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MEDICAL ETHICS IN OBSTETRICS AND GYNAECOLOGY; KNOWLEDGE, ATTITUDE AND PRACTICE AMONG HEALTH-CARE PROFESSIONALS OF PUBLIC AND PRIVATE SECTOR HOSPITALS OF GILGIT.

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Abstract:

Background: Professional ethics in Obstetrics and Gynaecology is the disciplined study of morality, where professionals face various moral challenges often involving the well-being of both mother and fetus, particularly in resource-limited settings like Gilgit. This study aims to assess the knowledge, attitudes and practices with respect to medical ethics of Obstetrics / Gynaecology in public and private sector hospitals of Gilgit, by identifying gaps in ethical practice and need for structured training.

Materials and Methods: A cross-sectional study design was conducted involving 96 health-care professionals, including consultants, post-graduate trainees, medical officers, nurses, and LHVs/mid-wives related to Ob-Gyn department of four hospitals in Gilgit. The data was collected using a self-structured administered questionnaire via non-probability convenience sampling technique. Statistical analysis was done using spss 20, with chi-square tests to identify significant associations.

Results: Demographic roles played a significant role in ethical decision-making including age, job-role, years of experience and sector in which professionals work. Older participants were more likely linked with the participation in medical ethics, while job-roles influenced the management of end-of-life decisions. **51%** of the respondents were reported to take informed consent, while **69%** encountering cultural hindrance in decision-making. Mothers' safety was prioritized over the unborn baby by **72%**, while **64 %** of participants faced difficulty in breaking bad news. Despite these challenges, only one-third **33%** had attended communication workshops, highlighting a gap in preparedness. The need of ethical training required more attention drawn to it especially in Obstetrics and Gynaecology

Conclusion: This study highlights the complex relationship between demographic and workplace factors in shaping ethical practices in Ob/Gyn. It demonstrates the importance of various factors like securing informed consent, breaking bad news, managing end-of-life decisions, and their relationship with ethics. Addressing these gaps will play a crucial role in developing the infrastructure of healthcare delivery in Gilgit.

Keywords: Obstetrics, Gynaecology, Ethics, Healthcare professionals, Gilgit, Informed Consent, Communication, Training.

Introduction:

Professional ethics in obstetrics and gynaecology is the disciplined study of the moral obligations and ethical duties of healthcare professionals toward patients, colleagues, institutions, governments that fund patient care, and on society; based on ethical guidelines, standards, and virtues. (1) Ethical principles such as autonomy, justice, beneficence, and non-maleficence serve as the foundation to promote patients' well-being and avoid harm. Secondary principles like confidentiality, loyalty and fidelity strengthen the patient-physician relationship, safeguarding trust and integrity. In Ob-Gyn, practitioners face unique challenges as they are responsible for the well-being of mother and fetus. (2) Obstetricians and gynaecologists routinely encounter such situations where medical proficiency must be complemented with a firm understanding of biomedical ethics to navigate through such scenarios and to ensure sound judgment. (3) Biomedical ethics often prescribes a higher standard of behavior than the law, and obstetricians frequently encounter situations where legal and ethical guidelines conflict. (4) Integrating ethical reasoning for decision-making is crucial, as something that is legal is not necessarily moral or ethical. Ethical education and knowledge builds up patient-doctor trust, their well-being, protects vulnerable population and enhances maternal care; enabling physicians to make life-altering medical decisions while maintaining the integrity of the health care system.

Ob-Gyn often come across such dilemmas where straightforward ethical rules may not apply. It involves multiple factors, such as mother and fetus health, social and cultural beliefs, and her personal values. To address these challenges, they must adopt a flexible yet principled approach. (5) Incident reporting is another critical factor for identifying errors and adverse events. Establishing dedicated board panel promotes transparency, accountability, and continuous learning.

In Gilgit, healthcare systems operate within their distinct social, cultural, and economic frameworks. However, there is lack of data availability on evaluating knowledge and practices of ethics among Ob-Gyn professionals in public and private medical hospitals. This study aims to assess the knowledge, attitudes, and practices related to medical ethics among obstetricians and gynecologists in Gilgit and the mechanisms for navigating ethical dilemmas. Identifying the need for improvement, this study seeks to promote ethical education and enhance the quality of care for women in this region and the well-being of healthcare professionals and the institutes in the region equally.

