

ETHICAL ISSUES IN ANESTHESIA AND SURGERY PRACTICE IN PAKISTAN

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Medical ethics is defined as 'the disciplined study of morality in medicine'¹. This morality concerns not only research activities but also the day-to-day medical practice of the health care providers, vis-à-vis their patients. Anesthesiology and per-operative surgery are unique specialties in view of the fact that generally, the patients are unconscious, either for the performance of surgical procedures or in the intensive care units. This brings forward ethical issues that are unique to these specialties. Besides these issues, there are some generic ethical issues facing Pakistani physicians working in a faulty health care system.

Under-graduate and post-graduate students, rotating in anesthesia and surgery learn while patients are anesthetized. This practice is common in countries other than Pakistan. Teaching faculty articulates three primary justifications for dispensing with specific consent for educational procedures. First, many believe that patients who accept care at teaching hospitals know and agree, at least implicitly, to permit students to care for them. Second, some faculty believes that patients consent to the participation of students on their care team when they sign their general consent form at admission. Third, many believe patients would not consent if asked, making unauthorized training procedures necessary.² This practice clearly takes away one of the basic rights of the patients; to be able to make informed decisions to what happens to them while anesthetized.

Similarly, sufficient evidence exists to prove beyond reasonable doubt that the practice of performing rectal/vaginal examination on anesthetized patients persists. The attitude of, "We can't ask you, because if we ask you, you won't consent" needs to be changed. The question is not whether the training procedures should be performed, but whether the patient's consent ought to be procured. "Do (un)to others that you want done to yourself." American College of Obstetrician and

Gynecologists clearly specifies.³ "If a pelvic exam planned for anesthetized woman offer her no personal benefit and is performed solely for teaching purposes, it should be performed only with her specific informed consent, obtained when she has full decision making capacity." Pre-anesthesia/surgery, well-understood informed consent ought to be taken. Respect must be given to patient's wishes in case of refusal.

Another issue pertinent to anesthesiology is the decision making at the End of Life Care. Anesthesiologists are the critical care physicians in many hospitals within the country. There is no legal framework for Advance Care Planning or Advance Directives for patients at the end-of-life. If the patient becomes unconscious, there is no legal protection for physicians to carry out his/her wishes where they conflict with their legal heir's. Physicians themselves are not well versed with these concepts and are unable to identify appropriate substitute decision makers. Palliative care is rudimentary at its best and transition from cure to care is not emphasized. This might in certain situations lead to over-treatment at the end of life care.

A fair allocation of limited resources is something that is not taught in our health care education. All societies set limits to health care one way or another, fairly or unfairly might it be financial resources, manpower, or utilization of ICU beds. Rationing fairly is something that ought to be done in systems whether or not they are in other ways unjust or badly organized.

In generic problems, the issue of Informed Consent is well discussed and emphasized. The concept of informed consent is centered on the autonomy of an individual to choose for him/her the best course of action after being informed of all the available options. Certain components are essential for a well-understood informed consent. It is mandatory that the consent is given voluntarily and is free from coercion, the consenting person is competent and is able to understand the possible risks, harms and benefits to him/her and to the human race in general and gives an explicit authorization to participate in a clinical procedure or a research project. There are certain confounding factors for the application of these sub-components of consent

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in a country like Pakistan.⁴

High level of illiteracy obstructs the reading and assimilation of prepared informed consent forms. Risks are generally under described in both research and clinical practice with an emphasis on keeping a positive outlook. In a survey conducted on general practitioners about their perception of bioethics, it was apparent that although these physicians felt that a patient has a right to know, a high proportion of them did not consider it necessary to explain the details of the treatment advised to patients.⁵ Respect for physicians inhibits the individuals from questioning the purpose and benefits of a treatment. Time set aside to obtain informed consent is also insufficient to tease out the intricacies of these discussions.

Adherence to the principles of ethics in medical practice is inadequate in Pakistan. One of the reasons is that Pakistan Medical & Dental Council does not give sufficient emphasis to bioethics education in the medical curricula.⁴ It follows, that very few medical colleges in Pakistan impart formal training in bioethics. Such education is also largely omitted from postgraduate training programs. This deficiency means that trainees only learn from their role models, who mostly belong to the era when a paternalistic approach towards the patients was in vogue. This leads to a vicious cycle where every subsequent generation of doctors believes in paternalism. Furthermore, the lack of accountability and legal recourse means that physicians, who do not respect patients, are never taken to task. There have been some recent efforts to create ethical guidelines for research and medical practice. Pakistan Medical and Dental Council, the regulatory body of medical practitioners has formulated a code of ethics for all doctors, although no concrete steps have been taken to ensure their application.⁶ Much more still needs to be done.

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