Understanding of ‘Equality, Justice and Equity’ among First Year Undergraduate Students of BPKIHS

S Sharma¹, DR Shakya², S Adhikari³, VA Chetri³, RR Singh¹
¹Department of Pediatrics, ²Department of Psychiatry, ³MBBS Students
BP Koirala Institute of Health Sciences

Abstracts

Background: Understanding of ‘Equality, Justice and Equity’ at the beginning of medical education will have a great bearing in future career.

Objectives: To assess understanding of ‘Equality, Justice and Equity’ among the first year undergraduate students of BPKIHS who were in the beginning of health science/ medical education

Methods: This is an academic institute based study carried out among the first year undergraduate students (BSc.- Nursing, BSc.- Allied, BDS and MBBS) of BPKIHS, based on convenient sampling.

Results: We had 55% female subjects, more from urban settings (65%). Many students were aware about Bioethics and willing to be a part of Bioethics group. Half of the participants felt the need to discuss their patients’ information with their colleagues. More of them (38%) were not sure not about charging more for service on the rich to compensate for the poor while one fifth (22%) favored and one fifth (20%) disagreed.

Most of the participants believed that patient’s wishes should always be adhered to. A few respondent students (4%) also believed that doctors and nurses should refuse to treat violent patients. Majority of the participants had heard of taking informed consent and agreed on entertaining patient’s questions during their posting.

Conclusion: There should be various modes of enhancing the teaching learning opportunities for the medical students to learn about ethics and ethical principles including ‘Equality, Justice and Equity’ and to enhance their positive view.

Keywords: Awareness, Attitude, Bioethics, Equality, Equity, Justice, Knowledge, Medical students, Nepal

Introduction

Biomedical ethics or in short, Bioethics is the study of moral values and judgments applied to medicine. Conceptually, it is a shared reflective examination of the issues in health-care (service), health science (academics and research) and health policy as right and wrong, with the indication of what to do and what not to.¹ The medical ethics education has been shown to have a positive impact on moral development and on making complete and better doctors.² However, most of the students do not receive enough training to sufficiently prepare them for the ethical challenges they face in practice.³
The ‘equity’ concept is associated with fairness or justice in the provision of education or other benefits and it takes individual circumstances into consideration while ‘equality’ usually connotes sameness in treatment by asserting the fundamental or natural equality of all persons.\(^4\) Equality demands fair competition but tolerates and, indeed, can require unequal results. Hence, the ‘equality’ concept associated with the democratic ideal of social justice demands equality of results.\(^5\)

Approach to ethical dilemmas, including that of ‘equality, justice and equity’ is important aspect that health science students need to learn. This is the Article 10 of the Universal Declaration on Bioethics and Human Rights. One should consider about equality while practicing medicine (dealing similar clients in similar way) along with equity (according to the need and condition) for the justice.

The knowledge and awareness of Bioethics and positive attitude regarding the bioethical issues in the medical students will help them, in future, to tackle the ethical scenarios in medical practice and clinical research by using the principals of medical ethics viz. Autonomy, Non-maleficience, Beneficence and Justice.

We lack data regarding the view of medical students’ on the understanding about the issues related to ‘Equality, Justice and Equity’. Hence, this study was conducted among First year Undergraduate Students in 2016 in B. P. Koirala Institute of Health Sciences (BPKIHS), Dharan, Sunsari, Nepal to explore into this issue.

### Materials and Method

This is an academic institute based descriptive study carried out among the first year undergraduate students from Medical, Dental, Nursing and allied fields (i.e. BSc.- Nursing, BSc.- Allied, BDS and MBBS) of BPKIHS, based on convenient sampling technique. Out of the total of the 210 students enrolled in these academic programs of BPKIHS (2016), we could collect the responses of 181 subjects within the study period (Dean, Academics of BPKIHS: www.bpkhips.edu). The subjects were approached in person to explain about the study, written informed consent was collected and the ‘semi-structured proforma’ and the pretested ‘Bioethics Awareness, Knowledge and Attitude’ questionnaire were used to collect the related responses through face to face interview or through self response. Up to maximum of 3 times, the subjects were contacted if required. The responses were analyzed with the focus on the theme ‘Equality, Justice and Equity’ related issues.

### Results

#### Table. 1: Socio Demographic Information

<table>
<thead>
<tr>
<th>Attribute</th>
<th>No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>100 (55.2)</td>
</tr>
<tr>
<td>Male</td>
<td>81 (44.8)</td>
</tr>
<tr>
<td><strong>Nationality</strong></td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td>43 (23.8)</td>
</tr>
<tr>
<td>Nepalese</td>
<td>138 (76.2)</td>
</tr>
<tr>
<td><strong>Residential area</strong></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>118 (65.2)</td>
</tr>
<tr>
<td>Semi-urban</td>
<td>43 (23.8)</td>
</tr>
<tr>
<td>Rural</td>
<td>20 (11.0)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>181 (100.0)</td>
</tr>
</tbody>
</table>
Table 2: Views on ‘Equality, justice and equity’ related issues

