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Research Article

Adherence to Ethical Codes in Ophthalmic Practice among Ophthalmic Practitioners in Ghana

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Abstract

Medicine is one of the most revered and esteemed professions in the world. Physicians and medical practitioners are reckoned saviors who deliver the people from their afflictions. Hence, code of medical ethics, etiquettes and professional conduct were formulated as guidelines for medical practice. The purpose of this research was to determine the adherence to the codes of ethics in ophthalmic practice. A descriptive study with a cross-sectional design was used in this research. Thirty ophthalmic practitioners were purposively sampled from four Ghanaian public health facilities namely Komfo Anokye Teaching Hospital, Tema General Hospital, Cape Coast Teaching Hospital and Tamale Teaching Hospital. Questionnaires were administered to these practitioners to elicit their responses on the code of ethics in ophthalmic service delivery. About 86% of the practitioners had reviewed the code of ethics and 16% of the practitioners were able to fully implement the existing Patients' Charter. As well, 60.0% of the respondents informed patients of their conditions while some 70.0% of the practitioners involved patients in decision-making concerning treatment options. Last but not least, 76.6% of the practitioners were of the view that patients did not know their rights and responsibilities and 53.3% of practitioners indicated that patients reported to the appropriate authorities when practitioners misconducted themselves. It is recommended that the Ghana Health Service and the Ministry of Health should convene seminars and workshops to sensitize practitioners about adherence to the ethical codes and the ways that the Patients' Charter could be fully implemented.

Keywords: *Ethical Codes; Patients' Charter; Ophthalmic Practitioners; Ophthalmic Practice*

Introduction

Universally, medicine is one of the most respected and revered professions. Physicians and medical practitioners are regarded as saviors who deliver the people from their afflictions. To regulate the practice of medicine and to uphold high medical standards, ethical codes, etiquette and professional conducts were formulated [1].

Ethics refer to standards of behavior and the concept of right and wrong. Nearly 4,500 years ago, Babylonian physicians had a written code of ethical principles and outlined therein, was the conduct required of a medical practitioner [2]. The Hippocratic oath, attributed to the ancient Greek physician Hippocrates, continues to influence the behavior of health care practitioners today. The Hippocratic oath sets out a number of essential values that have stood the test of time, including the primacy of the patient's welfare, the duty to avoid causing harm, and the preservation of confidentiality [3].

Ethical codes contain guiding principles. These principles help practitioners in decision-making and to as well, deliver services in accordance with a set of standards that are expected of a healthcare practitioner [4]. Beauchamp suggested that there are four major ethical principles in health care: beneficence, non-maleficence, respect for autonomy and justice [5].

Beneficence is doing good and to do the best for every patient [6]. This means that a practitioner has a duty of care to every patient and that paramount objective is to do good so that every patient leaves the practice in a better state than when they entered, or at the very least, not in a worse condition. Non-maleficence, directly linked with the Hippocratic oath ("above all to do no harm"), is about the avoidance of harm [7]. This requires balancing risks and benefits of treatment and making decisions that will optimize the benefits and minimize the risks of harm.

Respect for autonomy requires a practitioner to respect the choices and decisions that a patient makes about his or her own health [8]. This involves keeping the patients informed of their condition, treatment choices and options so that decisions made are based on relevant facts. Justice involves being fair to all patients in a way that transgresses legal justice [7]. It includes but not limited to deciding how much time is spent on a patient, how many and what types of resources are devoted to treatment of that patient and how this compares to the time and resources distributed to other patients.

Another principle is the principle of confidentiality. Confidentiality means non-disclosure of patient details and health records in order to respect the privacy and preserve the dignity of each patient [9]. However, confidentiality may be compromised when a patient reveals to a practitioner, something that may have potential serious consequences for the patient and for others [10].

The researcher's preliminary investigations revealed that in the day-to-day ophthalmic service delivery in some Ghanaian health facilities, some patients were not involved in decision making concerning treatment options available for their conditions. With regards to patients' conditions, sometimes, treatments given were not beneficial to them. Furthermore, the pilot investigation showed that priorities were sometimes given to certain patients over others.

