

**ETHICAL DILEMMAS AND DECISION MAKING PROCESS IN  
EMERGENCY DEPARTMENTS: EXPERIENCE OF PHYSICIANS IN  
PUBLIC HOSPITALS, ADDIS ABABA, ETHIOPIA.**

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**DEPARTMENT OF EMERGENCY MEDICINE**

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**JUNE, 2017.  
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## **ABSTRACT**

**Background:** Ethical dilemmas routinely arise at emergency departments in hospital setting. Physicians, patients and patient families are face a problem of choice and decision making become difficult in terms of ethics. There are also numbers of ethical dilemmas in emergency care; because it is different from other department in terms of need of quick intervention to save life, unknown history of patient, scarce resources, family culture and/ or beliefs, and emergency department crowdedness.

**Objectives:** To assess ethical dilemmas and decision making process in emergency departments of public hospitals: experiences of physicians working in public hospitals, Addis Ababa, Ethiopia.

**Methods:** Institutional based descriptive cross-sectional study using a self-administered, structured questionnaire.

**Result.** The study included 106 physicians of which 62(58.5%) male and 44(41.5%) female. From open ended questions physicians were asked the most common ethical dilemmas they encountered in emergency department and 42 physicians 21(50%) respond that it is against medical advice due to economic problem, 12(28.5%) decision for unconscious patient with no family and 9 (21.5%) disagreement with family on treatment option for unconscious patient. Nearly 72% Of physicians encounter ethical dilemmas in emergency departments because there is no guideline for the admission of patient to intensive care unit and operation room.

**Conclusion:** Physicians routinely challenge with ethical dilemmas and face difficult decision making process in emergency department during their medical practices. The main sources of ethical conflict in the department are scarce resource, treatment option for unconscious patient with no family members, disagreement of family and physician on treatment option for unconscious patient and having many patients or emergency room crowdedness.

**Key words:** Ethical dilemmas, decision making process, physicians, emergency departments, public hospitals.

**Declaration**

I, the undersigned, declare that, this is my original work and that all sources of materials used for this thesis are duly acknowledged

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## **TABLE OF CONTENTS**

|   |     |
|---|-----|
| <i>ABSTRACT</i> .....                       | i   |
| Declaration.....                            | ii  |
| ACKNOWLEDGMENTS .....                       | iii |
| LISTS OF TABLES AND FIGURES .....           | vi  |
| LISTS OF ABBREVIATIONS /ACRONYMS.....       | vii |
| 1. INTRODUCTION .....                       | 1   |
| 1.1 BACKGROUND .....                        | 1   |
| 1.2 Statement of the problem .....          | 3   |
| 2. LITERATURE REVIEW .....                  | 6   |
| 3. OBJECTIVES .....                         | 9   |
| 3.1 General objective: .....                | 9   |
| 3.2 Specific objectives: .....              | 9   |
| 4. METHODS AND MATERIALS.....               | 10  |
| 4.1 study area and period .....             | 10  |
| 4.2 Study design.....                       | 10  |
| 4.3. Population .....                       | 10  |
| 4.3.1. Source population: .....             | 10  |
| 4.3.2. Study Population.....                | 10  |
| 4.4. Inclusion and exclusion criteria ..... | 10  |
| 4.4.1. Inclusion criteria .....             | 10  |
| 4.4.2. Exclusion criteria .....             | 11  |
| 4.5 Operational definitions.....            | 11  |
| 4.6. Sample size Determination .....        | 11  |
| 4.7. Sampling procedure .....               | 11  |
| 4.8 Variables .....                         | 11  |

|   |    |
|---|----|
| 4.8.1. Dependent variables.....                       | 11 |
| 4.8.2. Independent variable.....                      | 11 |
| 4.9. Instrument and Data collection procedure.....    | 12 |
| 4.9.1 Data collection tool.....                       | 12 |
| 4.9.2. Data Collection Procedures.....                | 12 |
| 4.9.3 Data quality control.....                       | 12 |
| 4.10. Data processing, Analysis and presentation..... | 12 |
| 4.11. Ethical Consideration.....                      | 13 |
| 4.12 Dissemination and utilization of result.....     | 13 |
| 5. RESULT.....  | 14 |
| 7. CONCLUSION AND RECOMMENDATION.....                 | 25 |
| 7.1. Conclusion.....                                  | 25 |
| 7.2. Recommendations.....                             | 26 |
| LIMITATION OF THE STUDY.....                          | 27 |
| 8. BUDGET.....  | 28 |
| 9. REFERENCES.....                                    | 29 |
| 10. ANNEXS.....                                       | 32 |

## LISTS OF TABLES AND FIGURES

|   |           |
|---|-----------|
| Table 1 Physician’s response of coverage of subjects of medical ethics.....                                   | 16        |
| Table 2 the most common strategies to solve ethical dilemmas in emergency department .....                    | 17        |
| Table 3. decision making for terminally ill patient in emergency department. ....                             | 19        |
| Table 4 cross tabulation of physicians who paid for medication or tests and donate blood for patients .....   | 20        |
| <b>Table 5 physician’s response for the guidelines in emergency department .....</b>                          | <b>21</b> |
| <b>Table 6 how often physicians face ethical dilemmas in emergency to different situations .</b>              | <b>22</b> |
| Table 7. Budget breakdown of the study .....  | 28        |
| <br>  |           |
| <b>Figure 1 physicians current status working in emergency department during data collection period .....</b> | <b>14</b> |
| <b>Figure 2: responses of physicians on medical ethics course .....</b>                                       | <b>15</b> |



## **LISTS OF ABBREVIATIONS /ACRONYMS**

**A.A** –Addis Ababa

**ACEP** –American College of Emergency Physicians

**AMA** –American Medical Association

**BSC** –Bachelor of Science

**CSA** –Central Statistical Agency

**ED** –Emergency Department

**ECU**- Emergency Care Unit

**ICU** –Intensive Care Unit

**MD** –Medical Doctor

**U.S** –United States

# 1. INTRODUCTION

## 1.1 BACKGROUND

An ethical dilemma is a complex situation that often involves an apparent mental conflict between moral imperatives in which to obey one would result in transgressing another. Sometimes called ethical paradoxes in moral philosophy, ethical dilemmas are often invoked in an attempt to disprove an ethical system or moral code, or to improve it so as to resolve the paradox. <sup>(1)</sup>

The book of Emanuel Kant explain that many moral/ethical dilemmas are dilemmas because of a certain kind of conflict between the rightness or wrongness of the actions and the goodness or badness of the consequences of the actions, Hence the dilemma: If doing what is right produces something bad, or if doing what is wrong produces something good, the force of moral obligation may seem balanced by the reality of the good end. We can have the satisfaction of being right, regardless of the damage done; or we can aim for what seems to be the best outcome, regardless of what wrongs must be committed. This pattern of dilemma is illustrated by: Either doing what is morally right, result in a bad outcome or bad effects or doing what is morally wrong result in good or at least better effects or outcome. <sup>(2)</sup>

The common conception of an ethical dilemma is one where two principles are heads up with equal strength. This is true for most theoretical examples of dilemmas. In practice the validity of such an image can be questioned. Most problems with seeming ethical conflicts are more likely results from lack of information. Therefore the most important ability when making ethical decisions is the ability to elaborate on the details of a problem. All relevant information should be gathered in order to reach a state when a decision can be made with enough certainty of it being well-founded <sup>(3)</sup>.

