How Egyptian Dermatologists Look at Medical Ethics?

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Abstract

Background and Objectives: The practicing dermatologist today faces many challenges e.g. long working hours, financial difficulties and strict laws and guidelines. The present study aims at providing information about Egyptian dermatologists' attitudes towards medical ethics in this difficult atmosphere.

Design and Setting: This is a cross sectional study using a self-report questionnaire. The study was done during the scholar year 2012-2013 in the Dermatology Department, Benha University.

Subjects and Methods: One hundred dermatologists constituted the subjects of this study. They were postgraduate students attending the MSc classes in addition to staff members of the Dermatology Department, Benha University. Subjects were divided into 3 age groups. Subjects answered a questionnaire designed by the authors. Questions covered some of the common practice issues concerned with medical ethics.

Results: The study included 23 males and 77 females. Most dermatologists declined to take fees either from poor patients (91%) or from colleagues (95%). Fifty six per cent thought that it is unethical to refer patients to a certain investigation center in return for a benefit from this center. Prescribing an expensive therapy, just to impress a wealthy patient and prescribing a certain drug in return for a benefit from a pharmaceutical company were considered unethical by 56% and 97% respectively. A majority of the sample (92%) said they tell their patients the whole truth about his/her disease. But, 78% opted to do that in indirect words. A sweeping majority rejected discrimination between patients on either socio-economic or religious grounds. Examining the patient in front of a companion was rejected by 87% of the sample and the consent of the patient was considered necessary by 94% of dermatologists before examination in medical classes.

Conclusion: Most results indicate that dermatologists' attitudes towards medical ethics are positive. Females are more attached to medical ethics while age did not have a significant effect.

Key Words: Medical ethics – Dermatologists – Attitudes – Medical practice.

Introduction

To talk about Dermatology and Ethics today is not an easy task. The consolidation of Dermatology as an essential branch of modern medicine started in the latter half of the twentieth century. During precisely the same period medical ethics faced the crisis that challenged the classic paternalistic paradigm and led to the emergence of a new paradigm grounded in the rights of individuals to freely choose what they want to do with their bodies and their health [1].

The dermatologist faces many challenges in practice today. Grant-Kels and Bercovitch [2] mentioned some of these challenges as questions to their readers e.g. have you ever had a patient with a malignancy refusing treatment? Have you ever seen a patient that received care from one of your colleagues that seemed shockingly substandard and wondered if you should report it and if so, to whom? Have you ever been asked to be an investigator in what seemed like a bogus postmarketing study, paying you $ 1000 to fill out paperwork on each patient you start on the drug? Have you ever given a patient a manufacturer’s discount card for an expensive branded steroid even though the generic-albeit in a nonproprietary vehicle-is much less expensive and likely as well tolerated and effective?

The Egyptian medical field is complex. About 50% of patients are not covered by the national health insurance system. Free of charge government hospitals and rural health units are facing problems of low funding and above-capacity flow of patients. Charity practice and private care givers cover a good sector of needed medical services. So, a dermatologist may have a part-time job combining between any of the mentioned services. Consequently, the different work atmospheres expose the dermatologist to pressures that may influence his attitude toward values and ethics. The present study was conducted to evaluate attitudes of a sample of Egyptian dermatologists toward medical ethics dilemmas they face during their daily practice.
Subjects and Methods

Before starting the study, we obtained the consent of the Ethics Committee in Faculty of Medicine, Benha University. The study subjects were postgraduate students attending the class of the scholar year 2012-2013 and staff members of the Dermatology Department in Benha University.

The inclusion criteria of subjects were:
1- Having at least 2 years of dermatology practice.
2- Having a part-time private practice.

Those consenting to be included in the study answered a self-report questionnaire designed by the authors. The questionnaire contained some demographic data and covered 3 aspects of the subjects practice both in the general and private sectors.

These aspects were:
1- Socioeconomic aspects of practice.
2- Diagnostic issues in practice.
3- Challenges met with during clinical examination.

The questionnaire is included in the appendix to this article.

Anonymity of subjects was secured and the questionnaire was put in an envelope and returned with the envelope sealed and put by the subject in a basket containing other envelopes.

Results were tabulated on an Excel sheet and analyzed by computer software (SPSS version 15.0) using Chi-square test.

