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Physicians' attitudes toward clinical ethics consultation: a research study from Turkey

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Aim: To identify the reasons why physicians request or do not request ethics consultation and to determine the priority of ethical issues for those demanding consultation.

Materials and methods: This survey was conducted using a self-administered questionnaire, and 270 clinicians (surgeons and internists) from 3 different medical school hospitals were included. The questionnaire consisted of Likert-type statements related to the reasons for requesting or not requesting ethics consultation and a ranking list of ethical dilemmas according to the physicians' priorities.

Results: Of all clinicians, 40.4% were employed in surgical departments and 59.6% in internal medicine departments. Most of the physicians (90%) stated that they wanted to demand ethics consultations. The first reason surgeons gave for demanding consultation was a desire to receive help with judicial problems; among internists, the most common reason for demanding a consultation was to achieve a clear conscience ($P > 0.05$). "Withdrawal of life-support-system decision" was determined to be the main subject for which clinicians requested ethics consultations.

Conclusion: The results of this study indicate that clinicians require ethics consultations; nevertheless, it is a fact that there is a limited number of requests and inadequate experience with applying. This situation may be caused by the lack of clinical ethics support services that deal with ethics consultation in Turkey.

Key words: Ethics consultation, clinical ethics, ethical dilemmas, ethics education, physician's attitude

Hekimlerin klinik etik danışmanlığına ilişkin tutumları: Türkiye'den bir araştırma çalışması

Amaç: Çalışmamızın amaçları hekimlerin etik danışmanlık talep etme ya da etmeme gerekçelerini saptamak ve danışmanlık talebinde hangi etik sorunlara öncelik verildiğini belirlemektir.

Yöntem ve gereç: Bu araştırma katılımcı tarafından doldurulan bir anket uygulanarak gerçekleştirilmiş ve üç ayrı tıp fakültesi hastanesinde görev yapmakta olan 270 klinisyen (cerrah ve dâhiliyeci) bu araştırmaya dâhil edilmiştir. Anket, etik konsültasyonu talep etme ya da talep etmeme gerekçeleriyle ilişkili Likert türünde ifadeler içeren bir bölümden ve hekimlerin öncelemelerine göre etik sorunların sıralandığı bir listeden oluşmaktadır.

Bulgular: Araştırmaya katılan klinisyenlerin % 40,4'ü cerrahi bölümünde, % 59,6'sı ise dahiliye bölümünde görev yapmaktadır. Hekimlerin çoğunluğu (% 90) etik danışmanlık talebinde bulunmak istediklerini belirtmiştir. Etik danışmanlık talebi için cerrahların ilk gerekçesi "hukuki bir sorunda yardımcı olması" iken, dâhiliyecilerin ilk gerekçesi "vicdani rahatlık" olmuştur ($P > 0,05$). Etik danışmanlık talep eden klinisyenlerin öncelik verdikleri başlıca etik sorun ise "yaşam destek sisteminin kapatılması kararı" olmuştur.

Sonuç: Bu çalışmadan elde edilen sonuçlar klinisyenlerin etik danışmanlığa gereksinim duyduğunu göstermektedir. Ancak yine de sınırlı sayıda danışmanlık talebinde bulunulduğu ve uygulamada yeterli bir tecrübenin söz konusu olmadığı da bir gerçektir. Bu durumu ülkemizdeki klinik etik danışmanlıkla ilgili birimlerin eksikliği ile açıklamak olanaklıdır.

Anahtar sözcükler: Etik danışmanlık, klinik etik, etik ikilemler, etik eğitimi, hekimin tutumu

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Introduction

Ethics consultation is defined as a service provided individually or institutionally to help patients, families, surrogates, healthcare providers, or other involved parties address uncertainty or conflict regarding value-laden issues that emerge in health care (1).