In the process of decision making, ethical competence can instead be regarded as the ability to process available information in an optimal way. <sup>(3)</sup> This motivates a focus on autonomy. We believe autonomy to be the necessary foundation to achieve complete ethical competence. We are operationalizing the concept of ethics through defining this competence: Not as the ability to always act according to guidelines or predefined principles; not as the ability to act in a manner

that is consistent with the most number of philosophies; but as the ability to use the right ethical problem solving and decision making method when handling moral problems<sup>(3)</sup>.

Most physicians want to deliver appropriate care. Most want to practice “ethically.” But the transformation of a small-scale professional service into a technologically complex sector that consumes more than 17% of the nation’s gross domestic product makes it increasingly difficult to know what is appropriate and what is ethical.<sup>(4)</sup>

The Hippocratic Oath is considered one of the oldest codes of medical ethics. In recent years, the American Medical Association (AMA) Code of Ethics (earliest version from 1847), The American College of Emergency Physicians (ACEP) Code of Ethics (1997), and The Society for Academic Emergency Medicine Code of Conduct (1999) have been established to provide guidance to physicians in application of ethical principles to clinical practice.<sup>(5)</sup> Most ethical codes address common elements, such as beneficence (doing good), non-maleficence (doing no harm), respect for patient autonomy, confidentiality, honesty, distributive justice, and respect for the law. Ethical dilemmas often arise in clinical practice when there is a real or perceived conflict between two ethical principles or values. Ethical dilemmas are resolved by several approaches, which may include elements such as physician judgment, additional information gathering, meetings with health care professionals, patients, and families, and consultants, such as ethics, risk management, or social work consultants. Although the involvement of the institutional ethics committee or the judicial system is helpful in many clinical settings, decisions at the end of life often do not permit the time necessary for such consultations. <sup>(5)</sup>

If the patient arrives in the ED capable of making decisions but lacking an advance directive, it is the responsibility of physicians and nurses to educate the patient concerning the respective merits and drawbacks of the living will and health care proxy.<sup>(6)</sup>

The rationing of scarce healthcare resources is a subject that is both politically sensitive and raises a number of ethical dilemmas for those charged with making treatment decisions.<sup>(7)</sup>

## 1.2 Statement of the problem

Medical care is based on many applications and occurs between health care providers and patients. In this process, many values, choices, including ethical ones can be made instinctively based on individual beliefs, commitments, and habits. However, in some cases, patients and physician may disagree on certain values, and ethical problems arise. Emergency medical care is a crucial part of hospital-based care. <sup>(8)</sup>

The things that make it different from other areas of medical care include the necessity to react quickly, restricted time to consider medical and ethical aspects of the case or situation, and an absence of prior knowledge about the patients. Obviously, it is very difficult to think through every aspect of the situation in a short period of time. <sup>(8)</sup>

.In the absence of information to the contrary about a patient's desires regarding end-of-life care, or clear evidence of injury inconsistent with life, it is expected that critical interventions will be initiated immediately. These interventions are performed considering multiple ethical principles including beneficence, non-maleficence, and presumed consent. <sup>(9)</sup>

Study shows that up to 40% of hospitalized patients are unable to make their own medical decisions because of dementia, delirium or other medical conditions that impair cognitive function. In such cases, physicians must work with family members or other surrogates to make choices for the patient. <sup>(10)</sup>

Health care delivery in recent times has become more complicated, as patients expect health personnel to not only provide professional services but be accountable as well. It is thus imperative that health personnel are aware of their responsibility to the patient and also sensitive to medico legal issues if quality health care is to be assured. <sup>(11)</sup>

Being aware of these potentially conflicting goals may help physicians to resolve ethical difficulties more effectively. This awareness should also contribute to informing the practice of ethics consultation, how Physicians face ethical difficulties daily, yet they seek ethics consultation in frequently. <sup>(11)</sup>

Ethical problems routinely arise in the hospital and outpatient practice settings and a number of dilemmas do occur. Such that, practitioners and patients are at cross-roads where choice and decision making become difficult in terms of ethics. There are also numbers of ethical dilemmas in emergency care which can be raised due to different factors. These factors may include ethical dilemmas related to scarce resources, age of patient or consent, knowledge and experience of health care providers, awareness of families, and patient clinical condition.

As a number of literatures illustrates, ethical and decision making issues are obvious in medical practices; regarding emergency care, it is important to know ethical dilemmas arise and strategies to make decision. In Ethiopia, there is no study concerning this problem and this study may have important clue as basic data.

### **1.3 Significance of the study**

This study was attempts more on medical ethics in emergency care unit.

Although, emergency care is one of the cores of medical practice, physicians often encounter ethical dilemmas that affect patient quality care, add patient families to discomfort zone and may lead physicians to moral distress. this study was identifies some ethical dilemmas that physicians often encounter in emergency departments and the process of decision making used during handling ethical dilemmas. As the result, it would prepare physicians to handle ethical dilemmas and decision making issues routinely arising in emergency care unit. It would also help policy makers to develop ethics training that guide medical practices for physicians and can be basic data for further study.