Results

The study included 100 dermatologists, 23 males and 77 females. Fifty eight were in the age range of 25-35 years, 24 in the age range of 36-45 years while the age range 46-60 included 18 persons. The results can be categorized as follows:

I- Socioeconomic aspects of practice (Table 1):

Exempting poor patients from paying fees:
Most dermatologists (91%) declined to take fees from poor patients. Females agreed to this more than males and there was a highly significant difference ($p<0.001$). The highest percentage of positive answers came from age group 25-35 (98.3%).

Exempting a colleague from paying fees:
Most of the subjects (95%) said they would not charge colleagues. This was more in females than males but with no statistical significance. Also, no statistically significant differences were found between different age groups although the highest refusal came from age group 25-35 years.

Guiding the patient to a specific center for investigations:
In the whole sample, 56% thought that this is wrong if the dermatologist would gain financial or social benefits. No statistical differences were found between either genders or age groups.

Prescribing an expensive therapy, in spite of the presence of a cheaper one, just to impress a wealthy patient:
Those who agreed to this action were 47.8% of the males but only 14.3% of females with a highly statistically significant difference. Most positive answers (56.9%) came from age group 25-35 years but the difference was insignificant.

Pharmaceutical companies' gifts:
Most dermatologists (97%) would not prescribe a certain drug in return for a benefit from a pharmaceutical company. This was more in the female group (97.4%) and among age group 46-60 years, both with no statistically significant difference.

II- Diagnostic issues in practice (Table 2):

Informing the patient that you did not reach a diagnosis:
Sixty percent of dermatologists said they would never tell their patients that they were unable to reach a diagnosis in their case. This was more common in males (82.6%) with a significant statistical difference and was apparent in the age group 36-45 years (62.5%) but the difference is statistically insignificant.

Referral of patient to a more experienced dermatologist:
All the sample said that if they were unable to reach a diagnosis, they would refer the patient to a more experienced colleague.

Telling the patient the whole truth about his/her disease:
A very large sector of the sample (92%) said they tell their patients the whole truth about his/her disease. Female doctors gave more positive answers (93.5%) than male ones but the difference was not statistically significant. According to age, most positive answers came from the age group 46-60 years with no statistically significant difference.
Table (1): Socio-economic aspects of practice in respect of gender and age of dermatologists.

<table>
<thead>
<tr>
<th>Socioeconomic aspects</th>
<th>Gender</th>
<th>Age (years)</th>
<th>Chi-square</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male %</td>
<td>N</td>
<td>Female %</td>
<td>N</td>
</tr>
<tr>
<td>Exempting poor pts from paying fees</td>
<td>Agree</td>
<td>16</td>
<td>69.57</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>7</td>
<td>30.40</td>
<td>2</td>
</tr>
<tr>
<td>Refusing to take fees from colleagues</td>
<td>Yes</td>
<td>20</td>
<td>87.00</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>3</td>
<td>13.04</td>
<td>2</td>
</tr>
<tr>
<td>Guiding pt to a specific investigations center</td>
<td>Wrong</td>
<td>9</td>
<td>39.10</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>Right</td>
<td>14</td>
<td>60.90</td>
<td>30</td>
</tr>
<tr>
<td>Prescribing an expensive therapy, in spite of the presence of a cheaper one, just to impress a wealthy pt</td>
<td>Agree</td>
<td>11</td>
<td>47.80</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>12</td>
<td>52.20</td>
<td>66</td>
</tr>
<tr>
<td>Pharmaceutical companies' gifts</td>
<td>Agree</td>
<td>1</td>
<td>43.00</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>22</td>
<td>95.70</td>
<td>75</td>
</tr>
</tbody>
</table>

**%**: Highly statistically significant.

*%*: Statistically significant.
Table (2): Diagnostic issues in practice.

