Unethical Practices within Medical Science

Shakeel Ahmed, 1st Year MBBS student, OSHSU
Guided by Ainura Mitalipova, Senior Lecturer, OSHSU

Abstract:- The falsifying research, medical fraud, patient exploitation, breaches of confidentiality, accepting kickbacks, and providing faulty care, all these unethical practices have become a trend in the field of medicines. To learn and overcome the existence of such ill practices that are on its way to completely jeopardise the trust of people on the health care professionals , we have investigated the common malpractices, their reasons and occurrence rate, the ways to lessen their further existence through an integrative network-based approach. For this , we have studied various research that aimed the same purpose and we have invited participants to provide their invaluable opinions. A total of 99 respondents from medical and non medical field had participated in questionnaires regarding their experience on the ill practices in the medical field as well as they were asked to attach some suggestions on how to change this system. Different and contrasting experiences and opinions were received through survey and this had a huge impact on our research making it a very trustworthy on . We observed various respondents saying various reasons behind the occurrence of the malpractices like illegal abortion ,excessive medication, unnecessary surgeries for financial gain, negligence etc. The opinions were recorded through the survey and through them awareness programs, public and government campaigns can be run targeting especially on those causes which have the most number of occurrences and eventually a better medical environment can be created through the involvement of every category of people .

Keywords:- Malpractice, Unethical, Medical Profession, Trust, Health Care, Hospital, Doctor.

I. INTRODUCTION

This global problem continues to undermine the integrity of healthcare, with the loss of public trust. We conducted a survey examining the existence and acceptability of unethical practices in the medical field by medical professionals and the general public. The survey included multiple-choice questions to gauge how survey respondents perceive the practice of unethical behaviour in healthcare. The two view approach allows for a comparison of how they are understood between the medical profession and laypersons. These malpractices could be seen in new light, with medical professionals bringing an inside view and non-medical people the opposite, rendering transparency and accountability, if any.

The survey also inquired about respondents' views on what reforms or strategies could be implemented to address unethical practices in the medical community. This paper complements these perspectives to provide a more comprehensive view of the problem, and hence potential solutions, which may ultimately inform strategies to improve the ethical standards of healthcare. This research is an attempt at emphasising the necessity of structural reform in what is believed about medical ethics and practice and policy that can help in a clean and transparent medical environment which benefits healthcare professionals and patients, in general.

II. RESEARCH METHOD

The study gathered data on the perceptions of unethical behaviours in medicine using survey-based methods. The survey was intended to be circulated among both healthcare providers and nonmedical persons, the latter to avoid overlooking any aspect of the problem.

A pre-set questionnaire with closed-ended questions was prepared. These questions targeted the conscience, experience, and perception of the respondents related to unethical activities in healthcare. These behaviours were, for example, corruption, incompetence, overcharging, and the survey included questions to identify which of them we can call predominant ethical problems. Respondents were also asked for their thoughts on ways to address these practices. The survey was distributed online to reach a broad audience, ensuring diversity in the sample. Medical professionals were targeted through professional networks and associations, while non-medical respondents were reached via social media and community groups. The data collection period lasted for one month. Responses were anonymized to encourage honesty and mitigate response bias. The collected data was then analysed to compare the view of medical and non-medical respondents. Frequency tables and crosstabs were used for the presentation of the important findings and content analysis was used to analyse the qualitative responses on the available solutions to the unethical practices. This procedure expanded the methodological base of the analysis and enriched it with qualitative data that supplemented numerical results, making it more comprehensive.

➤ *Study Design*

This study used survey research to observe the views of the participants unethical practices in the medical field. The survey was sent to both medical professionals and non-medical individuals, utilising structured multiple-choice questions to gather data on awareness and experiences of unethical behaviours. An online distribution method provided a diverse and better sample. The survey also included open-ended questions to bring respondents' suggestions for reform. Data analysis contains descriptive statistics and actual analysis to compare and interpret the findings systematically.

