

AN ASSESSMENT OF PERCEPTIONS AND KNOWLEDGE OF HEALTH CARE ETHICAL PRINCIPLES AMONG HEALTH CARE PRACTITIONERS IN THE KUMASI METROPOLIS.

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ABSTRACT: *Ethical theories and principles in health care are the foundations of ethical analysis. This is because they have become the viewpoints from which guidance can be obtained along the pathway to a decision. Each theory emphasizes different points such as predicting the outcome and following one's duties to others in order to reach an ethically correct decision. However, in order for an ethical principle to be useful, the theory must be directed towards a common set of goals. Health care ethical principles are the common goals that all health practitioners try to achieve in order to be successful. These goals include beneficence, non-maleficence (least harm), respect for autonomy and justice. In addition, are other related principles like; confidentiality, informed consent and truth telling. The objective of the paper finds whether or not health care practitioners in Kumasi are aware and knowledgeable of the use of the ethical principles which their profession confer on them. The research employed the use of questionnaires and interviews to obtain views from 220 respondents from the Kumasi metropolis (Ghana). Respondents gave diverse opinions in respect of their knowledge about these basic principles. The research identifies that many health care practitioners in the Kumasi metropolis attach little or no attention to the implementation of ethical principles. Several recommendations are made in reposting the challenges faced in the implementation of ethical principles. It is to be understood that ethical theories and principles bring significant characteristics to the decision-making process. This therefore makes a research into ethical and moral responsibilities among health care practitioners exclusively relevant.*

KEYWORDS: Ethics, Perception, Knowledge, Health care, Ethical Principles, Well-being.

INTRODUCTION

Bodily life and health are goods entrusted to humans and are accordingly to be taken care of.¹ This obligation for several years has been the responsibility of health care practitioners across the world. Normally, the instinct for self-preservation already makes people attentive to this duty (thus, the responsibility to ensure good health), hence, the development of health care. Health care encompasses all the activities to maintain health, thus, the provision of medical and related services aimed at maintaining good health, especially through the prevention and treatment of disease.²

¹ Karl H. Peschke. *Christian Ethics: Moral Theology in the Light of Vatican II*. Vol.2. (Bangalore: Theological Publications). 2010 p.252

² *Oxford Pocket American Dictionary* (New York: Oxford University Press). 2002

The health care system in Ghana, like other (African and European) countries, has always been a place for and target of debate and controversy.³ The contributions of ethics to the quest of good health have imperatively contributed to the kind of professionals that all medicines must seek to provide. Since its inception, ethics (also referred to as moral philosophy) has existed as the vital system of moral principles governing the appropriate conduct of an individual or group.⁴ The family Word Finder⁵ explains ethics as moral codes, rules of conduct, moral principles, morality, sense of duty and conscience. The importance of ethics in our daily lives stems from the fact that we make ethical decisions every day. It is nearly impossible to go for a long period of time without being forced to make a decision that has moral consequences.⁶ Again, we confront ethical issues in society and that many people (in certain fields like medicine and health care) deal with moral dilemmas on a regular basis.⁷ Expected of health care practitioners is to show characteristics that have the capability to address issues of ethical and moral concerns. In the medical field are several ethical principles geared towards the development of medicine which in return enhance health care. Ethical principles which are the fundamental truth or law and have been the basis for reasoning or action and a collection of codes of conduct have been of utmost interest to all stake holders in health care. For instance, Nyika⁸ observes that the existence of ethics has proven relevant not only to western medicine but traditional medicine as well. Nyika's article '*Ethical and Regulatory Issues Surrounding African Traditional Medicine in the Context of HIV/AIDS*' looks at some of the issues in health care from a traditional ethical perspective. According to Nyika, three major criticisms; lack of informed consent, confidentiality and paternalism, have been major issues confronting traditional medical practice in many traditional African societies. The practice of medicine has changed in ways that highlight the relevance of ethical issues. Medical science can intervene in ways (such as genetics, stem cells) that were not previously possible; patients are better informed; litigation is more common; physicians have to be aware of the cost implications of their treatment for society.⁹ These therefore call for the inclusion of ethical principles that were not in the past highly recognised in medicine. Medicine (especially modern scientific) in Ghana, like in other parts of the world, has developed not in isolation from ethics and ethical principles. Such ethical principles are essentially needed to ensure that individuals who seek good health care are sincerely and equitably treated. Through such means patients are expected to understand and come into terms with what they may go through. An ethical code for everybody in health care therefore becomes a laudable goal.¹⁰ A professional code of ethics that establishes worldwide obligations of health care providers continues to place protection of patients in the hands of the professionals. This therefore makes health practitioners knowledge about health care ethical principle absolutely essential. Ethical principles in health care concerns how to handle moral problems arising out of the care of patients. Often clinical decisions must consider more than just the patient's medical condition. "Ethical issues arise when not all values can be respected. The values in conflict must then be prioritized and the essence of 'doing ethics'

³ Christine Reidl Inawagner and Marjorauhala. *Examining Ethical Issues of IT in Health Care. Action for Health Intermediate Report*. 2005 p.5

⁴ Samuel Waje Kunhiyop, *African Christian Ethics*. (Zondervan: Hippo Books). 2008 p.3

⁵ *Family Word Finder* (New York: Reader's Digest Association, Inc.). 1975

⁶ Kerby Anderson, *Christian Ethics In Plain Language* (Nashville: Thomas Nelson Inc.) 2005

⁷ *Ibid*

⁸ Donna Knapp and Van Bogaert. *Ethical Considerations in African Traditional Medicine: A Response to Nyika*. Also see: Nyika's article '*Ethical and Regulatory Issues Surrounding African Traditional Medicine in the Context of HIV/AIDS*'.

