

ETHICS AND LANGUAGE; A STUDY ON DOCTOR/PATIENT COMMUNICATIONS

Parvaneh Khosravizadeh*, Mozghan Sedaghatkar

Sharif University of Technology

*Email: khosravizadeh@sharif.ir

ABSTRACT

The field of ethics includes the concepts of right and wrong behavior. It is a set of moral values and standards that governs individuals' behavior and helps the stability of society. However, sometimes deviation from ethics results in ethical issues. Ethical issues of language take place in different situations and environments such as advertising, health care, nursing, work places, school, and even within family. An ethical issue occurs when the people who involve in a situation do not have the same moral beliefs. Consequently always some people disagree on the outcome because they do not consider it moral. Ethical issues of language are hard to handle but may occur frequently. Present study surveys ethical issues of language in health care and particularly in relationship between doctor and patients. In this study a questionnaire with thirteen questions has been given to 20 doctors in Imam-Khomeyni and Tamin-Ejtemaei hospitals of Garmsar and they were asked to answer them. Then, the responses were analyzed by SPSS and through Chi-square total data program.

KEYWORDS: ethics, ethical issues, moral values

Definition of key terms

-Ethics: Ethics is a set of beliefs about right and wrong behavior (Talab, 2010). Paul and Elder (2006) described ethics as "a set of concepts and principles that guides us in determining what behavior helps or harms creatures".

-Ethical issues: Ethical issues involve problems which require a person to choose between ethical or unethical (right or wrong).

-moral values: Moral values are the standards of good (right) and evil (wrong), which govern a person's behavior and choices.

INTRODUCTION

Ethics is a branch of psychology; hence, it is known as moral psychology and involves concepts such as standard values, wrong behavior, ethical issues, etc.... Paul and Elder (2006) define ethics as "a set of concepts and principles that guides us in determining what behavior helps or harms sentient creatures". The importance of Ethics in psychology has increased in the last of twentieth century and now is considered a significant section of modern psychology. It is not only one of its important parts, but also its necessary part, since all of psychological researches should be under their ethical implications. However, ethical values aren't fixed through the world. They are different to different individuals. This variety depends on philosophic, cultural and religious features of community in which it is used. Yet, Although ethical values of every society has been set up, psychologists still encounter ethical issues in different settings such as hospitals, schools, office or even families. Since the scope of ethics is very broad, the present study can investigate only one of its aspects. Hospital is a place where observing the ethics in it is very important. Unlike many other jobs, those who work in hospital, such as doctors, nurses, therapists, etc... are faced with different people and hence they encounter different kind of ethical issues every day. Hence, the present study investigates ethics in health care and particularly examines ethical language in relationship between doctor and patient.

Moral issues are not new problem. Every person in each society will be faced with it. The nature of moral issues comes back to the 4th century BC in western society That Sophists believed that morality was a set of rules in a society to keep that society under control. On the basis of this statement, if ethics is just a social consensus, thus behavior should be governed just by social conventions. However, conventions are different from one society to another. This belief was ethical relativism.

Since Second World War, which was known as the period of postmodernism, "ethical relativism" was raised by Western society once again, but in a different concept. Jaques Lacan stated that "since humans are essentially linguistic being, morality is essentially a linguistic construct of the society into which we are born" (Fulcher, 1996). His

statement was beginning of interpreting the concept of "ethical relativism" in a different way, meaning that we can select those values which we wish to follow from the range of values rather than a social convention.

Finally in the late of 20th century and beginning of 21st century the concept of "ethics and ethical issues" caught up with applied linguistics. Because of entering ethics in applied linguistics, this period was known as applied ethics. In this era, Hamp-Lyons (1998, cited in Fulcher, 1996) who was interested in ethics of postmodernism period, suggested that "there are no absolute ethical principles that lead us to engage with moral philosophy". Similarly, Thomas Hobbes (1998) stated that "the notions of right and wrong, justice and injustice ... have no place" and individuals have the right to do whatever they think is correct and necessary. Nevertheless, Davies (1997, cited in Fulcher, 1996) claimed that "ethics is a part of the process of becoming a profession". On the basis of his statement, although Professionalism (standards of values) may develop or change over the time, it is according to norms and moral values. Also, Immanuel Kant (1999) uttered that "happiness achieved through immorality is not a good thing at all. Rather, the good will is the only thing that is good in all circumstances". However, much work continues be done in applied ethics and every day new theories is stated about it.

