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Professional Ethics: From Theory to Practice -Evaluating Ethical Commitment Among Medical Doctors in Constantine Province-

الأخلاقيات المهنية: من النظرية إلى الممارسة – تقييم الالتزام الأخلاقي بين الأطباء في ولاية قسنطينة–

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Abstract

The study aimed to assess the ethical commitment for 136 doctors at the level of 8 health institutions in Constantine, based on the descriptive and analytic approach, using the questionnaire as a data collection tool and SPSS.V23 as an analysis tool.

The study concluded that there is a moral obligation among doctors to varying degrees, it is also worth paying more attention to medical ethics education and training by officials.

Keywords: Morals, Ethics, professional ethics, Medical ethics, Ethics of care, Deontology.

ملخص

هدفت الدراسة إلى تقييم الالتزام الأخلاقي لـ:136 طبيب على مستوى 8 مؤسسات صحية في ولاية قسنطينة، اعتماداً على المنهج الوصفي التحليلي واستخدام الاستبيان كأداة لجمع البيانات وبرمجية SPSS.V23 كأداة تحليل.

خلصت الدراسة إلى وجود التزام أخلاقي بين الأطباء بدرجات متفاوتة، كما يجدر إيلاء اهتمام أكبر لتعليم الأخلاقيات الطبية والتدريب عليها من طرف المسؤولين.

الكلمات المفتاحية: الأخلاق، الأخلاقيات، أخلاقيات المهنة، الأخلاقيات الطبية، أخلاقيات الرعاية، أخلاقيات الواجب.

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1. INTRODUCTION

Ethics escorted medical practices since 400 BCE, demonstrated in an ancient script called: "Hippocrates Oath" describes a set of rules and regulations to practitioners, it considered as "Code of ethics" for doctors. Since that, Medicine as a profession developed and becomes more complicated especially in ethical issues, and the profession itself become institutionalized that put it somehow in economic or industrial mold. This new status represents a certain conflict between the core value of duty, care and service of the medical profession and healthcare economy systems objectives. Medical students are the human resources for medical professions and different healthcare institutions, besides their own perspective about ethics, they are exposed to specific curricula and ethical training programs which lies heavily into the inside of medical profession.

To deal furthermore with this topic, the study will try to answer this main question: "***What is the level of ethical commitment of doctors in Constantine's healthcare institutions?***" And the following sub-questions:

- What are the sources ethics acquisition from medical doctors of Constantine healthcare institutions?
- How does medical ethics education help medical doctors taking ethical decisions?
- Did doctors have a more traditional or a modern perspective towards medical ethics and care in health institutions?

Aims and importance of the study: This study aims to evaluate doctor's perspective of professional and medical ethics and the role teaching and training ethics to doctors in Constantine, and thus evaluating their ethical commitment. It is important knowing the sources of one's ethical standpoint to finally reaches ethical decisions. in this study there are many sources of ethics in medicine profession (personal, professional and societal).

2. Ethics or Moralities: What is the difference? Ethics and moralities often used in a compatible way (Silva & et al, 2016, p. 153). Linguistically, ***"Ethic"*** from the Greek word: "*Ethikos*" which originally comes From "*ethos*" (Elliott, 2009, p. 01) means: character or custom it refers to individuals characters (Turnipseed, 2002, p. 02), their acts, expertise and

decisions made in their daily lives (Pahwa & et al, 2018, p. 230).***"Morality"*** comes from the Latin word: "*mos, moris*", used by **Cicero** as an equivalent of the Greek word: "*Ethos*" (Gammel, p. 01) means: custom (James Fieser, https://www.utm.edu/staff/jfieser/class/160/1-ethical-theory.htm, 16/11/2018, 13:23). It refers to people beliefs of right and wrong that orients decisions in their personal and professional lives (Singal & Geeta Kamra, 2012, p. 689). It is an institution has history and educational rule code (Beauchamp and Walters, 2003, p. 01), contain the general moral standards that applied on individuals regardless of their occupations or roles (Resnik, 2005, p. 14). Ethics is not general standards; it is standards of professional, job, organizations or groups in society, it refers to rules of conduct that describes the important social and cultural values and strengthen it, whether it is officially written, spoken or understood from all the participants (Castellano, 2004, p. 99). It is a branch of philosophy dealing with studying and analyzing moral values and unified their applied effects in human lives (Noddings, 1986, p. 26) (Đuričić Obradović et al, 2017, p. 541) and the critical thinking of general standards called: "***moral philosophy"*** (Frankena, http://www.ditext.com/frankena/e1.html, 14/12/2018, 19:03).