In 2002, the Ghana Health Service launched the Patients' Charter to be used by all its facilities, with the aim of improving the quality of service and more importantly, to protect the rights of patients [11]. Following the launching and introduction of the Patients' Charter, public cognizance about the ethical conduct of practitioners have increased considerably. Medical practitioners have also become more meticulous in their delivery of service and expressing of grievances by patients against physicians has waxed [12]. The above not withstanding, only few documented reports on ethical codes among Ghanaian medical practitioners in general, and ophthalmic practitioners, in particular, exist.

This present research sought to investigate the extent to which these ethical codes are known and observed using a cross section of thirty ophthalmic practitioners selected from four government health facilities in Ghana.

Materials and Methods

This study was a descriptive cross sectional study, which involved 30 ophthalmic practitioners: optometrists, ophthalmologists and ophthalmic nurses. The practitioners were purposively sampled from four government hospitals in the Republic of Ghana: Komfo Anokye Teaching Hospital in Kumasi; Cape Coast Teaching Hospital in Cape Coast; Tamale Teaching Hospital in Tamale and the Tema General Hospital at Tema. Non-ophthalmic practitioners, practitioners from private hospitals and the retirees were excluded from the present study.

Respondents were required to complete a simple self-administered questionnaire. The questionnaire was designed to elicit responses on practitioners' awareness of the ethical code and the Patients' Charter, the implementation of the code and the charter, reasons for partial implementation, amongst others.

Permission was sought from the ophthalmic practitioners. All participants were informed of the purpose and design of the study and those who expressed their consent were made to partake of the study.

A template of the questionnaire was designed on Microsoft Excel (2016; Microsoft, Redmond, WA) and the responses were entered into the template and imported into IBM SPSS statistics (version 20.0; IBM Corp, Armonk, NY) for analysis.

Results

A total of 30 practitioners participated in the study. Eleven (36.7%) of the practitioners were male while 19 (63.3%) were female. Two were ophthalmologists, 10 were optometrists and 18 were ophthalmic nurses. Twenty-two (73.3%) of the practitioners were more than 30 years of age as against 8 (26.7%) who were 30 years old or younger. Twenty-one (70.0%) of the practitioners had been in service for more than 5 years while 9 (30.0%) had been in service for 5 years or less. The demographics of participants are illustrated in table 1 below.

Demographics		Number (N)	Percentage (%)
Gender	Male	11	36.7
	Female	19	63.3
Age range	More than 30 years	22	73.3
	30 years or less	8	26.7
Type of Practitioner	Optometrist	18	60.0
	Ophthalmologist	2	6.7
	Ophthalmic nurse	10	33.3
Number of years in practice	More than 5years	21	70.0
	5 years or less	9	30.0

Table 1: *Demographics of Participants.*

Review of the Code of Ethics by Practitioners

Practitioners were asked whether they had reviewed the code of ethics regulating ophthalmic practice. A total of 26 (86.7%) responded in the affirmative whiles 4 (13.3%) responded in the negative.

Implementation of the Patients' Charter by Ophthalmic Practitioners

When practitioners were asked if they were able to fully implement the Patients' Charter, twenty-five (83.3%) reported they were able to partially implement the charter while 5 (16.7%) indicated they were able to implement the charter fully. Table 2 below depicts the various responses of the practitioners.

Implementation of Patient Charter	Number	Percentage
Full Implementation	5	16.7
Partial Implementation	25	83.3
Total	30	100.0

Table 2: *Implementation of Patients' Charter By Ophthalmic Practitioners.*

Practitioners' Reasons for Partial Implementation of the Patients' Charter

Participants were asked to indicate the reasons for the partial implementation of the Patients' Charter. The reasons given have been outlined in table 3 below.

Reasons for Partial Implementation	Number	Percentage
High patient-practitioner ratio	15	60
Language barrier	5	20
Ill-resourced facility	5	20
Total	25	100

Table 3: *Practitioners' Reasons for Partial Implementation of Patient Charter.*

Respect for Patients' Autonomy amongst Ophthalmic Practitioners

In line with the ethical codes, practitioners were asked whether or not they informed patients about their various medical conditions. As well, practitioner involvement of patients in decision-making was examined. The various responses given by the respondents have been enumerated in table 4 and 5 below.