MATERIALS AND METHODS

Participants

The present study was conducted in Imam- Khomeyni and Tamin-Ejtemaei hospitals of Garmsar. 20 doctors of these two hospitals participated in this study, from among both male and female. This study conducted in one session and without previous training.

Instrument

This study was conducted through a questionnaire consists of 13 questions as an instrument. The questionnaire was on the basis of likert scale; that is, the questions were stated in the form of sentences and were graded from strongly agree to strongly disagree. It should be mentioned that all of sentences weren't graded in the same manner. For favorable (positive) items, "strongly agree" was scored 5, agree scored 4, no opinion scored 3, disagree scored 2, strongly disagree scored 1 and For unfavorable (negative) items it was vice versa.

Procedure

In present study, a questionnaire consists of 13 questions was given to 20 doctors of Imam-Khomeyni and Tamin-Ejtemaei hospitals of Garmsar and they were asked to answer them in order to measure to what extent the doctors observe ethical values in their relationship with their patients. In order to make sure that doctors answer the questions honestly, they are asked not mention their name, gender and age. Since this study was done in one session and any previous training session or any pre-test and post-test wasn't held from already, it had a one-shot design.

Statistical analysis

Using a questionnaire for counting the number of times that an answer was selected, the main statistical analysis was non-parametric Chi-square total data program in SPSS. That is, a Chi-square test was used in order to manifest to what extent the doctors used ethical values in health care scope and in their relation with their patients.

RESULTS AND DISCUSSION

Before analyzing all of answers, ten answers were entered into SPSS as pilot to calculate the reliability of the research. A reliability of 0/52 was obtained as follow:

Cronbacch's Alpha reliability:

Cronbach's Alpha	N of Items
.524	13

Then all of answers were written in SPSS and the frequency of each question was obtained by non-parametric chi-square. The results are as follow:

Q1	Observed N	Expected N	Residual
disagree	2	5.0	-3.0
no idea	3	5.0	-2.0
agree	8	5.0	3.0
strongly agree	7	5.0	2.0
Total	20		

Q2	Observed N	Expected N	Residual
disagree	3	5.0	-2.0
no idea	2	5.0	-3.0
agree	7	5.0	2.0
strongly agree	8	5.0	3.0
Total	20		

Q3	Observed N	Expected N	Residual
disagree	5	5.0	.0
no idea	5	5.0	.0
agree	6	5.0	1.0
strongly agree	4	5.0	-1.0
Total	20		

	Observed N	Expected N	Residual
Q4			
no idea	2	6.7	-4.7
agree	9	6.7	2.3
strongly agree	9	6.7	2.3
Total	20		

Q5	Observed N	Expected N	Residual
disagree	1	5.0	-4.0
no idea	3	5.0	-2.0
agree	7	5.0	2.0
strongly agree	9	5.0	4.0
Total	20		

Q6	Observed N	Expected N	Residual
strongly agree	3	4.0	-1.0
agree	5	4.0	1.0
no idea	4	4.0	.0
disagree	7	4.0	3.0
strongly disagree	1	4.0	-3.0
Total	20		

Q7	Observed N	Expected N	Residual
strongly agree	1	4.0	-3.0
agree	3	4.0	-1.0
no idea	2	4.0	-2.0
disagree	8	4.0	4.0
strongly disagree	6	4.0	2.0
Total	20		

Q8	Observed N	Expected N	Residual
agree	7	10.0	-3.0
strongly agree	13	10.0	3.0
Total	20		

Q9	Observed N	Expected N	Residual
disagree	9	10.0	-1.0
strongly disagree	11	10.0	1.0
Total	20		