Ethics consultation helps to reveal ethical dilemmas in a medical case by providing a wider perspective during the decision-making process. The underlying contributions of ethics committees are to promote the rights of patients, to establish comfortable and respectful communication among the parties involved, to encourage shared decision making between patients and their clinicians, to enhance the ethical awareness of health care professionals and health care institutions, and to help institutions recognize ethical patterns that need attention (2-4). During routine medical applications, clinicians come across ethical problems that may require counseling; however, it is not common to receive ethics consultation to aid in the solution of these problems (5,6). Clinicians may have different views about ethics consultation, and when the literature is reviewed, a number of research reports (5-24) are found in which health professionals' reasons for requesting ethics consultation and ethics consultants were investigated.

In Turkey, limited studies (22) have been carried out in this field. Therefore, in addition to examining ethics consultation systems in different countries, it is essential to determine the views of physicians in Turkey regarding the use of ethics consultation. There is still no institutional foundation that provides ethics consultation services in Turkey; the demands of health professionals in this realm are rarely given the attention that they deserve.

This study was conducted with the aim of determining the reasons for which physicians demand or do not demand ethics consultation, determining the priorities among the ethical problems that require ethics consultation, and comparing the results of our study with those of similar studies in the literature.

Materials and methods

The sample for this study comprised 270 physicians from the Faculties of Medicine at Çukurova, Mersin, and Mustafa Kemal universities. The data were collected in May, June, and July of 2008 using a survey form. Ethics committee approval of the study was received from the research ethics committees of all 3 faculties of medicine. While completing the preliminary preparations for this study, we benefited from the work of Orlowski et al. (19) and from a 2007 thesis (22) about ethics consultation in Turkey.

The participants were asked to complete a modified version of a questionnaire on ethics consultation adapted from the survey used by Orlowski et al. (19), with their permission. In order to ensure the validity of the questionnaire, it was translated into Turkish by an expert, and then the Turkish version was translated into English by another expert.

The initial part of the questionnaire consisted of "professional identity information" and "information on ethics consultation." The second part of the survey comprised a Likert-type scale regarding "reasons for receiving or not receiving ethics consultation" (Table 1), "characteristics of ethics consultants," and "scoring of ethical dilemmas according to priority."

Descriptive statistics and chi-square, analysis of variance (ANOVA), and t-tests were used for data analysis, with statistical significance set at $P < 0.05$.

Results

Demographic findings

Our survey group consisted of 270 clinicians (172 males and 98 females) aged between 25 and 41 years (mean age: 29.60 ± 3.14 years). Of the 270 participants, 109 (40.4%) were surgeons and 161 (59.6%) were internal specialists. Almost 59% participants were younger than 30 years of age, and 41% of them were over 30 years of age (Table 2).

In Turkey, the length of medical specialty education varies according to the different medicine branches; it is 5 years on average. In light of this information, it is possible to divide the physicians participating in the study into 2 groups: those continuing their specialty and specialists. According to this breakdown, 58% of the physicians in the study were still continuing their specialty, and 42% of them were specialists.

Table 1. The reasons for receiving or not receiving ethics consultation.

A. I would like to receive ethics consultation because:
1. This increases the trust of the patients and their relatives in me, making them believe that I am careful and mindful while making medical decisions.
2. Ethics consultation enables the patients and their relatives to have an objective view.
3. This leaves my conscience clear while making medical decisions.
4. In case of any judicial problem, my receiving ethics consultation is considered as a factor in my favor.
5. The person who gives ethics consultation helps me to better communicate with patients and their relatives.
B. I do not want to receive ethics consultation because:
1. If the decision of the person who gives ethics consultation is totally different than mine, this might harm me legally in the event of any prosecution.
2. Solving the problems of the patients and their relatives is completely my responsibility as a doctor.
3. Asking for views of people outside of the treatment team might be confusing for the patients and their relatives.
4. Receiving ethics consultation might cause the patients and their relatives to think that I am not a perfect and competent doctor.
5. When an ethical problem is encountered, I can provide a solution as easily as the person who gives ethics consultation.

