

Healthcare Ethics Among Resident physician and Ward Nurses of Obstetrics and Gynaecology Department in Tobruk Medical Centre - Tobruk -Libya

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■ Abstract:

Healthcare ethics is deserted in clinical practice among medical staff in Low and Middle Income Countries such as Tobruk in Libya. This study to assess and compare the level of knowledge, attitudes and practices of medical resident physicians and nurses in Tobruk Medical Centre. This study, carried out on 35 resident physicians and 31 ward nurses in the teaching hospital of Tobruk in May 2022 with a self-administered questionnaire. Results: Our study demonstrated that a significant proportion of the physicians and nurses were unaware of major documents of healthcare ethics: Hippocratic Oath, Nuremberg code and Helsinki Declaration. A high percentage of respondents said that their major source of information on healthcare ethics were I, Attitude of physicians and nurses were significantly different to different aspects of healthcare ethics. More nurses had agreement than physicians on if there is disagreement between patient and families and health care professionals about treatment decision physicians decision should be final (100 % physicians versus 90.3 % nurses),and both have interesting to learning health care ethic (100% physicians versus 90.3% nurses). Only (54.8 % physicians and nurses) agree to patient wishes must always adherent to. Conclusions: The study showed that there was inadequate as well as a non-uniform level of knowledge of three major codes of medical ethics and principles related to it which resulted in significant disparity in the attitude and practice of medical ethics among physician and nurses in Obstetrics and Gynaecology Department in Tobruk Medical Centre

● **Keywords:** Medical ethics, physician, Knowledge, Practices, Nurse, Tobruk

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■ المستخلص:

يلاحظ أن أخلاقيات الرعاية الصحية في الممارسة السريرية يتم تجاهلها وعدم العمل بها بين الطاقم الطبي في البلدان المنخفضة والمتوسطة الدخل مثل طبرق في ليبيا. يهدف هذا البحث إلى تقييم ومقارنة مستوى المعرفة والاتجاهات والممارسات للأطباء والمرضى المقيمين في مركز طبرق الطبي. هذه دراسة مقطعية، أجريت على 35 طبيباً مقيماً و31 ممرضاً في مستشفى طبرق التعليمي في مايو 2022 باستخدام استبيان ذاتي. أظهرت دراستنا أن نسبة كبيرة من الأطباء والمرضات لم يكونوا على علم بالوثائق الرئيسية لأخلاقيات الرعاية الصحية: قسم أبقراط (63 %) من الأطباء و16 % من الممرضات كانوا على علم بذلك)، وقانون نورمبرغ وإعلان هلسنكي (11 %) من الأطباء والمرضى كانت الممرضات على علم). قالت نسبة عالية من المشاركين أن المصدر الرئيسي لمعلوماتهم حول أخلاقيات الرعاية الصحية هو أنا (77.5 %) أطباء من المؤتمرات مقابل 71.4 % ممرضات من المحاضرات)، (31.4 %) أطباء مقابل 22.6 % ممرضات من المحاضرات)، يلاحظ ان سلوك الأطباء والمرضات كان مختلفا بشكل كبير في جوانب مختلفة من أخلاقيات الرعاية الصحية. كان عدد الممرضات أكثر من الأطباء بشأن ما إذا كان هناك خلاف بين المريض وأسرته ومتخصصي الرعاية الصحية حول قرار العلاج، يجب أن يكون قرار الأطباء نهائياً (100 % أطباء مقابل 90.3 % ممرضات)، وكلاهما مثير للاهتمام لتعلم أخلاقيات الرعاية الصحية (100 % أطباء) مقابل (90.3 % ممرضات). فقط (54.8 %) من الأطباء والمرضى يوافقون على رغبات المريض ويجب الالتزام بها دائماً الاستنتاج: أظهرت الدراسة أنه لا يوجد مستوى كاف وغير منتظم من المعرفة لثلاث قواعد رئيسية لأخلاقيات الطب والمبادئ المتعلقة بها مما أدى إلى تباين كبير في المواقف والممارسة لأخلاقيات الطب بين الأطباء والمرضى في طب التوليد. وقسم أمراض النساء بمركز طبرق الطبي.

● الكلمات المفتاحية: أخلاقيات الطب، الطبيب، المعرفة، الممارسات، الممرضة، طبرق

■ Introduction:

Medical ethics It is the practical division that connect morality rules to healthcare facility. A lot of ethical issues have appeared during practicing this service which requires proper and professional dealing ⁽¹⁾.