Materials and Methods:

This cross-sectional study aimed to assess the knowledge, attitudes and practices of medical ethics among Obstetrics / Gynaecology in public and private sector hospitals of Gilgit. The study was conducted over a span of a month (1st to 31st August 2023) which included 96 healthcare professionals of both public (i.e. Regional Head Quarter Hospital and Provisional Head Quarter Hospital) and private (AKU & Family Health Hospital) hospitals of Gilgit. The sample was calculated by calculator.net. Participants included Consultants, Post-graduate Trainees, Medical officers, Nurse/operation theatre assistants and LHVs/Midwives from Ob-Gyn department. Non-Ob-Gyn healthcare professionals were excluded.

A non-probability convenience sampling was used, with data collected via a self-administered structured questionnaire distributed through an online form. The link to the questionnaire was shared to the healthcare workers via WhatsApp and emails. Prior to the survey the respondents were informed about the study's objectives and assurances of their anonymity were provided to ensure confidentiality.

A self-administered structured questionnaire, validated by a panel of experts and tested in a pilot study, contained various key sections: demographics, informed consent and decision-making, reproductive health and autonomy, ethics in breaking bad news, ethical issues in obstetrics emergencies, end-of-life and ethical dilemmas, reporting ethical violations, and continuing education

in medical ethics and ethical considerations in research. This study received an official approval from the IRB of Regional Head Quarter Hospital (RHQ). Participants were provided with informed consent before their participation and their confidentiality was ensured. The data collection tools did not capture the names of the respondent's ensuring confidentiality.
The data was de-identified and entered in SPSS 20 for further analysis. The quantitative data were expressed as absolute numbers. The association between variables was analyzed using chi-square test, where p value of <0.05 was considered significant.

Results:
This study analyzed responses from 96 healthcare workers in the Obstetrics/Gynaecology department of Gilgit. Most respondents (**41%**) were aged 25-35 years, and females made up majority of the sample. The largest groups by job role were medical officers (**28.1%**), followed by consultants and nurses (both **21.9%**). Experience levels were spread between those with less than 5 years (**26%**) and 5-10 years of experience (**26%**). Most of the respondents belong to the public sector, comprising **82.3%** of the total number.

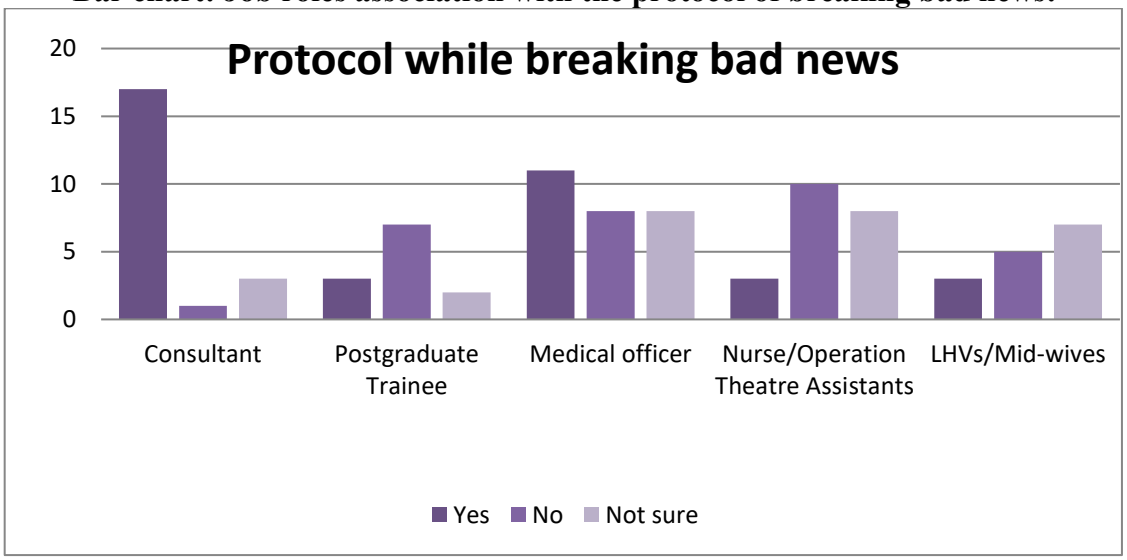
Table of Socio-Demographic Data:

