

Ethical Violations in Patient-physician Relationship: A Survey from Kerman, Iran

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Abstract

Background: Although medical errors in the clinical system are a common cause of lawsuits against physicians, ethical violations have been reported at an alarming pace. We conducted this study to determine the frequency of ethical issues related to patient-physician relationships in registered complaints in three teaching hospitals in Kerman, Iran, from 2015 to 2018.

Methods: In this cross-sectional study, we extracted data from all complaint cases registered in the complaints offices. The data were categorized according to ethical issues in the physician-patient relationship including breaching confidentiality, not telling the truth to the patient, not obtaining informed consent, abandoning further treatment, causing unnecessary expenses, violating privacy, and not respecting the patient; then, we compared them according to our objectives using SPSS software.

Results: The results showed that 51.7% of the physicians who had been sued were male, and 30.2% of all of them were general surgeons. The most common ethical issues were related to not respecting the patient (49.7%), abandoning further treatment (25.5%), not telling the truth to the patient (14.1%), and not obtaining informed consent (5.4%).

Conclusion: The complaints received in three teaching hospitals can reveal the disregard for ethical codes, and irresponsible behavior among healthcare providers may endanger the patients' safety and increase the likelihood of injury in these hospitals. Further studies are recommended to determine the factors that influence ethical violation in the healthcare setting.

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Introduction

Although medical errors in the clinical system are a common cause of lawsuits against physicians, ethical violations have been reported at an alarming pace over the past several years. It appears that ethical issues in complaints of the medical system are still increasing in the world, but the magnitude and intensity of the problem vary among countries. Also, some studies have shown the increasing trend of medical complaints in Iran.^{1,2} A physician must treat patients according to her/his practical and scientific competence, avoid negligence and fault in diagnosis and treatment and fulfill the rights of patients. In Iran, the Charter of Patients' Rights has been developed

in five parts to promote services in Iranian healthcare settings.³ The fifth part of this document states that paying attention to patients' complaints and treating them is their right and pledges to provide health services. In this regard, there are complaint offices in Iranian teaching hospitals as an important criterion of the hospitals accreditation in recent years. The researchers have investigated different aspects of patients' rights violations in Iran and showed that lack of sincere attention to patients, lack of understanding their conditions, and lack of performing clinical care respectfully were the most critical conditions of breaching the patients' rights.⁴ In a study, the author believed that it was possible that physicians do not present accurate and reliable information to patients who need

to decide. In fact, the right of patients is to be informed and understand the risks involved in medical procedures based on the ethical principle of autonomy, so physicians must protect patients by obtaining informed consent. This author believed that lack of informed consent could occur in medical malpractice.⁵ Moreover, to empower patients to choose their physicians, there is a need to inform them about malpractices and ethical violations because they have the right to make conscious decisions, but the main concern is the damage drawn to public trust.⁶ In a study, the author emphasizes that medical malpractice lawsuits may have been experienced by up to 7.4% of physicians in the USA every year.⁷

Serious violation of ethical standards leads to gradual abandonment of medical code of ethics and exposes the patients to serious harm, which in turn might result in allegations and even a permanent ban from practicing medicine.⁸ Most of the research on serious ethical violations, as well as malpractice in medicine, has focused on the frequency and statistical correlation of violations with demographic agents. In a study, researchers examined 280 medical malpractice cases in the United States. In this study, serious ethical violations in medicine, such as sexual abuse, criminal opioid prescription, and unnecessary surgeries that directly harmed patients and undermined confidence in the medical profession were examined. This study showed that almost all cases involving deliberate and intentional cases by men (95%) happened in non-academic medical centers with regulatory problems (89%) and included an egoistic motivation such as financial or sexual interest (90%).⁹

However, most Iranian researchers have examined all kinds of errors and complaints from a legal point of view and definition of medical malpractice including lack of skills, imprudence, carelessness, and non-compliance with governmental regulations. Furthermore, one of the goals of the Strategic Medical Ethics Plan in Iran is an annual assessment of the medical field complaints status, as well as examination of the causes of medical complaints, especially the role of ethical issues in these complaints. It can be useful for educational planning of medical ethics to observe the rights of patients. Therefore, we conducted this study to investigate the frequency of ethical issues in physician-patient relationships in complaints registered in the Complaints Offices of teaching hospitals from 2015 to 2018.