⁹ Berwick et al, *An Ethical Code in Health Care for Everybody* (Vol.315). December, 1997. pp.1633-1634

¹⁰ *Ibid*.

is to justify breaching the values that are not respected".¹¹ The question that needs to be answered here is that; how do health practitioners perceive ethical principles that inform health care in the Kumasi metropolis? As major players in health care it is very much expected of health care professionals/practitioners to understand and apply the exact ethical principle that is in line with patients' well-being. It is therefore within this framework that the 'perceptions' and 'knowledge' of health care practitioners concerning ethical principles are considered.

By its staple approach, this research investigates the eligibility of the perceptions and knowledge that health care practitioners possess in respect of the ethical principles in health care. In this paper, the term 'perception' is used to mean the intuitive recognition of a truth and the faculty of perceiving.¹² The word is also used to refer to the faculty of discernment, awareness, apprehension, conception and comprehension. On the other hand, the word 'knowledge' also refers to the awareness or familiarity gained by experience or a person's range of information. It refers to the theoretical or practical understanding of a subject, language, etc.¹³ In all, both words are used to connote the sum of what is known. Thus, the sum of what is known by health care practitioners in respect of ethical principles in health care.

Relationship between Ethics and Health care

Ethics -which deals with right and wrong conducts, with what we ought to do and what we should refrain from doing -is not optional in medicine. It is an essential and integral part of health care.¹⁴ A common ethical code for everybody involved in health care, Berwick et al¹⁵ observe, is potentially valuable and is to be welcomed. The role and limitations of such a code, however, need to be recognised.¹⁶ Ethical obligations are central to the professional's responsibility, regardless of the employment site or the method of collection, storage, and security of health information. This has become relevant due to the fact the value and dignity with which the human person is attached can in no way be devalued.

Hospital clients are increasingly concerned about security and the potential loss of privacy and the inability to control how their personal health information is used and disclosed. Core health information issues include what information should be collected; how the information should be handled, who should have access to the information, under what conditions the information should be disclosed, how the information is retained and when it is no longer needed, and how is it disposed of in a confidential manner. All of the core health information issues are performed in compliance with state and federal regulations, and employer policies and procedures (as established by Ghana Health Service). The ethical obligations of the health professional include the safeguarding of privacy and security of health information; disclosure of health information; development, use, and maintenance of health information systems; and ensuring the accessibility and integrity of health information.¹⁷

¹¹ *Ibid.*

¹² *Oxford Pocket American Dictionary*. (New York: Oxford University Press). 2002

¹³ *Ibid.*

¹⁴ Alexander E. Limentani, 'The Role And Limitations of Such a Code Need to be Recognised'. In: *An Ethical Code for Everybody in Health Care*. May 9, 1998; 316 (7142): 1458.

¹⁵ Berwick et al, *An Ethical Code in Health Care for Everybody* (Vol.315). December 1997. pp.1633-1634

¹⁶ *Ibid.*

¹⁷ American Health Information Management Association 'Code of Ethics' (available at: <http://soic.iupui.edu/files/AHIMA-Code-of-Ethics.pdf>) Accessed on: 16/6/14

Health care Ethics

Health care ethics, also referred to as 'medical ethics' or 'bioethics', in its simplest form, is a set of moral principles, beliefs and values that guide us in making choices about medical care. At the core of health care ethics are the senses of right and wrong and beliefs about the rights practitioners possess and duties they owe others. Thinking carefully about the ethical aspects of health care decisions helps to make choices that are right, good, fair and just¹⁸. Patients, families, and health care professionals sometimes face difficult decisions about medical treatments that involve moral principles, religious beliefs, or professional guidelines.¹⁹ Ethical principles which are system of moral principles in health care ethics apply values and judgments to the practice of medicine. As a scholarly discipline, health care (medical) ethics encompasses its practical application in clinical settings. In essence, health care ethics is a thoughtful exploration of how to act well and make morally good choices, based on beliefs and values about life, health, suffering, and death.²⁰

ETHICAL PRINCIPLES IN HEALTH CARE

The core principles of Health care Ethics have therefore been made essential especially in the wake of the search for moral responsibility and quality health care. Our ethical responsibilities in a given situation depend in part on the nature of the decision and in part on the roles we play. For example, a patient and his or her family play different roles and owe different ethical obligations to each other than a patient and his or her physician. All over the world, four main principles (the four traditional pillars of medical ethics²¹) define the ethical duties that health care professionals owe to patients. Their ability and inability to apply these principles end with some repercussions not only on hospital clients but health care in general. Explained below are some of the major ethical principles in modern health care.