## 2. LITERATURE REVIEW

Ethical issue is a problem or situation that requires a person or organization to choose between alternatives that must be evaluated as right (ethical) or wrong (unethical).<sup>(12)</sup>

Modern bioethics is founded on four basic principles; which are the principles of beneficence, non-maleficence, respect for autonomy, and justice. The priority of these principles may change with different circumstances.<sup>(13)</sup>

The detail study compiled in University of Alberta by Dr Stephen John Genius narrates that as initiatives aimed at maximizing and securing ethical character in physicians have been instituted. With increasing attention given to ethical dimensions of providing care, the model of institutional or organizational ethics has thrived whereby “healthcare institutions professionally approach and manage the ethical dimension of their organizations.” Under this mandate, medical institutions and governing organizations, usually responsible for physician competency, privileges, licensing and accountability, endeavor to establish ethically acceptable values based practices and policies to direct their membership in serving and protecting the public interest. Faculties of bioethics have been knighted with the task of educating and empowering medical professionals to make ethical decisions; while the governing bodies have then assumed the responsibility for defining what behavior is considered ethical and for enforcing ethical codes of conduct.<sup>(14)</sup>

A sobering reality within the ethical construct of tolerance, personal sovereignty, and autonomy is that individuals maintain “the right to do what is wrong”. Under this same philosophical construct, however, is the autonomous right for individuals not to participate in what they perceive to be wrong. Fundamental human rights and freedom of conscience incorporate self-determination for the physician as well. Accordingly, coercion and application of discipline by governing authorities with the aim of compelling physicians to conform and participate in actions not desired by the physician is a violation of the principles of tolerance and autonomy, the very values authorities are committed to up holding.<sup>(14)</sup>

The study conducted in U.S as a national survey of U.S. internists' experiences with ethical dilemmas and ethics consultation, shows that internists most commonly reported dilemmas regarding end-of-life decision making, patient autonomy, justice, and conflict resolution. The study also conclude that, Physicians with the least ethics training had the least access to and participated in the fewest ethics consultations; 19% reported consultation was unavailable at their predominant practice site. Dilemmas about end-of-life decisions and patient autonomy were often referred for consultation, while dilemmas about justice, such as lack of insurance or limited resources, were rarely referred. While most physicians thought consultations yielded information that would be useful in dealing with future ethical dilemmas (72%), some hesitated to seek ethics consultation because they believed it was too time consuming (29%), might make the situation worse (15%), or that consultants were unqualified (11%).<sup>(15)</sup>

Qualitative study conducted in Netherlands states that, physicians often face ethical dilemmas in the context of the ICU admission and discharge process, ethical problems arise at different points in time: (A) when deciding about admitting a patient to the ICU from the emergency room, operating theater or a general ward, (B) during a patient's stay in the ICU, (C) when (deciding about) discharging a patient from the ICU. They say that, we will now go through these phases, and elaborate on the different ethical problems health care professionals encounter in their work.  
(16)

Study which was conducted in Nigeria on medical ethics and ethical dilemmas, show that the fundamental principles suggested by ethicists to assist doctors to evaluate the ethics of a situation while making a decision include respect for autonomy, beneficence, non-maleficence and justice. Although the above principles do not give answers as to how to handle a particular situation, they serve as a guide to doctors on what principles ought to apply to actual circumstances. The principles sometimes conflict with each other leading to ethical dilemmas when applied to issues such as abortion, contraception, euthanasia, professional misconduct, confidentiality truth telling, and professional relationship with relatives, religion, traditional medicine and business concerns. Resolution of dilemmas demand the best of the doctor's knowledge of relevant laws and ethics, his training and experience, his religious conviction and moral principles as well as his readiness to benefit from ethics consultation and the advice of his colleagues<sup>(17)</sup>.



The other study conducted in Croatia, which included physicians and nurses, shows that the most frequent personal ethical dilemmas encountered by physicians in the overall distribution were: near-the-end-of-life decisions (11%), justice (7%) and professional conduct (6%). Physicians identified near-the-end-of-life decisions (27%), justice (11%) and truth-telling (11%) as their most frequent personal ethical dilemmas. <sup>(18)</sup>

The other study conducted in Norway shows that moral distress of physicians because of ethical dilemmas (response rate was 67 %.) 57% admitted that it is difficult to criticize a colleague for professional misconduct and 51% for ethical misconduct. 51% described sometimes having to act against own conscience as distressing, 66% of the doctors experienced distress related to long waiting lists for treatment and to impaired patient care due to time constraints. 55% reported that time spent on administration and documentation is distressing. Female doctors experienced more stress than their male colleagues. 44% reported that their workplace lacked strategies for dealing with ethical dilemmas. This study also concluded that, Lack of resources creates moral dilemmas for physicians, Moral distress varies with specialty and gender, Lack of strategies to solve ethical dilemmas and low tolerance for conflict and critique from colleagues may obstruct important and necessary ethical dialogues and lead to suboptimal solutions of difficult ethical problems. <sup>(19)</sup>

Study conducted by Doctor Bushra Khizar in Pakistani states as physicians come across ethical issues almost daily during their routine practices. The ability to identify, understand and resolve these ethical issues is a core competency, which should be part of all under and post graduate medical curricula and training. <sup>(20)</sup>

The other study on Emergency department triage an ethical analysis discussed that, resources like staff, space and equipment are limited. Patients often have to wait for a long time before being seen by a doctor and even longer before being transferred to a hospital bed. The result is not merely inconvenience but a degradation of the entire care experience - quality of care is compromised, the patient's safety may be endangered, staff morale is impaired and the cost of care increases. <sup>(21)</sup>

### **3. OBJECTIVES**

#### **3.1 General objective:**

- To assess ethical dilemmas and decision making processes in emergency departments of public hospitals. Addis Ababa, Ethiopia. From December to June, 2017.

#### **3.2 Specific objectives:**

- To assess ethical dilemmas experienced by physicians in emergency departments of public hospitals from April 30 May 20, Addis Ababa, Ethiopia, 2017.
- To identify strategies used by physicians to handle ethical difficulties in their practices from April 30 May 20, Addis Ababa, Ethiopia. 2017.
- To sort out the common ethical dilemmas in emergency care unit from April 30 May 20, Addis Ababa, Ethiopia. 2017

## **4. METHODS AND MATERIALS**

### **4.1 study area and period**

This study was conducted at emergency departments of all Addis Ababa public hospital, Addis Ababa Ethiopia. Based on the 2007 Census conducted by the Central Statistical Agency of Ethiopia (CSA), the city has 49 hospitals; thirteen are public hospitals, of these public hospitals; six of them are under Addis Ababa city administration. Other five hospitals are administered under the federal ministry of health of Ethiopia. The rest two hospitals are under defense ministry of Ethiopia. <sup>(22)</sup>

The study period was from December to June, 2017

### **4.2 Study design**

Institutional based descriptive cross-sectional study using a self-administered, structured questionnaire that included two parts from open to closed ended questions modified from similar questionnaire prepared on literatures was employed.

