

Editorial - Educational

**Research and Ethics for the Medical Profession Book
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The publication of this book marks the culmination of an ambition to improve and enhance our understanding of ethics in the key areas of research and clinical practice. As practicing physicians, we are all aware of the requirement for consistent ethical practice, both in research and clinical medicine. Doctors are the ultimate advocates for patients and the health and welfare of our fellow man; however, they often find themselves in difficulty with current issues of informed consent, inter-professional relationships, maintenance of patient confidentiality and the requirements for good clinical practice (GCP) in research.

Dr. Jaffar Albareeq, who generated the idea for this book, resourced the various contributing editors and maintained the correct resilience to see it to publication, is to be congratulated on providing this reference text, which is both practical and theoretical in its objective to enhance our practical understanding of this dynamic area. The book also underscores the benefits and requirements of research and its interface with research involving human subjects.

The book contains chapters from practicing doctors and nurses who are familiar with the daily ethical dilemmas that are the norm of clinical engagement. Ethical issues and debates surrounding them have been with us since the time of Hippocrates, and while it is relatively easy to be complacent with these matters or simply refer the issue to an ethics committee, it not only behooves the practicing clinician and nurse to develop a self-driven philosophy that facilitates good clinical practice, but also acknowledges ethics as a fluid dynamic that changes with time, jurisdiction and the individual patient.

The contributing editors have a wealth of individual experience and a deep insight into local circumstances that may vary the unique interpretation of any ethical dilemma. The book is also intended to report and encourage our efforts to engage in research, both laboratory and clinical. In many areas, the focus is to emphasize the current and recommended practice at King Hamad University Hospital, which despite its infancy, has developed international standards in health care practice, ethics and research.

Thirteen individual experts have contributed 13 chapters to this book. In the first chapter, Dr. Jaffar Albareeq leads a discussion on "Ethics of the Medical Profession." It details the general duties of a doctor and what it means to be a doctor in the modern world. It also includes the importance of ethical relationships with colleagues and the sanctity of the doctor-patient relationship. Dr. Jaffar goes to some lengths to describe the appropriate doctor-to-doctor behavior and is particularly cautionary about openly criticizing the practice of another physician.

Various problems may arise in practice because of poor ethical behavior. That undermines the society's confidence, not only in the doctor who has a natural right to a good reputation, but also in the profession as a whole and it serves an invalid purpose and promotes the unacceptable practice. Disrespectful behavior towards another doctor is never acceptable and practitioners must act professionally at all times. The chapter also highlights certain areas that have been blurred recently, such as advertising and fraud. The profession needs to maintain a careful vigil in these areas and ensure compliance.

This first chapter is, in essence, a practical guide to the ethics of everyday clinical practice. It deals extensively with the value of clinical research and importantly emphasizes the requirements for good clinical practice, especially when involving human subjects.

The components of modern versions of the Hippocratic Oath, such as the Geneva Declaration of the World Medical Association, clearly states the doctor's ethical responsibility in not engaging in a practice that renders a patient physically or mentally vulnerable in any way. Practice contrary to the laws of the Kingdom of Bahrain, such as abortion and sterilization are also addressed later in the book. The book closes with a notable summary of the Belmont Report which functions as the KHUH reference for all research performed. It enshrines respect for the research subject, beneficence in research, confidentiality, informed consent and the right of the research subject to withdraw consent at any time.

The theme of the chapter developed by Professor Charlotte Kamel details the vulnerability of the patient in the doctor-patient relationship and how this must never be abused. Professor Charlotte Kamel, a practicing psychiatrist and Professor of Psychiatry at the Royal College of Surgeons in Ireland, Bahrain, deals with the ethical perspective in psychiatry in Bahrain. Of all clinical specialties, psychiatry has perhaps the greatest insight into the vulnerability of the patients, potential abuse of these patients and how the profession must safeguard against this potential. Professor Kamel leads her contribution by stating that "Medicine is both an art and science." That statement is relevant to modern practice where we often forget that we are here not just to treat the disease, but the patient as a whole. Professor Kamel explores many sensitive issues in her chapter, such as euthanasia, which while accepted as a therapeutic option in some European countries, is illegal in all Middle Eastern countries, such as Bahrain. The discussion addresses the role of the psychiatrist in this morally complex area and also refers to legal cases, genetic research, dementia and consent. Some of these themes are discussed later in the book. One of the key messages, however, is that the psychiatrist plays an invaluable and expert role in assessing a

patient's understanding in the pivotal area of informed consent, and crucially when a patient wishes to decline consent.