Table 2. Demographic data.

	n = 270	**%**
Age		
Below 30	160	59.3
30 and over	110	40.7
Gender		
Female	98	36.3
Male	172	63.7
Medical specialty field		
Surgery	109	40.4
Internal medicine	161	59.6
Status of specialty		
Still continuing	156	57.8
Specialist	114	42.2
Received ethics course in undergraduate program		
Yes	226	83.7
No	44	16.3
Encountered difficult ethical dilemmas in the clinic		
Yes	54	20.0
No	216	80.0
Requests ethics consultation		
Requests	243	90.0
Does not request	27	10.0

The number of physicians who took ethics courses in their undergraduate programs was 226, while 44 of them had not. The number of physicians who stated that they had encountered an ethical problem that concerned them was 54, while 216 stated that they had not. While the number of physicians who stated that they did not demand to receive ethics consultation was 27 (10%), the number of those who stated that they demanded to receive ethics consultation was 243 (90%) (Table 2).

Findings about physicians demanding ethics consultation

The ranking of the first 3 reasons physicians gave (n = 243) for demanding ethics consultation was as follows.

1. It increases the trust of the patients and their relatives in me (79.2%).
2. In case of any judicial problem, my receiving ethics consultation is considered as a factor in my favor (76.6%).
3. This leaves my conscience clear while making medical decisions (69.6%).

It is possible to claim the following when the ranking is examined in terms of subgroups: the first reason given for demanding consultation among the surgeons (n = 109) was that "ethics consultation is a favorable factor in case of a judicial problem" (99/109); the first reason among the internists (n = 161) was "the ethics consultation provides a clear conscience for clinicians" (144/161). There was no statistical difference between the groups (P > 0.05).

The first reason given by physicians younger than 30 years of age (n = 160), who were also the young physicians continuing their specialty, was that "the demand for ethics consultation increases the trust of the patients and their relatives in me" (143/160). The first reason given by physicians over 30 who demanded ethics consultation (n = 110), who were also experienced physicians who had completed their specialty, was "clear conscience" (100/110). There was no statistical difference between the groups (P > 0.05).

For the last reason for a request, we found a statistically significant difference between the age groups (P < 0.05).

ANOVA results for requesting ethics consultation by specialty and age are shown in Table 3.

Table 3. ANOVA for requesting of ethics consultation, with reasons by specialty and age.

		Sum of squares	df	Mean square	F	P-value
Increasing the trust	Specialty	2.025	1	2.025	2.694	0.102
	Age	0.051	1	0.051	0.067	0.796
Objective view	Specialty	0.007	1	0.007	0.010	0.920
	Age	0.962	1	0.962	1.359	0.245
Clear conscience	Specialty	1.874	1	1.874	2.766	0.098
	Age	0.203	1	0.203	0.297	0.586
Providing judicial support	Specialty	0.312	1	0.312	0.390	0.533
	Age	1.925	1	1.925	2.427	0.121
Better communication	Specialty	0.334	1	0.334	0.394	0.531
	Age	5.554	1	5.554	6.758	0.010*

*P < 0.05

Findings about physicians not demanding ethics consultation

The ranking of the first 3 reasons physicians gave (n = 27) for not demanding ethics consultation was as follows.

1. Asking for views of people outside of the treatment team might be confusing for the patients and their relatives (62%).
2. Receiving ethics consultation might cause the patients and their relatives to think that I am not a perfect and competent physician (54%).
3. When an ethical problem is encountered, I can provide a solution as easily as the person who gives the ethics consultation (37%).

It is possible to claim the following when the ranking is examined in terms of subgroups: the first reason surgeons (10/27) gave for not demanding ethics consultation was that "taking any outside view might be confusing." The first reason given by internists (17/27) was "the worry that I might be thought incompetent."

