসক না হয়েও  
করতেন অস্ত্রোপচার, হাতেনাতে ধরা

রোগীর জন্য ডাক্তারের সময় মাত্র ৪৮  
সেকেন্ড



শর্মিলা সিনডেহলা - ৯:০৯ অপরাহ্ন ১২, নভেম্বর ২০১৭

AA



## আজকের পত্রিকা

ইপেপার সর্বশেষ জাতীয় রাজনীতি বিশ্ব সা

🏠 > সারা দেশ > ঢাকা

## রোগীর অনুমতি ছাড়া ভিডিও প্রকাশ অনৈতিক: ডা. সংযুক্তা প্রসঙ্গে

কোনো চিকিৎসকই রোগীর অনুমতি ছাড়া তাঁর ভিডিও প্রকাশ করতে পারেন না। অপারেশন থিয়েটার থেকে লাইভে এসে প্রচারণা সম্পূর্ণ অনৈতিক। ডা. সংযুক্তা সম্পূর্ণ অনৈতিক কাজ করেছেন। তিনি সেখান থেকে ফেসবুক লাইভে আসতে পারেন না।



রোগীকে না জানিয়েই  
অস্ত্রোপচার, কেটে ফেলা হলো  
জরায়ু



## সমসংবাদ



রোগীর স্বজন সাইফুল ইসলাম রুবেল বলেন, সোমবার বিকেলে হাসপাতালের কর্তব্যরত চিকিৎসক সবুর হোসেন অস্ত্রোপচারের মাধ্যমে নাদিরার সন্তান প্রসব করান। অপারেশনের পর রোগীর রক্তক্ষরণ বন্ধ না হওয়ায় তাঁর জরায়ু কেটে ফেলেন চিকিৎসক। এ বিষয়ে চিকিৎসক কিংবা হাসপাতাল কর্তৃপক্ষ কেউই অনুমতি নেওয়ার প্রয়োজন মনে করেনি। এমনকি এত গুরুত্বপূর্ণ একটি অঙ্গ কেটে ফেলার পরও কাউকে জানানো হয়নি।

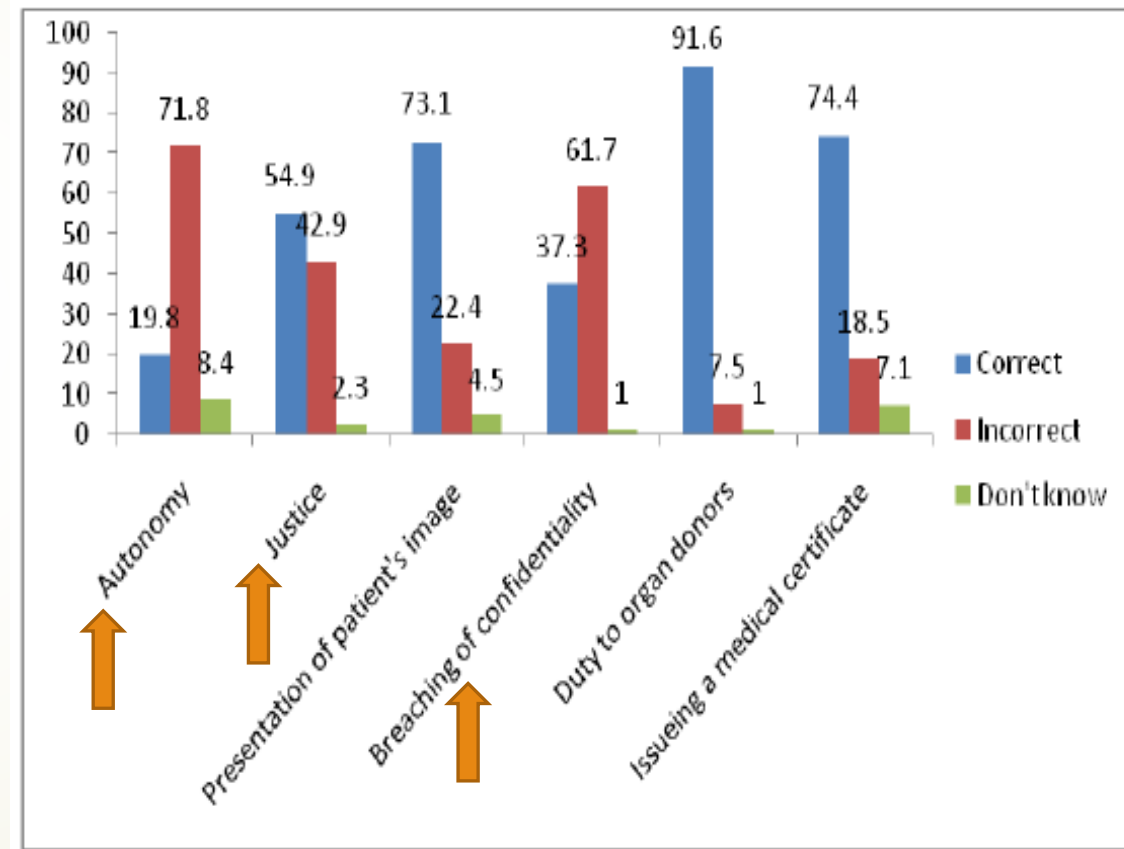
কথাগুলোই মন দিয়ে শোনেন না, সমাধান দেবেন কি!

