

Medical Law and Professional Ethics: An Overview

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Abstract: The development of modern medicine has given rise to new questions about how to handle current bioethical dilemmas. The last ten years have seen a dramatic shift away from the more traditional medical ethics used elsewhere since this practice is increasingly called for worldwide. Medical ethics in the modern era has evolved to incorporate an organized framework for recognizing, analyzing, and resolving moral dilemmas in clinical practice. This is a non-interventional exploratory type-study that reveals the stone of Medical Ethics was laid by "The Father of Medicine," Hippocrates, in the 5th and 4th centuries BC, on which Physician and Author Thomas Percival erected the first modern code of Medical Ethics. Still, over time, due to the advancement of knowledge in health science, research, social science, technology, war and peace, law and justice, digitalization, and globalization, professional medical ethics ultimately took a comprehensive shape for the betterment of humankind, nature, and the ecosystem.

Introduction

Ethics is the word which is derived from the Greek word —ETHICOSI and Latin word —ETHOSI which means manners or character. It's the branch of Philosophy which deals with the human manners and character from the moral point of view. In fact it deals with the whole science of moral principles. It derived as follows- Beliefs (good) ----Values -----Morality Ethics. The first contemporary code of medical ethics was created by English physician and author Thomas Percival, who published a booklet outlining the code in 1794 and an enlarged version in 1803. In Health Science Ethics has a great value to be considered in 4 fields, e.g.-a) Healthcare, b) Health Education, c) Health Administration and d) Health Research. In Ethical field of Health Science there are four principles: a) Autonomy (Community autonomy refers to the enshrined legal capacity of communities to perform public policy duties of a legislative, executive, or judicial type separately from other sources of authority in the state, but within the bounds of the broader legal order of the state); b) JUSTICE (Fair treatment & due reward in accordance of Moral & Legal Standard, it literally means of absolute rightness.); c) Beneficence (It is done for the benefit of others.); and d) Non-Maleficence (it means —DO NO HARM!-Physicians must refrain from ineffective treatments towards patients.). These four principles are based on three pillars e.g.-a) LAW (It's the system of rules and guidelines which are enforced to govern behavior through social institutions whenever possible.); b) INFORMED CONSENT (It's the legal procedure to inform & ensure a patient, client or a research-participant regarding the risk & cost of a treatment or a research procedure.); c) INDUCEMENT (It means incentive, stimulus or incitement. It may be defined as an advantage, benefit or a consideration that causes a party to perform or act efficiently or cost effectively.

Development

The term "professional ethics" refers to the norms of conduct and personal values that are expected of someone in a certain profession. Based on Social Science, Medical Ethics must consider empathically 10 groups for Professional Medical Practice or Medical Research, e.g., a) Women, b) Children, c) Underprivileged people, d) Elderly people, e) Prisoners, f) Refugees, g) Minority Groups, h) Prostitutes, and i) Tribes. Based on Ethics in Health Science, a Certified and Licensed Physician has an

ethical vise-versa responsibility to a patient, b family, c community, d physician, and e health-workers. And health-workers have an ethical vise-versa responsibility to a) institutions, b) administrations, and c) policymakers.

Major 10 New Medical Ethical Challenges based on Law and Justice are

1) Patients' privacy will be respected This article will discuss the ethics of healthcare teams, including:
2) Patient Safety, 3) Patient Rights, 4) Resource Equity, 5), Conflict of Interests, 6), Ethics of Privatization, 7), Informed Consent, and 8). 10) Interacting with people of the opposing sex (Walker RM, Miles SH, Stocking CB, Siegler M.)

Major 05 Medical Ethical Challenges based on Digitalization are

1) When data are collected and stored for future use, all potential applications cannot be foreseen and need informed consent. 2) Health-related inferences may be made from any data collection. Therefore, even data that is unrelated to health may be used for health. 3) More people than only the data collector have access to personal information. 4) Data are never fully disclosed, which makes re-identification difficult. Re-identification could be made possible via data fusion and integration. Unnamed may not protect the interests of participants and researchers. 5) People may not be aware of the information that is used to draw inferences and forecasts about them. There are few options for fixing the issue if misleading or dangerous data are used. (Gajovic, Svalastog, Allgaier, and Martinelli)

According to the American Medical Association's (AMA) Journal of Ethics, ethical concerns that impact doctors, doctors-in-training, and their patients include those that are stated below, for example.