2.1. Ethical approaches and theories: Moral philosophy includes the ethical theory as one of its main parts; it is the study of how to conceptualize the basics concepts of truth, good ethical value to form different ethical structures. **The *ethical theory*** identifies differences and similarities between these structures and characterized the way they are associated with moral sensitivities (Rawls, 1974-1975, p. 05). ***Normative ethics*** is concerned with how to develop rules and principles by which to judge and guide meaningful decision-making (McCubbrey, 2009, p. 257); the methodological thinking in ethical treatment, critique and justification, by which rules, set, defended or opposed (Gammel, p. 01). ***Deontology ethics*** a part of normative theories, is a moral decision-making approach that defines the moral permissibility of action, based on analysis of responsibilities that related to roles of agents, often without regard to the consequences of a specific act (Elliott, 2009, p. 53). This theory is also called Ethics based on duty or Kantian Ethics, where the focus is on the commitment of ethical principles and duties fulfilling

towards others (Amakobe, 2016, p. 06). According to Kant, nothing in this world is good without qualification as good intention, where this is diagnosed in terms of motivation: "duty for duty" (Frey & Jose A. Cruz-Cruz, 2013, 30)

In the past, the practice of medicine and health care was related to the thinking activities and self-interpretation, since the medical philosophy was an activity of medical practitioners themselves, parts of this ongoing activity of philosophical reflection within medicine itself refers to as: "Professional ethics" (Have, Annique Lelie, 1998, p. 264). **Professional ethics** are standards of conduct that are used for individuals who have a particular occupation, job or role. An individual who works in a profession has moral obligations because of the trust given to him by society, to provide valuable services and commodities that can only be provided if the behaviour is agreed with specific criteria. The professions that fail to live up to their ethical obligations betray his trust (Resnik, 2005, p. 14). **Professionalism** defined as the strict commitment to courtesy, honesty and responsibility when dealing with individuals or other companies in the business environment, these features often include a high degree of excellence beyond the basic requirements ... (Vitez & Demand Media, p. 34) this mode of quality and competence called " *instrumental*" or "*technical rationality*" or what Habermas called " *Technical interests*"… the ability to apply these approaches on professional service concerned on interactions with people are questionable (Hodkinson, Issitt, 1995, pp. 05-06) Professionalism and professional ethics demonstrated by individuals in the working environment could be built around an internal moral system or code of ethics (Vitez & Demand Media, p. 34).

2.2. Ethics of care: Health care is not a universal concept, same as health and disease, they are shaped by a people's philosophy and culture, that is why it should be determined by people's view and their relation to the environment. Health care attitude and methods have to take the previous differences into account (M.Vetach, 2000, p. 350). The ethics of care is only a few decades old, some theorists disagree to the term of "Care" to designate a theory and they tried*: ethics of love, relational ethics* but it

always come back to the concepts of care. The advocates of the ethics of care as an ethical theory view it as a mix of insight and value the way it concerned with contextual and specific narrative than making abstract and universal claims of familiar moral theories (Held, 2006, pp. 09-10). The ethics of care focus on *sympathy, compassion, fidelity, love and friendship* (Beauchamp and Walters, 2003, p. 01). The problem of justification of actions is not essential for ethics of caring, it is an obligation to do what is required to maintain and enhance care by explaining why in the interest of caring for oneself or in the others whom been cared for (Noddings, 1986, p. 95). The industrial model treats caring for others as if it was an engineering problem, clients become customers buying the technical product, and this later can be improved by measuring the efficiency of the product line, the question here is weather can be applied to professional services focused on interactions with people; quality in care professions is not free from value, it is about value (Hodkinson, Issitt, 1995, p. 06). According to world medical association, physicians are expected to exemplify *compassion, competence and autonomy* to a higher degree than other people (WMA, 2005, p. 17).

