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Deontology and its role in practice medicine in Albania

ABSTRACT

Deontology consists of rights that society bestows to some professions, including the medical profession, to self-regulate and insure the independence of physicians to exercise their profession despite possible external pressures.

In this paper the author summarizes the concepts of medical deontology, its role in respecting and protecting the interest of patients and the interest of society as well as the concept that the medical profession can best protect people's health. Afterward, some historical information on medical deontology is given.

Bioethics and medical ethics are an extension of medical deontology in response to new developments in medicine. In the last part of the paper the author analyses the situation of Medical Deontology in Albania and its role in improving the medical practices of the current situation in Albania.

1. Introduction

The practice of medicine as a non-commercial profession (according to some opinions) is based on the respect of the principle of freedom, because health similar to education is not a material good bound to the laws of the market: demand and supply⁸. Each patient according to this principle should be treated appropriately for various diseases and protected from harmful external interventions. In this context the doctors should be independent in exercising their profession without any religious or political influence. The freedom of healthcare workers and patients is

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not an uncontrolled freedom. Additionally, we must not forget that the physician-patient relationship is characterized by an inequality that can lead the physicians to abuse towards their patients. In these conditions it is necessary to recognize and apply medical deontology, which deals with the examination of the rules of conduct, duties and rights of doctors and other health workers.

2. CONCEPT OF MEDICAL DEONTOLOGY

Medical Deontology is a Special Ethics adapted during the practice of the medical profession comprising of a series of rules from the Hypocratic Oath and from national and international Ethical and Deontological legislations compiled from medical organization of different countries (Order of Doctors) ^{2,3,4,5,9,10}. Deontology consists of rights that society bestows to some profession including the medical profession to self-regulate and insure that the physician has the independence to exercise their profession despite possible external pressures. In reality, deontology has two objectives: the first objective is related to the treatment that the physician should provide to the patient and the second objective is to ensure to members of society that the medical profession has the conditions to better serve the health of the population ⁶. In many cases physicians are granted with special rights accomplishing their functions of patient treatments. These actions from non physicians will be considered legal offenses ⁶. *For example, the physician can puncture with a knife or scalpel the abdomen of a patient to free them from an intestinal occlusion without being accused for a crime; the physician can remove the kidney of a living person or the heart of a patient with cerebral death to conduct a transplant; the physician can inject foreign sperm in the the female uterus which would otherwise be considered a cultural offense (adultery); the physician can insert finger in child's rectum to diagnose appendicitis which would be otherwise be considered an act of pedophilia. Additionally the physician can use psychotropic substances or other drugs to cure anxiety or depression without being accused as drug trafficker ⁶.*

The process of curing the patient in the best way possible requires full trust from the patient towards the physician with regards to respecting the secret and privacy of the patient and the most accurate and open information that the physician provides to the patient. The above are considered as proof of the physician benevolent cooperation with the patient which honors the physician and is valuable for the patient because it ensures to the patient that they are receiving the proper treatment. In this manner, adhering to the principles of Medical Deontology will somewhat reduce the inequality of the physician-patient relationship, which will become less

assymmetric: “the union of two consciousness that enhance the mutual trust and respect between the physician and the patient”⁶.

An important aspect of Medical Deontology is considered physician competence that has to do with the medical knowledge that the physician receives upon completion of studies at the Faculty of Medicine, followed by the the relevant diploma etc., the physician equipment with technical tools and various materials especially important for medical specialities⁶. Only upon the fulfillment of the above conditions can the physician register in the medical organization that in most countries is named: “The Order of Doctors” and so earns the right to exercise the medical profession. However, a general physician that follows the deontological principles of their profession does not have the right to practice specialized medical procedures, e.g., a radiological examination, a surgery or an autopsy⁶. Additionally, physicians obtain the right to exercise their profession in many medical specialties and profiles after the completion of the post-university specialty followed by obtaining the diploma or the appropriate license^{3,4}.

Finally, medicine is today in continuous development. For this reason, it is unacceptable that a university degree can give the right to the physicians to exercise their profession for 30-40 years without periodic updates to their performance in the specialty⁶. Most countries have started to apply temporary and periodic accreditation systems, not to punish unscrupulous and irresponsible physicians, but to give physicians the motives and the necessary means for a continuous development of their performance. All of these have been included in the principles of Medical Deontology of many countries. There are discussions about the criteria of the assessments or the institutions or the individuals that have the right to provide the assessment, the so called Maimonides⁶.