Autonomy: The first ethical principle, autonomy, seeks to honour patients' right to make their own decision. The principle of autonomy means that individuals have a right to self-determination, that is, to make decisions about their lives without interference from others.²² However, some ethical issues are raised when applying the principle of autonomy to interstate health care practice. In applying the principle of autonomy, health care practitioners who reside in states where they are legally given substantial autonomy in their practice feel ethically violated when their autonomy is being decreased by laws in other states within the interstate compact. The significance of the principle of autonomy is that it presents clients with their basic right to make choice on their own behalf.

Beneficence: The second ethical principle, beneficence, helps the patient advance his/her own good. The principle is at the heart of everyday health care practice. Beauchamp and Childress²³ state that "each of ...[the following] three forms of beneficence requires taking action by helping -[thus] preventing harm, removing harm and promoting good...." The principle of beneficence may give rise to ethical issues when there is conflict between what is

¹⁸ 'Health Care Ethics: Overview of the Basics'. In: *Vermont Ethics Network*. (Montpelier). 2011 pp.802-828

¹⁹ Cleveland Clinic, Center for Ethics, Humanities & Spiritual Care. (Accessed 5/29/2014). and American Medical Association. Frequently Asked Questions in Ethics. (Accessed 5/24/2014).

²⁰ 'Dealing with Ethical Questions in Health Care'. In: *Health Library*. (Cleveland Clinic, Ohio). 1995-2014

²¹ 'Basic Ethical Principles'. In: *Society, The Individual And Medicine*. (Ottawa). March 12, 2012.

²² Mary Cipriano Silva and Ruth Ludwick, et al. 'Ethics: Interstate Nursing Practice and Regulation: Ethical Issues for the 21st Century'. In: *Online Journal of Issues in Nursing*. 1999. Article published on: July 2, 1999.

²³ T. L. Beauchamp and J. F. Childress, *Principles of Biomedical Ethics* (4th ed.). (New York: Oxford University Press). 1994

good between health care practitioners and patient, between patient and organizations, between patients themselves or between states engaged in interstate practice. While most agree in principle that a patient's good comes before the organization's (health care institution) or (health care) practitioner's good, health practitioners often confuse what is good for the patient with what the practitioner believes is good for the patient. At debate is what constitutes good for a patient without infringing on the patient's autonomy or letting the patient come to serious harm. Is it ethical to overrule your patients' preferences?

Non-maleficence: The third principle, non-maleficence (do no harm), is directly tied to the duty of health care personnel to protect the patient's safety. Born out of the Hippocratic Oath, this principle dictates that health care practitioners do not cause injury to their clients (patients).²⁴ With interstate practice, it may not seem self-evident how health practitioners can injure patients with whom they are to treat. On many occasions, patients and families have complained of serious harm from practitioners on the basis of negligence and irresponsibility. As a result of this, many patients, perhaps, suffer needless physical or emotional trauma.²⁵ Therefore, a way that harm cannot occur to patients is through an emphasis on the principle of non-maleficence. The principle, for instance, is considered before new treatment approaches are tried on patients.

Justice: The fourth ethical principle, justice, calls on health care practitioners to be fair and treat like cases alike. The principle means giving each person or a group what he/she or they are due. It can be measured in terms of fairness, equality, need or any other criterion that is material to the justice decision. In nursing, for instance, justice often focuses on equitable access to care and on equitable scarce resource allocation. Equitable access to health care implies that medical personnel are available to render care and that the recipients of care (i.e., patient, family or community) know that care is available to them.²⁶ The underlying material of the principle of justice is 'need'. Under this circumstance, how will justice be best served to those most affected? This question is first and foremost an ethical issue and as such demands the highest standards of justice.

All 4 principles are considered to be in effect at all times. In theory, each is of equal weight or importance. In practice, however, at least in the most developed states, respect for patients' autonomy often takes priority over the others.

RELATED PRINCIPLES

Confidentiality: The principle of confidentiality forms the cornerstone of the doctor-patient relationship, but it is increasingly hard to maintain with the growth of technology or electronic data especially in developed worlds. In order to protect the trust between doctor and patient, the principle holds that the physician should not release personal medical information without the patient's consent.²⁷ Like other ethical duties, confidentiality is not absolute. It can be necessary to override privacy in the interests of public health, as in contact tracing for partners of a patient with a sexually transmitted disease.

²⁴ Mary Cipriano Silva and Ruth Ludwick, et al. 'Ethics: Interstate Nursing Practice and Regulation: Ethical Issues for the 21st Century'. In: *Online Journal of Issues in Nursing*. 1999. Article published on: July 2, 1999.

²⁵ *Ibid.*

²⁶ Mary Cipriano Silva and Ruth Ludwick, 'Ethics: Interstate Nursing Practice and Regulation: Ethical Issues for the 21st Century'. In: *Online Journal of Issues in Nursing*. 1999. Article published on: July 2, 1999.

²⁷ 'Basic Ethical Principles'. In: *Society, The Individual And Medicine*. (Ottawa). March 12, 2012.