### **4.3. Population**

#### **4.3.1. Source population:**

The source population was all physicians working in Addis Ababa public hospitals.

#### **4.3.2. Study Population**

All physicians, regardless of their specialty working in emergency departments of public hospitals in Addis Ababa from April 30 May 20, were study participants.

### **4.4. Inclusion and exclusion criteria**

#### **4.4.1. Inclusion criteria**

All physicians, regardless of their specialty, working in emergency departments during data collection period were included in the study.

#### **4.4.2. Exclusion criteria**

Interns were excluded from this study

#### **4.5 Operational definitions**

**Ethical dilemmas-** Ethical difficulties to decide on treatment action and challenges to choose one from two or more options weights equal strength (in terms of ethics) in medical practices due to different reason.

**Resources:** Any human and material resources used in medical practices such as, staff, bed, mechanical ventilation, oxygen, etc.

#### **4.6. Sample size Determination**

All physicians working in emergency departments of public hospitals during data collection period were the sample size of the study.

#### **4.7. Sampling procedure**

Convenient sampling was used

#### **4.8 Variables**

##### **4.8.1. Dependent variables**

Ethical dilemmas

Decision making process

##### **4.8.2. Independent variable**

Culture or religions of patient

Patient clinical condition

Resources

Culture or religions of patient

## **4.9. Instrument and Data collection procedure**

### **4.9.1 Data collection tool**

A self-administered prepared questionnaire was used for data collection from physicians working in emergency departments of public hospitals in Addis Ababa.

### **4.9.2. Data Collection Procedures**

Self-administered, structured questionnaire that included two parts from open to closed ended questions modified from similar questionnaire prepared on literatures, relevant literatures to the problem under study to include all the possible variables that address the objective of the study. The structured questioners' was also include socio-demographic information such as age, sex and rank and title of current position, the bioethics and the institution, types of ethical dilemma faced and how often, strategies used to counteract the dilemma, assistance used in resolving ethical and ethics training.

### **4.9.3 Data quality control**

All physicians working in ED's were invited and informed regarding the purpose and significance of the study. They were informed how to complete the questionnaire in detail and were asked to complete the questionnaire in ethical manner to get best response and pre-test was done for the validity of assessment tools.

## **4.10. Data processing, Analysis and presentation**

Abstracted data from the questioners were checked for completeness and was entered to the software SPSS version 21 for further analysis. The entered data was cleaned, coded and recoded. Coding and recoding was done to categorize certain continuous variables, and re-categorize categorical variables that not suitable for analysis. The data was then analyzed using descriptive statistics as Frequency distributions, cross-tabulations, tables and graphs were used to describe the variables of the study.

#### **4.11. Ethical Consideration**

After approval of the proposal, Ethical clearance and formal letter was obtained from Research Ethics Committee of A.A University. Before data collection was commenced, permission to ED's was obtained from the hospital managers. The study participants were assured that their name is not be stated, Data was kept confidential and anonymous and it was used only for research purpose. They were also informed that they are not being forced to answer the entire question and they can withdraw at any time if they don't want to participate. Data collection tools were kept locked after data analysis is finished.

#### **4.12 Dissemination and utilization of result**

The findings of this study is important to those with closely related research interests regarding handling of Ethical dilemma and the findings of this study will be disseminated to different levels of stakeholders such as policy makers, health professionals and researchers through all available forums, workshops and conferences. A copy of the final report of this study was given to Addis Ababa University College of Health Sciences, Department of Emergency Medicine. The output of this study will also be made publically accessible through publications in reputable international journals.

## 5. RESULT

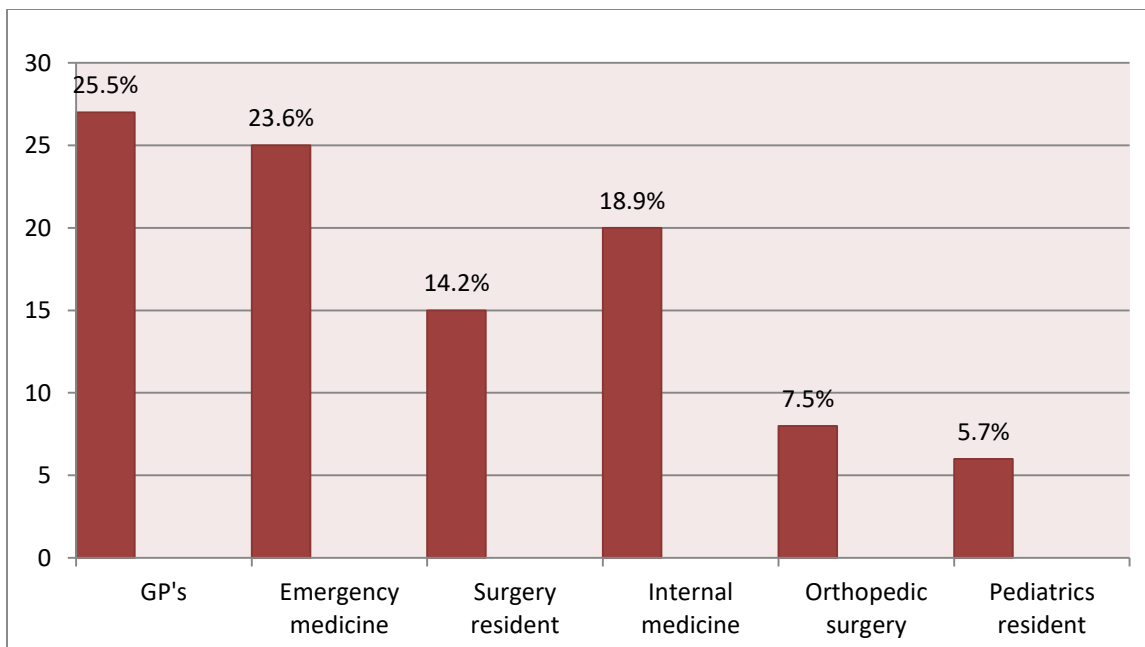
Data were collected from hundred six (n=106) physicians working in emergency departments of public hospitals in Addis Ababa, and among these, 62(58.5 %) males and 44(41.5 %) females.

Majority of the respondents, were in the age group 25-30Years(64.2%)

followed by those who are in the age group between 31-35 constituting 34% with the least being the age group between 36 and 40 making a percentage of 1.9%

Regarding their emergency room working experiences, the results showed that 63.2% of respondents have 1-5 months, 28.3% of them 6months -1 year and 8.5% of them have more than one year of ED experience.