Methods

This is a cross-sectional study conducted on all complaint cases registered in the complaints offices of three teaching hospitals affiliated to Kerman University of Medical Sciences including A (462 beds), B (350 beds), and C (380 beds), between 2015 and 2018. In these offices, the in-patients report a complaint against the

attending physician or residents by filling out a standard complaint registration form including patients' name, age, gender, occupation, level of education, disease, date of complaint, mobile number, postal address, main body of complaint against the physician, physician's name, age, gender, work experience, place of work, and his/her specialty. These forms which were filled out by patients or their relatives were registered as patients' complaints in the hospital records.

All complaint cases which had been registered during the study period were selected using the census method. Inclusion criteria were in-patients' complaints against the attending physicians and cases with incomplete information based on our objectives.

After receiving the ethics committee code (IR.KMU.AH.REC.1398.106) and making the necessary coordination with the teaching hospitals and their complaints' offices, we reviewed all registered forms during the study periods according to our objectives using a data collection form. However, we did not need a content analysis because the complainants had reported their main concerns against their physicians.

The data collection form included the demographic characteristics of the sued physicians, the demographic characteristics of the complainant, and the main points of the registered complaints stated by patients or their delegates. These complaints were approved by the complaints' office, considered by a professional team and the response was sent to the patient. In this study, the researcher team categorized the registered complaints according to ethical issues in the physician-patient relationship including breach of confidentiality, not telling the truth to the patient, not obtaining informed consent, abandoning further treatment, forcing unnecessary expenses, violating privacy, and not respecting the patient. These ethical issues were the basis of our objectives in this study. Table 1 shows the ethical issues related to in-patients' complaints and their referents.

To maintain confidentiality, the researcher provided the files anonymously and reviewed them only at the hospitals' complaint offices. We analyzed the data using SPSS software version 20 using Chi-square, Fisher Exact test, Independent T-test, and one-way ANOVA. The significance level was considered as 0.05.

Results

Of a total of 174 registered complaints, 25 were excluded due to incomplete information. The mean age of the physicians who were sued was 40.9 ± 9.12 years and 51.7% were male. The mean duration of their work experience was 10.1 ± 6.8 years. Most of them were general surgeons (30.2%) and gynecologists (22.1%). Most of the complainants were female (57.0%) and 35.6 percent of them had surgical problems which led to the complaint (Table 2).

Table 1: The ethical issues related to in-patients' complaints and their instances, Kerman, 2015-8

Ethical violation	Instances
Not respecting the patient	-Imprudent interaction with the patient - Failure to name the patient correctly
Abandoning further treatment	-Not to visit a patient or his/her discharge on time -Not to prescribe drugs to patients -Not to follow up the patient's complications
Not telling the truth to the patient	-Not telling the truth to the patient about tumor surgery -Not telling the truth to the patient about interpretation of the paraclinical tests -Not telling the truth to the patient about complications of treatment
Not getting informed consent	-Not getting informed consent for paraclinical procedure -Not getting informed consent for additional surgical intervention in surgery room -Not to inform patient properly
Violating Privacy	-Violating Privacy of patients in students rounds -Violating Privacy of patients in nursing station -Presence the non-same sex staff in patient's room -Physical examination by the non-same sex staff
Taking unnecessary expenses	-Forcing unnecessary expenses for surgery or the other services
Breaching the confidentiality	-Breaching the confidentiality to take medical history -Unconsented disclosed of patients' information to patients' relatives

Table 2: The characteristics of the physicians who were sued and the complainants in the study of ethical issues related to patients' complaints, Kerman, 2015-8

		N (%)
Gender of the physicians	Male	77 (51.7)
	Female	72 (48.3)
Gender of the complainants	Male	64 (43.0)
	Female	85 (57.0)
The year of the complaint	2015	31 (20.8)
	2016	39 (26.2)
	2017	35 (23.5)
	2018	44 (29.5)
Specialty of the physicians who were sued N (%)	General surgery	35 (30.2)
	Gynecology	33 (22.1)
	Orthopedics	14 (9.4)
	General practitioner	12 (8.1)
	Neurology	11 (7.4)
	Cardiology	9 (6.0)
	Internal medicine	9 (6.0)
	Pediatrics	7 (4.7)
	Radiology	5 (3.4)
	Dermatology	2 (1.3)
	Anesthesiology	1 (0.7)
Emergency medicine	1 (0.7)	