2.3. Medical ethics: Modern medical ethics no longer focuses on the internal of medicine and that the idea of values and rules are inherent in the practice of healthcare is important to the resolution of ethical dilemmas and its interpretation. The external concept of medical ethics is that ethics is meaningful and appropriate because of its compliance with the most comprehensive ethical viewpoints in society. This concept shows itself in different ways as the name of specialization has changed where it is called: "bioethics" or "health ethics" to refer to the activity covered by ethics (Have & Annique Lelie, 1998, p. 264). Medical ethics includes ***clinical ethics:*** focuses on the personal duties of the physicians-patient relationship such as: *respecting informed consent, not having sex with patients, terminating the clinical relationship and discussing care or sharing information with others*. And ***ethics of physicians*****:** ethics in society including *roles in capital punishment and healthcare reform* (H.Miles, 2005, pp. 04-29). Clinicians have specific duties of care to both patients and society. It is generally assumed that clinicians should always act in the best interest of their

patients. In reality, there is a conflict between obligations and those perceived to be owed to the community. It may not always be what the clinician believes or what the patient wishes or will consent to (Noble, 2007, p. 05). ***Informed consent*** is a matter of judgment, enabling patient, requires everything done to ensure that patients understand the nature of the procedure, the risk involved, the consequences and the alternatives (Noble, 2007, p. 15). Modern medical ethics puts itself as an ***autonomous*** discipline, not seen in the practice of medicine and not specified about professionalization or the exclusive domain of medical doctors (Have & Annique Lelie, 1998, p. 264). For a long time, medicine had a paternalistic approach that doctors know best for their patients. In return, modern medicine seeks to avoid this approach for more engagement of patients concerning the final decision making on treatment options, that is why ***respect for autonomy, informed consent and confidentiality*** are the main key for ethical practice only breeched in exceptional circumstances (Noble, 2007, p. 09).

3.4. Codes of ethics and medicine profession: Medicine as any profession rolled by numbers of guides and regulations, and the status in Algeria is not an exception, the early forms of code of ethics represented in 1992 released in official journal N°52, explained in 228 articles. This code is applied to every doctor, dental sergeant, pharmacist or medical student or student in dental surgery allowed to practice the profession (Algerian Official Journal N° 52, 1992, p. 01). In Sunday, January 04th, 2015, the National Council of Ethics of Health Sciences was installed in Algiers, under the chairmanship of the Minister of Health, Population and Hospital Reform. According to a statement from the ministry, it includes health sector officials and representatives of several sectors; ministries of religious affairs and justice. The National Council of Health Sciences Ethics, created in 1990 following the 1985 amendment to the Health Code, was frozen in 2010 and relaunched at the beginning of the year 2015. The board's main tasks include overseeing aspects of ethics related to the development of health activities, including transplantation of organs, tissues and cells as well as clinical experiences

and scientific research (Radio Algérie, http://radioalgerie.dz/news/fr/article/20150105/25247.html, 09/05/2019, 14:48). Algerian health law of 2018, shows ethical aspects related to patients such as **informed consent** and how to deal with patients when refusing treatment (chapter 02), ethics, literature and biomedical ethics (7th door). Bioethics (chapter 04-art. 355 to 369), ethical aspects related to the rights of blood donors (2nd section-art. 368, art. 369), the provisions on medical assistance for reproduction (3rd section-art.370 to art.376), the provisions in the field of biology (4th section) (Algerian Official Journal N°46, 2018).

3.5. Teaching/learning medical ethics and ethical conflict:

From the cognitive approach presupposes that the gains of ethical development could realize from teaching ethics, which contain some side of knowledge (McCool & Jennifer A. Bremser, 2014, p. 02). The study of ethical theories provides a logical framework to understand the ethical dimensions of human conduct (Steinbergs, p. 05). It is the process where individuals become deliberately involved in the making of ethical decisions, it is important to help students to develop the right reflections to deal with ethical cases and issues in their professions (Pahwa & et al, 2018, p. 230). As the World Medical Association stated: ***"the study of ethics prepares medical students to recognize difficult situations and to deal with them in a rational and principled manner"*** (WMA, 2005, p. 11). The importance of teaching medical ethics to students is to make them sensitive to ethical issues and develop their ability to address ethical concerns of patients and participants in research in an effective way (WHO, 2009, p. 01). ***Conflict of interest*** is a set of situations that creates a risk of professional judgment or an act of primary interest affected by a secondary interest (Lo & Marilyn J. Field, 2009, p. 46). The ethical conflict happened when an individual realizes that his/ her duties and responsibilities toward others, other groups - including the self- are not compatible, he must try to resolve these conflicting commitments (D.Hunt, Lawrence B. Chonko, & James B.Wilcox, 1984, p. 310). Knowing all the moral theories in the world does

not equip someone to specify in advance the norms for a specific context (Donaldson & Thomas W. Dunfee, 1994, p. 258).