Medical ethics has been comprised in the curricula of many undergraduate and graduate medical plans worldwide. However, few studies have been

showed to assess the influence of the program gratified on medical practice and physician/nurses-patient association⁽²⁾.

The ethics of OB/GYNs are not only intricate in terms of patients, management, and care, but also in the accountability of the physicians to care about upcoming generations and the situation. The WHO rights that 10% of medical waste is communicable or very communicable, 5% contains of toxic chemicals or is radioactive or cancer-causing, and 15% is dangerous. There are numerous hazardous wastes produced within obstetrics and gynecology hospitals that position a grave risk to the environment ⁽³⁾.

The four significant values of medical ethics (autonomy, justice, beneficence and non-maleficence) form the material for health specialists to leader and decide what performs are ethical in clinical locations ⁽⁴⁾.

Future physicians and nurses are predictable to study and stand by these ethical philosophies and documents as early as possible in their occupation. This requirements suitable teaching. however, contests continue in resource-poor sceneries such as Tobruk. In addition, education and manoeuvres on medical ethics during early clinical exercise for medical students are often ignored and are thus deprioritized ⁽⁵⁾.

Physicians and nurses are the key supports of healthcare delivery, however, as they vary from teaching, expert responsibilities and apparent medical standards and behaviours, there are vital need of adjustment and consistency in medical ethics among all health care professionals⁽⁶⁾.

Lack of consistency in health care ethics can unavoidably allow physicians and nurses to repetition in a method which are defensible by their own apparent standards and behaviours.

Medical ethics in tobruk (ethical principles and health care) are largely ignored. However, lack of application of medical ethics and customer protection act in health care can be credited mainly to poor ascendancy ⁽⁷⁾.

Health care in Tobruk are largely risked because of deficiency of awareness concerning medical ethics and lack of litigation among health care work-

ers and receivers. Health spending out of reduced owes to lack of risk pooling scheme like social insurance ⁽⁸⁾.

As a result, conflicts arising due to practitioners' negligence and natural outcome such as death during the treatment are reacted by beneficiaries through disrespect and violence (threats, bargain on financial compensation, vandalization of health care institution and psychosocial torture) ⁽⁹⁾.

While trial as a result of awareness are growing in a insignificant amount in last years, the continuing violence has already incurred huge amount of physical and psychosocial costs⁽⁹⁾.

Vital measures are essential; such as to control the ethical practice, protection of health care physicians, defence of customers and lawsuit to dissertation the current tendency.

The extensive challenges in ethical ascendancy of medical practices in Tobruk can be traced to medical teaching. Curriculum in medical universities is community founded, healthcare ethics has remained abandoned. Medical ethics in present curriculum trusts on the department of forensic science and are mostly restricted to forensic cases.

However, communicating knowledge on healthcare ethics is incomplete to few talks within these few hours undergraduates are predictable to learn major codes of medical ethics, misconduct, neglect, agreement and the responsibilities and rights of physicians. However, this act has continued largely unimplemented due to numerous ethical dilemmas.

There have been few studies assessing knowledge, attitude and practice of healthcare ethics among physicians and nurses in resource poor countries such as ours. Moreover, there has been no such study prior to this in Tobruk, specifically to assess the status of knowledge, attitude and practice of healthcare ethics among resident physicians and ward nurses in the same setting. Such studies would be important to monitor ethical practices and improve patient outcomes. Therefore, we hypothesized that there is paucity in knowledge, attitude and practice of health care ethics among health practitioners in Tobruk.

■ **Aim of the work:**

This study aimed to evaluate the level of knowledge, attitude, and practice of physicians and nurses in obstetrics and gynaecology department of Tobruk medical centre Teaching Hospital in Tobruk towards different medico-legal ethics.

■ **Subjects and Methods**

● **Study settings:**

A cross-sectional study was carried out among resident physicians and nurses in obstetric and gynaecology department of Tobruk medical centre Teaching Hospital in Tobruk. After explaining study details to each participant. the participation was entirely voluntary in nature. A standard questionnaire in the paper form was administered to resident physicians and nurses in our department Failure to provide written informed consent was taken as exclusion criteria.

Reponses to the questions were recorded followed by their detailed analysis. The participant was maintained as no personal information was recorded on the questionnaire.