Concerning physician current status, the following bar graph shows the number of each GP's and each residents working in emergency department during data collection period.



**Figure 1 physicians current status working in emergency department during data collection period**

The majority of physicians (90.6%) do have a course of medical ethics, 8.5% do not have and very little number of physicians (0.9 %) does not remember whether they took a course or not.



**Figure 2: responses of physicians on medical ethics course**

The majority of physicians 49(46.2%) do not remember the credit hours of medical ethics they had, followed by 40(37.7%) of them took 02 credit hours and 17 (16%) took 03 credit hours. At the same time physicians were asked that, if the medical ethics course covers the following subjects? And the response for yes was 39(36.8%) for research ethics, 80(75.5%) for code of conduct, 37(34.9%) for legal regulation and misconduct, 67(63.2%) for clinical ethics, 34(32.1%) for end life decision making, 38(35.8%) for disclosure of information, 31(29.2%) for priority of scarce resources, 43(40.6%) for abortion or other reproductive health, 33(31.1%) for decision making when the patient is unable to consent, 31(29.2%) euthanasia, and 39(36.8%) patient religious and /or cultural beliefs.

**Table 1** below shows that the response of physicians who took medical ethics course and as it covers the following variables or not.



**Table 1 Physician’s response of coverage of subjects of medical ethics**

| <b>Subjects of medical ethics or variables</b>        | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| Research ethics                                       | 39(36.8%)  | 67(63.2)  |
| Code of conduct                                       | 80(75.5%)  | 26(24.5%) |
| Legal regulation and misconduct                       | 37(34.9%)  | 69(65.1%) |
| Clinical ethics                                       | 67(63.2%)  | 39(36.8%) |
| End life decision making                              | 34(32.1%)  | 72(67.9%) |
| Disclosure of information                             | 38(35.8%)  | 68(64.2%) |
| Priority setting of scarce resources                  | 31(29.2%)  | 75(70.8%) |
| Abortion or other reproductive dilemmas               | 43(40.6%)  | 63(59.4%) |
| Decision making when the patient is unable to consent | 33(31.1%)  | 73(68.9%) |
| Euthanasia  | 31(29.2%)  | 75(70.8%) |
| Patient religions an/cultural beliefs                 | 39(36.8%)  | 67(63.2%) |

Concerning strategies dealing with ethical dilemmas in emergency department, 33(31.1%) of physicians talk with their colleagues and find the solution together, 24(22.6%) inform the others and leave the solution for them, 19(17.9%) do not talk with any one and try to find solution themselves,16(15.1%) talk with patient family or patient and leave the solution to them,11(10.4%) talk only with their family and friends and they think that they are not in position to make any difference in department, and few numbers of physicians,3(2.8%) talk with the head of department.

**Table 2 the most common strategies to solve ethical dilemmas in emergency department**

| Strategies  | Number | Percent |
|---|--------|---------|
| I talk with my colleagues and we find a solution together   | 33     | 31.1    |
| I often do not talk with any about this, I try to solve it myself                                       | 19     | 17.9    |
| I talk with my family and friends only, I am not in a position to make any difference in the department | 11     | 10.4    |
| I inform others about my concern and leave it to them to handle the situation                           | 24     | 22.6    |
| I talk with the head of the department  | 3      | 2.8     |
| I usually solve it by talking with the patient or the family and leave the decisions to them            | 16     | 15.1    |
| Total   | 106    | 100.0   |

Regarding decision making for unconscious patients, 29(27, 4%) decision is made by medical team, 24(22.6%) doctor in charge, 21(19%) by doctor in charge and family members, 20(18.9%) other family members and 12(11.1%) by the next of kin.

**Table 4: decision making for unconscious patient in emergency department.**

|   | Frequency | Percent |
|---|-----------|---------|
| The next of kin                               | 12        | 11.3    |
| Other family member                           | 20        | 18.9    |
| The doctor in charge                          | 24        | 22.6    |
| The medical team                              | 29        | 27.4    |
| The family together with the doctor in charge | 21        | 19.8    |
| Total   | 106       | 100.0   |

For terminally ill patient decision is made by the medical team and family together with in charge doctor with equal number of percentage 26(24.5%), by doctor in charge 24(22.6%), other family members 16(15.1%) and next of kin 14(13.2%)

**Table 3. decision making for terminally ill patient in emergency department.**

|   | Frequency | Percent |
|---|-----------|---------|
| The next of kin                               | 14        | 13.2    |
| Other family member                           | 16        | 15.1    |
| The doctor in charge                          | 24        | 22.6    |
| The medical team                              | 26        | 24.5    |
| The family together with the doctor in charge | 26        | 24.5    |
| Total   | 106       | 100.0   |

The majority of physicians 90(84.8%) have paid from their own pocket, with 66(85.8%) a couple of time in their live 18(17%) yearly, 6(5.7%) monthly and 1(0.9%) weakly to cover expenses for patients who cannot afford medication, diagnostic tests or other treatments. The reason why physicians paid for the patients were 37(34.9%) feel obligated as provider to the patient, 24(22.6%) find unfair they cannot pay, 20(18.9%) their colleagues tell them to do it, (6.6%) they cannot stand to see patient die or suffer because they are poor and 2(1.9%) was due their religion obligation.

Also 70(66%) of physicians donated blood to a patient that had no relatives to donate and 36(34%) were not. From these 35(33%) were donate blood a couple of time in their life, 20(18.9%) yearly, 8(7.5%) every six months, and 7(6.6%) every three months. The reasons why they donate blood were 30(28.3%) feel obligated as provider to the patient, 17(16%) because there were no relatives who could donate, 13(12.3%) the relatives resisted to donate because of cultural or religious reasons, 8(7.5%) they were told to donate by the other person and 2(1.9%) the patient would die if I did not donate.

**Table 4 cross tabulation of physicians who paid for medication or tests and donate blood for patients**

|  | Have you ever donated blood to a patient that had no relatives to donate? |    | Total |
|--|---|----|-------|
|  | yes   | no |       |
| Have you ever paid from your own pocket to cover expenses for patients who cannot afford medication, diagnostic tests or other treatment | 68  | 22 | 90    |
| yes  | 2   | 14 | 16    |
| no   |   |    |       |
| Total  | 70  | 36 | 106   |

Physicians were asked about availability of different medical guidelines in emergency departments and more than 65% of physicians respond that there is no guideline in emergency department of public hospitals of Addis Ababa. **Table 4** below shows the response of physicians.