Professor Eamon Tierney, Associate Professor of Surgery at the Royal College of Surgeons in Ireland, Bahrain, and Consultant Intensivist-Anesthetist and Director of ICU at King Hamad University Hospital, provides a general view of end-of-life care and the decision making process that allows a patient, legal guardian and relatives come to terms with a decision to allow their loved one exit this life with dignity and compassion. The subject is complex, but resonates well with the ICU staff and those involved in areas where this is common, such as Oncology. It is also addressed later by Nurse Sharon Skowronski, Nursing Manager and Dr. Elias Fadel, Consultant Hematologist-Oncologist at King Hamad University Hospital. End-of-life care is primarily indicated in cases where there is no cure available or when medical efforts are futile and aim to allow death with dignity. It includes concepts such as "Do Not Resuscitate (DNR)", which are open to constant review and amendment as circumstances change. It is often quoted that this concept is not acceptable in the Islamic faith; however, there are numerous 'fatwas' which indicate that it is an acceptable strategy in cases where there is no hope. The decision must be confirmed by three physicians.

The process of Consent and Informed Consent and how it has evolved over time to what it is today was reviewed in a chapter on its own. This contribution comes from me, Professor Martin Corbally, Consultant Pediatric Surgeon and Chief of Staff at King Hamad University Hospital and Professor of Surgery at the Royal College of Surgeons in Ireland, Bahrain. The chapter attempts to resolve the uncertainty that many doctors experience as to how much information a patient should be given to obtain valid consent. It is very clear that consent is a necessary component of all treatments. It is not always necessary to list each and every potential complication, which would be a daunting task and likely to instill unnecessary anxiety in the patient. The modern approach dictates that the information given is what a reasonable patient would wish to know before giving their consent to a procedure. Fortunately, most patients are reasonable, and this approach avoids the overly paternalistic approach of the reasonable doctor. The latter would be well advised to seek input from other physicians/professionals when dealing with an unreasonable patient as the doctor could well be accused of assault if the agreed procedure is not fully understood by the patient. Consent for a procedure does not excuse or render the physician immune from criticism or censorship in the event of complications, but merely allows the attending care team permission to carry out the procedure or test. Essentially, a reasonable patient needs to know about a rare risk if it is substantial and may affect the quality of the patient's life.

Many of the examples listed in this chapter are landmark cases in the evolution of procedural consent, from no explanation of risk to the legal requirement for full disclosure. While cultural concerns would arise from time to time, there could be little doubt that every significant risk must be detailed at the time of consent. That applies if the risk is very rare, such as 1 in 15,000. Consent is a two-way dynamic where the doctor imparts information in clear language, and the patient has the right and time to clarify any detail of concern. The chapter highlights difficult areas in consent, such as in

minors, where the International Guidelines state that while not legally necessary, it is best to include them in the discussion and consent in situations of questionable mental capacity. In this situation, consent may be given by a legal guardian, but it should be noted that, in such cases, it is the ability of the patient to understand the suggested treatment plan and the consequences of refusal of treatment.

Gastroenterology chapter is a contribution from Dr. Omar Sharif, Consultant Gastroenterologist, Deputy Chief of Staff at King Hamad University Hospital and Senior Lecturer in Medicine at the Royal College of Surgeons in Ireland, Bahrain. This chapter focuses on the areas of consent for gastrointestinal procedures and the potential complications from these varied procedures. Dr. Sharif makes the point that when a recognized complication occurs, such as perforation during colonoscopy, the physician would not be liable provided the consent has clearly detailed this as a possible risk. Consent is an issue that requires focused attention as detailed by Dr. Sharif. The ethics of screening procedures in the elderly are also dealt with and clearly there is a moral obligation to consider the appropriateness of such screening interventions in those at the extreme of life. Patients in this age group are of course ethically entitled to the same standards of care, but the United States Preventive Screening Task Force has recommended that patients over 85 years of age are not subject to routine screening and that patients between 75 and 85 should not undergo routine screening unless there are specific indications.

Doctor Sharif also explores the confusing and challenging issue of gastrostomy feeding in the elderly patient. While artificial feeding is a medical treatment, it is also true that like all medical treatments, it must be considered with reference to the individual patient. Society may consider artificial feeding as a human right, but it is not always wise or moral to provide that. Patients with end-stage disease, advanced dementia, should not undergo gastrostomy placement, as end-of-life care does not include such attempts at prolongation of life, and adjustments of medications and nutritional formula may otherwise facilitate normal enteral feeding. Patients who have the potential for prolonged survival and are nasogastric tube-fed should always be considered for alternative feeding regimens.