➤ *Participants*

The study involved two primary groups of participants: medical professionals an non-medical individuals. Medical professionals included doctors, nurses, medical students, and other healthcare workers, recruited through professional networks and associations. Non-medical participants were involved from the general public, reached via online forums. The total sample consisted of 99 respondents of different age groups represented diverse geographical locations and demographic backgrounds. Anonymity was maintained to ensure honest and unbiased responses.

III. RESULTS

Here the answers to each of the main questions are attached with the related graphs.
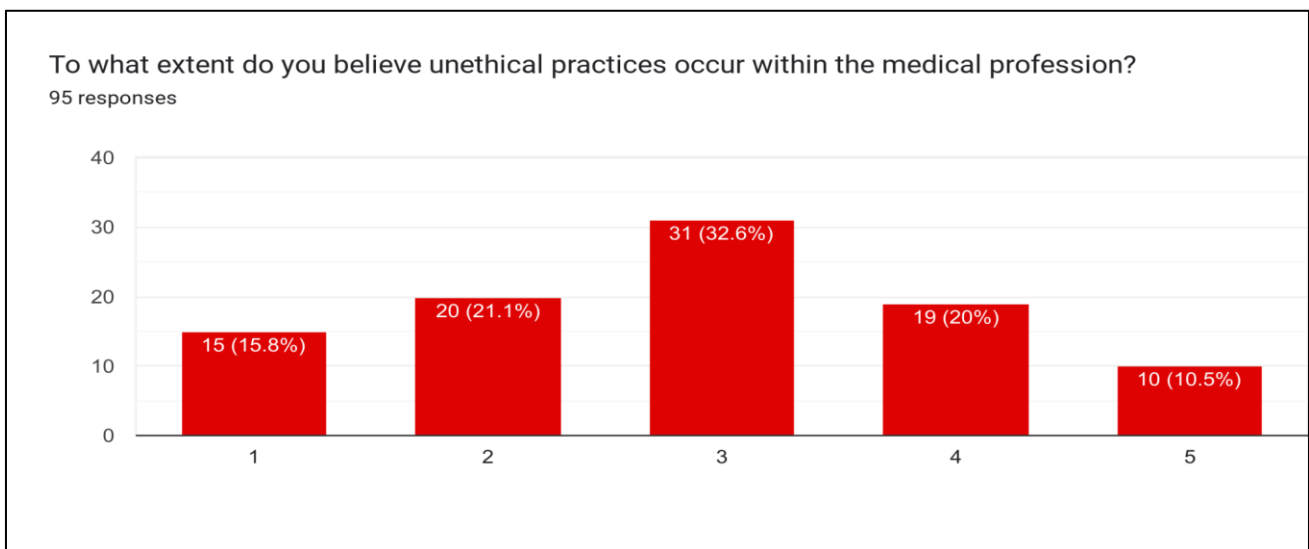