Extent of Information	Number (n)	Percentage (%)
Sometimes	2	6.7
Often	10	33.3
Very often	18	60.0
Total	30	100.0

Table 4: *Extent to which Practitioners Informed Patients about their conditions.*

Extent of Involvement	Number (n)	Percentage (%)
Never	1	3.3
Sometimes	12	40.0
Often	11	36.7
Very often	6	20.0
Total	30	100.0

Table 5: *Extent of Practitioner Involvement of Patients in Decision Making.*

Beneficence and Malfeasance among Ophthalmic Practitioners

Practitioners were asked to indicate how patients benefited from their management or therapeutic plans. The level of malfeasance that existed among the sampled ophthalmic practitioners was also assessed. Seventy percent of practitioners reported that patients very often benefited from treatments whilst 30% of the practitioners reported that patients often benefited from treatments as shown in table 6 below. Furthermore, 70% of the participants reported that, post-treatment deterioration of patient condition was rare while 30% of the practitioners indicated that patients' conditions sometimes aggravated following treatment (Table 7 below).

Benefit from Treatment	Number (n)	Percentage (%)
Often beneficial	9	30.0
Very often beneficial	21	70.0
Total	30	100.0

Table 6: *Benefit of Treatment to Patients.*

Patients' Conditions after treatment	Number (n)	Percentage (%)
Rarely worsen	21	70.0
Sometimes worsen	9	30.0
Total	30	100.0

Table 7: *Patients' Conditions after Treatment by Practitioners.*

Inter-Professional Referrals among Practitioners in Eye Units

The frequency or rate of referrals among ophthalmic practitioners was assessed. It was found out that a little over half (53%) of the sampled practitioners made very frequent referrals whilst just a few practitioners (6.6%) occasionally referred patients as shown in table 8 below.

Frequency of Referrals	Number (n)	Percentage (%)
Occasional	2	6.6
Often	12	40.0
Very often	16	53.3
Total	30	100.0

Table 8: *Frequency of Inter-Professional Referrals in the Eye Unit and Practitioners.*

Influence of Patients' Religion, Ethnicity and Socioeconomic Status on Practitioners' Attitude

The survey also sought to probe the influence of patients' religion, ethnic origin and socioeconomic status on practitioners' attitude. Majority of the practitioners (70%) were not influenced by these factors while a minority of 13% reported of being markedly influenced by the aforementioned factors as illustrated in figure 1 below.

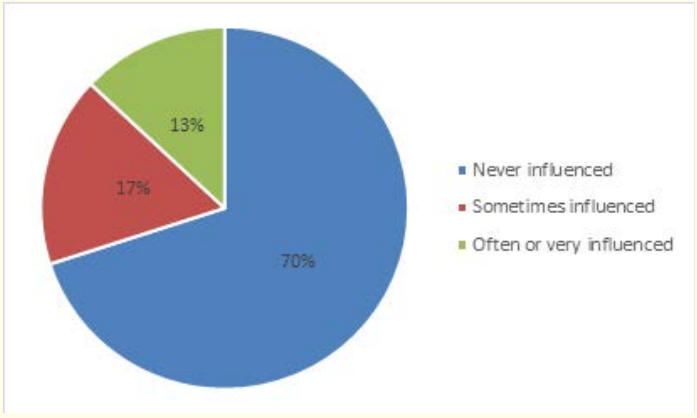

Figure 1: *Influence of Patients' Religion, Ethnicity and Socioeconomic Status on Practitioners.*

Practitioners' Opinions about Patient's Knowledge of their Rights and Responsibilities

Out of the thirty practitioners, twenty-three (76.6%) reckoned patients did not know their rights and responsibilities whiles the remaining 7(23.4%) were of the view patients knew their rights and responsibilities as illustrated by a circle graph in figure 2 below.