Maimonides was a Jewish physician of an Arab school who lived in Cordoba, Spain in the 12 century, who in his prayers, among others, noted: “o Lord, give me the strength, the will to enlarge more and more my knowledge. I was able to discover my medical knowledge today, things that I did not suspect yesterday, because medical art is broad and the human mind pierces further more and more”⁶.

Thus, in the prayer of this outstanding physician, there was an expression of the desire to acquire new know ledge that a physician should have that will serve in the progress of medicine.

3. Historical information on medical deontology

issues that Medical Deontology addresses are closely linked to the history of medicine itself. Ancient texts that discuss these issues come from the ancient East, Persia and Egypt, ancient Greece and Rome ^{4,7}. Thus, in ancient India, in the work “Caraka-Samhita” reads: “One can guard and have shame from their father, mother, a friend and a brother but not from the physician because for the sick the physician is mother and father, friend and brother...the physician must treat all the sick the same regardless of their economic condition or social status.” In another text from the ancient India it is noted: “ the student that desires to study medicine must be noble, orderly in appearance, with regular eyes and lips, clean, wise, fair, simple, and compassionate and have the will and persistence to study medicine” ^{4,5,7}. In ancient Egypt, in the papyrus of Smith (circa 2700 before Christ), there also noted the moral characteristics of a student that desires to become a physician: “He must have rare qualities, good, smart, must have the patience and must not be terrified of blood and cadavers” ^{4,5,7}. In ancient Persia, in an old medical text it is noted: “Anger brings sickness, joy heals...vomit the disease before it overtakes you...he who conceals sickness to the physician lies and hurts himself” ^{4,5,7} . In ancient Greece and Rome there were many texts that dealt with the issues of Medical Ethics and Deontology. The oldest Medical Deontology code that ancient civilizations have left us is the Hippocratic Oath: As noted in the Hippocratic Oath, despite the archaic mystique and dogma that it contains it lays out in a fundamental manner the main principle of Medical Deontology. Death must be punished (ban of euthanasia), and criminal abortion is prohibited. The links that unite the students with the masters and also hints on professional secrecy, make this more than 2000 years old oath still valuable^{1,2,4,5,8} . It is striking that in the Hippocratic Oath lacks for example the competence of the physician that is not mentioned, given in the prayer of Maimonides mentioned above ⁶. Galen, a physician of ancient Rome morally criticized physicians that profited from the sick, and are arrogant and accompanied rich and known people, wore expensive clothes and precious stones in their fingers ^{3,4}. In Asia, the eminent philosopher and physician Avicenna in his work “Ethics” wrote against the opinion of the time that the sick are a burden to society and must be eliminated. He wrote: “The society is obliged to care for the sick and disabled and provide them with sustenance” ^{4,5,7}. In fact, over the centuries, physicians, lawyers, philosophers and theologians have generally expressed similar opinions especially in Western countries. The term Deontology is derived from the Ancient Greek (deon, deontos – obligation, logos – science) and it was first used by British researcher Jeremy Bentham in one of his books that dealt with general issues of morals published in 1834 ^{2,11,13,14}. Deontology soon began to be considered as the

whole of defined tasks during the exercise of various liberal traditional professions, e.g. medicine, law, architecture, etc. Thus, Deontology deals with the review of duties and ethical requirements relating to the exercise of the particular profession^{1,5}. From this aspect, in the medical profession the following terms are used: Medical Deontology, Medical Ethics, or Medical Moral that have more or less the same meaning and are often used interchangeably. Nowadays, in most countries, issues of deontology are usually arranged in the form of written laws which are called “Code of Deontology” (terms “Code of Ethics” or “Moral Code” are used less frequently). They are prepared by professional organizations and contain relevant punitive measures that the organization might take towards its members². In these codes, there are administrative rules along the appropriate ethical or moral norms that intend to ensure the exercise of the profession with high quality while preserving and strengthen the prestige of the organization. Their existence shows that they were approved by an official institution, e.g. the organization council, the government, the parliament etc². Bioethics and Medical Ethics are considered a new development of Medical Deontology. Recently, the extraordinary advances in the fields of Biology and Medicine have led to a real transformation of the world and human destiny with a continuous increase in life expectancy, reduction of infant mortality, and improvement the conditions of human life^{2,4,,5,9}. This situation in the context of the strengthening of the pluralistic spirit of developed countries has led to new discussions about the various ethical issues and consequences of these medical advances. The new discipline of Bioethics characterizes the new situation.