Fig 1

I attached a question where I asked the participants to rate the malpractices observed in the medical field out of 5, about 32 percentage people were seen to feel that there have been a medium range of malpractices.
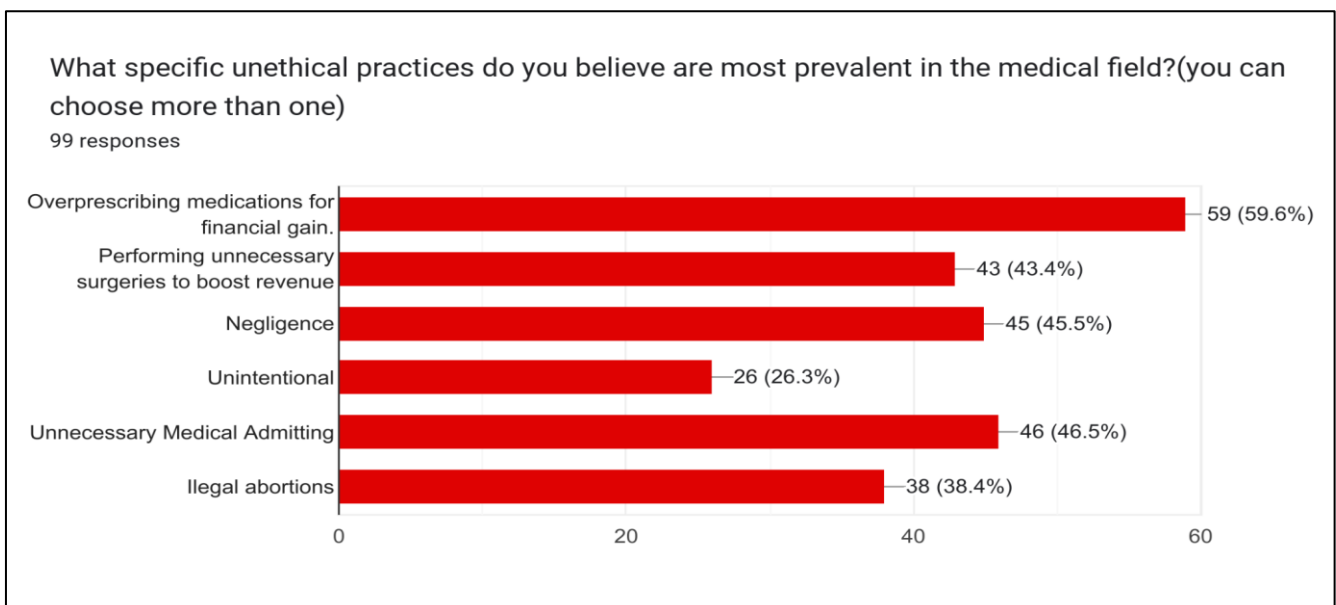

Fig 2

I feel this is one of the most important question of the survey. It says about why and how does the unethical practices take place in any hospital. Over Prescribing medications have been the major issue followed by unnecessary medical admitting, negligence of the medical staffs, unnecessary surgeries , illegal abortion and at the end the activities which are not intentional. Many health workers get involved in unnecessary surgeries and illegal abortions for financial gain ,this is one of the worst things done by the health workers. While some neglect certain situations some unintentionally do certain activities but at the end those are still come under malpractices.
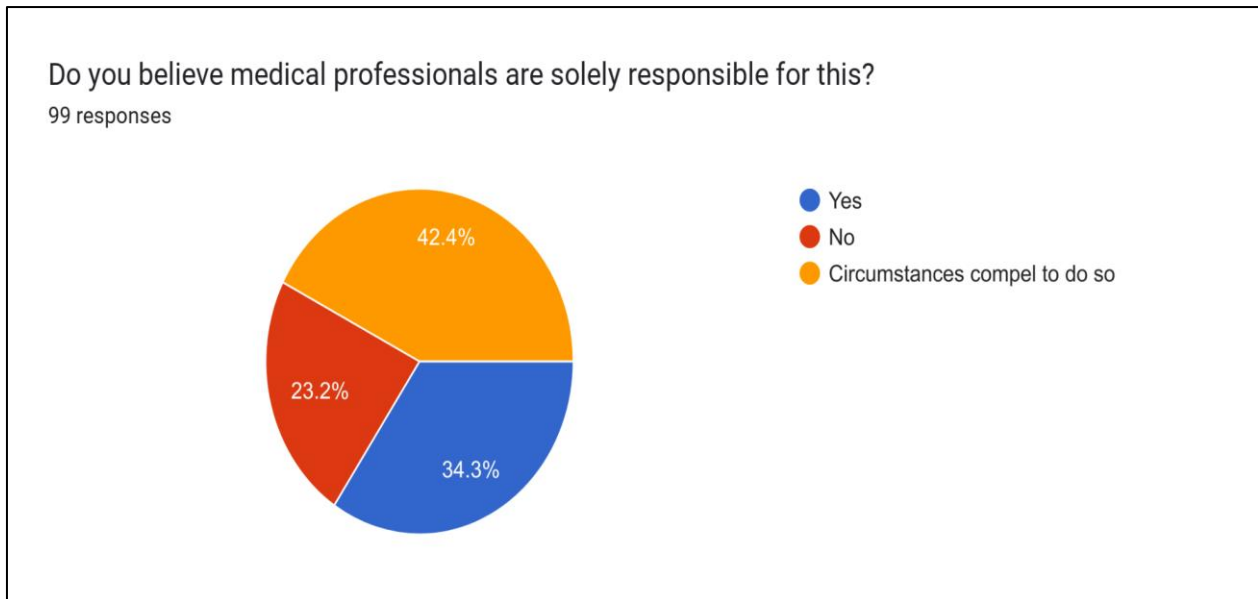