The most common issues in the main point of registered complaints were categorized as encountering with the patient impolitely (49.7%), abandoning the patient treatment (25.5%), not telling the truth to the patient (14.1%), and not obtaining informed consent (5.4%), respectively. Figure 1 shows the most common ethical violations related to the complaints. Accordingly, the most common ethical issue was "Not respecting the patient." The frequency of ethical issues related to the complaints was not statistically significant based on the year ($P=0.16$), specialty ($P=0.06$), the gender of the physicians ($P=0.67$), the hospital ($P=0.06$), and the gender of the complainant ($P=0.16$) (Table 3).

The mean work experience of physicians was significantly lower in the case of "Not respecting the

patient" compared to other ethical issues (8.22 vs. 9.89-18.0 years) ($P=0.03$). In other ethical cases, no significant differences were observed according to the work experience ($P>0.05$). Also, no significant differences were found based on the physicians' age. ($P=0.28$). Most registered complaints were related to attending physicians in three teaching hospitals (A=70%, B, C=55%).

Discussion

This study showed that most complaints were against male physicians and surgery-related specialties. These findings are in line with other studies conducted on medical malpractice in Iran concerning the gender and specialties of physicians.¹⁰ In the present study, the

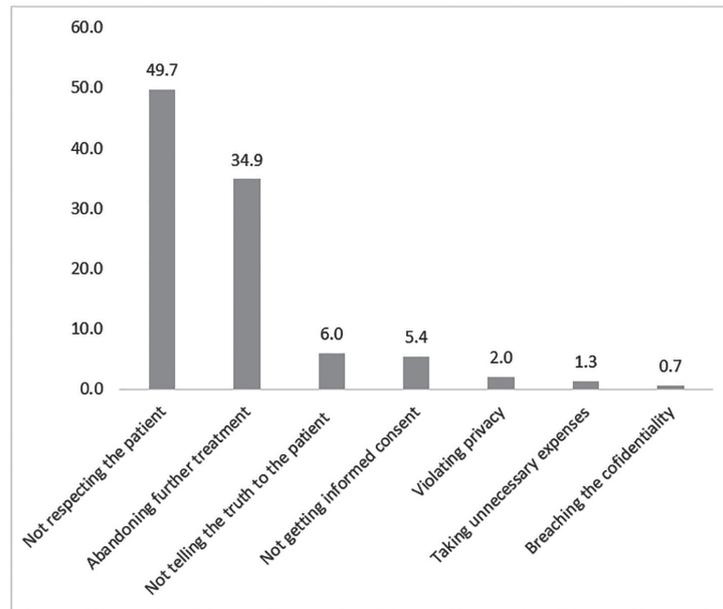


Figure 1: The frequency of the most common ethical issues related to patients' complaints, Kerman, 2015-8.

Table 3: Comparison of the frequency of ethical issues related to the patients' complaints based on the physicians' and complainants' gender, specialty, year, and hospital. Kerman, 2015-8

