Profile of physicians involved in ethical – professional processes – Paraiba 1999 to 2009

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Abstract

This desk study aimed to identify, from secondary database, the profile of medical professionals involved in Ethical-Professional Processes (EPP) in the State of Paraiba from 1999 to 2009. Material for analysis included 169 EPP from the Regional Council of Medicine of Paraiba, involving 284 physicians. Considering the results, it was seen that the infringing doctor's profile is characterized as being male, aged 50-59 years, with over twenty years of professional activity and who were obstetricians and gynecologists. The patient's family was the most frequently formalized complaint against the professionals (32%).

Key words: Professional ethics. Professional practice. Medical ethics.

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Currently, particularly in view of the implacable technological progress, there are deep social transformations that generate changes in human values' evaluation, with striking repercussion in living in society. Among the areas of knowledge, perhaps medicine is the one most subject to influences from this technological process and, possibly for this reason,, the one that finds the strongest questioning, particularly regarding professional responsibility. Such deed has brought on the issue of physicians' attendance, increasingly frequent, to courts, which can be seen almost as inadmissible for a profession that should be understood as activity with transcendent commitment with human solidarity [1].

In this context stands out the importance of councils to regulate medical profession, since they are organs set by legislation to inspect these professionals' actions, having as primary function to find out denounces against physicians. Operationalization of these activities by the councils takes place with the opening of ethical-professional processes

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(EPP), with ample rights of defense and the contradictory. For such, the Code of Medical Ethics' (CME) precepts must be observed, been necessary to clearly set legal limits and penalties for professional work regulation [2,3].

Errors, in medicine, are fully contained in realm of guilt, as long as they result from evidenced imprudence, negligence, or incompetence. When medical errors are typified, the circumstance in which their blame is observed, the implication for their actors Consist in responding both penal and criminally for harm done to patient [4]. It is worth highlighting that, for the professional, these consequences are in consonance with the ethical and legal aspects imposed by the CME in Chapter 3, specifically in Article 10, which prohibits the physician to: *cause harm to patient by action or omission, characterized by incompetence, imprudence or negligence. Single paragraph. Medical responsibility is always personal and it cannot be presumed* [5].

In Brazil, in spite of the importance of this topic, there is not official statistics on the totality of processes involving medical errors, but it is noticed a progressive increase in legal suits against physicians. This growing trend is not considered as abusive, in spite of legal suits filed by patients against their physicians [6]. Thus, bearing in mind the necessity of studies revealing empirical data related to the issue and that may provide more accurate analysis of reality, this study aims at identifying profiles of physicians involved in PPE in the state of Paraiba during the period of 1999 to 2009.

Contextualization of medical activity and its implications for medical errors

Medical activity subsidized by Hypocrite's presumptions had love and donation as the guiding axis,

while there was not conflicts between physicians and those who received his care. With medical technology outbreak, the art of healing was changed into science in such way that, pathological cases, whose healing were considered before as impossible, began to be ranked as routine. This reflected in medicine, to which it was attributed the almost absolute healing power. Naturally, this circumstance brought on a drastic consequence: the excessive trust in medical help by patients. The unsuccessful cases were normally attributed to fate, fatality or God's will, never to physicians, considered a semi-god, infallible, incapable to make errors [7].

This notable reputation that physicians had during the initial decades of medicine's technological progress was undone, either because it was realized that they were not intermediary of God's will [8] or, mainly, because the media began to increasingly inform on medical error. In this scenario, people influenced by these information started to question the untouchable position of professionals in medicine [9]. Additionally, appearance of unknown diseases contributed for the deconstruction of physician's image, and the search, by physicians, of professional success at any cost. In Brazil, conditions not always favorable for exercising medicine also constitutes a favoring aspect of medical error. As consequence of this conjugation of facts media denouncing befell pointing to medical errors, in face of which starts to become effective the accrual of ethical processes.

It is stressed that these error may cost, often, a patient's life and the medical professional's career as well[1]. The physician-patient relationship, in view of this reality, became increasingly worn out.