While the first reason given by physicians who did not demand ethics consultation among those below 30 years of age (17/27) was that "the demand for ethics consultation might be confusing," the first reason given by physicians 30 years of age or over (10/27) was that "I can provide solutions as effectively as the ethics consultant." There was a statistically significant difference between the groups ($P < 0.05$).

ANOVA results for not requesting ethics consultation by specialty and age are shown in Table 4.

The findings on the ranking of ethical dilemmas

The physicians participating in the study were given a list of 13 items and asked to score the ethical dilemmas for which they would demand ethics consultation:

1. The decision for withdrawal of life-support system,
2. futile medication in terminally ill patients,
3. making decisions on behalf of patients who are unconscious and whose relatives cannot be reached,
4. the necessity of distributing limited medical facilities among the great number of people who need them,

Table 4. ANOVA for not requesting ethics consultation, with reasons by specialty and age.

		Sum of squares	df	Mean square	F	P-value
Causing legal trouble	Specialty	0.107	1	0.107	0.115	0.738
	Age	0.447	1	0.447	0.490	0.491
Physician's responsibility	Specialty	1.316	1	1.316	1.156	0.293
	Age	4.183	1	4.183	4.103	0.054
Confusing for patients	Specialty	0.667	1	0.667	1.000	0.328
	Age	9.007	1	9.007	29.627	0.000**
Physician's incompetence	Specialty	0.188	1	0.188	0.100	0.755
	Age	0.257	1	0.257	0.136	0.715
Providing solution	Specialty	4.578	1	4.578	7.827	0.010*
	Age	2.825	1	2.825	4.293	0.049*

*P < 0.05
**P < 0.001

5. abortion,
6. the determination of the receiver and donor in transplantation,
7. conflicts that arise from the different medical views of colleagues,
8. disagreement between the physician and the patient on medical applications,
9. disagreement between the physician and the relatives of the patient on medical applications,
10. the religious and cultural factors affecting medical practice,
11. requirements for revealing a patient's secret or personal information,
12. informing the patient or the relatives of the patient about a poor prognosis, and
13. the approach toward newborns with severe abnormalities.

Among the ethical dilemmas that caused physicians (243/270) to demand ethics consultation, the first was "the decision for withdrawal of life-support system" (60%), the second was "making decisions on behalf of patients who are unconscious and whose relatives cannot be reached" (48%), and the third was "futile medication in terminally ill patients" (46%).

The 3 least often selected ethical dilemmas were as follows:

1. Conflicts that arise from the different medical views of colleagues (28%),
2. disagreement between the physician and patient on medical applications (21.1%), and
3. disagreement between the physician and the relatives of the patient on medical applications (20.4%).

Physicians were also asked to note dilemmas that were not on the list but concerned them. The situations that almost all participants mentioned were as follows:

1. Patients without any social security,
2. impairment of professional autonomy, and
3. the excessive work load of physicians.

However, it is open to debate whether these are ethical dilemmas or not.

The findings on the characteristics of ethics consultants

The expectations of physicians (n = 270) in regard to ethics consultants were as follows.

1. He/she should be a specialist in medical ethics (70%).
2. He/she should be careful about not ignoring the principles of medical ethics (68%).

Discussion

In this section, the findings of the study will be discussed and compared with similar studies in the literature.

The status of demanding ethics consultation

In Davies and Hudson's study (10), which included open-ended questions with 12 physicians, 10 of the physicians stated that they did not demand any ethics consultations. In a study by Du Val et al. (15), carried out with internists, 75% of the physicians, and in the study by Orlowski et al. (19), carried out with internists and surgeons, 81% of the physicians stated that they demanded ethics consultation. In Karlıkaya's thesis (22), 76.7% of the physicians stated that they demanded ethics consultation. In our study, the percentage demanding ethics consultation was 90.4%.

The reasons for demanding ethics consultation

The reasons for demanding ethics consultation that emerge in the literature and the reasons that physicians most often cited are listed below.