Demographic Variable	Categories	Frequency (n=96)	Percentage (%)
Age	Under 25 years	4	4.2
	25-35 years	39	40.6
	36-45 years	31	32.3
	46-55 years	18	18.8
	55 years and above	4	4.2
Gender	Male	30	31.3
	Female	66	68.8
Workplace	Public/Government Sector	79	82.3
	Private Sector	17	17.7
Consultant/Specialist Status	Consultant	21	21.9
	Postgraduate Trainee	12	12.5
	Medical Officer	27	28.1
	Nurse/Operation Theatre Assistants	21	21.9
	LHVs/Midwives	15	15.6
Years of Experience	Less than 5 years	25	26
	5-10 years	25	26
	11-20 years	24	25
	More than 20 years	22	22.9

Key findings revealed that only **51%** of the respondents(n=45) consistently obtained written informed consent, while **68.8%** (n=66) participants' decisions were influenced by cultural or religious factors. In cases of severe fetal distress, **71.9%** of the respondents were more inclined towards explaining the necessity of C-section and involving family members, with most respondents prioritizing maternal safety over fetal well-being. While **86.5%** maintained patient rights particularly patient confidentiality when divulging information that may be sensitive in nature, electronic health records were inconsistently used. Additionally, **63.5%** respondents claimed to have faced difficulty in conveying bad news, yet only **33.3%** had attended communication-related workshops, leaving many unprepared for sensitive communications. Although many of the respondents (n=37) reported prior ethical training, additional training seemed necessary to **92.7%** (n=89), particularly in Ob-Gyn.

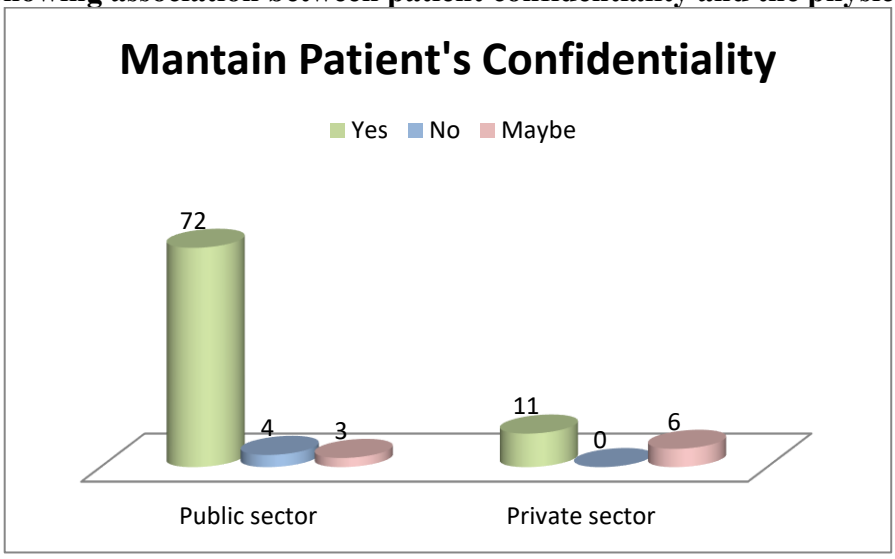
Significant demographic associations were observed. Age was found to be associated with the involvement in the medical ethics training programs**, (p = 0.018).** However, there was no correlation between age and successfully obtaining informed consent **(p=0. 517)** or cultural influences during practice **(p = 0.58).** All female respondents expressed a need for more training in medical ethics **(p = 0.000)**, moreover they sought to advice from seniors in difficult circumstances (**96.9%, p = 0.015**) more than male employees (**83.3 %, p = 0.015**). Consultants and senior staff were involved in end-of-life decisions **(p = 0.003)**, ethical dilemmas **(p = 0.023)** and even participation in communication workshops **(p = 0.004).**

Bar chart: Job roles association with the protocol of breaking bad news:



Interestingly the study revealed that public sector employees were more careful in obtaining written informed consent for the patients **(p = 0.020)** and maintaining patients' confidentiality **(p = 0.000)**.

Bar graph showing association between patient confidentiality and the physician's sector:



Experience significantly influenced handling fetal distress (**p = 0.043)** and end-of-life decisions **(p = 0.023)**, while cultural/religious beliefs influenced consent practices **(p = 0.000)**. Furthermore, a structured approach to break bad news was significantly associated with exposure to ethical dilemmas **(p = 0.007)**, and participation in ethics research was corelated with attending workshops **(p = 0.000)**.