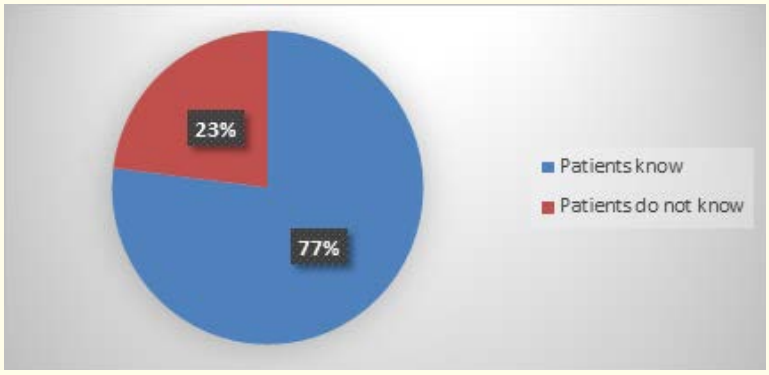

Figure 2: *Practitioners' Opinions about Patient's Knowledge of their Rights and Responsibilities.*

Patients' Reactions to Professional Misconduct by Practitioners

All the thirty practitioners responded to the question about actions and reactions of patients in cases of professional misconduct or negligence. Sixteen (53.3%) practitioners claimed that patients reported professional misconduct to the hospital administration. Seven (23.3%) of the respondents said patients abused practitioners directly and took no further legal action. The remaining 7 (23.3%) practitioners reported that the victimized patients did nothing: they pursued neither administrative nor legal actions against negligent and/or ill-behaved practitioners.

Discussion

The current study examined ethical codes in ophthalmic practice among thirty ophthalmic practitioners who were purposively sampled from four government hospitals in Ghana.

A considerable majority of the respondents (86.7%) had reviewed the code of ethics as well as the Patients' Charter regulating ophthalmic practice. This study revealed that practitioners were very much cognizant of the ethical codes, which arguably, is the cardinal step in their implementation.

Besides, twenty-five (83.3%) of the practitioners reported they were able to partially implement the charter while only 5 (16.7%) were able to implement the charter fully. For instance, sixty percent of the practitioners informed patients about their conditions while only a few practitioners (20%) involved patients in decision making on a regular basis. These findings should be a wake-up call to practitioners who have responsibility in terms of information provision, respect for the rights of patients and involvement of patients in decision making about their ocular health [13].

A high patient-practitioner ratio was the dominant reason given for the inability of practitioners to fully implement the Patients' Charter. With the doctor to patient ratio in Ghana currently standing at 1 doctor to 10,450 patients, it is quite understandable why many practitioners were compelled to only partially implement the Patients' Charter. Ghana therefore has a lot of catching up to do as far as the 1 doctor to 5000 patient ratio per the recommendations of the Commonwealth and the 1 doctor to 1,320 patients per the recommendations of the World Health Organization are concerned.

In this survey, 70.0% of the practitioners acknowledged that their treatment modalities and regimen were very often beneficial to the patients and the same proportion of practitioners also indicated that their patients' conditions never worsened. The present study also came out with the findings that 53.3% of practitioners made frequent referrals to other practitioners. These inter-professional practitioner referrals should be encouraged as it allows patients receive the best care and treatment at any given point in time, thus upholding the principles of beneficence and non-maleficence [14].

Most (70%) of the practitioners who participated in this survey remarked that religion, ethnicity and/or socio economic status did not influence their attitudes towards patients. The principle of justice was thus upheld by a greater majority of the respondents. Last but not least, 76.6% of the practitioners reckoned patients did not know their rights and responsibilities as enshrined in the Patients' Charter. This opinion held by a greater majority of the practitioners could be substantiated by the fact that most patients failed to take appropriate actions when they were fell victims to misconduct and negligence from the practitioners.

Conclusion

This study on ethical codes among ophthalmic practitioners in Ghana showed that 86% of the practitioners had reviewed the code of ethics while 16% of the practitioners were able to fully implement the Patient Charter in their ophthalmic practice. About 60.0% and 70.0% of practitioners respectively informed patients on their conditions and involved them in decision-making concerning treatment options. A majority of 76.6% of the sampled practitioners thought patients did not know their rights and responsibilities and 53.3% of practitioners indicated that patients reported to the hospital administration when practitioners misconducted themselves. The study, however, had two major limitations. First, the small sample size and second, the absence of any standardization to account for the variability of the four hospital units from which data was collected. The onus lies on the Ghana Health Service and the Ministry of Health to organize seminars and workshops to sensitize practitioners about adherence to the ethical codes and the ways that the Patient Charter could be fully implemented. Given the fact that a high patient to practitioner ratio was the primary reason that underpinned practitioners' inability to fully implement the Patients' Charter, the government of Ghana should thus work indefatigably around the clock to improve the doctor to patient ratio.

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