Disclosure: For the patient to be well informed and to make informed choices (i.e., autonomy), the doctor must disclose information that is materially relevant to the patient's understanding of their condition, their treatment options and likely outcomes.²⁸ This would include, for example, information on medical errors made in their care. As the American College of Physicians²⁹ (ACP) have said in one of their conferences "Errors do not necessarily constitute improper, negligent, or unethical behaviour, but failure to disclose them may". There are some circumstances under which practitioners may choose not to disclose information to a patient including when the patient specifically asks not to be told (you should still offer them the chance to know the truth). These circumstances may occur when a patient is incapacitated (here you typically inform the family); during an emergency when the patient's condition is unstable and immediate care is required; and the controversial notion of 'therapeutic privilege' -which means that the doctor deems that the risk of informing the patient is worse than not doing so³⁰ (e.g., they might attempt suicide or refuse necessary treatment).

Informed Consent: This principle follows from the principle of patient autonomy. Informed consent is required before practitioners may provide care. "No medical intervention done for any purpose -whether diagnostic, investigational, cosmetic, palliative, or therapeutic -should take place unless the patient has consented to it".³¹ For consent to be 'informed', the patient must receive a full description of the procedure, its risks and benefits, the prognosis with and without treatment, and alternative treatments. The patient must have the mental competence to comprehend the information, and must give specific authorization for the doctor to proceed with the plan.³² Informed consent also serves as a significant protection to health care practitioners against possible litigation. Consent may be expressed or implied; the former (e.g., via a signed consent form) typically occurs in hospitals and relates to specific procedures. Consent may be given verbally, but a consent form provides evidence of consent. It is not a contract, however, and the patient can withdraw consent at any time.³³ For routine procedures such as a blood pressure check, consent may be implied if the patient comes voluntarily to the doctor's office for a check-up. The onus is not exclusively on the doctor: the patient should ask questions when they are uncertain and should think carefully about their choices.

Truth Telling: This principle demands that health care practitioners give to their clients that which exist to be true and nothing else. Within the medical practice, it is expected of all practitioners to tell information as they are and should be. Health practitioners possess no right to hide the truth from their clients. When the contrary happens, it means that the ethical considerations that are expected to guide and inform the responsibility of all practitioners have been over-looked and neglected. This in the view of many ethicists serves as a hindrance to the practice of medicine. Truth telling is an essential principle in health care. When physicians communicate with patients, being honest is an important way to foster trust and show respect for the patient. Patients place a great deal of trust in their physician, and

²⁸ *Ibid.*

²⁹ American College of Physicians (Available at: http://www.acponline.org/running_practice/ethics/manual/) Accessed on: 14/6/14

³⁰ 'Basic Ethical Principles'. In: *Society, The Individual And Medicine*. (Ottawa). March 12, 2012 .

³¹ (Available at: <file:///E:/Basic%20Concepts%20in%20Medical%20Ethics.htm>). Accessed on: 13/6/14

³² Cmpa Brochure: *Consent: A Guide For Canadian Physicians*. Canadian Medical Protective Association (Ottawa, Canada) 3rd Edition

³³ 'Basic Ethical Principles'. In: *Society, The Individual And Medicine*. (Ottawa). March 12, 2012.

may feel that trust is misplaced if they discover or perceive lack of honesty and candour by the physician. Yet there are situations in which the truth can be disclosed in too brutal a fashion, or may have a terrible impact on the occasional patient. In any way, it is therefore expected of all practitioners not to withhold any information that their clients need to hear and better still whatever information he/she may provide should be the truth.

SIGNIFICANCE OF ETHICAL PRINCIPLES IN HEALTH CARE

Berwick et al discuss that the idea of an ethical code for everyone in health care is eminent and palpable.³⁴ They observe that it is potentially valuable and is to be welcomed, but the role and limitations of such a code need to be recognised. The lack of a stated ethical code with clear basic guiding principles is the main cause of difficulties facing doctors in resolving ethical conflicts in medicine. Furthermore, the failure to apply such codes to planned policies and actions often causes such conflicts to arise.³⁵ Significantly, ethical principles have become relevant as a result of the following factors.

- Respect for human life³⁶
- Quality of human life
- Respect for the integrity of the human body
- Respect for human rights^{37,38,39}

Medical doctors have an ethical duty to protect the human rights and human dignity of the patient so the advent of a document that defines human rights has had its effect on medical ethics. Most codes of medical ethics now require respect for the human rights of the patient. In applying and advancing scientific knowledge, medical practice and associated technologies, human vulnerability should be taken into account. Individuals and groups of special vulnerability should be protected and the personal integrity of such individuals respected.⁴⁰

- The relevance of 'social worth' criteria

This takes into consideration the patient's life-style and personal morality as well as his or her value to the community. In determining whether or not a patient should have access to health care resources -for example, access to kidney dialysis, major organ transplants, *in vitro* fertilisation and other forms of reproductive technology -it will be appropriate to consider the relevance of his/her purpose to the society.

³⁴ Berwick et al, *An Ethical Code in Health Care for Everybody* (Vol.315). December, 1997 pp.1633-1634

³⁵ Alexander E. Limentani, *An Ethical Code For Everybody In Health Care: The Role And Limitations Of Such A Code Need To Be Recognised*. BMJ. May 9, 1998; 316(7142): 1458.