Comparative analyses between resident physicians and nurses were done with regard to knowledge, awareness and practice of ethics Tobruk medical centre in obstetrics and gynaecology department.

● **Study population:**

In Tobruk medical centre, PG (Post Graduate) trainee medical physicians are called as resident physicians who are often consulted first for all new patients and are responsible for supervision and management of patients in the wards. Similarly nurses in the ward, work in coordination and supervision to serve admitted patients. Status of knowledge, attitude and perception on health care ethics in Tobruk medical centre is therefore best reflected from resident physicians and nurses.

● **Ethical Considerations**

An official approval for conducting this study was obtained from the Medical Centre Teaching Hospital in Tobruk. Following this, participants were contacted and asked about their willingness to participate in our study.

● **Sample size:**

Sample size was calculated by using Med Calc statistical software. Assuming area under ROC to be 0.80, an alpha of 0.05 and power of study 80.0%. a minimum sample size required to this study was 65 subject at least was required for this study.

● **Data analysis:**

Data was analysed using Statistical Package for Social Sciences (SPSS) version 24.0 for windows. Data analysis was done using proportions and percentage. For the comparison of categories parameters Chi Square test was employed. P value < 0.05 was considered statistically significant.

■ **Results:**

The study was conducted on (35) physicians and (31) nurses all are female and from Urban areas according to place of birth total number 66 the response rate being 100% on May 2022. The distribution of the studied two groups regarding age was matched between physician and nurses without any significant difference (p >0.05).

Table (1): Basic demographic data of the two studied groups.

Age group	Physician “n=35”		Nurses “n=31”		X ²	P value
	.No	%	.No	%		
34 - 25	22	62.9	18	58.1	0.88	0.643
44 - 35	10	28.6	8	25.8		
More than – 45	3	8.6	5	16.1		

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Table (2): Comparison between physician and nurses regarding their aspects of healthcare ethics.

	Physician “n=35”		Nurse “n=31”		X ²	P value
	Agree	Disagree	Agree	Disagree		
Patient’s wishes must always be adhered to	19 (54.3%)	16 (45.7%)	17 (54.8%)	14 (45.2%)	0.002	0.964
Patient should always be informed of wrong doing	17 (48.6%)	18 (51.4%)	12 (38.7%)	19 (61.3%)	0.649	0.420
Confidentiality is not so important	4 (11.4%)	31 (88.6%)	8 (25.8%)	23 (74.2%)	2.284	0.131
Physicians should do their best for the patient irrespective of the patient’s opinion	33 (94.3%)	2 (5.7%)	24 (77.4%)	7 (22.6%)	3.971	0.046
Close relatives should be told about patient’s condition	26 (74.3%)	9 (25.7%)	24 (77.4%)	7 (22.6%)	0.088	0.767

	Physician “n=35”		Nurse “n=31”		X ²	P value
	Agree	Disagree	Agree	Disagree		
Children should not be treated without consent of their parents	30 (85.7%)	5 (14.3%)	23 (74.2%)	8 (55.8%)	1.379	0.240
If law allows abortion, physicians cannot refuse to do abortion	3 (8.6%)	32 (91.4%)	13 (42%)	18 (58 %)	9.964	0.002*
If there is Disagreement between patients/ families and health care professionals about treatment decisions, physicians decision should be final.	35 (100 %)	0 (00.0%)	28 (90.3%)	3 (9.7%)	3.54	0.06
Ethical conduct is only important to avoid legal action	4 (11.4%)	31 (88.6%)	8 (25.8%)	23 (74.2%)	2.284	0.131

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	Physician “n=35”		Nurse “n=31”		X ²	P value
	Agree	Disagree	Agree	Disagree		
Ethics as a part of syllabus should be taught in every medical/ nursing teaching institution	33 (94.3%)	2 (5.7%)	27 (87 %)	4 (13%)	1.028	0.34
It is very difficult to keep confidentiality, so it should be abandoned	4 (11.4%)	31 (88.6%)	6 (19.4%)	25 (80.6%)	0.803	0.370
In your opinion do you think that physicians are receiving income from referring patients for medical tests	12 (34.3%)	23 (65.7%)	16 (51.4%)	15 (48.6%)	2.021	0.155
Consent is required only for surgeries, not for tests and medicines.	16 (45.7%)	19 (54.3%)	21 (67.7%)	10 (32.3%)	3.238	0.072