1. If disability is defined by behaviour, outcome measures shouldn't encourage "Passing" – In some conditions where behaviour is the defining factor, a troubling trend has emerged in which researchers, doctors, and paramedics are using measures that prioritise reducing diagnostic traits that are not harmful (Fein D, Barton M, Eigsti IM, et al.).

2. Language hurdles worsen health inequalities - Despite its demonstrated usefulness and inclusion in professional standards, professional medical interpretation is not always offered, which compromises the treatment of patients with poor English proficiency (DuBard CA, Gizlice Z.).

3. Although equity is different from equality, the civil rights act and the fourteenth amendment of the US constitution are applied to promote health equity. Whereas both equity and equality promote justice, equity "recognises that each individual has different circumstances and allocates the exact resources and opportunities needed to obtain an equal outcome while equality emphasizes providing everybody the same resources or chances" (George Washington University. Equity vs equality: Online Public Health).

4. If a patient's autonomy compromises her ability to get equitable care, doctors used to believe that linguistic and cultural obstacles might make it difficult for patients and doctors to communicate, aggravating health disparity. When relatives request that doctors lie to patients or withhold their diagnoses and prognoses in order to protect their loved ones, difficulties can also result. Physicians must respect the cultural, religious, and societal standards of their patients and their families when making decisions about their health care, but they may also be morally distressed by how some decisions affect their patients' health results (Fernandez V, Salamero O, Espinet B, et al.)

5. Medical professionals and pharmacists promote health equity in impoverished areas. In order to minimise costs and improve health outcomes, doctors, pharmacists, and other healthcare professionals play a crucial role in addressing socioeconomic determinants of health and health inequalities (Maloney LR, Thompson KK, Vanderpool HK.).

6. The Holocaust continues to be relevant, which is why Nuremberg

Ethics must be upheld. The healthcare industry was facing some of the most difficult ethical issues in generations, including a viral pandemic with anticipated shortages of vital resources and a lack of national coordination around COVID-19 testing, tracking, prevention, and treatment in many

countries. These issues all served to exacerbate and highlight underlying racial, geographic, health, and socioeconomic inequities.

7. A doctor should never sterilise a patient without their consent. Although they were not the only professions or where some individuals once held eugenic and neo-eugenic beliefs, doctors have been the only professionals doing sterilisation, which required surgical competence. However, doctors have also been leaders in campaigns to stop the misuse of sterilisation after uncovering it (Dudley-Shotwell H. Revolutionizing Women's Healthcare).

8. The medical history of Nazi experiments reveals countless instances of mainstream doctors and scientists carrying out atrocious acts with the best tools available at the time in order to conduct important research produce data they intended to be data, and create applications they hoped would be useful (Miles SH. The Torture Doctors: Human Rights Crimes and the Road to Justice).

9. According to Medical Ethics, racism in professional medical practise is defined as "beliefs, attitudes, institutional structures, and practises that tend to disparage individuals or groups because of phenotypic features or ethnic group affiliation" (Clark R, Anderson NB, Clark VR, Williams).

10. Medical professionals must use their influence as customers, employees, voters, and people to demand anti-racism as the new lifeboat of civilized society and to set an example for others to follow (Lopez G, Ruiz NG, Patten E. Key).

It has been determined through research that the present level of understanding and practice of medical ethics among health practitioners in Bangladesh is not at a suitable level, which is a violation of Medical Ethics. Nowadays Behavioral Science is also a part and parcel of practicing professional medical Science due to physicians and patients comfortable relationship that means patients always expect a quality-care with sympathetic-human touch with prescribed medicine. It is one of the reasons that Bangladeshi patients are going abroad for their treatment as well as our foreign currency is draining out of the country (Anita Medhekar-Central Queensland University; Muhammad Mahboob Ali-Dhaka School of Economics, Bangladesh)

Recommendation

To encourage doctors to act morally, institutions like the Bangladesh Medical Research Council (BMRC) and professional organizations like the Bangladesh Medical Association (BMA) need to give serious consideration to incorporating courses on medical ethics, behavioral science, patient communication, and digitalization into their curricula for both undergraduate and graduate medical students.

Conclusion

To abide by Medical Ethics for a Medical Professional or Physician is an inevitable for the sake of mankind as well as for him also for his or her own old age when s/he will be incompetent to act like self-dependent person. So every Healthcare worker of every level should respect passionately the Medical Ethics by heart and soul and update own self on Medical Ethics digitally for the global people.

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