

Young doctors need to see medical ethics practiced

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To the Editor: Elmahdi Elkhammas [1], MD, touched on an important topic in medical practice, that of medical ethics; the acquisition, the practice and the teaching of. One can not help noticing that in the furore of medical conferences held in Libya over the last few years, a great emphasis was put on recent advances in various fields of medical practice. Very little time was given to fundamentals of medical practice like the doctor- patient relationship, doctor-doctor relationship, informed consent, confidentiality, accountability, documentation, communication skills, social dimension of illness, postgraduate training, revalidation and licensing, medical audit, development of national guidelines of practice, medical malpractice etc. Addressing these some what less "technical" issues can and will have a profound effect on the standard of health services provided to Libyan patients. Recent advances in medicine can not operate in a vacuum and we can not assess the impact of recently adapted advances without documentation, audit and the mechanisms to measure performance.

I would argue that we (medics) simply need to engage the patients and their relatives. Patients need to be informed about their illness in a language that is understandable by them, jargon free, and far less condescending than being practiced thus far. Relaying accurate information to patients will become a duty and not an added extra that treating physicians may or may not bestow on their patients. Put simply, medics are to start to regard the doctor-patient relationship as a two way street or as a partnership; our role (as medics) in which is to advise patients regarding management of their illnesses based on the best evidence available, and not to decide for them. This in my view should precede tackling other more thorny, but no doubt important issues like end of life decisions, the vegetative states, resuscitation decisions etc.

A fresh look to the patient- doctor relationship seems a good starting point because it will introduce concepts like communication skills, confidentiality, documentation, best evidence and accountability. Adapting such concepts into our daily medical practice will have a paramount effect on our performance and our patients' satisfaction with the service provided.

Teaching medical ethics can not, and should not be limited to be a course for the 4th. or 5th. year medical students. It works better when medical students and young doctors see it practiced in real life on our wards and clinics. Senior medics are not just teachers, they are role models, or at least that is how they should be.

References

- 1- Elkhammas EA. Medical ethics in Libya: where to start? *Libyan J Med*, AOP:061201; 2006: 1(2).