4. Situation of medical deontology in Albania

In Albania, Medical Deontology was not institutionalized prior 1990.

Nevertheless, there were publications from physicians that addressed ethical problems in Albanian medical journals².

Until 1985, the issues of Medical Deontology were systematically handled from the discipline of Legal Medicine in the Faculty of Medicine and Law, in theoretical courses and in practice with the student and specialty-trainees post-university^{2,3}.

The Central University Service for Medicolegal Examination in Tirana was the only institution in Albania that dealt with all the cases of malpractice from physicians and ethical cases, as well as legal ones, especially if it was suspected that the malpractice was a target for prosecution. The legislation that was applied in these cases were the relevant articles of the Criminal Code on reckless medical treatment and denial of assistance^{2,3}.

In later years the discipline of Ethics and Medical Deontology were included in the university and post-university teaching programs of the Faculty of Medicine. An important step for the further development of Medical Deontology in Albania was the creation for the first time of the Order of Doctors in 1993 with the respective Code of Deontology that was further reformed in 2002 and 2012. Afterwards the Order of Pharmacists and Nurses and recently of the Order of Stomatologists was established ².

Thus the creation of all of these medical corporations in Albania has led to some degree to the implementation of the rights that society has granted to the medical profession to be self regulated and ensure that the physician has the independence to provide medical treatment against possible external pressures.

Obviously this has had its impact on the practice of medicine in Albania by the observation of the deontological principles by the physicians and other medical staff.

A particular principle that has been applied by the Order of Doctors ¹² is the ongoing education under the Article 13 of the Code of Ethics and Medical Deontology ⁹.

Article 13

On education and updating of knowledge

During the active professional life, the physicians have the duty of updating with new science to maintain and perfect their knowledge.

In particular, the physician should systematically engage in programs of continuing medical education, organized and individual that further develops competence and enhances professional ability.

Physicians have the duty to participate in the evaluation of their practice and improving their professional performance.

Despite achievements, medical practice in Albania continues to be characterized by numerous flaws: lack of equipment and medicine, high level of corruption of medical staff that has existed since 1990 ².

Recently there has been interference from the central government that seeks relentlessly to test directly physicians and other medical staff, a right that actually belongs to the medical organizations of Albania as prescribed by law.

For this reason, there have been accusations in the media that the new requirements are for political appointment purposes of medical staff and the the accreditation criteria for physician participation in conferences, seminars, publication of scientific

papers (especially abroad), should not be assessed in absolute terms because many of them appear to be manipulated.

As **conclusion** must be stressed that Deontology includes a right that society grants to some professions including the medical profession to be self regulated and ensure that the physician has the independence to provide medical treatment against possible external pressures.

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Deontologija i njena uloga u albanskoj medicinskoj praksi

SAŽETAK

Medicinska praksa, (prema nekim mišljenjima) nekomercijalna profesija, temelji se na načelu slobode, budući da zdravlje poput obrazovanja nije materijalno dobro vezano uz zakone tržišta ponude i potražnje.

Sukladno ovom principu svaki pacijent mora biti prikladno liječen bez obzira na bolesti i zaštićen od štetnih vanjskih zahvata. U tom kontekstu liječnik bi pri bavljenju svojom profesijom trebao biti neovisan o bilo kojem religijskom ili političkom utjecaju.

Sloboda zdravstvenih djelatnika i pacijenata nije neograničena. Dodatno, ne smijemo zaboraviti da je odnos liječnik – pacijent karakteriziran nejednakošću koja može voditi zlostavljanju pacijenata od strane liječnika. U tim je uvjetima nužno prepoznati i primijeniti medicinsku deontologiju, koja se bavi pravilima ponašanja, obvezama i pravima liječnika te drugih zdravstvenih djelatnika.

U ovome radu autor sažima koncept medicinske deontologije, njene uloge u poštovanju i zaštiti interesa pacijenata te interesa društva kako bi medicinska struka na najbolji način služila zaštiti ljudskoga zdravlja. U nastavku su dane neke povijesne informacije o medicinskoj deontologiji. Bioetika i medicinska etika proširene su forme medicinske deontologije kao odgovor na razvitak medicine. U posljednjem dijelu rada autor analizira stanje medicinske deontologije u Albaniji i njenu ulogu u poboljšanju aktualne albanske medicinske prakse