According to Du Val et al. (5), ethics consultation:

1. Helps to solve a conflict (34.6%),
2. helps with making a decision or planning treatment (13.1%), and
3. helps to facilitate interaction with a difficult patient or his family (10%).

According to the findings of a study (15) carried out with the participation of 600 internists and affiliated with the American Medical Association, ethics consultation:

1. Acts as a go-between in the solution of conflicts arising from different points of view (77%),
2. makes it possible to gain support from experienced and skilled people (75%), and
3. provides an expert view that makes the course of action clear (74%).

According to a study by Orlowski et al. (19):

1. It is important to share decisions and take in views from the outside (90.8%),
2. consultation enables the patients and their relatives to get an objective view, and
3. consultation increases the trust of patients and their relatives in the physician.

According to Karlıkaya's thesis (22), consultation:

1. Encourages reduction of the conscientious responsibility for difficult decisions (72.7%),
2. reduces the legal responsibility (72%), and
3. reduces the possibility of experiencing problems within the treatment team (54%).

According to our study:

1. Consultation increases the trust of the patients and their relatives in the physician (79.2%),
2. ethics consultation is considered as a factor in the physician's favor in the event of any judicial actions (76.6%), and
3. consultation leaves the physician's conscience clear while making medical decisions (69.6%).

The differences between these studies are noteworthy. In the studies carried out in Turkey, the physicians thought that requesting ethics consultation could provide legal support for them. In contrast to other studies, furthermore, the value of a "clear conscience" had prominence both in our study and in Karlıkaya's.

As mentioned above, we used the questions designed by Orlowski et al. in our survey. The responses in our study, however, were quite different from those obtained by Orlowski et al. For example, while "the sharing of the decision and getting an objective view from the outside" was the dominant element among the reasons for requesting ethics consultation in the study by Orlowski et al., "trust, legal situation, and clear conscience" were dominant in our study.

The reasons for not demanding ethics consultation

In the study by DuVal et al. (15), the first 3 reasons given for not requesting a consultation were: "the process is too time consuming" (29%), "consultations make things worse" (15%), and "consultants are unqualified" (11%). In the study by Orlowski et al. (19), "solving the patients' and their relatives' problems is totally my responsibility as a physician" (72.2%) scored highest as the reason for not requesting ethics consultation. In Karlıkaya's study (22), the same reason placed first, at 97%. This was followed by "the consultation process is time consuming" at 93%, and "the lack of specialist physicians who could serve as ethics consultant in the institution" at 66.3%.

The first 3 reasons physicians gave for not demanding ethics consultation in our study were similar to those cited the in above studies. The physicians in our study stated that they would not demand ethics consultation because: "asking for views of the people outside of the treatment team might be confusing" (62%), "there is a possibility of being considered an imperfect and incompetent physician by the patients" (54%), and "when an ethical problem is encountered, they could provide solutions as effectively as the ethics consultant" (37%).

Ethical dilemma ranking

The ethical dilemmas that most often prompted clinical ethics consultation demands in the literature (1) fall under 5 headings.

1. Decisions about the beginning of life
2. Decisions about the ending of life
3. Transplantation
4. Genetic tests
5. Sexually transmitted illnesses

Several studies indicated that ethical dilemmas other than these common issues also created a demand for ethics consultation. For example, LaPuma et al. (7)

determined that ethics consultation was demanded for decisions regarding ending/maintaining life-support treatment (74%), disagreements and conflicts between parties (46%), and in determining the competencies of the patient (30%).

Hurst et al. (21) carried out a study with European physicians. The 656 internists participating from Norway, Switzerland, Italy, and the UK stated that the most frequently encountered dilemmas requiring ethics consultation were: uncertain or impaired decision-making capacity (94.8%), disagreement among caregivers (81.2%), and limitation of treatment at the end of life (79.3%).

The 3 most frequently encountered dilemmas that required ethics consultation in Karlıkaya's study (22) were: the patient or his family refusing treatment (91%), bad communication with the patient and his family (87%), and the need to inform the patient or his family about a bad diagnosis or prognosis (84%).