<table>
<thead>
<tr>
<th>Diagnostic issues in practice</th>
<th>Gender</th>
<th>Age (years)</th>
<th>Chi-square</th>
<th>25-35</th>
<th>36-45</th>
<th>46-60</th>
<th>Total</th>
<th>Chi-square</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Telling pt that you did not reach a diagnosis</td>
<td>Yes</td>
<td>N</td>
<td>N</td>
<td>19</td>
<td>82.6</td>
<td>41</td>
<td>53.3</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>N</td>
<td>N</td>
<td>4</td>
<td>17.4</td>
<td>36</td>
<td>46.8</td>
<td>40</td>
</tr>
<tr>
<td>Referral of pt to a more experienced dermatologist</td>
<td>Yes</td>
<td>N</td>
<td>N</td>
<td>23</td>
<td>100</td>
<td>77</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Telling pt the whole truth about his/her disease</td>
<td>Yes</td>
<td>N</td>
<td>N</td>
<td>20</td>
<td>87</td>
<td>72</td>
<td>93.5</td>
<td>92</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>N</td>
<td>N</td>
<td>5</td>
<td>13</td>
<td>5</td>
<td>6.5</td>
<td>8</td>
</tr>
<tr>
<td>Wording during informing pt about his/her disease</td>
<td>Direct words</td>
<td>N</td>
<td>N</td>
<td>7</td>
<td>30.4</td>
<td>15</td>
<td>19.5</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Indirect words</td>
<td>N</td>
<td>N</td>
<td>16</td>
<td>69.6</td>
<td>62</td>
<td>80.5</td>
<td>78</td>
</tr>
<tr>
<td>Telling pt about the previous doctor’s unethical practice</td>
<td>Agree</td>
<td>N</td>
<td>N</td>
<td>9</td>
<td>39.1</td>
<td>8</td>
<td>10.4</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>N</td>
<td>N</td>
<td>14</td>
<td>60.9</td>
<td>69</td>
<td>89.6</td>
<td>83</td>
</tr>
</tbody>
</table>

** : Highly statistically significant.
* : Statistically significant.
Wording during informing the patient of his/her disease:

Dermatologists who opted to use indirect words to inform the patient of his disease were 78% of the sample and most of them were females (80.5%). but with no statistical significance. Age group 25-35 years gave most of the answers agreeing to the use of indirect words (86.2%) and also there was no statistically significant difference.

Telling the patient about the unethical practice of his/her previous doctor:

Most dermatologists (83%) disagreed to tell the patient about the unethical practice of his/her previous doctor. This disagreement was more in females (89.6%) with a highly statistically significant difference than males. Most disagreeing answers came from age group 36-45 years (87.5%) but with no statistically significant difference.

III- Clinical examination (Table 3):

Socioeconomic discrimination between patients:

Those who disagreed with this action were 97% of the whole sample and 97.4% of females disagreed but with no statistically significant difference. The highest refusal (100%) came from age groups 36-45 years and 46-60 years but the difference was statistically insignificant.

Religious discrimination between patients:

A sweeping majority (98%) disagreed with discrimination between patients on a religious basis, 100% of males and 97.4% of females with no statistically significant difference. Of age groups 36-45 years and 46-60 years, 100% disagreed with discrimination and the difference between the 3 groups of age was insignificant.

Patients who refuse examination because the lesions are on the genitalia or female breast:

If a patient refuses to be examined because lesions are located on the genitalia or female breast, 25% of our sample would insist to see the lesions, 50% would discontinue examination and refund fees to the patient and 25% would give treatment according to patient's description. Those who will discontinue examination were mostly females (54.6%) with no statistical difference. Age group 36-45 years was the highest group giving this response (58.3%) with no statistical significance.

“Talkative” patients:

Fifty six percent of dermatologists said that they would end the conversation with a “talkative” patient. This was more on the male side (65.2%)

with no statistically significant difference between the two groups. This action would be more likely to be in the age group 25-35 years (46.6%) with no statistically significant difference.

Examining the patient in front of his/her companion:

Most dermatologists (87%) said that it would be unethical to examine the patient in front of his/her companion, with no statistically significant difference. This was the opinion mostly shared by the age group 25-35 years (91.4%) with no statistically significant difference.

Consent of patient before examination in front of medical students:

Taking the permission of the patient before being examined in medical classes was necessary in the opinion of 94% of the sample. This was expressed more by female doctors (97.4%) with a statistically significant difference. All members of the age group 46-60 years agreed to that but with no statistically significant difference.

Discussion

Living standards in Egypt are low by international standards, and have declined consistently since 1990. According to United Nations Figures, some 20 to 30 percent of the population lives below the poverty line [3]. The relatively high healthcare costs have caused a reduction in access to care. Also, in developing countries, pharmaceutical drugs now account for 30 to 50% of total healthcare expenditure, compared with less than 15% in established market economies [4]. One possible solution for the high fees is to exempt poor patients from paying medical fees which was approved by 91% of our sample of dermatologists. It seems that there is a light at the tunnel end. Similarly, 95% of the sample will not charge their colleagues, this is a reassuring sign.