		Breaching the confidentiality	Not telling the truth	Not getting informed consent	Abandoning further treatment	Taking unnecessary expenses	Violating privacy	Not respecting the patients	P
Physicians' gender	Male	0 (0)	4 (5.2)	3 (3.9)	25 (32.5)	2 (2.6)	2 (2.6)	41 (53.2)	0.67
	Female	1 (0.7)	5 (6.9)	5 (6.9)	27 (37.5)	0 (0)	1 (1.4)	33 (45.8)	
Complainants' gender	Male	0 (0)	3 (4.7)	2 (3.1)	20 (31.3)	2 (3.1)	0 (0)	37 (57.8)	0.16
	Female	1 (1.2)	6 (7.1)	6 (7.1)	32 (37.6)	0 (0)	3 (3.5)	37 (43.5)	
Specialty	Nonsurgical	1 (1.8)	5 (8.9)	0 (0)	23 (41.1)	1 (1.8)	2 (3.6)	24 (42.8)	0.06
	Surgical	0 (0)	4 (4.3)	8 (8.6)	29 (31.2)	1 (1.1)	1 (1.1)	50 (53.7)	
Year of the complaint	2015	0 (0)	1 (3.2)	3 (9.7)	7 (22.6)	1 (3.2)	1 (3.2)	18 (58.1)	0.16
	2016	0 (0)	3 (7.7)	3 (7.7)	12 (30.8)	0 (0)	2 (5.1)	19 (48.7)	
	2017	0 (0)	0 (0)	1 (2.9)	13 (37.1)	1 (2.9)	0 (0)	20 (57.1)	
	2018	1 (0.7)	5 (11.4)	1 (2.3)	20 (45.5)	0 (0)	0 (0)	17 (38.6)	
Hospital	A	0 (0)	6 (10.5)	2 (3.5)	16 (28.1)	0 (0)	3 (5.3)	30 (52.6)	0.06
	B	0 (0)	2 (5.9)	3 (8.8)	9 (26.5)	0 (0)	0 (0)	20 (58.8)	
	C	1 (1.7)	1 (1.7)	3 (5.2)	27 (46.6)	2 (3.4)	0 (0)	24 (41.4)	

percentage of complaints against male physicians was almost the same as female physicians, showing that gender is not a significant contributing factor to ethical violations in patient-physician relationships. This finding is consistent with other studies in Iran.¹¹ On the other hand, there was no statistically significant relationship between the frequency of ethical issues with the year of complaint, specialty, gender, work experience of the plaintiff (except for "Not respecting patient"), location of the hospital, and gender of the plaintiff. It can be shown that a lack of attention to ethical aspects of professional medical practice can occur in every specialty and by both male and female physicians. Therefore, the lack of adherence to the ethical principles in the physician-patient relationship is pervasive and requires an improvement in the cognition and ethical reasoning of physicians.

In another systematic review study related to medical malpractice in Iran over 28 years showed that the most malpractice was related to gynecology, orthopedics, and general surgery. The most common type of malpractice was lack of necessary skills and negligence.¹⁰ The results of this study are in the same line with that of our study both in terms of the specialty of the offending physicians and the occurrence of more negligence. Studies in Turkey, Taiwan, Germany, the United Kingdom, the United States, and Saudi Arabia have shown that most complaints were related to gynecologists, surgeons, and orthopedists, which is consistent with the results of our study.¹²⁻¹⁷

In another study, the researcher investigated the complaints of physicians that had been recorded in Kerman Medical Council and Kerman Coroner

Organization. This study showed that 75.44% of complaints were against male physicians and the frequency of complaints had an increasing trend during 2010-2014.¹⁸ Furthermore, In Hayatbakhsh et al.'s study, most complaints were against gynecology and orthopedics specialties. The results of this study are consistent with those of the present study. Our study showed an increase in reporting patients' complaints in complaint offices of the three teaching hospitals during 2015-2018. This issue may be related to increasing the number of young and less experienced physicians, more invasive procedures in surgery, and especially increased patients' awareness of the laws. Also, other studies show the increasing trend of medical complaints in Iran.^{1, 2, 18}

Our research results showed that most of the plaintiffs were women, which might be explained by women's higher responsibility in taking care of family members in hospitals, especially surgery and gynecology wards. This finding is consistent with other similar studies in other countries.¹⁹ However, in some of the research¹²⁻¹⁷ most of the plaintiffs were male which is not consistent with the results of the present study. The reason for this discrepancy may be the type of disease and its cause (for example: driving accidents in men), low sample size, and a more limited period of the present study than other studies.

The most common ethical issues of complaints registered were related to not respecting the patient, abandoning further treatment, not telling the truth to the patient, and not obtaining informed consent that were linked to aspects of the patients' rights charter in Iran. In the first part of patients' rights charter in Iran, applying appropriate health services including respect for patients' values, beliefs, religion and culture, and performing necessary and emergent services were emphasized. In its second axis, physicians must inform patients properly, and in the third part, they have to respect the patients' autonomy.³ However, the present study demonstrated that these three axioms were not correctly implemented in practice, resulting in a huge number of complaints.