The Pathology and Laboratory Chapter is provided by Dr. Suhail Baithun, Consultant Histopathologist at King Hamad University Hospital, Senior Lecturer at the Royal College of Surgeons in Ireland, Bahrain and former Associate Professor at the Royal London Hospital, United Kingdom. This chapter reviews the ethical requirements of practice from the clinical laboratory. It is not unusual to forget or minimize the extreme importance of the clinical laboratory and its impact on patient management. He details the duty of the laboratory to medical colleagues and the patient in preserving the dignity of the profession and maintaining a reputation of honesty, respect, integrity and reliability. It preserves a duty to provide accurate information while guarding patient confidentiality and training successive medical and technical staff. At all times, the patient has the right to access information held about them in the clinical laboratory; however, such information must be adequately stored as confidentiality is of the utmost importance. Dr. Suhail makes a valuable comment on the geographical and cultural difficulties that exist due to the general reluctance to perform an autopsy and highlights the benefits of "virtual

autopsy” to provide more detail. Finally, he makes a plea that like the Hippocratic Oath, all technical medical laboratory staff should follow the lead of the American Society for Clinical Laboratory Science and take an appropriate pledge to provide high-quality care.

The chapter on Medical Ethics to Undergraduate Students addresses the real need for medical schools to teach such an important topic. The chapter is the contribution of Dr. Dalal Alromaihi, Consultant Endocrinologist at King Hamad University Hospital and Senior Lecturer at the Royal College of Surgeons in Ireland, Bahrain. Dr. Dalal is the recipient of the Award for Humanism from the Arnold P. Gold – Gold Humanism Honor Society in 2009 and the Role Model Award for Medical Students from Wayne State University, Detroit, Michigan.

Considering that medicine is a moral profession, it is not possible to separate good clinical practice from professional and ethical behavior. Dr. Dalal makes a cogent argument for the manner in which ethics is taught to medical students, stating that case-based scenarios led by dedicated and experienced clinicians are more productive than formal classroom sessions. Mentorship, encouragement and student engagement in relevant ethical dilemmas should be the mainstay of ethical undergraduate teaching, which is increasingly part of the undergraduate medical curriculum. Role-playing and feedback are crucial to undergraduate progression to preserve the unique idealism of the undergraduate and to aid in the development of ethical maturity. There could be little doubt that ethical education has been missing from the curricula of many medical schools; however, it is equally as important as clinical education.

Hyperbaric Oxygen Therapy Chapter is written by Dr. Adel Abdul Aal, Director and Consultant in Charge of the Hyperbaric Oxygen Therapy (HBOT) Unit at King Hamad University Hospital, Bahrain. Dr. Adel has added responsibility in the oversight of wound management in conjunction with other KHUH clinicians. As a relatively new therapy, HBOT has had to define its unique set of ethical guidelines that govern the use of this therapy in as yet fully defined areas. Similar to any therapy, both established and innovative, it is crucial not only that all referring physicians are aware of the indications for such treatment, but also that the providers understand and apply a risk-benefit solution to each referral. Dr. Adel develops a useful platform to facilitate its use even in situations where the therapy is unproven. It includes full informed consent, therapy delivered by fully qualified clinicians and the development of a full database that would contribute to research and perhaps develop solid conclusions to the benefits of this novel therapy.

The chapter provided by Major Abdulla Alsowaidi, Director of Legal Affairs, King Hamad University Hospital and Senior Lecturer, University College of Bahrain seeks to review the interface between the law of the land and medical ethics. While it is interesting to believe that ethics and the law must always agree or at least reach the same conclusion, it is clear from this chapter that the law progresses at a slower pace than that of ethical guidelines. From a societal perspective, slow changes in the law are protective to the fabric of society, yet the lag time between the law and ethics often creates a logistical difficulty for clinicians. Major Abdulla highlights areas of Bahrain law

that are in need of modernization to bring them in line with international standards, such as abortion and end-of-life care. It is clear that the medical profession must always act as the patient’s advocate, but must always be within the boundaries of the law to avoid conflict with the legislature. Ethical principles must be enshrined in legislation in so far as possible.

The chapter ends with a discussion on medical indemnity, which is of equal importance to the practicing doctor and is currently undergoing change in Bahrain. Society is subject to multiple influences, not all of which are realistic. It is unreasonable to expect that every intervention would produce a positive outcome; however, the patient has the right to expect a high standard of care. While recognizing that complications could and do occur, it is important that the physician accepts the necessity for fully informed consent and deals with untoward events openly and honestly. Each medical institution is ethically obliged to ensure that it adheres to the legal requirements as laid down by the National Health Regulatory Authority (NHRA Bahrain) and that significant negative outcomes are reported. The primary goal of reportage is to ensure that lessons are learned and not repeated.

The chapter on Nursing is the contribution by Dr. Fairouz Alhourani, Director of Nursing and Sharon Skowronski, Nursing Manager at King Hamad University Hospital. The chapter deals with important topics of ethics in nursing and the nursing process. The role of the nurse in the formulation of ethical practice is often overlooked; yet, the moral and ethical backdrop for many ethical discussions occur at this level.