Dermatologists, pharmaceutical companies and other medical service providers e.g. private imaging centers are facing appreciable financial difficulties at the present time. These difficulties are the source of pressures on medical ethics. In our sample, the difference between those who disagreed to refer their patients to a health provider in return of a certain benefit (56%) and those refusing to prescribe a therapy in return for a benefit from the industry (97%) is difficult to understand, but the latter figure conforms with the guidelines of the American Academy of Dermatology (AAD) that states that “Dermatologists should neither pay nor receive commissions for the referral of patients” [5].
The issue of gifts given by pharmaceutical companies to physicians was evaluated by McMurray et al., [6]. His view is that many gifts that are given to physicians by companies in the pharmaceutical, device, and medical equipment industries serve an important and socially beneficial function. For example, companies have long provided funds for educational seminars and conferences. However, there has been growing concern about certain gifts from industry to physicians. Some gifts that reflect customary practices of industry may not be consistent with the principles of medical ethics. The American Medical Association Code of Medical Ethics states that “No gifts should be accepted if there are strings attached. For example, physicians should not accept gifts if they are given in relation to the physician’s prescribing practices”.

Steinman et al., [7] surveyed 117 residents to evaluate their attitudes toward pharmaceutical industry promotions. Most respondents (61%) stated that industry promotions and contacts did not influence their own prescribing, but only 16% believed other physicians were similarly unaffected.

The inability of 60% of dermatologists in our sample to tell their patients that they could not reach a diagnosis is expected as this behavior is unacceptable in Egypt by many patients. However, when all the subjects say they will refer undiagnosed cases to more experienced colleagues; this is a sign of honesty. A dermatologist should practice only within the scope of his or her personal education, training, and experience. The patient should be referred to the appropriate individuals for problems which fall outside the training and expertise of the dermatologist. Likewise, dermatologists should seek consultation upon request, in doubtful or difficult cases, or whenever it appears that the quality of medical service may be enhanced thereby [5].

Modern, Western medical practice places a high value on providing accurate, truthful information to patients. This is heavily influenced by the commitment to patient autonomy and participation in decision-making. However, situations arise where truth telling is difficult to achieve, creating a dilemma for the treating doctor [8]. Moral arguments in favor of truth-telling can be justified on the basis of autonomy, obligations of fidelity and the need for trust in the doctor-patient relationship according to Beauchamp and Childress [9]. Ninety two per cent of our sample would tell their patients the whole truth about their disease. But it seems that they do not want to hurt patient’s feelings as 78% of them will try to use indirect words in doing that. Edwin’s [10] point of view is that a doctor who withholds information from a competent patient, unless in the exceptional case of patient waiver, violates the ethical principles of autonomy, beneficence and nonmaleficence.

Frequently the dermatologist will discover quackery or malpractice from colleagues. Surprisingly, 83% of our subjects declined to tell the patients that his/her about their previous doctor’s unethical practice. This result may be explained by the fact that most of the subjects were females who are not inclined to get into trouble or use a rough language talking about their colleagues. Also, may be they did not want to tarnish the picture of dermatologists in the patients’ eyes. This does not conform with the code of medical ethics of the AAD [5] which states that “Within legal and other constraints, if the dermatologist has a reasonable basis for believing that a physician or other health care provider has been involved in any unethical or illegal activity, including but not limited to gross negligence or incompetence, the dermatologist is encouraged to prevent the continuation of this activity by communicating with that person and/or identifying that person to a duly-constituted peer review authority or the appropriate regulatory agency”.

In the USA, research suggests that health care providers’ diagnostic and treatment decision, as well as their feelings about patients, are influenced by patients’ race or ethnicity [11]. In Egypt, where private sector doctors decide how much money their services cost, it was feared that a better service is given to affluent patients and that is a form of discrimination. Also, it was feared that the level of medical service will be related to the religion of the patient. Our subjects were against discrimination between patients either because of socioeconomic standard (97%) or religion (98%). Most probably this is the real practice of most of them.