The cases involving medical error have been the target of media's attention, often presenting them in a sensationalist way, making us to reverberate both in society and in the medical class. Patients, guided by this news, have expectations often baseless and they assume a mistrusting stand regarding the professional's qualification and competence [9]. Professionals, in their turn, have tried to surround themselves with larger guarantees, particularly through previous request of lab exams and images enabled by the development of new diagnosis methods [1].

Medical error may be the consequence of a series of situations, but there is not any doubt that, by establishing good physician-patient relationship, it is possible to avoid its occurrence and the majority of legal suits. The materialization of an open and sincere relationship between these entities may be the way to avoid insecure situations and the increase in medical error cases. The lack of medical attention results not just in error but, in legal implications for the professional, as well as in society's lack of credibility in the entire medical class [10].

The specializations most frequently involved in suits are Gynecology and Obstetrics, Orthopedics, Anesthesiology,

Emergence, General Surgery, Medical Clinics, and Pediatrics. The reasons attributed to increase of denounces against physicians comprise: patients are unable to distinguish complications of medical procedures from those resulting of negligence; high expectations related to the Professional and to diagnosis and therapeutics procedures; weakening of physician-patient relationship; high indemnification received by patients, as occurring in the United States (US); people's awareness of the issue, and appearance of organizations in patient's defense [1].

In addition to aspects mentioned herein, the changes taking place in the work environment, as a rule, were decisive for physicians' activities, directly affecting their autonomy and practice, in addition to their professional and ethics behavior. Physicians' power and knowledge were, in certain way, questioned and shared with other Professional from the health team, even with technicians that deal with sophisticated equipment used for determined diagnosis [11].

It is worth highlighting that physician becomes responsible for the error undertaken in the professional exercise when acts of incompetence, imprudence, or negligence are evidenced. Incompetence is based on the incapacity, on lack of knowledge or lack of habilitation for professional exercise. Imprudence is seen as the characterization of absence or omission of precautions and by transgression of technical standards. Negligence is described as lack of observance of duties that the circumstances require and can be evidenced by indolence, inattention, untidiness, or absence [7].

Therefore, it is understood that the medical Professional should act with responsibility, commitment with work and with the other, as well as respect for people's affection. Ethics is developed during Professional formation when attitudes, values and skillfulness are built in the exercise of this professional practice, which emerged in Brazil a few centuries ago and underwent through many changes in the way of working with patients/clients [12,13].

Method

It is a documental research of a exploratory feature with quantitative approach. The sample comprised by 169 PPE from the Regional Council of Medicine of the State of Paraiba (CRM-PB), effective between 1999 and 2009, involving 284 physicians. A structured questionnaire was prepared, for data compilation, seeking to meet the following information: number of investigations and suits, defendant's data (sex, age, graduation time, professional qualification, defendant's internship or specialization). Next, these information were grouped in users' friendly database.

Data collection was carried out at CRM-PB main offices. Later, these information were statistically analyzed, with assistance of SPSS (*Statistical Package for Social*

Science) statistics package, release 18, from descriptive statistics (frequency, percentage, average, standard deviation, and tests) with adoption of usual measures of core and dispersion trend, and computation of simple and relative frequencies, in addition of Pearson' chi square and Fisher's Exact statistics tests). The adopted significance level was 5%. The research was approved by the Ethics in Research Committee of the State Health Secretariat of Paraiba.

Results

The 169 (22.4%) PPE against physicians resulting from 756 inspections undertaken in CRM-PB during the period of 1999 to 2009, involving 284 physicians. The year with largest number of investigations was 2009 (14.6%, n= 110) and the lowest, 1999 (5.3%, n= 40). One may notice that the number of suits oscillated in the evaluated years, indicating, however, the highest recorded frequency in 2007 (n= 22, 13%) and the slowest in 2008 (n=8, 4.7%). The number of physicians involved in processes alternated from 9 (3.2%), in 2008, to 33 (11.6%), in 2003. Thus, the average number of physicians involved in PPEs was two subject/process during the past 11 years, as shown in Table 1.