4. EXPERIMENTAL

4.1. Questionnaire: To achieve the purpose of the study, a questionnaire intended to a sample of **doctors (n= 136)**, using SPSS V.23 as a tool of analysis. It started by an introductory text explains the aim of the study and to confidentiality in handling information, it was distributed during the period of **16/08/2019** to **16/01/2020** At the level of 8 public healthcare Institutions-Constantine province. It was divided into 4 parts are **personal information** and 3 yes/ no questions and **3 axes**. In the end, space left to respondents to add freely whatever they want as additional information. Firstly, the questionnaire was for large popularity of medical students and doctors in Algeria in an e-format, sent to 8 pages and groups of doctors and medical students on Facebook, + Random e-format sent to acquaintances. Due to the lack of responses and cooperation ended up with only 20 responses -only 5 responses were retained and the rest were excluded- it was decided to directly approach doctors in their posts in work, (**Table.1)**

Table. 1: Shows The number of questionnaires distributed at the level of health care institutions at Constantine province**:**

N°	Institution's Name	Type	Number of copies distributed	Number of copies retrieved	Number of copies excluded	Number of lost copies	Total
01	Ibn Badiss University Hospital	University Hospital	**53**	**51**	**02**	**01**	**49**
02	Al-Bir Public Hospital	Public Hospital	**18**	**18**	**01**	**00**	**17**
03	Al-Kharoub Public Hospital	Public Hospital	**16**	**16**	**00**	**00**	**16**
04	Abdul Qadir Ben Sharif	Public Hospital	**19**	**10**	**01**	**09**	**09**
05	Boudraa Salah's clinic	Multi-service clinic	**12**	**12**	**01**	**00**	**11**

06	Qadri Bin Hussein's clinic	Multi-service clinic	**14**	**10**	**00**	**04**	**10**
07	Al-Arbi ben Mehidi clinic - Filali	Multi-service clinic	**17**	**13**	**02**	**04**	**11**
08	AADL's clinic	Multi-service clinic	**09**	**09**	**01**	**00**	**08**
05 e-Format questionnaires			**+20**	**20**	**15**	**/**	**05**
Total			**+178**	**159**	**23**	**18**	**136**

Source: (The researchers based on the data collected by questionnaire)

4.2. Sample: The study targeted both Morning and evening doctor teams. Yes/No question related to respondents' opinion in the 5th questions about the number of hours of practising medical tasks enable them to identify ethical problems in the medical field was deleted as a result of a typographical error in the questionnaire copies. In an unexpected way, respondents dealt with the question of justifying why the training was not useful in the case of answering "No", even those who did not benefit from the training justified the lack of benefit. Since important information was included in the answers, they were not excluded from the analysis.

4. RESULTS AND DISCUSSION

On a random sample of 30 respondents, Cronbach's α was: 0.78, meaning that the instrument of the study is reliable. The results in **Table. 3**.

Table. 3: Shows Cronbach's α test on a 30 respondents:

Cronbach's Alpha	N of Items
0.780	**29**

Source: (The researchers based on SPSS.V23 software outputs)

The missing data from personal information and unanswered yes/no questions were not replaced and referred to by: " ***no answer"***. The rest missing values had been replaced using SPSS software after testing that the missing values are completely missing at random using MCAR method.

4.1. Personal data analysis: This part represents the analysis of Gender, speciality, age, service years and yes/ no questions:

Most of the sample are females (**101 women, 74.26%**), male doctors are a quarter of the whole sample which is: 35 men (25.74%).

The following table demonstrates the respondent's speciality, ages and service years:

Table. 3: Shows the specialties, ages and service years of doctor's sample:

Specialties	**Frequency**	**Percentages (%)**
Specialist doctor	39	28.7
Resident doctor	24	17.6
General Doctor	34	25
Dental doctors	09	6.6
No answer	30	22.1
Total	**136**	**100**
Ages	**Frequency**	**Percentage (%)**
Below 25 years old	9	6.6
From 25 to 30 years old	35	25.7
From 30 to 40 years old	52	38.2
From 40 to 50 years old	23	16.9
More than 50 years old	13	9.6
No answer	04	2.9
Total	**136**	**100**
Service Years	**Frequency**	**Percentage (%)**
Less than 5 years	41	30.1
From 5 to 10 years	45	33.1
From 10 to 15 years	14	10.3
From 15 to 20 years	7	5.1
More than 20 years	19	14
No answer	10	7.4
Total	**136**	**100**

Source: (The researchers based on SPSS.V23 software outputs)