Half of our sample said that they would continue examination and refund fees to the patients who refuse to expose lesions on sensitive areas. This is an important point for proper diagnosis and treatment, provided sufficient draping is used to ensure that the patient’s dignity and modesty is maintained. Alnassar et al., [12] indicate that the most common factors interfering with medical students’ conducting sensitive area examinations are patient’s refusal and examining patients of the opposite sex.
The average patient visiting a doctor in the United States gets 22 seconds for his initial statement, then the doctor takes the lead [13]. This style of communication is probably based on the assumption that patients will mess up the time schedule if allowed to talk as long as they wish to [14]. Fifty six percent of dermatologists in our sample said that they would end the conversation with a “talkative” patient. Our female doctors were more tolerant to this kind of patients as 53.3% chose to end conversation while this answer was given by 65.2% of male doctors. Some evidence has been found that female physicians interrupt their patients less often than male physicians, provide more verbalizations of empathy, and provide clearer explanations in response to patients’ concerns [15].

A chaperone should be an impartial observer to the examination. A chaperone is different to a support person (which is often a relative or friend). Relatives and friends may not be appropriate to serve as chaperones as the patient’s confidentiality may be breached due to the nature of the examination or the patient may be embarrassed to undertake the examination in front of their relative or friend [16]. It is a common habit in Egypt that a patient would go to his doctor accompanied by a relative or a friend. Examining the patient in presence of his/her companion was rejected by 87% of our subjects. Indeed, the presence of a relative or a friend during medical examination led, in many cases, to family problems, patient’s embarrassment and problems between the physician and patient’s companion.

The need for students to learn skills such as clinical examination by practicing on patients is well recognized [17]. Yet this often raises acute ethical dilemmas as patients may be vulnerable and obtaining informed consent can be difficult [18]. For decades teaching in Egyptian medical schools included examination of patients by students. It was taken for granted that patients will approve this action in return for the free medical care they receive. What was once acceptable may become unacceptable and now there is a conflict between educational needs and ethical requirements. This is clear by our results showing that 94% of dermatologists said that taking the permission of the patient before getting examined in medical classes was necessary. The paradox of having the patient to accept being examined by medical students and the need for training students will give dermatology teachers a difficult time to make ends meet.

It is correct to say that women show their emotions more than men [19]. This is evident in the current study as a statistically significant difference was found between men and women where women were the majority to refuse to take fees from a poor patient or a colleague and to refuse to prescribe an expensive drug in presence of a similar cheaper one. Honesty as an important part of medical ethics was also more expressed by women dermatologists who were more ready to inform the patient that they could not reach a diagnosis and were accepting more to tell the patient about the misconduct of his/previous doctor. Also, they opposed examining patients in front of medical students without consent. Age did not have a statistically significant effect on the attitudes of the subjects (except for refusing to accept fees from a poor patient). This implies that attitudes of dermatologists are not changed by advance in age.

References

16- AUSTRALIAN MEDICAL ASSOCIATION. Patient Examination Guidelines Revised. 05/06/2012, 1996.

### Appendix I

**Questionnaire**

**Case No.:**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>25-35</th>
<th>36-45</th>
<th>46-60</th>
</tr>
</thead>
</table>

1- Would you exempt a poor patient from paying fees? 
- Yes 
- No

2- Would you refuse to take fees from colleagues? 
- Yes 
- No

3- Would you refer your patient to a specific center for investigations to get financial gains from that center? 
- Yes 
- No

4- Would you prescribe an expensive therapy, in spite of the presence of a cheaper one, just to impress a wealthy patient? 
- Yes 
- No

5- Would you prescribe a certain drug in return of a benefit from a pharmaceutical company? 
- Yes 
- No

6- If you could not reach a diagnosis would you tell that to your patient? 
- Yes 
- No

7- If you could not reach a diagnosis would you refer the patient to a more experienced colleague? 
- Yes 
- No

8- Would you tell your patient the whole truth about his/her disease? 
- Yes 
- No

9- Would you use direct or indirect words during informing your patient about his/her disease? 
- Direct 
- Indirect

10- Would you tell the patient that you discovered that his previous doctor was dishonest? 
- Yes 
- No

11- What do you think about discrimination between patients on a socio-economic basis? 
- Right 
- Wrong

12- What do you think about discrimination between patients according to their religions? 
- Right 
- Wrong

13- How would you deal with patients who refuse examination because the lesions are on sensitive areas? 
- Insist to see lesions. 
- Discontinue examination and refund patient. 
- Prescribe treatment as patient describes.

14- How would deal with a “talkative” patient? 
- End conversation 
- Listen patiently

15- Would you accept to examine the patient in front of his/her companion? 
- Yes 
- No

16- Do you think that patients should give their consent before being examined in front of medical students? 
- Yes 
- No