Table 1. Evaluation of number of investigations, processes, and involved subjects per year, period of 1999 to 2009

Year	No. of investigations		No. of processes		Number of subjects		Average of subjects/ processrs
			N°	%	N°	%	
1999	40	5.3	13	7.7	25	8.8	1.92
2000	45	6.0	13	7.7	26	9.2	2.00
2001	53	7.0	16	9.5	29	10.2	1.81
2002	46	6.1	11	6.5	19	6.7	1.73
2003	44	5.8	15	8.9	33	11.6	2.2
2004	56	7.4	11	6.5	27	9.5	2.45
2005	80	10.6	21	12.4	31	10.9	1.48
2006	108	14.3	18	10.7	28	9.9	1.56
2007	76	10.1	22	13.0	26	9.2	1.18
2008	98	13.0	8	4.7	9	3.2	1.13
2009	110	14.6	21	12.4	31	10.9	1.48
TOTAL	**756**	**100.0**	**169**	**100.0**	**284**	**100.0**	**1.68**

Source: Research data, 2011.

Table 2 shows evaluation of overall data related to defendant physicians concerning age range, sex, internship, and graduation time. From surveyed physicians 69 (24.3%) had between 24 and 39 yrs old; 89 (31.3%), 40 to 49 yrs old; 92 (32.4%), 50 to 59 yrs old, and 34 (12.0%), 60 yrs or over. The majority (70.1%) were male, with 21 year or more of graduation time (55.6%); and a little over half had medical internship (54.6%).

Table 2. Evaluation of overall data related to the defendant: age range, sex, medical internship, and graduation time

Variable	No.	%
Total	**284**	**100**
• **Age range**		
Until 39	69	24.3
40 to 49	89	31.3
50 to 59	92	32.4
60 ou mais	34	12.0
• **Sex**		
Male	199	70.1
Female	85	29.9
• **Medical internship**		
Yes	155	54.6
No	129	45.4
• **Graduation time**		
Until 10	46	16.2
11 to 20	80	28.2
21 or over	158	55,6

Source: Research data, 2011.

Table 3. Accused physicians' characteristics related to medical internship, who presented the denounce and expertise object of the denounce, according to sex

	Sexo						
Variable	**Male**		**Female**		**Total group**		**Value of p**
	N°	%	N°	%	N°	%	
TOTAL	**199**	**100**	**85**	**100**	**284**	**100**	
• Medical internship							
Yes	105	52.8	50	58.8	155	54.6	$p^{(1)} = 0.348$
No	94	47.2	35	41.2	129	45.4	
• Who presented the denounce							
Physician	6	3.0	3	3.5	9	3.2	$p^{(1)} = 0.510$
Patient	17	8.5	8	9.4	25	8.8	
Public Prosecutor's Office	44	22.1	12	14.1	56	19.7	
Regional Council of Medicine (*exofficio*)	31	15.6	12	14.1	43	15.1	
CRM Inspection Commission	12	6.0	10	11.8	22	7.7	
Hospital Ethics Commission	5	2.5	1	1.2	6	2.1	
Family	60	30.2	31	36.5	91	32.0	
Other	24	12.1	8	9.4	32	11.3	
• Expertise as the object of denounce							
Medical Clinics	53	26.6	23	27.1	76	26.8	$p^{(1)} < 0.001$*
General Surgery	46	23.1	6	7.1	52	18.3	
Gynecology/Obstetrics	40	20.1	22	25.9	62	21.8	
Ophthalmology	10	5.0	8	9.4	18	6.3	
Orthopedics	12	6.0	-	-	12	4.2	
Pediatrics	6	3.0	14	16.5	20	7.0	
Other	32	16.1	12	14.1	44	15.5	

Source: Research data, 2011.

Concerning the age, the prevalent age range data assessed in the study comprised between 50-59 years old, with percentage of 32.4%. Regarding formation, just over half of the sample had medical internship (54,6%). The majority (55.6%) had 21 years or more of graduation time.