³⁶ Ethical Considerations Relating To Health Care Resource Allocation Decisions National Health And Medical Research Council. Commonwealth of Australia 1993, Reprinted: January 1999 as originally released in November, 1993.

³⁷ George J. Annas and Michael A. Grodin, *A Universal Declaration of Patients' Rights is a Complementary Approach*. May 9, 1998; 316(7142): 1458.

³⁸ Article 20(1). *European Convention on Human Rights and Biomedicine (1997)*. Adopted at: Oviedo, 4 April 1997.

³⁹ Stephen Hyer and Hervey Wilcox. *A Universal Code Should Start With Basic Human Rights*. May 9, 1998; 316 (7142): 1458.

⁴⁰ UNESCO. *Universal Declaration on Bioethics and Human Rights*. Adopted by: the UNESCO General Conference at Paris, 19 October 2005.

METHODS AND MATERIALS USED

The research approach was cross sectional (thus, among health personnel/practitioners in various medical fields in the Kumasi metropolis). The case study designed used in the research was employed purposely to allow a detailed assessment of the perceptions and knowledge of health practitioners concerning ethical principles (which is an existing contemporary issue).

The study relied on both primary and secondary sources of data collection. It made use of a specific procedure of data collection which involved views and opinions of health practitioners in hospitals in Kumasi. It became relevant to analyse views of respondents in order to ascertain the prominence of the relationship between health practitioners and patients (clients). This is because such a relationship is perceived to enhance healing.

The research involved a sample size of 220 respondents, which included health care practitioners and a section of the populace in the Kumasi metropolis. Among the health care practitioners were; medical doctors (physicians), mid-wives, nurses, physician assistants, health assistants, pharmacists, anaesthetists and biomedical scientists from nine (9) hospitals in the Kumasi district. In all, respondents from the health institutions were 150 in number. The method of non-probability sampling was used in selecting health practitioners who were administered with structured questions.

Also, a number of 70 individuals randomly selected from the general public were administered with questionnaires based on the sample that were given to health practitioners. A section of the general public was involved as a result of the daily usage of health facilities as well as their inevitable encounter with health professionals in their quest to promote their health. Among them were; teachers, bankers, traders, students and pastors, among others. In similar vein, the method of simple random sampling was also used for selecting this category of respondents. Aside these (220) respondents an additional number of 10 medical doctors were interviewed.

In presenting data obtained from the field, the research made use of the descriptive method of analysis (descriptive analysis). It also applied the use of the Statistical Package for Social Science (SPSS) software (SPSS-PC for windows, version 16.0) for the presentation of graphs and tables that elucidate some key findings.

DATA RESULTS AND DISCUSSION

Respondents who were basically from the Kumasi metropolis included males (141) and females (79). They were of diverse age groups and educational backgrounds. Respondents within the age-range of 18-30 years were the majority among all the age-ranges with those above 61 years being the minority. Also, a majority of 122 respondents had obtained tertiary education as against a minority of 9 who had basic level of education. The tables below give the distributions of the gender, age and educational levels of all respondents.

Age-group	Gender				Total	
	Male		Female			
	No	%	No	%	No	%
18-30	44		70		114	51.8
31-40	35		9		44	20
41-50	42		0		42	19.1
51-60	16		0		16	7.3
Above 61	4		0		4	1.8
Total	141	64.1	79	35.9	220	100

Tab. 1: Ages of respondents in relation to their gender

Educational background	Age group (years)										Total	
	18-30		31-40		41-50		51-60		Above 61			
	No	%	No	%	No	%	No	%	No	%	No	%
Basic	9		0		0		0		0		9	4.1
Secondary	46		0		0		0		0		46	20.9
Tertiary	44		16		42		16		4		122	55.5
Post-Tertiary	15		28		0		0		0		43	19.5
Total	114	51.8	44	20	42	19.1	16	7.3	4	1.8	220	100

Tab. 2: Educational level of respondents in relation to their ages

Perceptions and Knowledge on Ethical Principles

As the main subject matter of this research, respondents showed different opinions in respect of health care ethical principles. In answering the question pertaining to the relationship between health care and ethics, all respondents (220) were knowledgeable of such a relationship. They stated that the relationship between health care and ethic was imperative for the sustenance and development of health. Respondents totalling 211 shared this view, while 9 had no idea. This is to state that none of the respondents resented to this relationship.

Indeed, not all respondents had a perception and knowledge or knew about ethical principles. The attention of such respondents (those without knowledge), however, were drawn to them after a further intensive explanation of the principles. Following from this, respondents (both health care practitioners and general public) shared diverse views on their knowledge on ethical principles in health care practice. While some respondents were positive on their knowledge and familiarity with ethical principles in health care, others were not. The table (Tab. 3) below gives the distributions of respondents (both health care practitioners and general public) familiarity with ethical principles in health care.

Respondents	Yes		No		Total	
	No	%	No	%	No	%
Health care	97	44.1	53	24.1	150	68.2
General public	32	14.5	38	17.3	70	31.8
Total	129	58.6	91	41.4	220	100

Tab. 3: Respondents' knowledge on ethical principles in health care.