**Table 5 physician's response for the guidelines in emergency department**

| <b>Guidelines</b>   | <b>Yes</b> | <b>No</b> | <b>I don't know</b> |
|---|------------|-----------|---------------------|
| First come first served strategies  | 18(17%)    | 78(73.6%) | 10(9.4%)            |
| Which treatment the patients should have?   | 21(19.8%)  | 63(59.4%) | 22(20.8%)           |
| For which patients are seen first?  | 20(18.9)   | 72(67.9)  | 14(13.2%)           |
| for which patients are admitted to the ICU  | 22(20.8%)  | 73(68.9%) | 11(10.4%)           |
| For which patients are taken to the OR first?   | 23(21.7%)  | 72(67.9)  | 11(10.4%)           |
| for DNR( do not resuscitate orders)   | 3(2.8%)    | 87(82.1%) | 16(15.1%)           |
| For pain management?  | 8(7.5%)    | 85(80.2%) | 13(12.3%)           |
| Enough resources (beds/equipment/medicines) to provide recommended treatment?           | 5(4.7%)    | 90(84.9%) | 11(10.4%)           |
| Enough qualified health workers to provide recommended treatment and care?              | 9(8.5%)    | 85(80.2%) | 12(11.3%)           |
| For informing the patient and/or the family about potential future costs for treatment? | 43(40.6%)  | 57(53.8%) | 6(5.7%)             |
| For disclosure of medical errors?   | 8(7.5%)    | 87(82.1%) | 11(10.4%)           |

From open ended questions physicians were asked the most common ethical dilemmas they encountered in emergency department and 42 physicians respond that 21(50%) it is against medical advice due to economic problem, 12(28.5%) decision for unconscious patient with no family and 9 (21.5%) family deny of treatment option for unconscious patient.

Physicians were also asked if they have ever experienced dilemmas considering the issues of situation in emergency department during their medical practices And if so, how often do they you encounter. The result of respondents is as shown in **table 5** below.

**Table 6 how often physicians face ethical dilemmas in emergency to different situations**

| Situations  | Daily | Weekly | Monthly | Once/6 months | Never |
|---|-------|--------|---------|---------------|-------|
| It is not clear what the patient wants if major treatment decisions have to be made?                            | 9.4%  | 28.3%  | 43.4%   | 15.1%         | 3.8%  |
| The patient's capacity to consent is questionable?  | 7.5%  | 12.3%  | 33%     | 35.8%         | 11.3% |
| The patient was not able to consent due to unconsciousness /psychiatric disease/dementia or mental disability?  | 6.6%  | 8.5%   | 17%     | 38.7%         | 29.2% |
| It was challenging to keep the confidentiality due to family who wanted to know?                                | 5.7%  | 8.5%   | 19.8%   | 45.3%         | 20.8% |
| It was challenging to keep the confidentiality to the patient do to other people around the bed?                | 2.8%  | 7.5%   | 18.9%   | 43.4%         | 27.4% |
| There were challenges related to disclosure to the patient?   | 4.7%  | 3.8%   | 19.8%   | 49.1%         | 22.6% |
| There were challenges related to disclosure to the family?  | 4.7%  | 2.8%   | 16%     | 48.1%         | 28.3% |
| Challenges arise as relatives disagree with the medical team  | 2.8%  | 3.8%   | 18.9%   | 49.1%         | 35.5% |
| Challenges arise as relatives disagree among each other   | 3.8%  | 2.8%   | 17%     | 40.6%         | 35.8% |
| The patient was severely sick or dying and we were uncertain if the treatment would benefit or hurt the patient | 2.8%  | 2.8%   | 9.4%    | 57.5%         | 27.4% |
| The medical team was disagreeing if treatment was in the patient's best interest or not                         | 2.8%  | 3.8%   | 18.9%   | 49.1%         | 25.5% |
| Lack of resources forced you to make a difficult decision   | 3.8%  | 0.9%   | 17%     | 47.2%         | 31.1% |
| You had several patient in need of the same equipment, and you had to choose who to give it to                  | 15.1% | 8.5%   | 17%     | 35.8%         | 23.6% |
| The patients economical situations lead to an ethical challenging situation                                     | 13.2% | 5.7%   | 26.4%   | 36.8%         | 17.9% |
| The patients and his/her family's religious or cultural background lead to an ethical challenging situation     | 3.8%  | 7.5%   | 25.5%   | 42.5%         | 20.8% |

## 6. DISCUSSION

The objective of this study was to assess ethical dilemmas and decision making process in emergency department of public hospitals in Addis Ababa. Data were collected from 106 physicians and almost all physicians have encountered ethical dilemmas and involve themselves in decision making of different situation during their medical practices.

The result of this study shows that ethical dilemmas in emergency department is mainly due to scarce resource and emergency medicine physicians more tend to challenge this issue. Unlike this result; the study conducted in America on physicians stated that as internal medicine physicians routinely face ethical dilemmas than the others. This study also discussed the source of ethical dilemmas is an end life decision making followed by patient autonomy. In this study limited resource were rarely considered. <sup>(15)</sup> Additionally, the other study done in Norway explains as lack of resource is the bases of ethical dilemmas and similarly as this study (65%), lack of strategies or guidelines at work (44%) were also the other home for ethical dilemmas. <sup>(19)</sup>

The analysis of the study displays that the majority of physicians were took medical ethics course, but it does not cover the subjects like euthanasia, DNR, end life decision making, priority setting for scarce resources and legal regulation and misconduct. As the result, this can be explained by lack of ethics training may expose to ethical issues and makes decision making process difficult. The research conducted in Pakistani by Doctor Bushra Khizar also gives the strength to this study as it says the ability to identify, understand and resolve these ethical issues is a core competency, which should be part of all under and post graduate medical curricula and training. <sup>(20)</sup>

Physicians were also asked about the strategies used in handling ethical dilemmas and the majority of physicians replied that they use to talk with their colleagues and a few number of physicians inform the situation to the department head. In contrast of this result, study in Nigeria on medical ethics and ethical dilemmas revealed that consultation is the major strategy followed by talking with colleagues to handle ethical dilemmas. On other hand this Nigerian study also conclude respecting patient autonomy is important while this study shows family members are close to make decision rather than patient itself. <sup>(17)</sup>



Nearly 72% of physicians encounter ethical dilemmas in emergency departments because there is no guideline for the admission of patient to ICU and OR. Similarly, Qualitative study conducted in Netherlands states that, physicians often face ethical dilemmas in the context of the ICU admission and discharge process, ethical problems arise at different points in time: (A) when deciding about admitting a patient to the ICU from the emergency room, operating theater or a general ward, (B) during a patient's stay in the ICU, (C) when (deciding about) discharging a patient from the ICU. <sup>(16)</sup>

In this study, the process of decision making for unconscious and terminally ill patient is handled by the physician in charge and next of kin for the treatment option and other medical management. Study accompanied in USA shows terminally ill patients vary in how much they wish their own preferences to control decisions made on their behalf, but most would opt for shared decision-making with loved ones and physicians. Control preferences are stable over time with respect to loved ones, but as they live longer with their illnesses, patients prefer somewhat less reliance upon physicians. <sup>(24)</sup>

## **7. CONCLUSION AND RECOMMENDATION**

### **7.1. Conclusion**

To the extent of my knowledge, this is the first study of ethical dilemmas and decision making process in emergency department of public hospitals in Ethiopia.