The important findings of the present study were that not respecting the patient was significantly influenced by physicians who have had less work experience. This problem can be related to the lack of communication skills of the physicians. In another study, the researchers studied the patients' complaints at a large heart center over 30 months to find that the main reason for these complaints was the communication failure. In this study, the author believed that one of the most important training programs in a health care setting should be communication skills.²⁰ The author of a study believed that the main cause of patients' complaints registered to patients' rights units in Turkey was "humanitarian/respectable approach and communication problems".

In this study, the author determined the patients' rights violations in complaints, indicating increasing annual trends of complaints in the Istanbul Health Directorate database. This researcher emphasized that the most important patients' rights violations in this regard were not respecting patients in clinical care and not informing them properly.¹⁹ The results of this study are consistent with ours. It seems we need to implement an appropriate training program for communication skills and apply ethical guidelines for medical learners and their professors in healthcare settings because the ethical guidelines can help physicians observe patients' rights and professional behaviors.

Most patients' complaints in a study in Tehran were related to substandard clinical care and limited attention to patients which are in line with our study with not respecting patients, as well as abandoning treatment.²⁰ Studies in Taiwan and Canada showed that respectable approach and communication problems were the crucial factors for complaints against physicians.^{21, 22} In a study regarding the application of gastrointestinal surgery to lose weight, the most common causes of complaints about medical malpractice were the delay in diagnosis and lack of follow-up of patients after surgery,²³ which is consistent with the present study in terms of the abandonment of patient treatment.

One interesting finding in the present study was that some patients had complained against physicians who had not told the truth about their diseases, whereas several studies in Iran showed that the physicians were reluctant to tell the truth to their patients.^{24, 25} This problem can also be related to the lack of communication skills of the physicians. On the other hand, some studies in Iran showed that Iranian physicians believed that their patients did not accept receiving bad news and information about their diseases.²⁵ Meanwhile, the second part of patients' rights charter in Iran states that health care providers should disclose suitable and sufficient information to the patient.

Furthermore, another complaint registered in the complaint offices of educational hospitals was that some physicians had not obtained informed consent from their patients. This finding shows that patients recognize their rights in the health care setting according to the Patient Rights Charter approved in Iran. This document states that the patient has the right to choose and can participate in therapeutic decisions.³ Furthermore, the guideline for professional practice prepared by the Medical Council in Iran stated that the patient should receive the necessary information about treatment measures and be able to participate in treatment decisions. In the seventh chapter of this guideline, it is emphasized that healthcare providers should respect the patients' rights to choose healthcare services.²⁶ Physicians in three teaching hospitals were sued by patients for not

obtaining informed consent; it can be related to lack of attention to patients' rights, lack of communication skills, and time constriction. However, this ethical violation in patient-physician relationship is a common complaint against physicians in other societies.^{19, 21, 22}

Limitations of the Study

Most studies conducted in Iran have examined all kinds of errors and complaints from a legal point of view and definition of medical malpractice including lack of skills, imprudence, carelessness, and non-compliance with governmental regulations. Studies that present ethical problems in the physician-patient relationship leading to complaints are not currently available in our studies and even in many foreign ones. Therefore, the results of the present study are comparable to other studies in some respects. In this study, the reported complaints were reviewed, and it should be noted that the registered complaints are probably not all the issues raised in terms of professional misconduct because it is possible that the patients have not reported ethical violations and have not sued their physicians. Also, this study was not performed in private healthcare settings.

Conclusion

The complaints registered to complaint offices such as not obtaining informed consent, not respecting the patients, and abandoning the patient's treatment are alarming in teaching hospitals. Abandoning treatment in this process and not obtaining informed consent are not only disregarding professional ethical codes of the medical council in Iran but also are considered as negligence in the process of providing health care. Moreover, it shows irresponsible performance about patients which can endanger their safety and increase the likelihood of injury in teaching hospitals. Furthermore, public trust in the medical community is undermined, and this in turn leads to harm to patients. The study of ethical issues in lawsuits incurred by physicians can be beneficial for the educational planning of medical ethics to observe the rights of patients. We need further studies to determine the factors that influence ethical violation in the healthcare settings.

Authors' Contribution

Study concept and design were performed by Mina Mobasher. Acquisition of data, analysis, statistical analysis interpretation of data, and drafting of the manuscript were done by Mina Mobasher, Habibeh Ahmadipour and Marzieh Khalilpour. Study supervision was performed by Mina Mobasher.

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