

Ethics in Medical Practice and Its Implementation

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Ethics is vital in every profession. There is a thin line between the ethics and the law. The law is implemented by the government and can be challenged through the judiciary, but ethics are an essential part of humanity and morality. The medical profession has a moral duty to follow the ethics as it is considered a noble profession a doctor being a part of God.

The ethics of medical education is necessary because there are only a few articles that are seen throwing light on it. It is important to deliberate professional and ethical ideologies leading to the student-faculty rapport, code of professional conduct for medical faculty, and ethical concerns.¹ Furthermore, articles on clinical exercise involving patients or ethical matters in medical education, research, and educational publication are scarce. In this editorial, I will curb the discussion to the student-faculty association and relationship as well as clinical teaching concerning patients.

Ethics of Teacher – Student Relationship

There is substantial material on professional ethics codes and demeanor in the consultant-patient relationship. However comparatively negligible is available on the student/resident-faculty bond or relationship.

Patients and the community assume doctors to be clinically proficient, ethically adept, compassionate, trustworthy, and honest. Similarly, the value of the student-faculty relationship is unfailingly a critical influence in determining an upright outcome in learning. The elaborate explanations of the mutual commitments of the teacher and student in Hippocratic medicine may not apply to current medical education. However, it is essential for us in the profession to replicate the vital nature of this obligation for the sustainability of the medical ethnicities.²

The student faculty-school relationship showcased in medical colleges has a substantial influence on shaping the type of doctor the student will become. To start with, a professional compact or code of conduct governing the student-faculty-school relationship should be widely discussed, developed, and applied. In academic decorum, the student-faculty relationship should be implemented equally on both sides. It must pursue to shape the principles, standards, duties and expected conduct. It must be ensured the way they are developed and upon violation what corrective measures should be taken. Reciprocal respect and conviction should be the crucial principle of such a relationship. The institutional authority, strategies, and application should bring into line with and endorse the values and ideologies of the student-faculty bond. The relationship when suitably implemented would accomplish the generally unaddressed ethical matters of moral anguish among the students, teaching by bullying and harassing, breaching of a moral line, and professional misconduct between students and teachers.

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The Ethics of Clinical Training Involving Patients

For society, it is mandatory for the clinician to be proficient in diagnostic interventions and must be therapeutically sensible to be full-fledged doctors. To attain this clinical proficiency, medical undergraduates and post-graduates need education and coaching occasions to inculcate and apply critical inspections, interventions, and invasive measures on patients. Even the most skilled and competent doctor has performed a critical invasive procedure on a patient. Sometimes, medical care given by undergraduates and post-graduates may not help and even may be hazardous or worsen the condition of the patient. This potential risk to the patients is a scarcely studied educational system, most of the clinicians in the institute have many compulsions that can clash with the educational issues. The awareness of all the stakeholders in medical education should be ensured and their participation must be voluntary. Patients are often unaware and scarcely informed of the contribution of students and post-graduates in their clinical care in surgery and medicine.³ Very commonly there is no information provided concerning the role of beginners and semi-trained residents in the informed consent procedure for surgery. The ritual of letting residents perform procedures without the pre-informed consent of the patient is referred to as "Ghost surgery". On the contrary, most of the patients should be given intimation concerning the role of post-graduates in their medical and surgical care.⁴ The satisfactory revelation in case of uncomplicated technique, and a good relationship between the medical and surgical care clinicians and the patient, patients can give consent to even the beginner student or postgraduate.⁵ It proves to be a futile practice to impart medical ethics to patient when in the medical education and clinical training process, the ethical values and practices are carelessly not followed or violated. So the clinical faculty must have a balance between forthcoming patients of the future and the current patients with potential risk. We must sustain the principles of medical

professional obligations and ethics in clinical teaching and medical education concerning patients. This professional ethical problem must be taken seriously at all intensities and is not to be ignored or unresolved. This issue has to be addressed at the individual level as well as at the level of hospital, institute, clinical training, and society.

For the great good of society and patients, medical education and clinical coaching on patients is an ethical and crucial exercise. Informed consent, moral rapport with patients, and making trainees work or perform under proper supervision are the main elements in medical education catering to societal, professional, and ethical ideals.

CONCLUSION

Professionalism must be an essential element for institute, faculty, and students. This is vital as it caters to the social agreement, and in fulfilling the social accountability of medical schools and medical education. For the superiority in the culture of the medical profession, there must be a pursuit of an extreme level of

professionalism as far as ethics of teacher-student relationship and the clinical training involving patients are concerned.

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