Respondents were asked of their awareness of some basic ethical principles in health care. These ethical principles include; respect for autonomy, beneficence, non-maleficence, justice, confidentiality and informed consent. It was realised that few respondents had difficulties in identifying some of the above listed health care ethical principles. However, all principles seemed to be identified by respondents though some of them had to be explained to them. The principle of confidentiality seemed to be common among the majority of respondents. Respondents' awareness of these principles is indicated as follows.

Ethical principles	Frequency	Percent	Valid Percent	Cumulative Percent
Respect for autonomy	40	18.2	18.2	18.2
Beneficence	32	14.5	14.5	32.7
Non-Maleficence	26	11.8	11.8	44.5
Justice	40	18.2	18.2	62.7
Confidentiality	47	21.4	21.4	84.1
Informed Consent	35	15.9	15.9	100.0
Total	220	100.0	100.0	

Tab. 4: Awareness of ethical principles in health care

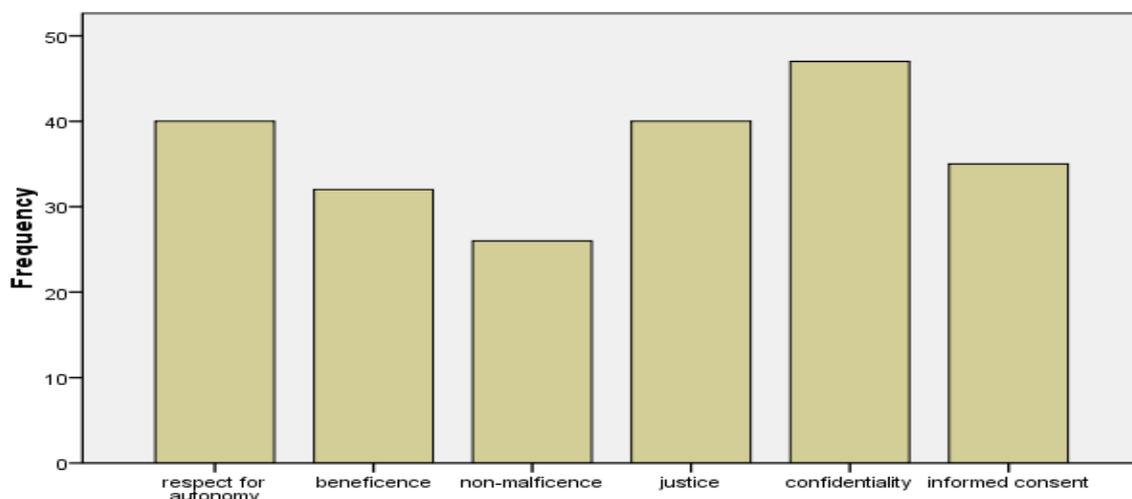


Fig. 1: Awareness of ethical principles in health care

Respondents gave several explanations about the ethical principles that are found in the practice of medicine. Some respondents exhibited stronger knowledge on some of these ethical principles while others did not. The definitions given to these principles were in several ways an indication of whether or not practitioners' perception and knowledge about health care ethical principles were something to write home about. In explaining the principle of autonomy, some respondents understood it to mean; the respect for clients' right to self-determination, creating the condition necessary for autonomous choice as well as the principle of the patient's choice over that of health personnel before every procedure is commenced. In the view of other respondents, the principle of autonomy also meant a respect for patients' right to make decision about their health. They further mentioned that it was the duty of health personnel to respect patients and their choices.

The principle of beneficence was also explained by respondents as an act done for the benefit of a patient/client, the duty to ensure patients' right to be given good treatment that will promote their health and the responsibility of all health institutions to do good. Most respondents showed little and no knowledge about the principle of non-maleficence. Among the few health personnel who attempted to explain this principle, non-maleficence implied acting without malice towards clients. They understood it to mean not destroying the good life of a patient and not to take life. Also, the principle of justice, according to respondents, simply meant ensuring fairness and equity towards clients or patients, opportunity for equal treatment and medication, ensuring no discrimination in treatment and an access to all health choices by patients no matter their health condition.

The principle of confidentiality, on the other hand, was identified by some respondents as keeping clients information secret from others, the moment of trust leading to patient's ability to tell his/her problem to health care personnel, and the responsibility to keep patients' information secret and protected. Many respondents shared a similar view concerning this principle. They classified this principle as an approach which requires that no patient knows about the data of others. Lastly, informed consent, according to respondents, represented a moment of providing adequate information to allow client to make an informed choice, patient knowing all information about him/herself, giving information to patients for them to make their choices and simply as the responsibility to tell patients what is to be done on him/her.

Again, respondents were asked whether or not they are aware of the application of these principles in the health institutions. Among respondents from the general public 54 of them said yes as against 16 who said no. Also, among 113 respondents who were health care practitioners ethical principles were applied in their various health institutions. Meanwhile, 37 of them were not convinced of these principles in the institutions. Respondents indicated that though not all ethical principles are appropriately applied, there is to an extent an awareness of the application of some of them. As to the effectiveness of these principles in their health institutions, some respondents stated it to be very effective, less effective and not effective. Also, some respondents had no idea whether or not these principles were effective in health institutions in the Kumasi metropolis. Responses for these are indicated below.