Fig 3

When we consider if doctors and their associates are solely responsible or not ,while majority say situations compel to do such acts be it the orders from the seniors or be it the hospital's demand ,some say no it's not completely medical professionals' faults while about 35 percent say it is their sole responsibility.
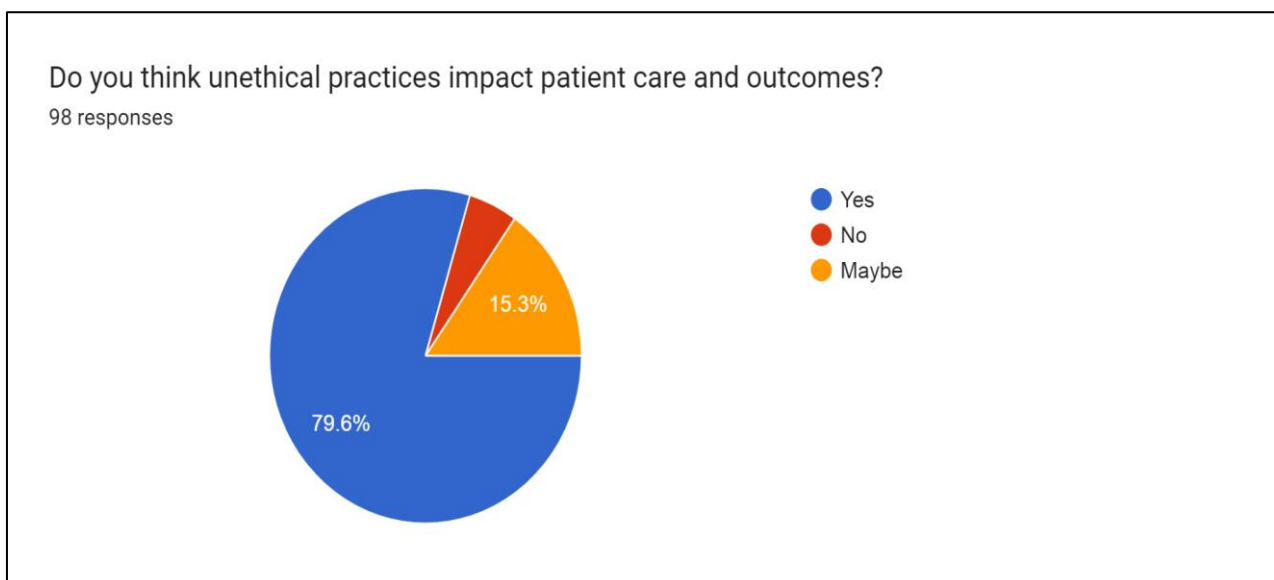