Q10	Observed N	Expected N	Residual
strongly agree	1	4.0	-3.0
agree	2	4.0	-2.0
no idea	2	4.0	-2.0
disagree	7	4.0	3.0
strongly disagree	8	4.0	4.0
Total	20		

Q11	Observed N	Expected N	Residual
disagree	1	5.0	-4.0
no idea	3	5.0	-2.0
agree	5	5.0	.0
strongly agree	11	5.0	6.0
Total	20		

Q12	Observed N	Expected N	Residual
strongly agree	2	5.0	-2.0
no idea	2	5.0	-4.0
disagree	8	5.0	3.0
strongly disagree	8	5.0	3.0
Total	20		

Q13	Observed N	Expected N	Residual
strongly disagree	2	6.7	-4.7
agree	10	6.7	3.3
strongly agree	8	6.7	1.3
Total	20		

1-be listener:

Totally 15 doctors (75% of doctors) agreed/strongly agreed on that be patients' listener rather than spend more time talking. Only 2 doctors (10%) disagreed on that be listener and 3 doctors (15%) had no idea.

2-non-verbal communication:

Totally 15 doctors (75% doctors) agreed/strongly agreed on using facial expression and nonverbal communication when they are visiting their patients and 3 of them (15%) disagreed on using non-verbal expression. In addition, 2 doctors (10%) had no idea.

3-repeating patient's speech and addressing him:

Totally 10 doctors (50% of doctors) agreed and strongly agreed on telling detailed expressed by patient and addressing them with their names. 5 doctors (25%) disagreed on it and also 5 doctors (25%) had no idea.

4-reminding patient:

Totally 18 doctors (90% of doctors) agreed and strongly agreed on politely reminding patient, if he enters the irrelevant details. Only 2 of doctors (10%) had no idea.

5-reminding patient's speech:

16 doctors (80% doctors) agreed and strongly agreed on reminding patients with repeating his talking, if he forgets his speech. Only 1 of them (5%) disagreed on reminding patient. 3 doctors (15%) had no idea.

6-blaming patient:

Totally 8 doctors (40% of doctors) agreed and strongly agreed on forcing the patient to continue treatment by blaming him, if patient says honestly that he hasn't observed what is advised by doctor. Equally, 8 doctors (40% doctors) disagreed and strongly disagreed on it. In addition, 4 doctors (20%) had no idea about that.

7-expressing worry about danger of non-drug treatment:

Only 4 doctors (20% doctors) agreed/strongly agreed on expressing worry too much about the dangers of non-drug treatment, to encourage the patients to use prescribed medication. 14 doctors (70%) expressed that they disagreed on expressing worry too much about danger of non-drug treatment. 2 doctors (10%) had no idea.

8 & 9-introducing patient to another doctor:

All of doctors (100%) agreed on that they should introduce their patient to another doctor, if they don't have sufficient expertise about their patient's disease.

10 -promising falsely:

only 3 doctors (15%) agreed and strongly agreed on promising falsely, if they want to patients be out of concern. 15 doctors (75%) disagreed on promising falsely. 2 doctors (10%) had no idea.

11-not promising falsely:

16 of doctors (80%) agreed and strongly agreed on telling his patient do the best for him but they don't promise falsely. 1 doctor (5%) disagreed and 3 doctors (15%) had no idea.

12-announcing an incurable disease to patient himself:

only 2 doctors (10%) agreed on telling patient himself that he suffers from an incurable disease. 16 of doctors (80%) agreed on telling patient's family members or close relatives, if he suffers from an incurable disease and 2 other doctors (10%) had no idea.

13-announcing an incurable disease to patient's family:

18 of doctors (90%) agreed on telling patient's family or relative that he suffers from an incurable disease. Only 2 doctors (10%) disagreed on it.

CONCLUSION

Dealing with ethics in health care isn't a new subject. But in recent years and because of failing in delivery of health care, much attention has given to it. So, conducting research on this area to solve ethical problems has a value in itself in every society. Regarding the importance of ethics, this study surveyed the amount of maintaining moral communication between doctor and patient in Iranian society. We have seen that most of doctors observe ethical language while visiting their patients except a small percentage of them.

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