Effectiveness	Health care Practitioners		General public		Total	
	No	%	No	%	No	%
Very effective	7	3.2	1	0.5	8	3.6
Less effective	113	51.4	31	14.1	144	65.5
Not effective	30	13.6	22	9.9	52	23.6
No idea	--		16	7.3	16	7.3
Total	150	68.2	70	31.8	220	100

Tab. 5: Effectiveness of ethical principles in health institutions

Many respondents believed that ethical principles have been less effective (as indicated in tab. 5) due to the fact that many health care practitioners less consider their implementation in hospitals in Kumasi. They stated that these principles are not highly considered due to ignorance on the part of some practitioners, difficulty in its implementation and the existing irregularities in practitioner-patient relationship.

It was, however, added by respondents (217) that ethical principles are relevant to health care practice and that they must be considered at all times. None of the respondents considered it to irrelevant to health, but 3 of them did not have any idea about it being relevant or irrelevant. Respondents (217) further added that the lack of knowledge on ethical principles does affect health care in Kumasi, as against 3 who had no idea. They stated that the lack of knowledge leads to loss of confidence and trust reposed in medical practitioners, lack of quality health care delivery, lack of proper medical relationship between patient and practitioner and complication of medical issues and treatment. For others, lack of knowledge on ethical principles devaluates human dignity and basic rights while leading to the imposition of practitioners' choice over patients' choices.

On the related principle of truth telling (veracity), 197 of respondents believed that it was very relevant, 7 stated that it was less relevant, none considered it irrelevant while 16 shared no idea. 200 respondents stated that health care practitioners are bound to tell their patients the truth irrespective of the circumstance. It was, however, mentioned by 20 respondents that health practitioners were not bound to tell their clients the truth at all time. Also, responding to the question of whether the health practitioner can be prevented by any situation not tell their clients the truth, 47 respondents said yes while 173 said no. among the 47 respondents, health practitioners can be prevented from telling patients the truth when the following are at stake: when information can affect the client from living a normal live, if the truth can lead to the complication of delicate health issues, when death can be immediate as a result of the shock which the news may cause, when the truth does not add any immediate solution to the available treatment.

It was stated by the majority of respondents that not all health care practitioners are knowledgeable about health care ethical principles in the Kumasi metropolis. It was stated by many respondents from the health institutions that there were numbers of health personnel who were ignorant on the implementation of ethical principles in the various departments in the hospitals. They added that practitioners with higher education and with studies abroad tended to be aware of ethical principles. Practitioners with lesser educational background (not

to mention names), as observed by some respondents and interviewees, exhibited lower knowledge on ethical principle. On the other hand, many respondents mentioned that most clients also exhibited lack of knowledge about ethical principles in health care. On the part of clients, almost all respondents mentioned ignorance to be the major factor contributing to their lack of knowledge on ethical principles.

It was further mentioned by respondents that several factors were liable to contribute to the lack of knowledge about ethical principles in health care. They mentioned some of these factors as including; administrative challenges (31 respondents), lack of formal supervision (79 respondents) lack of knowledge on the concept of ethics (79 respondents) and lack of recognition for human dignity (22 respondents). 9 respondents stated that they had no idea about these factors.

Factors	Frequency	Per cent	Valid Per cent	Cumulative Per cent
Administrative challenges	31	14.1	14.1	14.1
Lack of formal supervision	79	35.9	35.9	50.0
Lack of knowledge on concept of ethics	79	35.9	35.9	85.9
Lack of recognition for human dignity	22	10.0	10.0	95.9
No idea	9	4.1	4.1	100.0
Total	220	100.0	100.0	