Physicians routinely challenge with ethical dilemmas and face difficult decision making process in emergency department during their medical practices. The main sources of ethical conflict in the department are scarce resource, treatment option for unconscious patient with no family members, family deny of treatment for unconscious patient and having many patients.

The analysis of this study shows medical ethics course given in medical school is not well enough to resolve ethical dilemmas happening in emergency department.

There is no clear guide line in emergency departments on different medical practices like guidelines of admitting patient to ICU and OR, disclosure of medical ethics, DNR, treatment options and other that may lead to ethical issues and difficult decision making on the behalf of patient treatment.

The review showed that as fundamental medical ethics principles to assist doctors to evaluate the ethics of a situation while making a decision include respect for autonomy, beneficence, non-maleficence and justice. The principles sometimes conflict with each other leading to ethical dilemmas when applied to issues such as scarce resources, professional relationship with relatives, religion.

Handling of dilemmas needs the best of the physician's knowledge of medical ethics, training and experience, religious or culture and moral principles as well as readiness to benefit from ethics consultation and the advice of the colleague.

## **7.2. Recommendations**

Based on the above findings and conclusions concerning ethical dilemmas and decision making process in emergency department of public hospitals, the following recommendations are made for action:

- Ethics education should begin in the medical schools and after graduation to ensure that doctors develop good ethical practices and acquire the ability to effectively handle ethical dilemmas. As the result, medical school should have medical ethics curriculum that can cover ethical aspects of medical practices.
- Hospitals should develop different guidelines that help physicians in emergency department concerning patients
- Training of advanced ethical issues like euthanasia and DNR should be given for physicians.
- Each hospital should have medical ethics committee and prepares guidelines and regulations up on consultation
- Hospitals should develop guidelines of using resources wisely to prevent ethical dilemmas related to scarce resources in emergency care.

### **LIMITATION OF THE STUDY**

- This study was conducted only on physicians and it wouldn't represent other health workers ethical dilemmas in emergency department.
- The study unit size is comparably small with other study
- The study type is cross-sectional and difficult to eliminate bias.

## 8. BUDGET.

**Table 7. Budget breakdown of the study**

| S.N | Activities        | Required personnel & qualification | Required number of personnel | Total days | Per day    | Total payment | Remarks |
|-----|-------------------|------------------------------------|------------------------------|------------|------------|---------------|---------|
| 1   | For training      | Data collectors/BSC nurses         | 6                            | 2          | 150.00     | 1800.00       |         |
|     |                   | Supervisors/ BSC nurses            | 2                            | 2          | 200.00     | 800.00        |         |
| 2   | Pre-test          | Data collectors/BSC nurses         | 6                            | 2          | 200.00     | 2400.00       |         |
|     |                   | Supervisors/ BSC nurses            | 2                            | 1          | 250.00     | 500.00        |         |
| 3   | Data collection   | Data collectors/BSC nurses         | 6                            | 6          | 150.00     | 5400.00       |         |
|     |                   | Interviewers                       | 2                            | 10         | 200        | 4000.00       |         |
|     |                   | Supervisors/ BSC nurses            | 2                            | 6          | 200.00     | 2400.00       |         |
| 4   | For transport     | Supervisors/BSC nurses             | 2                            | 10         | 40         | 800.00        |         |
|     |                   | Data collectors                    | 6                            | 20         | 40         | 1600.00       |         |
| 5   | Internet services |                                    |                              | <b>30</b>  | <b>100</b> | 3000.00       |         |
| 6   | Stationary        |                                    |                              |            |            | 2000.00       |         |
|     | <b>Total</b>      |                                    |                              |            |            | 23800.00      |         |

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## 10. ANNEXS

### **Annex 1- Participant Information Sheet and informed Voluntary Consent Form**

Dear respondent my name is \_\_\_\_\_ . I am working as data collector for the study being conducted in this facility by **wakuma chala**, who is studying for his Master degree at Addis Ababa University, College of Health Science, and emergency medicine department.

I am collecting data from physicians about ethical dilemmas and decision making process in emergency departments of public hospitals. To attain this objective, your cooperation to be honest and genuine participant by responding to the question prepared is very important and highly appreciated.

#### **I will proceed to the interview after you understand the following points**

**Objective** – The objective of this study will be to assess ethical dilemmas and decision making process in emergency departments of public hospitals.

**Benefit:** The study may have indirect benefit for the participants. Moreover it will help the researcher to write up his thesis for partial fulfillment of master’s degree in emergency medicine and critical care of nursing.

**Harm:** The participants do not have any harm by participating to the study or for not participating to the study, except taking few minute from your time. There wouldn’t be any direct payment for participating in this study.

**Procedures and duration:** Participants are interviewed once and the interview may take from 20-30minutes. So I kindly request you to spare me this time for the interview.

**Alternatives to participation:** You do not have to take part in this research if you do not wish to do so, and refusing to participate will not affect you and your family. If you have question that is unclear you have a right to ask for clarification. If you have also a question that you don’t want to answer you can skip it. You may stop participating in the research at any time.

**Confidentiality:** Your answers are completely confidential. Your name will never be used in connection with any information you tell us. The questionnaire will be coded to exclude showing names. All information given by you will be kept confidential.

**Informed consent:** I have read this form or it has been read to me in the language that I understand. I understand all conditions stated above. Therefore, I am willing to participate in this study.

If there is any questions or enquires any time about the study or the procedures, please contact:

**Name of Principal investigator: wakuma chala**

Address: Tell +251922519087

E-mail:wawe.g@yahoo.com

**Name of interviewer** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Result of interview:**

Completed                      Refused                      Partially completed

**Checked by:**

Supervisor Name-----signature-----Date-----

If no, skip.