Fig 4

The survey results indicate that the majority of respondents believe unethical practices indeed impact patient care and outcomes. With nearly 80% agreeing, it underscores the widespread recognition of the negative effects unethical behaviour can have in healthcare settings. The minority who disagreed or remained uncertain suggest there may be varying perspectives or levels of awareness regarding this issue. However, the majority highlight the importance of addressing unethical practices to safeguard patient well-being and improve healthcare outcomes.
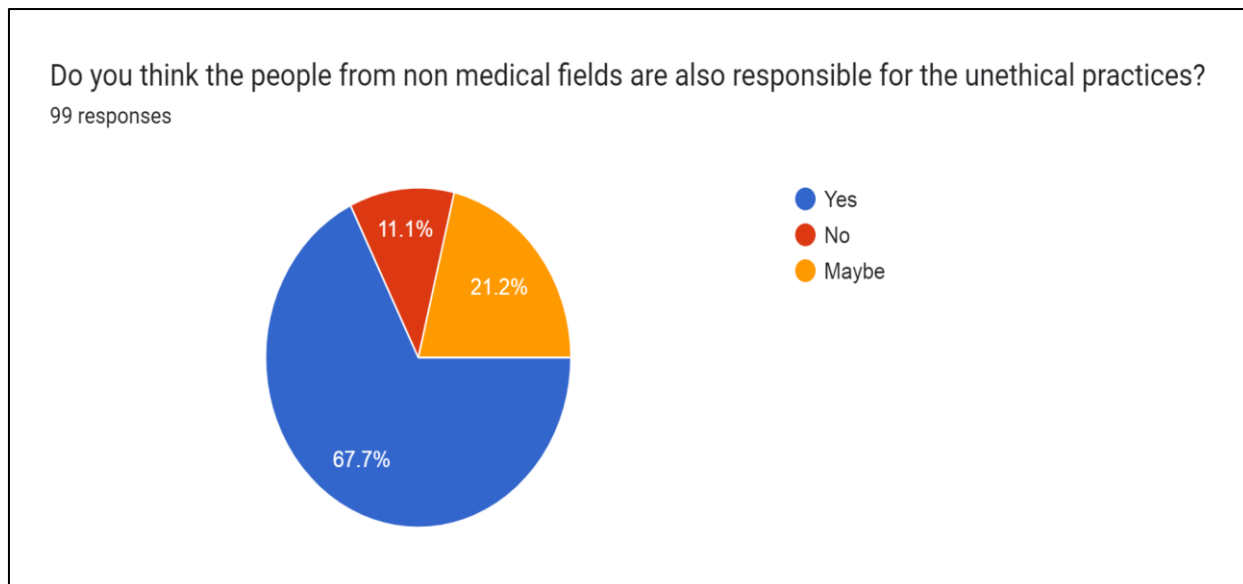
Fig 5

The survey suggests that a significant majority, approximately 67.7%, believe individuals from non-medical fields bear responsibility for unethical practices in healthcare. Conversely, 11.1% disagree, and 21.2% are uncertain. These findings highlight the recognition that ethical lapses in healthcare can involve various stakeholders beyond just medical professionals, showing the importance of interdisciplinary collaboration and accountability in dealing ethical healthcare practices. I believe Non-medical individuals often hold positions of power within healthcare systems, influencing decisions that can impact patient care. Their actions, driven by factors like financial incentives or regulatory oversight, can contribute to unethical practices.
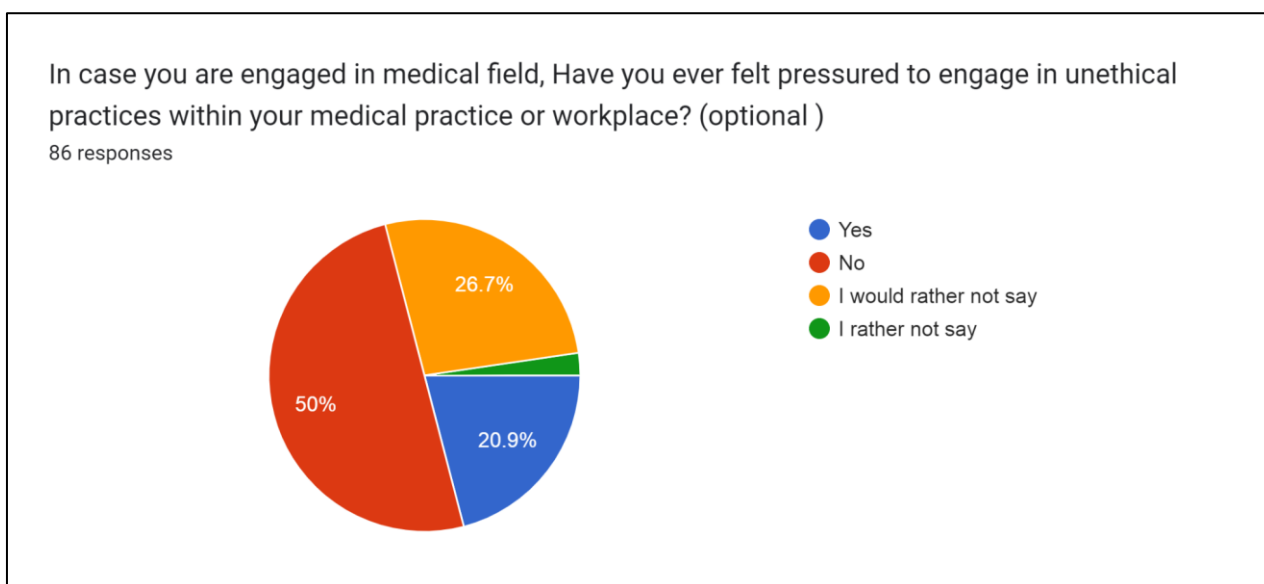