Variable	Yes (n=61)	No (n=26)	Not Sure (n=9)	Chi-Square Value	p-value
Use of Structured Approach				14.086	**0.007**
Yes	27	8	2		
No	19	12	0		
Not Sure	15	6	7		
Consideration of Emotional Well-being				13.589	**0.009**
Yes	60	23	6		
No	1	1	1		
Not Sure	0	2	2		
Consulting Seniors or Colleagues				13.589	**0.009**
Yes	60	22	7		
No	1	0	0		
Not Sure	0	4	2		
Ethical Guidance in End-of-Life Decisions				16.122	**0.003**
Yes	15	8	6		
No	20	12	1		
Not Sure	8	13	13		

Table: Association Between Ethical Dilemmas in Breaking Bad News and Related Practice:

This table highlights the significant associations between encountering ethical dilemmas in breaking bad news and adopting structured approaches, as well as considering the emotional and psychological well-being of patients.

Discussion:

This study provides a comprehensive understanding of knowledge, attitudes and practices of healthcare professionals in the Obstetrics/Gynaecology department of Gilgit regarding medical ethics related to Obs/Gynae. This study focuses on various factors that include informed consent, handling fetal distress, maintaining patients' anonymity, breaking bad news, and the need of ethics training in Obs/Gynae. These factors are discussed in correspondence to the already present literature.

The demographic analysis of our study reveals that 96 healthcare professionals from Gilgit participated in this research predominantly females (68.8%), most of them being relatively young, with 41% aged 25-35 years. Moreover, the staff included medical officers (28.1%), consultants, nurse/OT assistant (29.1% each), showing a wide variety of job roles that probably impacts their ethical decision-making which was also mentioned in previous literature supporting the argument that with the increase in clinical experience and specialization, the ethical responsibility also increased (6). The levels of experience varied, with 52% representation from early career i.e. under 10 years. This gives us an idea how experience can affect the decision-making power in critical situations while keeping ethical practices in mind, this finding reveals that professional experience increases competence and decision-making skills (2) The demographic context explained how various factors such as age, job roles and years of experience has an impact on intersection between ethical competence and decision-making which is in alignment to the research conducted previously (2,5). Another very important aspect of this research was the sector in which the healthcare professionals work, with **82.5%** being in public sector. This led to various findings, as this study showed that public health workers were more likely to gather informed consent. As it was emphasized in a study that institutional policies have influence on ethical practices strongly in public sector(4).

The importance of securing informed consent, with **51%** of the respondents obtaining it aligns with the FIGO guidelines that indicate the necessity of securing written informed consent is a fundamental ethical requirement in obstetrics and gynaecology (1). Nevertheless, cultural beliefs complicate this process, as reported by **69%** participants. Few studies conducted in Saudia Arabia asserted that cultural and religious considerations often shape the patient's autonomy in making sensitive decisions like abortion and permanent contraception, which requires healthcare professionals to be more culturally sound and adaptive (7,8). This finding demonstrates that health-care professionals in low-resource setting have to be more cautious of cultural dynamics while practicing to maintain ethical standards (4,9).

Every field of medicine has its own ethical dilemmas, in Obs/Gynae ethical issues are distinct as they deal with maternal and fetal care. While managing fetal-distress situations, most respondents **(72%)** preferred to explain the necessity of C-section and involving family members. This approach is important as in moments of fetal distress the patient is more sensitive, and with the help of involvement of spouse and family better decisions are made. This implies that transparent communication and shared decision-making help prioritize the well-being of the patient (3). Similarly, prioritizing mother's safety is also a crucial factor of our study revealing **75%** respondants in favour of it which is in line with the global obstetrics ethics guidelines that demonstrate the mother's health being the priority in emergency situations (3,5).

Patient confidentiality is an important aspect of ethics, with **87%** of respondents ensuring patient privacy. As confidentiality is a fundamental right of a patient that can make them to trust doctors and lead to make accurate diagnosis(9,10). Moreover, majority of the respondents i.e. **64%** faced difficulty while breaking bad news such as intra-uterine fetal death, congenital anomalies, miscarriages and other sensitive situations encountered, despite attending communication workshops. Many felt unprepared for such conversations **(52%)** as most female patients are emotionally vulnerable and both patient and family have high expectations as pregnancy is often associated with joy and new beginnings. This shows specialized training programs should be incorporated in medical education for better communication during critical issues (11). Healthcare professionals, especially Obs/Gynae, should be provided proper training in order to enhance patient's confidence in doctor and obtaining better outcomes. The necessity of clear protocols and training is evident by the use of proper communication approaches, which help dealing ethical dilemmas in better way (2,9,12).