**Questionnaire code**

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

## Annex-2 questionnaire

### A survey on Ethical dilemmas and decision making process in the Emergency departments: Experiences of physician at public Hospitals, Addis Ababa, Ethiopia.

Thank you for your participation! Your contribution will be highly valued. The data from this survey will help us in making teaching and training in medical ethics for students and clinicians context adjusted and relevant. It will also be useful for evidence-based policy and practice in medical ethics. Some questions may seem not applicable to you, but please answer as best as you can based upon your situation. We value your opinions, and hope you help us with filling out the whole questionnaire!

1. Gender:

- Male
- Female

2. Age: \_\_\_\_\_ Years

3. For how long have you worked in the Emergency Room/Unit: .....months/years

4. Are you currently working as

- GP
- Resident in (please specify) \_\_\_\_\_
- Specialist in (please specify) \_\_\_\_\_
- Others (please specify) \_\_\_\_\_

5. Did you have any specific medical ethics course in medical school?

- Yes, How many hours/weeks/credit points (please specify).....
- No
- Do not remember

If yes: did the course cover subjects like (more than one possible)

- Research ethics
- Code of conduct
- Legal regulations and misconduct
- Clinical ethics:
- End of life decision making
- Disclosure of information
- Priority setting of scarce resources
- Abortion or other reproductive dilemmas

- Decision making when the patient is not able to consent
- Euthanasia
- Patients religious and/or cultural beliefs

6. What are the most common strategies when you are in an ethical dilemma? (more than two answers are possible)

- I talk with my colleagues and we find a solution together
- I often do not talk with any about this, I try to solve it myself
- I usually do not talk with any about this, I am not in a position to make any difference in the department
- I talk with my family and friends only, I am not in a position to make any difference in the department
- I inform others about my concern and leave it to them to handle the situation
- I talk with the head of the department
- I usually solve it by talking with the patient or the family and leave the decisions to them

7. In situations where a decision must be taken on behalf of an unconscious patient, who do usually make the decision?

- The next of kin
- Other family member
- The doctor in charge
- The medical team
- The family together with the doctor in charge
- Others, please specify

8. In situations where a decision must be taken on behalf of terminally sick patient, who do usually make the decision?

- The next of kin
- Other family member
- The doctor in charge
- The medical team
- The family together with the doctor in charge
- Others, please specify

9. Have you ever paid from your own pocket to cover expenses for patients who cannot afford medication, diagnostic tests or other treatment?

- Yes       No

If yes, how often do this happen?

- Weekly
- Monthly

- Yearly
- A couple of time in my life

If yes, what are the most common reasons to do this? Is the reason you do this? (Two options are possible)

- I feel obligated to do so as the patient's provider.
- I find it unfair that the patient cannot pay.
- My colleagues tell me to do it.
- It is due to my religious obligations.
- I cannot stand to see that they die or suffer only because they are poor.
- Other reason, please fill in the blank .....

10. Have you ever donated blood to a patient that had no relatives to donate?

- Yes
- No

If yes, how often do this happen?

- Every three months
- Every six months
- Yearly
- A couple of time in my life

If yes, what is the reason you do this? (Two options are possible)

- I feel obligated to do so as the patient's provider
- There were no relatives there who could donate
- The relatives resisted to donate due to religious/cultural reasons
- I was told by the person in charge to do it
- The patient would die if I did not do it

11. In your ECU do you have:

|   | Yes | No | Do not know |
|---|-----|----|-------------|
| a) A first come, first served strategy to distribute beds/surgery/limited resources?                |     |    |             |
| b) Clinical guidelines for which treatment the patients should have?                                |     |    |             |
| c) Guidelines for which patients are seen first?  |     |    |             |
| d) Guidelines for which patients are admitted to the ICU?   |     |    |             |
| e) Guidelines for which patients are taken to the OR first?   |     |    |             |
| f) Guidelines for DNR( do not resuscitate orders)   |     |    |             |
| g) Guidelines for pain management?  |     |    |             |
| h) Enough resources (beds/equipment/medicines) to provide recommended treatment?                    |     |    |             |
| i) Enough qualified health workers to provide recommended treatment and care?                       |     |    |             |
| j) Routines for informing the patient and/or the family about potential future costs for treatment? |     |    |             |
| K Guidelines for disclosure of medical errors?  |     |    |             |

12. Have you ever experienced dilemmas considering these issues? And if so, how often do you encounter them in the ECU:

| Daily   | Daily | Weekly | Monthly | Once/<br>6<br>months | Never | N/A |
|---|-------|--------|---------|----------------------|-------|-----|
| It is not clear what the patient wants if major treatment decisions have to be made?                            |       |        |         |                      |       |     |
| The patient's capacity to consent is questionable?  |       |        |         |                      |       |     |
| The patient was not able to consent due to unconsciousness /psychiatric disease/dementia or mental disability?  |       |        |         |                      |       |     |
| It was challenging to keep the confidentiality due to family who wanted to know?                                |       |        |         |                      |       |     |
| It was challenging to keep the confidentiality to the patient do to other people around the bed?                |       |        |         |                      |       |     |
| There were challenges related to disclosure to the patient?   |       |        |         |                      |       |     |
| There were challenges related to disclosure to the family?  |       |        |         |                      |       |     |
| Challenges arise as relatives disagree with the medical team  |       |        |         |                      |       |     |
| Challenges arise as relatives disagree among each other   |       |        |         |                      |       |     |
| The patient was severely sick or dying and we were uncertain if the treatment would benefit or hurt the patient |       |        |         |                      |       |     |
| Not resuscitating terminally ill patient)   |       |        |         |                      |       |     |
| The medical team was disagreeing if treatment was in the patient's best interest or not                         |       |        |         |                      |       |     |
| Lack of resources forced you to make a difficult decision   |       |        |         |                      |       |     |
| You had several patient in need of the same equipment, and you had to choose who to give it to                  |       |        |         |                      |       |     |
| The patients economical situations lead to an ethical challenging situation                                     |       |        |         |                      |       |     |

|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| The patients and his/her family's religious or cultural background lead to an ethical challenging situation |  |  |  |  |  |  |
|---|--|--|--|--|--|--|

13. Please write about one situation that you found to be an ethical dilemma in your work in emergency department, (If you prefer to answer in Amharic, please do so)

.....

.....

.....

.....

14. What were the common ethical dilemmas in emergency departments during your medical care and how it was handled?

.....

.....

.....

.....

.....