Tab. 6: Factors contributing lack of knowledge about ethical principles

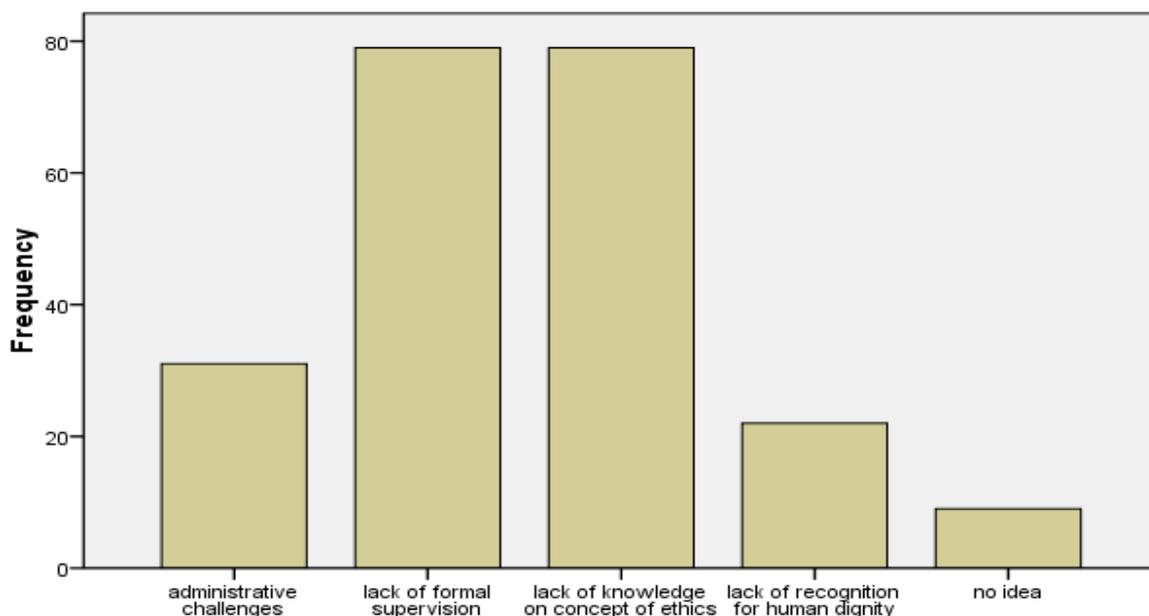


Fig. 2: Factors contributing lack of knowledge about ethical principles

Promotion of Ethical Principles in Health Care

Many respondents stated that due to the fact that the idea of ethical principles has been belittled among health practitioners there is the need to promote its implementation. Indeed all respondents shared the view that promoting ethical principles is imperative. Respondents therefore called for: proper education on ethics in health institutions, explanation of ethical principles in a simple way for patients' understanding, examination of health practitioners on ethical principles and their implementation, private health institutions should concentrate and insist on equipping students with high ethical and moral obligations, implementation of ethical principle at the appropriate moment to ensure effective health care practice, recognition of patients' role in the implementation of health care ethical principles to promote pleasant relationship between patients and health workers, and the teaching of ethics and good moral responsibilities at the basic level in our educational system. Respondents further stated that in educating people on the relevance of ethics and ethical principles, the Ghana Health Service (GHS) and the Ministry of Health (MoH) should collaborate as they have always done to provide information centres in hospitals and other health institutions to educate clients and the general public.

In addition, we also recommend for the establishment and institutionalisation of ethics committees in all medical institutions across the country to resolve major ethical issues that confront health practitioners. They help resolve ethical conflicts and answer ethical questions through the provision of consultations. Historically, ethics committees involve individuals from diverse backgrounds who support health care institutions with three major functions: providing clinical ethics consultation, developing and/or revising policies pertaining to clinical ethics and hospital policy (e.g., advance directives, withholding and withdrawing life-sustaining treatments, informed consent, organ procurement), and facilitating education about topical issues in clinical ethics.⁴¹ More recently, ethics committees, particularly those affiliated with academic institutions and large health care systems have expanded their traditional functions to become more comprehensive ethics programs. They address both clinical and organizational ethics issues.

The underlying goals of ethics committees have been:

- to promote the rights of patients
- to promote shared decision-making between patients (or their surrogates if 'decisionally' incapacitated) and their clinicians
- to promote fair policies and procedures that maximize the likelihood of achieving good, patient-centered outcomes
- to enhance the ethical environment for health care professionals in health care institutions.

Furthermore, proper educational programs on ethics, as indicated by respondents, need to be highlighted. Health care practitioners, particularly, those with little or no knowledge on ethical principles especially in their line of work must be made to acquire the needed knowledge expected. They must be made to know the main ethical principles in health care while understanding their relevance in disease treatment and caring for the sick. This can be done through organised training programs like; conferences, seminars and workshops for all involved in health care delivery. Also, would-be health practitioners must be educated on the role of ethics and ethical principles in order to appreciate their usage and implementation in modern health care.

⁴¹ Robert A. Pearlman, Professor, Medicine 2013. 'Ethics Committees, Programs and Consultation'. In: *Ethics in Medicine*. University of Washington.

IMPLICATIONS OF THE STUDY

Indeed, this paper contributes to existing knowledge by creating awareness base on the fact that ethical principles, for that matter health care ethics in Ghana, have not been fully upheld. Though known, not all principles are fully and appropriately implemented. Nevertheless, it should be understood that ethical principles are essential in the quest to promote human health (dignity, quality and sanctity of human life). The paper encourages interest in health care ethics (especially in health care ethical principles) among health practitioners, readers and hospital clients. Also, knowledge in this area of research contributes in reducing the adverse effects of poor ethical decisions and lack of knowledge about ethical principles that have the propensity to demerit health care in Kumasi and other districts in Ghana. It is, therefore, the purpose of the study while promoting health care ethical principles to promote health care across the world, specifically Africa.

CONCLUSION

Though, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community⁴², their relevance in health care has enriched informed major medical decisions, hence promoting health care. A code of ethics sets forth values and ethical principles, and offers ethical guidelines to which a health professional can aspire and by which actions can be judged. Ethical behaviours result from a personal commitment to engage in ethical practice. Whether or not patients are aware of ethical principles, the onus greatly lies on health practitioners to ensure its application or implementation in health care. This therefore makes practitioners' perceptions and knowledge about ethical principles in health care relevant at all times. Integrating ethics throughout the health care institution, from the bedside to the boardroom, ensures that systems and processes contribute to ethical practices and promoting ethical leadership behaviours.

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⁴²American Health Information Management Association Code of Ethics (October 2, 2011)

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