## Bangladesh scenario

- A study entitled “**Knowledge of recent medical graduates and views of stakeholders and teachers regarding medical ethics and professionalism in Bangladesh**” done by Dr. S. Jahan & Dr. M. S. Flora
- Published in: Bangladesh Journal of Medical Education, 2022

## Key Findings: Attitudes

- **Autonomy:** 19.8% recognized their importance
- **Justice:** 54.9% understood its necessity
- **Confidentiality:** 37.3% acknowledged its significance



## Key Findings: Challenges

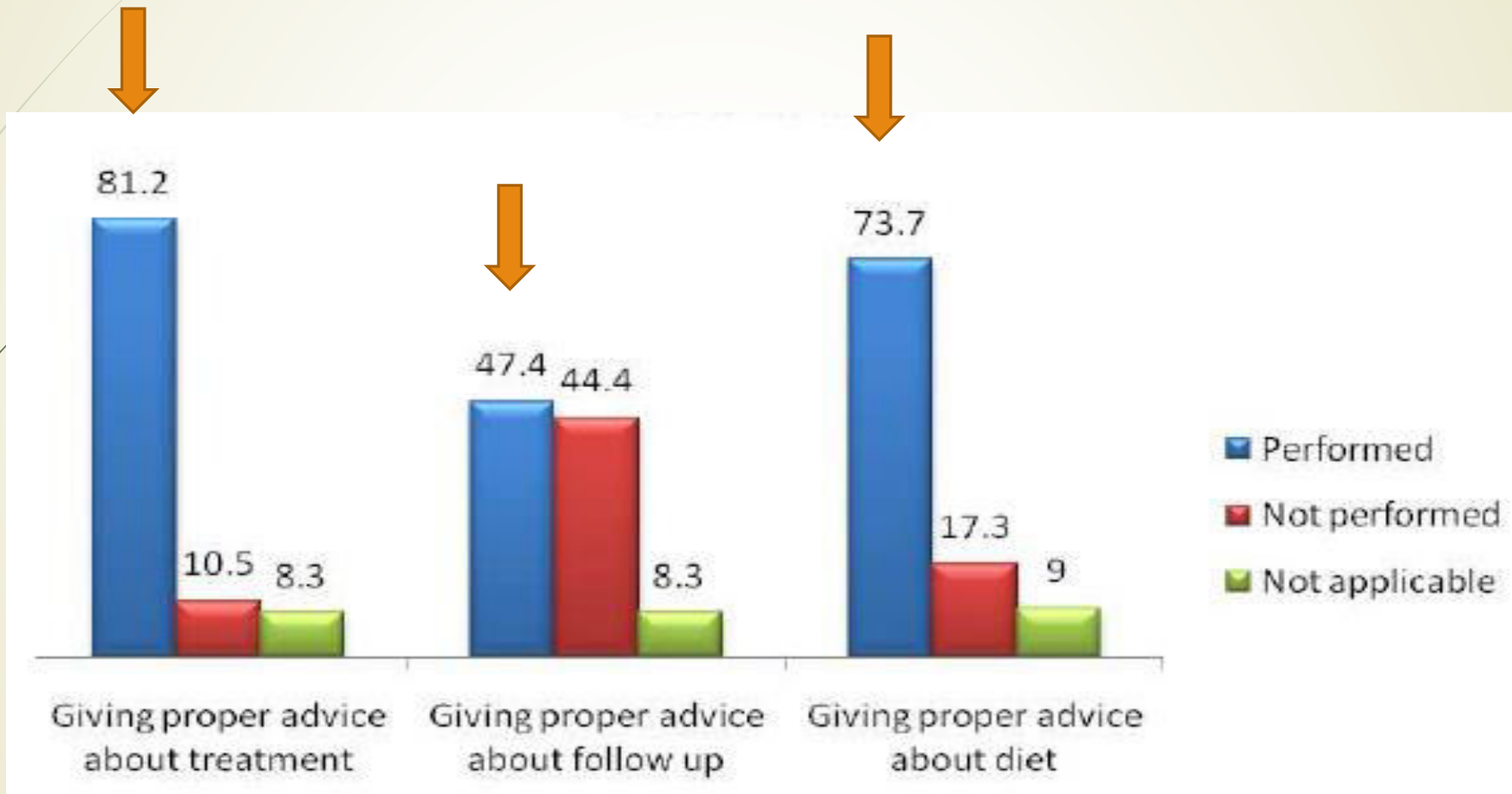
- **Neutral Responses:** Many response showed uncertainty as they do not understand the concept of ethics
- **Knowledge Gaps:** Limited awareness of ethical guidelines
- **Curriculum Limitations:** Ethics taught in early years, leading to potential forgetfulness by the time of reaching internship