	Physician “n=35”		Nurse “n=31”		X ²	P value
	Agree	Disagree	Agree	Disagree		
Copying answers in degree examinations is bad/sin	17 (48.6%)	18 (51.4%)	16 (51.4%)	15 (48.6%)	0.805	0.061
Normal or blood pressure normal when it hasn't been done is acceptable because it is important for documentation	4 (11.4%)	31 (88.6%)	8 (25.8%)	23 (74.2%)	2.284	0.131
If a patient wishes to die, he or she should be assisted in doing so no matter what their illness	4 (11.4%)	31 (88.6%)	4 (13 %)	27 (87 %)	0.855	0.34
In your opinion do you think that physicians are influenced by drug company inducements, including gifts	24 (68.6%)	11 (31.4%)	18 (58%)	13 (42 %)	0.376	0.784
In order to prevent transmission of TB	30 (85.7%)	5 (14.3%)	24 (77.4%)	7 (22.6%)	0.383	0.760

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	Physician "n=35"		Nurse "n=31"		X ²	P value
	Agree	Disagree	Agree	Disagree		
Given a situation, a male doctor need to examine a female patient	28 (80%)	7 (20%)	24 (77.4%)	7 (22.6%)	0.798	0.066
Do you have interest in learning healthcare ethics	35 (100%)	0 (00.0%)	28 (90.3%)	3 (9.7%)	3.548	0.060
Do you think doctors/nurses must serve hard to reach areas and underserved population?	33 (94.3%)	2 (5.7.0%)	29 (93.5%)	2 (6.5%)	0.900	0.64
Do you think it is necessary to incorporate medical ethics in undergraduate curriculum?	35 (100 %)	0 (00.0%)	30 (96.8%)	1 (3.2%)	1.146	0.284

Table (2), shows that the attitude towards different aspects of healthcare ethics among physicians and ward nurses. There was a statistically significant difference in attitude between physicians and ward nurses with respect to Adherence to patient' wishes (54.3 % physicians agreed versus 54.8 % nurses agreed, p = 0.964), informing close relative about patient's opinion (74.3 % physicians agreed versus 77.4 % nurses agreed, p = 0.767), seeking consent for treating children (85.7 % physicians agreed versus 74.2 % nurses agreed,

$p = 0.240$), conducting abortion if law allowed (8.6 % physicians agreed versus 42 % nurses agreed, $p < 0.002$), paternalistic attitude of physicians while on disagreement between patients/families and health professionals (100 % physicians agreed versus 90.3 % nurses agreed, $p = 0.06$), adherence to confidentiality (11.4 % physicians agreed versus 25.8 % nurses agreed, $p = 0.131$), documentation of neurological examination and blood pressure without being done (11.4 % physicians agreed versus 25.8 % nurses agreed, $p = 0.131$), necessity of incorporating medical ethics in undergraduate curriculum (100 % physicians agreed versus 96.8 % nurses agreed, ($p < 0.016$) and refusal to examine a female patient in the absence of a chaperone (80 % physicians agreed versus 77.4 % nurses agreed, $p = 0.066$). More nurses agreed to above nine questions compared to physicians except for while on disagreement between patients/families and health professionals.

The attitudes of the physicians however, were not substantially different from those of the nurses in a number of responses showing either a small or medium Cramer's value (< 0.5). The physicians were not significantly different from nurses in a number of aspects, such as informing patient of wrongdoing ($p = 0.420$), importance of confidentiality ($p = 0.370$), paternalism (doing irrespective of patient's opinion) ($p = 0.046$), teaching ethics as a part of the syllabus ($p = 0.34$), importance of ethical conduct ($p = 0.131$), benefit for physicians for referring medical tests ($p = 0.155$), cheating in degree exams ($p = 0.072$), physician-assisted dying ($p = 0.34$), luring of physicians by drug companies ($p = 0.784$), disclosure of tuberculosis status ($p = 0.760$), interest in learning healthcare ethics ($p = 0.06$), opinion on serving in remote areas and for underserved populations ($p = 0.016$). Nearly all physicians (100 %) and all nurses (90.3 %) reported an interest in learning healthcare ethics.

Similarly, the majority of them supported the incorporation of medical ethics in undergraduate curriculum and its teaching in every medical/nursing institution. About 68.6 % of physicians and 58 nurses believed that physicians are influenced by drug company inducements.

Also, nearly 80 % of physicians and 77.4% of nurses give a situation male physicians need to examine female patient.