In our study, however, the first ethical dilemma that prompted physicians to demand ethics consultation was "withdrawal of life-support system" (60%), the second was "making decisions on behalf of patients who are unconscious and whose relatives cannot be reached" (48%), and the third was "futile medication in terminally ill patients" (46%).

The hospitals at which both studies were carried out were similar in terms of the health system and patient profiles. Therefore, it was striking that the ranking of ethical dilemmas in Karlıkaya's study and in our study was different.

The characteristics of ethics consultants

Taking a close look at the studies that examined the characteristics of ethics consultants in the literature, Singer, Pellegrino, and Siegler (3) noted that the ethics consultant must be ethically and clinically competent, although not necessarily a physician. The findings of Du Val et al. (5) indicated that the ethics consultant should be an expert in understanding the clinical situation and defining the expectations and needs of physicians. LaPuma and Schiedermayer (9) stated that ethics consultants should be skilled at defining and analyzing ethical problems, modeling and utilizing the applicable clinical decisions, communicating with the clinical team, communicating with the patient and their family, and helping with and providing training in problem solving.

In the study by Orlowski et al. (19), doctors, both users and nonusers of ethics consultation, did not agree that ethics consultants were ethical or moral experts. In Karlıkaya's study (22), however, 90% of the physicians stated that they preferred the consultation be provided by an expert in medical ethics.

In our study, the physicians expected that the consultant be an educated expert in medical ethics (70%) and that he/she be careful about behaving ethically and not neglecting the principles of medical ethics (68%). In this respect, the results of our study are different from those reported by Orlowski et al. (19).

A close evaluation of the findings of our study

As mentioned above, 226 of the 270 physicians participating in our study stated that they had taken an ethics course at the undergraduate level, and 44 of them stated that they had not. When the physicians were asked whether they had encountered an ethical dilemma that concerned them in the clinic, 54 of them stated that they had while 216 of them stated they had not.

What could be the reason for this? Is it because the physicians did not encounter many ethical problems while practicing medicine in Turkey? Or was it the lack of physician awareness about ethical problems?

Here it would be helpful to provide some information about medical education in Turkey. There are currently 90 faculties of medicine in Turkey, and only 25 of them have official Medical History and Ethics departments. Therefore, it is not surprising that approximately 16% of the physicians graduated without taking a medical ethics course. In this context, it is significant that a number of physicians surveyed stated that they had not encountered an ethical problem in the clinic before. This draws attention to the fact that Turkey is currently faced with a lack of medical ethics awareness and possible incompetency in the country's undergraduate programs.

While much has been written about ethics curricula in medical training, the results of this study highlight the need to provide and evaluate ethics education in medical schools, residency programs, or, subsequently, in continuing education programs.

There are some limitations of this study that should be mentioned. The generalizability of the findings to other settings may be limited as the study was carried out on a limited and regional scale. Examining physicians' views regarding the need for ethics consultation with a larger, more diverse sample would be especially helpful.

Conclusion

According to the findings of this study, it is obvious that these 270 physicians working at the faculties of medicine of 3 universities needed ethics consultation. It is remarkable that a large majority of participants stated that they want to request ethics consultation; however, an actual demand for consultation at this rate has not yet been seen. The results of this study indicate that the main reasons for requesting ethics consultation were to gain the patient's trust and to keep the physician's conscience clear. In addition, the findings showed that 80% of physicians had never encountered ethical dilemmas. It is therefore suggested that physicians had little awareness about ethical dilemmas and that this may explain the low demand for ethics consultation.

In a period in which world medical ethics literature features debates on the quality of the ethics consultation process and on whether ethics consultants should be certified, this study indicates that we are still at the beginning in terms of ethics consultation services within Turkey. We should also focus on ethics education, perhaps, before tackling ethics consultation.

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