- ▶ Another study entitled **“The Practice of Medical Ethics and Professionalism of Recent Medical Graduates in Internal Medicine Wards in Bangladesh”** done by Dr. S. Jahan & Dr. M. S. Flora
- ▶ Published in: Journal of Dental and Medical Sciences, 2020

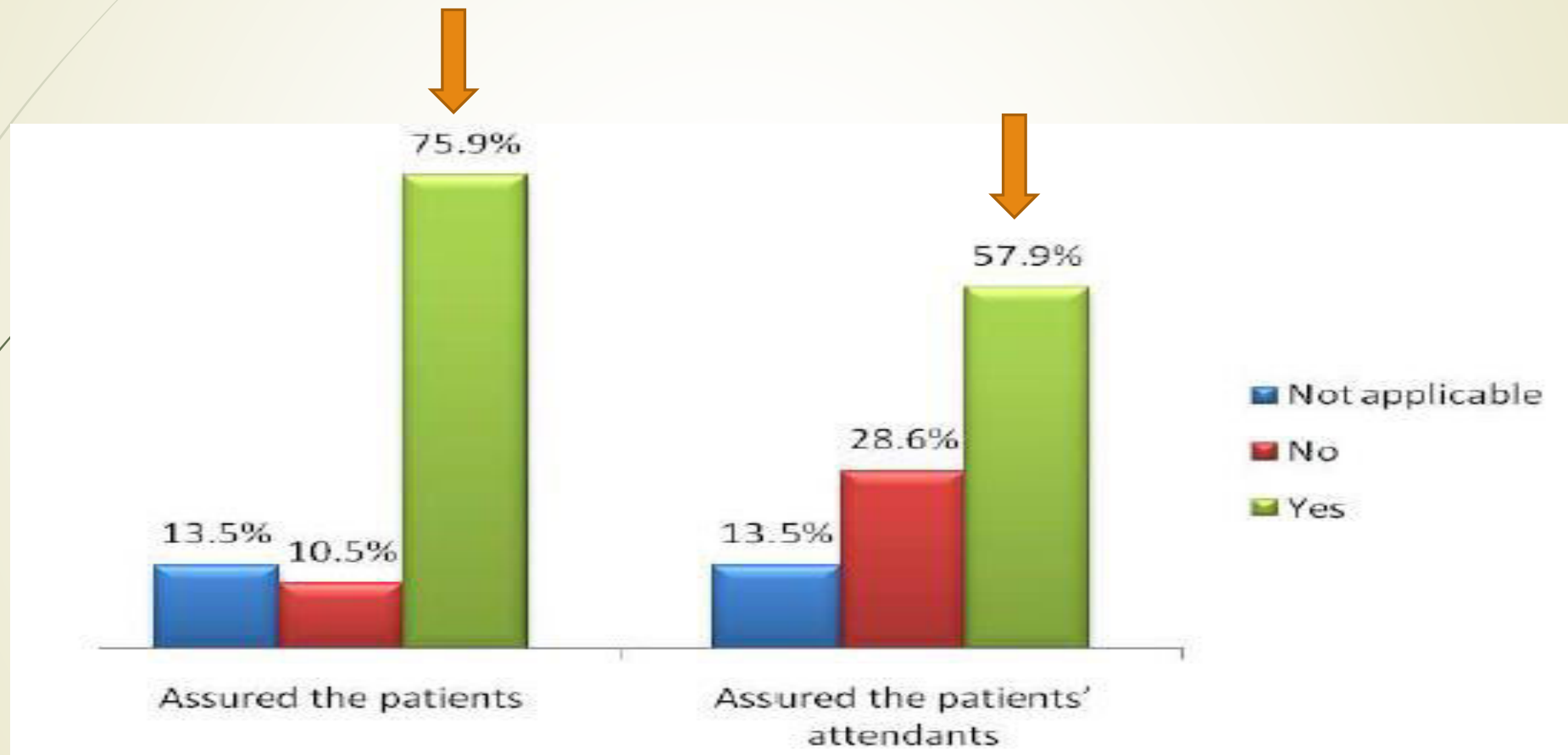
## Key Findings: Attitude

- ▶ sought permission: 88%
- ▶ listened carefully: 88.7%
- ▶ avoided abuse of voice: 86.5%
- ▶ used folded movable screen to maintain privacy: 52.6%
- ▶ took history properly: 62.4%
- ▶ gave sufficient time: 63.2%
- ▶ completed history writing: 66.9%
- ▶ responded the patient's questions: 67.7%

# Proper advice given by interns



## Reassurance by interns





**THANK**

**YOU!**

# Views of Teachers and Stakeholders

Dr. Rizvi Sultana

Department of Neurology

Dhaka Medical College Hospital