Patients' autonomy is a fundamental right, that allows the patient to take informed decisions. This study shows that majority of the participants **(52%)** agreed that women have full autonomy on the decisions of their sterilization (7,9,13) Furthermore, women's freedom of choice may face hinderance by traditional values and customs, which applies to health care, especially with regard to giving informed consent (14).

Furthermore, engagement in ethical practices is better linked to participation in medical ethics research. This finding draws attention to the role of research in encouraging ethical awareness among healthcare providers. However, the lack of correlation of participation in ethical research and feeling prepared for communication on critical and sensitive matters indicates that research alone is not enough for handling situations, for this better hands-on training is necessary as already deduced in previous researches (3)

This study also revealed a strong need of additional ethics training, particularly in Obstetrics/Gynae for better patient management. this finding is in accordance to research that stressed upon the importance of special training to address the unique challenges in medical field (11). Bioethics lack a structured curriculum for proper management of ethical dilemmas as stated in previous researches. (15–17) The research also revealed that respondents who were inclined towards additional training **(93%)** were more likely to consult their seniors in critical cases **(85%),** which highlights the significance of collaborative nature of ethical decision-making and consultation from professional colleagues.

This research revealed lack of electronic health record systems in the hospitals of Gilgit i.e.**78%.** Electronic health records are important in Obs/Gynae as they help improve patient engagement, assess

medical information easily, and enhance the quality of patient care. (18–20). Furthermore, the findings revealed lack of incident reporting to regulatory authority **(58%)**. Reporting adverse incidents to a regulatory authority plays a crucial role in quality assurance and patient safety (21,22).

Limitations:

A relatively small sample size can be considered one of the limitations, that may not have provided complete insight of the region, study design being cross-sectional which only gave us the finding of a one-time snapshot of ethical practices and attitudes, and self-reported data which can create a bias in findings. Moreover, certain ethical aspects remained uncovered such as reproductive counseling and rights regarding abortion, which are more crucial in Obstetrics practice. Lastly, the absence of qualitative findings restricts a deeper understanding of the factors associated with medical ethics.

Recommendations:

For the improvement of ethical decision-making in Obstetrics/Gynaecology, several recommendations emerge from this study. Gender-specific ethical training is a must-have in clinical practices to communicate properly according to the situation which would in turn increase the quality of patient care. Establishing and enforcing proper ethical guidelines for scenarios like informed consent, confidentiality of patient, and end-of-life decisions. Additionally, the collaboration of different departments may enforce better ethical practices, alongside participation in ethics research and taking additional training. Future research should navigate the qualitative aspects in order to get an in-depth understanding of ethical dilemmas of this field. Lastly, these findings should be used by policymakers for enhancing the healthcare infrastructure and support systems for healthcare professionals.

Conclusion:

This study highlights the association of demographics, as well as factors like consent taking, cultural practices, breaking bad news, managing end-of-life decisions, with ethics. Furthermore, this study highlighted the importance of participation in research, structured communication protocols, interdisciplinary collaboration and additional training programs which will help the professionals to enhance ethical standards. Identifying these gaps will enhance the ethical standards and improve health care delivery in Gilgit.

References:

1. Chervenak FA, Mccullough LB. FIGO Ethics and Professionalism Guidelines for Obstetrics and Gynaecology For The FIGO Committee on Ethical and Professional Aspects of Human Reproduction and Women's Health [Internet]. 2021. Available from: www.figo.org
2. Hemberg J, Hemberg H. Ethical competence in a profession: Healthcare professionals' views. Nurs Open. 2020 Jul 18;7(4):1249–59.
3. Chervenak FA, McCullough LB, Brent RL. The professional responsibility model of obstetrical ethics: avoiding the perils of clashing rights. Am J Obstet Gynecol. 2011 Oct;205(4):315.e1-315.e5.
4. Ball R, Corbis /. WORLD MEDICAL ASSOCIATION Medical student holding a newborn Medical Ethics Manual. 2015.
5. American College of Obstetrics and Gynaecology. ACOG Committee Opinion No. 390, December 2007. Ethical decision making in obstetrics and gynaecology. Obstet Gynecol. 2007 Dec;110(6):1479-87. doi: 10.1097/01.AOG.0000291573.09193.36. PMID: 18055752
6. Chervenak FA, Mccullough LB. FIGO Ethics and Professionalism Guidelines for Obstetrics and Gynaecology For The FIGO Committee on Ethical and Professional Aspects of Human Reproduction and Women's Health [Internet]. 2021. Available from: www.figo.org