Table (3): Instrument for learning ethics and law among physicians and nurses

Instruments for learning ethics and law	Job category	
	Physicians (N =35)	Nurses (N= 31)
Ethics journals	10 (28.6%)	11 (35.5%)
Books on ethics	16 (45.7%)	18 (58%)
General texts	11 (31.4%)	7 (22.6%)
Media (Newspapers/TV)	20 (57%)	8 (25.8%)
Workshops	14 (40%)	11 (35.5%)
Lectures (UG/CME)	25 (71.4%)	19 (61.3%)
Panel discussions	13 (37%)	7 (22.6%)
Case conferences	18 (48.6%)	24 (77.4%)

Table (3), shows that 77.4% of nurses choose case conferences 71.4 % of physicians choose lectures (UG/CME) and 22.6% for nurses and 31.4% for physicians choose general texts, and about 28.6% of physicians choose ethic journal and 22.6 of nurses choose panel discussion and general texts.

Table (4): preference in consulting on a legal problem among physicians and nurses

Whom to consult	Job category	
	Physicians (N =35)	Nurses (N= 31)
Colleague	(3%) 1	(3.2%) 1
Supervisor	(14.3%) 5	(13%) 4
Chief of Medical staff	(54.3%) 19	(42%) 13
Matron	(00.0%) 0	(3.2%) 1
Hospital Administrator	(34.3%) 12	(19.4%) 6

Whom to consult	Job category	
	Physicians (N =35)	Nurses (N= 31)
Professional insurance company	(00.0%) 0	(0.00%) 0
Trade Union	(3%) 1	(3.2%) 1
Lawyer	(83%) 29	(77.4%) 24

Table (4), shows that 83% of physicians and 77.4% of nurses choose lawyer and 00.0% of physicians and nurses for professional insurance company and 00.0%for physicians and 3.2% for nurses choose matron.

Table (5): what is preference in consulting on an ethical problem among physicians and nurses

Whom to consult	Job category	
	Physicians (N =35)	Nurses (N= 31)
Colleague	3(8.6%)	1 (3.2%)
Supervisor	6 (17%)	3 (9.7%)
Head of Department	12(34.3%)	6 (19.4%)
Chief of Medical staff	10(28.6%)	8 (25.8%)
Matron	2(5.7%)	0 (00.0%)
Hospital Administrator	9(25.7%)	6 (19.4%)
Ethics Committee	19(54.3%)	16 (51.6%)
Professional Association	4(11.4%)	7 (22.6%)
Text, Internet	2 (5.7%)	0 (00.0%)
Close friend/family	6 (17%)	3 (9.7%)

Table (5), shows that 54.3% of physicians and 51.6 of nurses choose the ethics committee and 5.7% of physicians choose Text, Internet and matron without any percentage for nurses.

Table (6): what is knowledge on ethical codes among physicians and nurses

Ethical codes	Job category		P value
	Physicians (N =35)	Nurses (N= 31)	
know the content of Hippocratic oath			0.003*
Yes	22 (63%)	5 (16%)	
No	13(37%)	26 (84%)	
know the content Nuremberg Code			0.98
Yes	1 (3%)	1 (3.2%)	
No	34 (97%)	30 (96.8%)	
Do you know the content Helsinki Code			0.411
Yes	4 (11.4%)	3 (9.7%)	
No	31 (88.6%)	28 (90.3%)	

Table (6), shows that 63% of physicians and 16% of nurses knew about Hippocratic Oath, there was a significant decrease in nurses less than physician ($p < 0.01$) but the others Nuremberg code 1% and Helsinki Declaration about 11% for physicians ,9.7% for nurses according to respondents this is because of absent of knowledge about medical ethics, there was no significant difference between the physicians and nurses regarding knowledge about Nuremberg code and Helsinki code ($p > 0.05$).

■ Discussion

The results of this study showed poor knowledge on healthcare ethics among physicians and nurses; however, knowledge on the central ethical codes in clinical practice was poor, particularly, Nuremberg Code and Helsinki Declaration were not familiar amongst respondents.

In agreement with our results, there was another study carried out in India, where the modality of imparting medical education is somewhat similar to Tobruk, also revealed that the majority of respondents were unaware of Nuremberg code and Helsinki Declaration ^(10,11). Both physicians and nurses seemed to express interest in learning healthcare ethics.