The sample contained 39 specialist doctors, the specialties were: **Anesthesia resuscitation: 3, Surgery: 3, psychiatry: 1, Oto-rhino laryngologist: 1, Internal medicine: 7, radiology: 2, Pediatrics: 9, Pathological diagnosis :2, Pathological anatomy: 2, Radiotherapy :5, Occupational medicine: 2, Dentist specialist: 2**. 34 General doctors, 24 resident doctors, 9 dental doctors, 30 of them did not answer. The majority of the respondents were in the middle-age group between 30 to 40 years old (52 doctors), 35 doctor aged between 25 and 30 years old, 23 doctors aged from 40 to 50 years old, 13 doctors were more than 50 years old, and 9 of them were below 25 years old. 4 didn't answer. These results were consistent with the middle-aged group being the higher age tranche (41, 30.1%) worked from 5 to 10 years, (30.1%) served less than 5 years

(consistent with the 2nd rated age tranche (doctors between 25 to 30 years old), 19 (14%) of respondents are served more than 20 years which also goes with 13 doctors being aged more than 50 years old, 14 doctors (10.3%) served between 10 to 15 years, only 7 of them served from 15 to 20 years. 10 doctors did not answer.

3) hourly volume of exercising their medical tasks in work, declared by doctors was: 4 hrs. a day as a minimum and 28 hrs. a day as a max, it is clear that the min, number of hours of work is free from night shifts (24h). Legal and official hours of work are 8 hrs.

4) 75% of respondents **(102 doctors)** they had taken a course on medical ethics, only 23.53% **(32 doctors)** answered that they had not. 02 did not answer. The most common answers in giving the course name were: *deontology, medical right, legal medicine Separately and in combinations.*

- About the **hourly volume/ week** of the course, the answers came variant but the most common answer was at least **2 hrs. during 3 weeks**, an uncommon answer was **2 hrs.** during the whole formation period.

6) 119 doctors (87.50%) stated that they had not received training in medical ethics, only 17 of the respondents (12.5%) answered "Yes".

4.2. 1st Axis analysis: Teaching of ethics at the Faculty of Medicine: The sample were asked their opinion on the sources of ethics acquisition:

Table .4: Sources of ethics acquisition analysis:

N°		Statements	M	SD	General trend	Rank
x1	**Source of ethics acquisition**	Ethical practices are learned through home education rather than in medical schools	3.77	**1.16**	Agree	2
x2		Ethical practices at work stem from religious teachings	3.86	0.99	Agree	1
x3		The source of ethical practices are the customs and traditions of the community	2.99	**1.06**	**Neutral**	6
x4		Integration of local and global cultures is the source of ethical practices	3.22	0.95	**Neutral**	5
x5		Ethical practices are imposed by law	3.52	**1.20**	Agree	4
x6		The imposition of ethical practices requires codes and ethical charters	3.58	**1.02**	Agree	3
Total			**3.49**	**0.55**	**Agree**	**/**

Source: (The researchers based on SPSS.V23 software outputs)

The sample members according to the table is an agreement almost to all the sources proposed, the general (M=3.49; SD=0.54).

- The sample of doctors are agreeing on: **home education, religious teachings, laws, codes and ethical charters** being the sources of ethics acquisition the (M=3.77, 3.86, 2.46, 3.52, 3.58), (SD=1.16, 0.99, 1.20, 1.02) there is dispersion in answers on the 1st, 5th and the 6th statements.
- The respondents were "*Neutral*" on both the **integration of global and local cultures and customs, community's traditions** being sources of ethical practices. in the 3rd statement (M=2.99; SD= 1.06) and the 4th (M= 3.22; SD= 0.95). The members of the sample are holding a traditional and societal meaning of "*Ethics*", mainly acquired from home or religious teachings, and are imposed by laws, codes which considered also a traditional view to ethics as general standards of right for human behaviour.
- About the education that doctors received, the answers in (**Table .5)**

Table .5: studying/ teaching ethics at the faculty of medicine analysis:

N°		Statements	M	SD	General trend	Rank
xx1	**Hours volume and the content of medical ethics formation**	The hourly volume devoted to educate ethics in medical school is insufficient to familiarize oneself with ethical questions in the field	4.00	**1.08**	Agree	2
xx2		Education at the faculty of medicine is limited to the theoretical and philosophical aspects of the ethics of medicine (deontology, consequentialism, virtues, ... etc.)	3.88	0.95	Agree	3
xx9		Educating ethics in medical schools extends to the applied aspects of medical ethics (Abortion, end-of-life decisions, medical negligence,... etc.)	3.55	**1.00**	Agree	5
xx10		The education of medical ethics focuses on the relationship between doctors and society	3.69	0.87	Agree	4
xx11		Medical ethics education focuses on the relationship between doctors and their co-workers	3.52	**1.03**	Agree	6
xx12		Medical ethics education focuses on the relationship between doctors and patients	4.06	0.77	Agree	1
xx13		The education of medical ethics focuses on the ethics of medical scientific research	3.20	**1.08**	**Neutral**	7
Total			**3.70**	**0.51**	**Agree**	**/**

Source: (The researchers based on SPSS.V23 software outputs)

Doctors are agreeing on the axe of teaching content of medical ethics (M= 2.28; SD= 0.51) which indicates no dispersion in the general answers

of the sample. There is an agreement on the hourly volume devoted to educating ethics in medical school are insufficient to familiarize ethical questions in the field (M=4; SD= 1.08), and the content of education at faculty was been both on theoretical (M= 3.88; SD= 0.95) and applied medical ethics (M= 3.55; SD= 1.00). The education of medical ethics focuses on: the relationship between doctors and society, doctors and their co-workers and doctors with patients (M= 3.69; SD= 0.87), (M=3.52; SD= 1.03), (M= 4.06; 0.77). Doctors had a "*Neutral*" opinion on medical ethics focuses on ethics in scientific research (M= 3.20; SD= 1.08).

Obviously, the answers about the shortage of hours devoted to studying medical ethics are consistent with the previous statements about hours devoted to studying medical ethics and the lack of training, since only 12.5□ did receive it. Doctors stated that a certain philosophical and applied aspects of medical ethics are learned, they declared that the content focused on ***doctor-society, doctors-co-workers and doctors-patient relationships***. The answers are consistent with the names presented of the courses by respondents related to ***society, public punishment and patient treatment.***

4.3. 2nd Axis analysis: Doctors commitment to medical ethics when practising tasks: in this part personal commitment will be evaluated:

Table .6: Personal medical ethics commitment:

N°		Statements	M	SD	General trends	Rank
y1	**Law, ethic codes & politics**	Laws and policies defines the ethical medical practices I am adopting	3.33	**1.05**	Neutral	2
y2		The hospital/ the clinic management determines the ethical medical practices that I adopt	2.58	0.97	**disagree**	5
y3		My personal skills and my experiences guarantee my ethics in my medical practice	4.06	0.88	**Agree**	1
y4		My superiors (i.e. the Chief Doctor) define the limits of ethics in medical practice	2.80	**1.10**	Neutral	3
y5		My colleagues and classmates have a certain influence on my medical ethics	2.90	**1.16**	Neutral	4
Total			**3.13**	**0.62**	**Neutral**	**/**

yy1	**Professional relations and care**	The doctor-patient relationship is conditioned by a set of rules preventing conflicts of interest	3.97	0.96	Agree	1
yy2		During training or at work, we are faced with conflict of interests doctors-patients	3.67	**1.15**	Agree	2
yy3		Doctors treat patients regardless of whether the patient wishes to be treated or not	2.88	**1.32**	**Neutral**	5
yy4		Doctors take into account the social status of patients	3.65	**1.34**	Agree	3
yy5		Patients have the right to participate in the final decisions concerning the therapeutic protocols to be used	3.16	**1.37**	**Neutral**	4
Total			**3.47**	**0.65**	**Agree**	**/**

Source: (The researchers based on SPSS.V23 software outputs)

The sample of doctors was "*Neutral*" to laws and policies, their superior (*chief doctors*) and their colleagues having a certain influence on their medical ethics practices (M= 3.33; SD=1.05), (M=3.33; SD=1.05), (M= 2.90; SD= 1.16). They disagree to statements related to the hospital/clinic management are determining their medical practices (M= 2.58; SD= 0.97). Most of them agree on their skills and experiences are the guarantee to their medical ethics practices (M= 4.06; SD= 0.88).

Doctors were "*Neutral*" concerning the role of law, ethics and policies as having a certain influence or are a determinant to their medical ethics practices (M= 3.13; SD= 0.62). This part indicates the fact of medicine as an autonomous discipline takes its value from the inside of the profession, that is why: skills and expertise of doctors are a guarantee to their medical ethics practices and disagreement on the matter that hospital/ clinic management determining the ethical medical practices they adopt. While they were undecided to **laws, politics, superiors, colleagues and classmates** for having an influence on their ethical medical practices.