7. Alahmad G, Althagafi NA. Attitudes toward Medical Ethics among Obstetricians and Gynaecologists in Saudi Arabia: An Exploratory Survey. Healthcare. 2023 May 11;11(10):1394 .
8. Dezhkam L, Dezhkam H, Sc M, Dezhkam I. Sex selection from Islamic point of view. Vol. 12, Iran J Reprod Med. 2014
9. ACOG Committee Opinion No. 390: Ethical Decision Making in Obstetrics and Gynaecology. Obstetrics & Gynaecology. 2007 Dec;110(6):1479–87.
10. Anonymous A. World Medical Association Declaration of Geneva. Afr Health Sci. 2018 Jan 8;17(4):1203.
11. Hollins LL, Wolf M, Mercer B, Arora KS. Feasibility of an ethics and professionalism curriculum for faculty in obstetrics and gynaecology: a pilot study. J Med Ethics. 2019 Dec;45(12):806–10.
12. Chervenak FA, McCullough LB. Ethics in obstetrics and gynaecology. In: Arulkumaran S, Ledger W, Denny L, Doumouchtsis S, editors. Oxford Textbook of Obstetrics and Gynaecology. Oxford University Press; 2020. p. 33–43.
13. Alhassan N. Health care and contraceptive decision-making autonomy and use of female sterilisation among married women in Malawi. Front Glob Womens Health. 2024 Jun 4;5.
14. Althagafi NA, Alahmad G. Ethics education among obstetrics and gynaecologists in Saudi Arabia: a cross-sectional study. BMC Med Educ. 2023 Nov 16;23(1):872.
15. Alardan A, Alshammari SA, Alruwaili M. Knowledge, Attitude, and Practice of Family Medicine Trainees in Saudi Training Programs towards Medical Ethics, in Riyadh. J Evol Med Dent Sci. 2021 Mar 29;10(13):968–75.
16. Byrne J, Holmquist S, Derby K, Chor J. Ethics Education in Obstetrics and Gynaecology: a Survey of Resident Physicians. Med Sci Educ. 2017 Jun 10;27(2):345–51.
17. Byrne J, Straub H, DiGiovanni L, Chor J. Evaluation of ethics education in obstetrics and gynaecology residency programs. Am J Obstet Gynecol. 2015 Mar;212(3):397.e1-397.e8.
18. Reed M, Huang J, Brand R, Graetz I, Neugebauer R, Fireman B, et al. Implementation of an Outpatient Electronic Health Record and Emergency Department Visits, Hospitalizations, and Office Visits Among Patients With Diabetes. JAMA. 2013 Sep 11;310(10):1060.
19. Wiebe N, Otero Varela L, Niven DJ, Ronksley PE, Iragorri N, Quan H. Evaluation of interventions to improve inpatient hospital documentation within electronic health records: a systematic review. Journal of the American Medical Informatics Association. 2019 Nov 1;26(11):1389–400.
20. Khamisy-Farah R, Furstenau LB, Kong JD, Wu J, Bragazzi NL. Gynaecology Meets Big Data in the Disruptive Innovation Medical Era: State-of-Art and Future Prospects. Int J Environ Res Public Health. 2021 May 11;18(10):5058.
21. Johansen LT, Braut GS, Acharya G, Andresen JF, Øian P. Adverse events reporting by obstetric units in Norway as part of their quality assurance and patient safety work: an analysis of practice. BMC Health Serv Res. 2021 Dec 8;21(1):931.
22. Zaami S, Orrico A, Signore F, Cavaliere AF, Mazzi M, Marinelli E. Ethical, Legal and Social Issues (ELSI) Associated with Non-Invasive Prenatal Testing: Reflections on the Evolution of Prenatal Diagnosis and Procreative Choices. Genes (Basel). 2021 Jan 30;12(2):204.