Fig 6

So I added an optional survey question to ask especially the medical professionals about the pressure they receive from their seniors or from the hospital management to participate in the unethical malpractices.

Around 20.9% of respondents admitted feeling pressured to engage in unethical practices within their medical practice or workplace, while 50% reported not experiencing such pressure. Approximately 29% chose not to disclose their response. These findings underline the importance of fostering an open and supportive environment for addressing ethical challenges in healthcare.

➢ 7) Some more questions were there but the opinions I received are the most worth mentioning

The question was: **"_Would you like to suggest any measures to overcome such unethical practices?_"**

The responses are mentioned below;

- **Increase Salary and Ban Counterfeit Medicines**: Financial incentives coupled with stringent regulations against counterfeit medicines can disincentive unethical practices driven by financial motives.
- **Examine Situations and Take Strong Actions**: Investigate instances of unethical behaviour thoroughly and implement decisive actions against offenders to deter future occurrences.
- **Awareness Programs**: Conduct comprehensive awareness campaigns to educate both medical professionals and the general public about the consequences of unethical practices.
- **Interviews and Exit Exams**: Implement screening measures such as interviews and exit exams to assess ethical awareness and commitment among medical professionals.
- **Government Support and Facilities**: Provide adequate support and facilities to healthcare workers to minimize excuses for engaging in malpractices.
- **Emphasize Strong Personalities and Honesty**: Cultivate a culture of integrity and honesty among healthcare professionals through leadership and role modelling.
- **Education Camps**: Organize educational camps to impart ethical principles and promote ethical conduct among medical practitioners.
- h)**Strengthen Public Education and Empowerment**: Educate the general public about their rights and the standards of medical care, empowering them to advocate for ethical treatment.
- **Enforce Ethical Supervision**: Implement effective supervision mechanisms to monitor interactions between medical practitioners and patients, reducing opportunities for unethical practices.
- **Promote Transparency and Accountability**: Foster transparent communication, enforce whistle-blower policies, and establish ethics committees to ensure accountability and transparency in medical practices.
- **Curriculum Enhancement**: Integrate ethics education into medical training programs to equip junior professionals with the knowledge and confidence to challenge unethical behaviour.
- **Policy Development and Implementation**: Develop and enforce policies and practices that define, identify, and address ethics violations within medical institutions

IV. CONCLUSION

This research helps us to learn various ways to overcome the malpractices in the medical profession and its respective field through awareness. The responses from the medical and non medical field people have let us reach a good conclusion as views from both the fields were counted and analysed. Though there have been differences in views but both groups shared their idea to lessen such incidents. Studying the unethical practices in healthcare needs a flexible approach that includes strict regulations, increase in transparency, and a strong approach to increase the awareness on ethical issues. By setting the views of medical professionals and the public, we can develop effective strategies to restore trust and integrity in the medical field.

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