The sample members agree to doctors-patient relationship conditioned by a set of rules prevents conflict of interest (M= 3.97; SD= 0.96). They are also agreeing to facing a conflict of interests doctors-patient (M= 3.67; SD= 1.15). They agree also in taking into an account the social status of patients (M= 3.65; SD= 1.34). Respondents were "*Neutral*" on treating patients regardless of their wishes to be treated or not (M= 2.88; SD= 1.32) and to

Patients have the right to participate in the final decisions concerning the therapeutic protocols been used (M= 3.16; SD= 1.37). An agreement concerning statements of professional relations and care (M= 0.95). It is interesting that doctors were neutral to 2 known principals of modern medicine ethics: "***respect for Autonomy***" and "***Informed consent"***, it confirmed the parenthood of medicine where doctors feel responsible and guardianship on patient's decisions (doctors knows best for his patients).

4.5. 3rd Axis: Assessment of the work environment through the ethical commitment of colleagues:

Table .07: Medical ethics in the workplace:

N°	Statements	M	SD	General trend	Rank
z1	The working environment at the hospital/ clinic contributes to ensuring the ethical commitment of its employees	3.25	**1.34**	Neutral	4
z2	My colleagues adhere to the rules of the 1992 Code of Medical Ethics	3.36	0.70	Neutral	2
z3	My colleagues at work adhere to the rules of 2018 law of health	3.21	0.69	Neutral	3
z4	Medicine remains a noble profession in the sight of my classmates and colleagues at work: it is a humanitarian duty above all	4.52	0.68	**Totally agree**	1
z5	Medicine is a way to maximize gain in the sight of my classmates and at work	2.68	**1.25**	Neutral	5
z6	Medicine, in the sight of my class and work colleagues, remains a purely lucrative business opportunity	1.99	**1.07**	**Disagree**	6
Total		**3.17**	**0.48**	**Neutral**	**/**

Source: (The researchers based on SPSS.V23 software outputs)

The respondents are totally agreeing to the nobility and duty nature of medicine profession (M= 4.52; SD= 0.68). They are disagreeing to it being a purely lucrative business opportunity (M= 1.99; SD= 1.07).

The respondents were Neutral concerning the environment of the workplace insuring the ethical commitment of its employees (M=3.25; SD= 1.34). also in the adherence to rules of 1992 code of medical ethics and the 2018 law of health (M= 3.36; SD= 0.70), (M= 3.21; SD= 0.69).

The orientation of doctors on the 3rd axe is: **Neutral**. It is important to notice that there is a difference in respondents answers trends towards

questions of laws, codes and ethical charters roles in imposing ethical practices from the 1st axe till the 3rd axe. While they are agreeing to the law as one of the resources of ethical acquisition; it turns to neutrality in both 2nd axe in (1st statement) and the 3rd axis in (2nd and 3rd statements).

4.6. Other notes analysis: Both males and females participated enriching the notes part of the questionnaire, the commentaries included conclusion.

*** Testing main and sub-hypothesis:**

H0: There is no ethical commitment among doctors in Constantine healthcare institutions.

H1: There is an ethical commitment among doctors in Constantine healthcare institutions.

H0-1. There are no differences in doctor's perspective concerning "**ethics Education** "

H0-2. There are no differences among doctors towards their own **"personal commitment"**.

H0-3. There are no differences among doctors towards their **"colleague's commitment".**

Table. 8: Shows Means and SD and sig. value to the axis of the study:

Variables	Dimensions	M	SD	Test value= 3			General trend
				T value	MD	Sig value	
Ethics education	Sources of ethics acquisition;	3.49	0.55	10.384	0.49	0.000	Agree
	Hours volume and the content of medical ethics formation	3.51	0.51	16.099	0.70	0.000	Agree
Total		**3.59**	**0.42**	**16.549**	**0.59**	**0.000**	**Agree**
Personal commitment	Law, ethic codes and politics;	3,13	0.62	2.577	0.13	0.011	**Neutral**
	Professional relations and care	3.47	0.65	8.401	0.47	0.000	Agree
Total		**3.30**	**0.52**	**6.744**	**0.30**	**0.000**	**Neutral**
Colleagues commitment	Medical ethics in the workplace	3.17	0.48	4.099	0.17	0.000	**Neutral**
Total		**3.35**	**0.35**	**11.893**	**0.35**	**0.000**	**Agree**

Source: (The researchers based on SPSS.V23 software outputs)