There was significant association with the defendant's sex and expertise as the object of denounce. It is possible to compute for this variable that the two largest percentage differences occurred in general surgery, with higher figures in the male gender (23.1% x 7.1,%), and pediatrics with higher figures in the female gender (16,5% x 30%), that is, more males are accused in general surgery expertise and more females are accused in pediatrics expertise – perhaps this association is apparent, since there are more male surgeons and more female pediatricians. The three medical expertise object of most frequent denounces were medical clinics (26.8%, n=76), gynecology/obstetrics (21.8%, n–62) and general surgery (18.3%, n= 52).

Discussion

The state of Paraiba had, at the time of data collection, 7,231 physicians registered in the CRM-PB. In checked processes 284 physicians were involved: 199 males (70.1%) and 85 females (29.9%). It is worth noticing that during reading that preceded the present tabulations, similar data were observed in studies undertaken at the Regional Council of Medicine at the State of Paraiba (Cremesc) [14], which suggests that female medical professionals get lesser denounces. This shows, thus, the necessity of other studies at national level to check such assertive.

Final considerations

The current article identified the profile of professionals mentioned in ethical-professional processes at the CRM-PB, during the period of 1999 to 2009. It was obtained, as result of undertaken study, the profile of the physician with ethical-professional process in Paraiba. This is characterized as from the male gender, with age range between 49-59 years old, with over 20 years of professional activity, working in the expertise of Gynecology and Obstetrics.

The study allow also to reflect about physician's professional activity and confirming that it is characterized as the kind of work whose ethical dimension performs particular relevance [15]. It is in derivation of this outstanding condition that PPEs become extremely important, since they are filed to investigate facts that may represent inadequacies regarding ethical behavior. The regional councils of medicine, in conducting the PPEs, act both in defense of people's health and the medical class interests.

The issue is little approached in physician's formation during graduation.

Notwithstanding, it is frequently disseminated by the media, since the medical practice is a work that has an ethical dimension, performing a relevant social role. Therefore, health expresses a society's greatest asset.

We may add that, in order to finalize these considerations, the good medical practice is characterized by a respecting and careful physician-patient relationship, in which prevails the truth and dialogue between the parties, with effective respect to patient's autonomy. The breach on this relationship may derive denounces that could be avoided if the medical Professional provided all information which the patient has the rights, and if he knew the code of medical ethics, guiding himself by its principles in decision-making.

Extra paper for dissertation 'Análise dos processos éticos decorrentes de erros médicos na Paraiba de 1999 a 2009', presented at the graduate program in Legal Expertise at the Dental School of Pernambuco.

Resumo

Este estudo documental teve por objetivo identificar, a partir de banco de dados secundário, o perfil dos médicos envolvidos em processos ético-profissionais (PEP) no Estado da Paraíba no período de 1999 a 2009. O material de análise compreendeu 169 PEP do Conselho Regional de Medicina do Estado da Paraíba, que envolviam 284 médicos. Considerando os resultados, verificou- se que o perfil do médico infrator se caracteriza como sendo do sexo masculino, com idade entre 50-59 anos, com mais de vinte anos de atividade profissional e exercendo a especialidade de Ginecologia e Obstetrícia. A família do paciente foi a que mais frequentemente formalizou denúncia contra os profissionais (32%).

Palavras-chave: Ética profissional. Prática profissional. Ética médica.

Resumen

Perfil de los medicos involucrados en procesos ético-profesionales - Paraíba 1999 a 2009

Este estudio teórico tuvo como objetivo identificar, a partir de la base de datos secundaria, el perfil de los profesionales medicos que participan en el proceso ético (PEP) en el Estado de Paraíba, en los años 1999 a 2009. Material para el análisis incluyó 169 del Consejo de PEP Regional de Medicina de Paraíba, con 284 medicos. teniendo en cuenta que los resultados mostraron que el perfil del medico infractor se caracteriza por ser varón, de 50-59 años, con más de veinte años de actividad profesional y que ejercía la especialidad de obstetricia y ginecología. La familia del paciente fue la que más frecuente formalizó denuncias contra los profesionales (32%).

Palabras-clave: Ética profesional. Práctica profesional. Ética medica.

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Authors' participation in article

Maria de Fatima participated in designing of the research Project, data analysis and interpretation, writing of article. Eliane Helena contributed in article's writing and critical review, and Maria das Graças in the final review.