Arguably, nurses occupy a pivotal position between the patient and the clinical team; hence, the moral barometer of ethical decisions as they apply to their patient. The authors address this and pointed out that it may cause stress to the nurse when a clinical decision is not clear. It may arise when the nurse, while caring for the overall needs of the patient, is unable to decide what is the most medically appropriate and best treatment for the patient or by extrapolation the limitations of any planned intervention. The nurse has an equal duty to preserve patient confidence and while the authors suggest that the moral basis of confidentiality is unclear, it indicates a greater role for team discussions to overcome these traditional barriers. Rather than focusing solely on a patient cure, the nurse code of practice embraces support and nurturing of the patient in a more holistic sense. It is much more advanced and inclusive than a narrow view of the nurse as prevalent 50 years ago.

The chapter on Ethics in Oncological Practice is contributed by Dr. Elias Fadel, Consultant Hematologist-Oncologist and Director of the new National Oncology Centre at King Hamad University Hospital. The chapter leads with the important topic of breaking bad news which is of great significance in oncology where oncologists are regularly called to impart a difficult diagnosis. Clear guidelines are enumerated as to how this news is to be conveyed. This is derived from a variety of sources and protocols of communication, but it is evident that oncologists are the most qualified to do so. As in every medical interaction, informed consent is a vital part of the process, and this especially applies to oncological diagnosis and treatment. It is evident and ethical that all patients have the right to know their diagnosis and be given a realistic estimate of the risk of

complications, the rate of cure and the likelihood of disease progression.

While this is the norm in Western society, it is not always the case in Bahrain or the Middle East. That creates tension between doctor and patient and it is well addressed by Dr. Fadel. The chapter also deals with “do not resuscitate concept” which is of even greater relevance in oncology where inevitably, some patients would die of their disease. The subject has been discussed in a previous chapter in a general sense, but here, it is specifically directed towards patients dying with cancer. Dr. Fadel deals empathetically and compassionately with the problem, the cultural difficulties that could surround this diagnosis and the importance of accepting the patient’s beliefs, which may be at variance with that of the caregiver.

CONCLUSION

This seminal work “Research and Ethics for the Medical Profession” shares a common thread amongst all its

contributing authors, and that the medical and nursing profession are obligated to act compassionately, honestly and with respect for the betterment of their patients. Doctors have a moral duty to act within the law of the land while recognizing that at times the legislature may lag behind the evolving and at times urgent needs of the profession. The culture of respect for one’s patient is essential in the doctor-doctor relationship and preserves society’s confidence in the doctor and the profession at large. Respect for the patient exists at each stage of the doctor-patient interaction as informed consent or when the patient rejects the planned procedure or requests a second opinion.

This book would provide a guide to the professional working in today’s complex environment; however, the physician should always place his patient first and never be afraid to admit uncertainty or seek help.

ERRATUM

“Urolithiasis Visits and Trends”

(Bah Med Bull 2016; 38(4): 211-213. http://www.bahrainmedicalbulletin.com/December_2016/Urolithiasis%20-%20DECEMBER%202016.pdf)

ELSHEHRY A, SAAD M, EID M, ET AL.

It was a printing error where figure 1 was repeated twice.

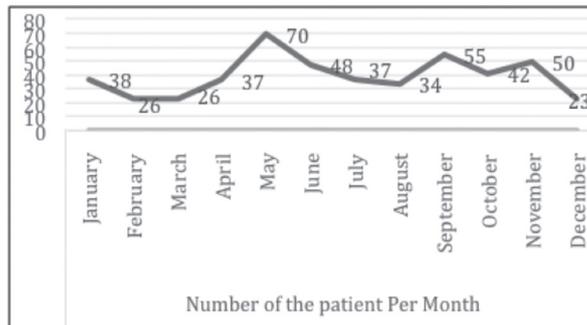


Figure 1: Number of Patients per Month

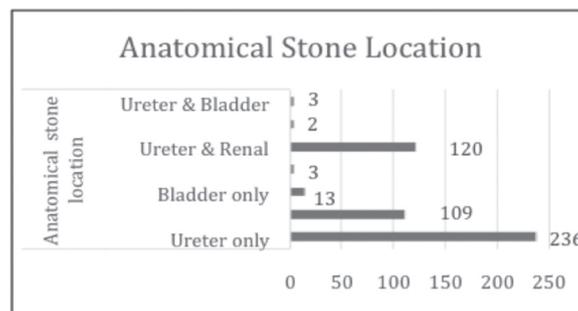


Figure 2: Stone Location