Results in the **table. 8**, show there is an agreement among doctors towards *"sources of ethics"* and *"hourly volume and content of medical ethics formation"* (M= 3.49, 3.51), (SD= 0.55, 0.51), (Sig= 0.000; 0.000), of the **1st axe** is < 0.005; means there is statistical significance in doctor's perspective. Therefore, rejecting the null sub-hypothesis H0-1 and accept the sub- alternative hypothesis H1-1 which states that: ***"There are differences in doctor's perspective concerning ethics Education".***

Personal questions, especially those about "*laws*, *policies and management*" are confronted with "Neutral" responses from doctors (M= 3.13; SD=0.62; Sig= 0.000), "*professional relations and care*" statements in another hand had an agreement (M=3.47; SD= 0.65; Sig= 0.011), the sig value concerning **"personal commitment"** is 0.00<00.05 that refers to statistically significant differences in answers on 2nd axe statements. Thus the null sub-hypothesis H0-2 will be rejected and the alternative sub-hypothesis that states: "***There are differences among doctors towards their own personal commitment"*** will be accepted.

Answers about colleagues were "Neutral" (M=3.17; SD=0.48), the sig value is: 0.000 demonstrating statistical significance differences, thus the null sub-hypothesis will be rejected and the alternative sub-hypothesis H1-3 that states: "***There are differences among doctors towards their colleague's commitment"*** accepted.

The general results of the 3 axes of the study show an "**Agreement**" (M= 3.35. SD= 0.35), sig value is less than 0.05 which refers to the presence of statistically significant differences in the overall answers of doctors. In this case the null main hypothesis **H0: There is no ethical commitment among doctors in Constantine healthcare institutions** is rejected and the alternative hypothesis **H1: There is an ethical commitment among doctors in Constantine healthcare institutions** accepted instead.

5. CONCLUSION

As an answer to the problematic of the study, it is clearly that there is an ethical commitment among the doctors of Constantine healthcare institutions, the extent of that commitment is "medium" especially after testing the 3 sub-hypothesis that shows a statistical difference in doctor's

perspectives towards "*ethics education*", "*personal commitment*" and their "*colleagues commitments*" during the practices of medical tasks in hospitals and clinics (8 healthcare institutions).

Doctors defined that: home education, religious teachings, laws, codes and ethical charters, personal skills and expertise and character are the sources of ethics acquisition***:*** "***The lack of a real economy creates jobs makes the one who gets a baccalaureate excellently chooses medicine to guarantee a job position even if his personality does not allow***". After getting to medical faculty, medical students study "*legal medicine*" and "*medical rights*" in their 6th year of formation, according to the course programs of the current year 2019/2020. Doctors stated that they studied a course of medical ethics called "*deontology*" at least 2 hours during 3 weeks in their hole formation, but the hours devoted to teaching medical ethics are insufficient to familiarize ethical questions in the field. 87.50**%** of doctors had not received training in medical ethics, they attributed their lack of benefit from it to reasons are mainly***: "lack of formation and opportunities, overload work and the lack of interest from health officials "…***The 12.50**%** who benefited from training stated that it was ***"superficial and time was not sufficient"***. It is important to integrate medical ethics training due to its role in helping to: ***"react with different situations, improving performance, the work and medical environment and creating a good doctor-patient relationship, being well informed about ethics, the rights and duties of each doctor and patient".***

Medicine is an autonomous discipline which takes its values from the inside of the profession. Generally, laws, policies, superiors (*chief doctors*), colleagues are having a certain definition, influences on the medical ethics practices of doctors, not hospital/clinic management or even the workplace environment. ***"Respect for Autonomy"*** and ***"Informed consent"*** are 02 ethical principles in modern medicine, there is an indication of doctors' tendencies towards the traditional concepts of the medical profession, reflects their classical parental relationship when dealing with patients. Doctors relationships with patients ruled by social dynamism, this is a

modern concept related to the care and the humanitarian nature of the profession. Medicine is a noble profession and human duty, but this does not forbid the profession being a source of income. It is noticed that doctors have a certain sensitivity in answering questions about themselves or their colleagues and that explains the variance answers to laws, politics and codes in influencing ethical practices. Besides that, there is a lack of knowledge of both code of ethics of 1992 and the new law of health of 2018 among some members of the sample: ***"I am not familiar with health law of 2018 "***

***Recommendations:** it is important to pay attention to training in medical ethics generally and its applications specifically, using modern methods of education and learning, as well as doctor's working conditions.

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