And also including ethics as a part of the syllabus in the curricula is essential and should be skilled in every medical university and nursing institution.

This permits the crucial ordering for combination of medical ethics in curricula.

In the present study, physicians favoured to learn ethics and law with lectures, while nurses preferred case conference. Reliable with our results, preceding studies have piercing manuscripts and books as predominant sources of education ethics among medical undergraduates, physicians and nurses ⁽¹²⁻¹⁴⁾.

In addition, numerous studies have shown that learning ethics through performance of actual cases, exercise and during work were main foundations of learning healthcare ethics ^(15,16). This additional suggests that separately from teaching health care ethics through lectures, Training at work and subscription of journals on ethics and books can be highly talented.

A considerable proportion of resident physicians and nurses were uninformed of the gratified of Hippocratic Oath. Likewise, the popular of them did not know about the content of Nuremberg code and Helsinki Declaration. These results clearly exemplified the miserable knowledge on the greatest basic ethical philosophies and research ethics among health specialists. The findings on poor knowledge on ethical codes are in line with earlier studies showed both in high- and low-income countries ⁽¹⁵⁾.

The mainstream of the physicians and nurses favoured to refer their ethic commission on an ethical problem.

Over-all, expectedly, physicians and nurses consult their seniors from the workplace. In our study, surprisingly, very few of them chose to consult their close friend.

This suggests that when the physicians and nurses meeting an ethical test, they incline to relax it at ethic committee. Moreover, it could be that physicians and nurses observe that ethic committee at workplace could resolve the ethical challenges professionally.

On legal issues, physicians and nurses opted to consult a lawyer and. Neither association to any trade union nor registration in a specialised

Insurance company was obtainable for physicians and nurses in our department and Teaching Hospital; therefore, consultation to lawyer must have been a clear option. Our study clarifies that physicians and nurses change in their attitudes relating to practical ethical subjects such as informing close relative, consent for giving children, abortion, paternalistic attitude while on disagreement, adherence to confidentiality, refusal to examine a female patient in the absence of female attendant and necessity of incorporation of medical ethics as a part of syllabus.

In our country the healthcare ethic is not introduced curriculum, Consequently, this inconsistency of sentiments in our study population of physicians and nurses could be credited to modified judgment in the absenteeism of knowledge on ethics. This suggests that the uniformity in health care ethics is immediately required irrespective of various occupations within the health care that includes doctors, nurses, paramedics and lab staffs by communicating knowledge on medical ethics which should be similar across the profession.

These additional stresses the conversation and contrast of knowledge, attitude and practices in health care ethics within the profession, institution and punishments and furthermore contrast amongst them.

The disparity seen among physician and nurses in our study for the discus-

sion of a lawyer in case of legal matters may be due to inadequate knowledge of medico-legal cases and their consequences in our context.

Rebelliously, physicians in countries and districts where physician-assisted disappearing is legal might allow this repetition, however, the rationale and legality of physician assisted dying has been highly arguable amongst physician in these countries.

Significantly, physicians and nurses in this study are influenced that physicians are little influenced by inducements from pharmaceutical companies.

This study is the first to explore the knowledge, attitude and practice of medical ethics in our department, one of the few studies conducted in Libya.

■ **Conclusions**

The study showed that there was inadequate as well as a non-uniform level of knowledge of three major codes of medical ethics and principles associated with, which resulted in significant disparity in the attitude and practice of medical ethics among physician and nurses. A majority of respondents in this study showed interest in learning medical ethics and recommended for inclusion of medical ethics in the curriculum. Provision of information on medical ethics in medical institution through subscription of journals and books on ethics in addition to the lectures and training on medical ethics at workplace can significantly raise the current paucity of knowledge in health care workers.

■ **Recommendations:**

We recommend that education and training in all aspects of medical ethics should be started as continuous medical education for doctors including specialists. Ethics committees should be started in healthcare institutions to support specialist medical officers to take the most appropriate decisions in case of ethical dilemmas. It is further recommended to commence post graduate specialty on medical ethics so that the graduates can be employed as ethicists in hospitals to be members in ethics committees. The specialist doctors should always be encouraged to conduct clinical case conferences to discuss

cases of unethical practices and to take preventive measures of such practices in future. But we emphasize that this should be done in a no name, no blame culture.

A standard guideline is better created and enclosed in patients' charts or in the emergency department as an assistance tool for physicians and other health care providers.

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