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree (%)</th>
<th>Disagree (%)</th>
<th>Not Sure (%)</th>
<th>Agree (%)</th>
<th>Strongly Agree (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certain Medical personnel charge more from rich to compensate for treating the poor.</td>
<td>14.4</td>
<td>19.9</td>
<td>37.6</td>
<td>22.1</td>
<td>6.1</td>
<td>100</td>
</tr>
<tr>
<td>Patient wishes should always be adhered to.</td>
<td>2.2</td>
<td>17.1</td>
<td>24.3</td>
<td>24.3</td>
<td>16.6</td>
<td>100</td>
</tr>
<tr>
<td>Health Professionals know the best irrespective of patient’s Opinion.</td>
<td>12.2</td>
<td>29.3</td>
<td>28.2</td>
<td>28.2</td>
<td>4.4</td>
<td>100</td>
</tr>
<tr>
<td>Doctor and nurses should refuse to treat violent patient.</td>
<td>34.3</td>
<td>44.2</td>
<td>17.1</td>
<td>17.1</td>
<td>0.6</td>
<td>100</td>
</tr>
</tbody>
</table>
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Figure 3: Taking Informed consent and Need to entertain patient question during posting

Discussion

This is a descriptive study which examined the Awareness, Knowledge and Attitude of the undergraduate students in the beginning of their study regarding Bioethics and related issues with the focus on ‘Equality, Justice and Equity’. This is Article 10 of the UNESCO Universal Declaration on Bioethics and Human Rights. To our notice, this study is the first of its kind being done at our institute focusing on the Undergraduate students who are the future of the medical practice in Nepal. The study was carried out under the guidance of the Nepal National Unit of UNESCO chair in Bioethics (established in January 23, 2014).

Majority of our respondent students (89%) had heard the term Bioethics. This figure is comparable to another study among graduate students and faculty/ researchers of universities in Lahore, Pakistan by Alam et.al. where 88.9% of the participants were familiar with the term Bioethics. The awareness regarding Bioethics may be due to the sensitization programs carried out by the Bioethics Unit at BPKIHS among the first year undergraduate students and also the different bioethical issues that they come across in the news and medias.

In our study, 42 participants (23.2%) had not heard about taking informed consent. This can be compared to a study done by QIdwai et.al. where informed consent was not taken from 33.6% of the patients and 56.9% of patients responded that they were not informed about the side effects of the prescribed medicines. This strongly suggests that the practice of informed consent can be effectively established if the students are aware about the informed consent from the very beginning of their medical career.

In the same study, according to 39% of male participants, proper privacy was not maintained during their clinical examination. This can be related to our study from the perspective of the principle of ‘confidentiality’ where 50% of the participants felt the need to discuss the patient information with their colleague.

Regarding the issue of charging more from the rich patient to compensate for treating the poor patient, we found that the participants both agreeing (22%) and disagreeing (20%) were comparable while most of them were not sure about it (37.6%). This was similar to the study done by Janakiram et.al. where 25% of the participants agreed on charging more from the rich patient to compensate for the poor. In the same study, 46.9% medical and 80.3% dental post graduate students agree on health professionals knowing the best irrespective of the patient’s opinion. However in our study, only 4.4% of the participants strongly agree, 29.3% disagree and many of them (28.2%) were not sure about it. This difference can be due to the study population. Our study focused on the first year Undergraduate students who were in
the beginning of medical career and have less knowledge and experience compared to the post graduate students in the same field.

Rose et al. reported in a medical college in India that fifty-five per cent of the participant undergraduate students had faced ethical issues during their student period. Our participants had mixed type of attitude towards some bioethical issues. While most of the participants believed that patient wishes should always be adhered to, a quarter of the subjects didn’t agree on this regard. This variety in view may be because of the still deep rooted patriarchal type of medicine which is slowly fading away due to increasing awareness of students on ethics and increasing literacy status of the Nepalese population.

More than two thirds of the participants felt that it is necessary to entertain patient’s questions during their posting. This shows the enthusiasm of future medical professionals of Nepal in understanding and respecting the patient’s opinion which will be crucial for the practice of Patient Centered Care. This finding reflects a good indicator in the field of Bioethics and medical practice in Nepal.

Limitation of the study
1. Our study had only first year undergraduates as participants. The results cannot be generalized to the whole undergraduate students.
2. First year students have only little clinical exposure. So, most of the students had not faced ethical dilemma and were most likely unfamiliar about Bioethics.

Recommendations
- A new medical education policy should be formulated including Bioethics education to inculcate ethical attitude and behavior in students.
- There should be proper training in Bioethics targeting the undergraduates and post graduates.
- Awareness programs, discussions, symposiums can be organized emphasizing on the Bioethical issues and the ways to approach them.
- More similar studies should be conducted focusing on medical interns and faculties to access their attitude and practice.

Conclusion
Our study brings about the attention to the importance of knowledge, awareness and attitude towards Bioethics in the students of undergraduate level and helps to realize the importance of equality and most importantly equity in the context of our limited resource setup of Nepal in the delivery of justice. If the students are sensitized and trained in different aspects of Bioethics, right from the beginning of their career, they will be more aware, confident and prepared in the right decision making during their medical practice in future.

References
3. Mohamed AM, Ghanem MA, Kassem AA. Knowledge, perceptions and practices towards medical ethics among physician residents of University of Alexandria


