Reviewer's report

Title: Knowledge, Attitudes and Practices of Healthcare Ethics and Law among Doctors and Nurses in Barbados

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Reviewer: Joan Liaschenko

Reviewer's report:

General

This paper reports the findings of an empirical study “designed to measure differences in knowledge and perceptions of ethical issues among healthcare professionals” working in a tertiary hospital in Barbados. The authors developed a thirty item multiple choice questionnaire that “included a full range of options designed to examine the individual's ethical decision-making process and to identify the practitioner’s values, beliefs and attitudes.” Respondents were not limited to one response. The questionnaire consisted of items designed to obtain information in three areas: 1) demographics, including the frequency of ethical and legal issues encountered; 2) respondents awareness of ethical issues and resources available; and 3) information on “everyday ethical issues such as patient autonomy, confidentiality, informed consent, end-of-life care and treatment of violent and uncooperative patients.” The self-administered questionnaire was distributed to 400 physicians and nurses that included junior physicians and consultants, nurses, and sisters-in-charge. There were 373 questionnaires returned but 9 were not included in the analysis because of incomplete information. Statistical Package for Social Science (SPSS) was used for the descriptive statistics on a total N of 364 questionnaires.

The authors are concerned that ethics education may not be all that it should be given the complexity of contemporary health care. Their attempt to learn the frequency and type of ethical issues is an important first step in assessing what, if anything, needs to be changed in healthcare education in Barbados. The distribution of questionnaires was adequate in number and the return rate was excellent. The paper is well-written.

My main response to the paper is to suggest to the authors that the findings may not be as useful as they think or would like. Clearly, the survey tells something but the meaning of that something is not transparent. I say this for two reasons. The first is that the authors’ aims are more ambitious than the questionnaire permits. Their aims are to: 1) measure differences in knowledge and perception; 2) examine the individual’s ethical-decision making process; and 3) identify respondents’ values, beliefs, and attitudes. In my view, the authors succeed mostly on the third aim, somewhat on the first, and not at all on the second. Regarding the second, it is simply not possible to examine adequately the processes of ethical-decision making used by four categories of health care professionals in a thirty item questionnaire.

My second reason for suggesting that the findings may not be that useful is that the authors take up the standard view of bioethics and the moral philosophy upon which it is based. That view is one in which morality is essentially seen as formal knowledge codified in propositions that can serve as action guides for the individual, what Margaret Urban Walker1 calls the theoretical-juridical model. Moral agents, in this model, are seen as equals, even interchangeable in arriving at decisions about what should be done. Yet, what should be done will depend on what one takes one’s responsibilities to be and to whom they are accountable. But it is certainly the case that junior physicians, consultants, nurses, and sisters-in-change are in different places of the social hierarchy.
Moreover, the authors designed the questionnaire to obtain information ‘on everyday ethical issues such as patient autonomy, confidentiality, informed consent …” etc. I applaud their use of the concept, ‘everyday,’ but they make the same mistake as others committed to the standard approach. That is to say, ‘everyday’ is taken to mean part and parcel of healthcare work. But missing are questions such as: Whose work? In what ways is x part of one’s work? What about informed consent or autonomy or whatever? To pose questions in such global ways, as if the meanings and implications are transparent and unrelated to disciplinary identities, the social division of healthcare work, and marked differences in social status, power, and cognitive authority is to understand little – little of the day to day worlds of actual people in complex situations who have to make decisions in real time with uncertain knowledge in situations of vastly unequal social resources. The authors are not to be faulted for having such a view. It is the ‘received view’ that has dominated professional healthcare education for decades – and it is not at all clear that it has resulted in more ethical practice.

In conclusion, I believe that the authors took a necessary first step in undertaking this research although they were more ambitions in their aims than the questionnaire could deliver. Nonetheless, the information that was gained may be helpful to those concerned with medical and nursing education in Barbados in ways in which I am not aware as an outsider. I see surveys as a starting point that work rather like radar – they register something on the social screen but the understanding of that something is limited. I am convinced that the standard view of bioethics is deeply limited in what it can contribute to that understanding.


Declaration of competing interests:

I declare that I have no competing interests

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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