Editorial

Medical ethics in Libya: where to start?

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When it was decided that I will write the editorial for the second issue of the Libyan Journal of Medicine, I was not sure where to start. There are many topics that are related to global health issues and many are specifically related to the health system in Libya. For this issue, I decided to start some discussion on medical ethics as it relates to the Libyan medical culture.

In our culture we tend not to inform the patient about the seriousness of his or her illness especially if the case is terminal. We do tell the family and some times other relatives. We even answer questions about it during social events. This means that the patient's lack of information is complicated by lack of privacy and confidentiality. We have very little time to sit with the patient and discuss the issues with him. Of course the situation is better in private practice (anecdotal, but no scientific studies). Some consultants tend to make rounds as they wish without respect to their teaching duties or their patients' needs. Others have neglected patients after a major surgical procedure and not visited the patient at all until the patient's death. Is it a wrongful death? The answer is beyond the scope of this editorial. It is not unusual to be sarcastic and make fun of the older patient who presents with symptom of sexual dysfunction and remind him that he is too old for that and that he should be ashamed of himself. The way the patient is treated and talked to depends to a great extent on his or her social status. If you are rich or poor, high ranking official or average human being, young person or old, presented to a Government hospital or to a private clinic, all of the above criteria may make a difference in how the patient is received or treated.

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I have to admit that the issue is very complex. Most of the ethical or unethical behavior of physicians of my generation was obtained as part of the cultural and the religious backgrounds. No courses on medical humanity and ethics were taught as part of medical school curriculum.

One might argue that common sense and the basic principles of our religion should be adequate to lead us to the ethical behavior. That might be true to some extent, but when you see your teacher's behavior over seven years in medical school, and during the time you spend with him or her (attachment, internship, house officer) you will certainly be influenced. Therefore, it becomes our responsibility to read about medical ethics and to develop the correct courses with the help of professionals in the field.

It is our obligation to be the role models for the new generation of physicians and medical professionals. It is our obligation to show our students and residents that the patient is not a number. The patient is a human being who is suffering from illness, and came to you as an expert in the field to

solve his problem. If we learn to show them that, then we will also show them that we need to talk to the patient with respect, honesty and full truth. We need to listen to them and give them a chance to explain all their symptoms. We show the students how we take patients' complaints seriously. It does not matter if the case is in a general hospital or a private clinic.

We need to go back to a very basic principle which tells us that if you lack knowledge you cannot teach it. So if you lack the ethical behavior, then you cannot teach medical ethics. I am stressing our role as seniors to start with ourselves and improve our ethical behavior. We also need to make sure that we have a strong course of medical humanity and medical ethics being taught at our medical schools.

It makes sense to me if all medical schools in the country had one committee to develop such curriculum to be taught across the country. There is a need for a code of ethics at all levels. We need Code of ethics for the secretary of health, faculties of medicine and all hospitals. We need to

train and form ethics committees in all hospitals and teaching institutions.

As Libyan Journal of Medicine is the official publication of Ibnosina Medical Association, it makes sense that we follow in the footsteps of Ibnosina (Avicenna). He was the ideal physician and philosopher who followed ethical principles in his profession. For that reason UNESCO established an Ibnosina prize for ethics in science during its 166th session (2002). The first prize was awarded to Professor Margaret A. Somerville, Professor of Law and medicine at McGill University, Montreal (Canada). I believe it is about time to make medical ethics part of our life in Libyan medical education and profession. Perhaps one day we can nominate one of our professors to this prize. At this point, however, I think it would be a challenging task to choose one.

For further reading:

1- Gillo R. Ethics needs principles—four can encompass the rest—and respect for autonomy should be "first among equals". j med ethics 2003,29:307-312

2- Abdallah S. Daar A. Binsumeit Al Khitamy. Bioethics for clinicians: 21. Islamic bioethics JAMC • 9 JANV. 2001; 164 (1): 60-63.

3- Islamic Organization for Medical Sciences (IOMS). Islamic Code of Medical Ethics. http://www.islamset.com/arabic/aethics/.

4- American Medical Association. Principles of medical ethics. http://www.ama-assn.org/ama/pub/category/2512.html.

5- Amine A, Elkadi A. Islamic Code Of Medical Professional Ethics. Athar S, Editor. http://www.islamicmedicine.org/ethics.htm.