

Physician Refusal or Withdrawal of Patient Treatment at Healthcare System of a University Hospital in Turkey

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Abstract: The refusal of the physician to give treatment to the patient is the end of relationship between the physician and the patient. The withdraw is end of relationship which has begun between the physician and the patient. The refuse or withdraw of the patient treatment, which constitutes a perception like the same act, causes significant ethical problems in the provision of health care. We carried out our research to identify physicians' considerations. We conducted a survey study between Research Assistants working in Clinical Departments in Inonu University Turgut Ozal Medical Center and in the treatment of patients. In study, 81 (80.2%) physicians were the most important factor in the refusal of the physician to give treatment to the patient, the patient or relative physical violence application. The reason for the refused was the patient who had psychological stress exerted 12 (11.9%), the medical difficulty was 7 (6.9%) and the patient 1 (1.0%) did not trust the physician's knowledge. It is possible to say that the main reason for the refusal of the patient treatment or withdraw treatment is the physician's injury of the honour.

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INRODUCTION

In the provision of healthcare services, physicians carry an identity with professional ethics as well as practitioners of medical information and techniques. From the 1960's onward, we see that the physician-patient relationship is patient-centered. Patient autonomy and patient rights have become the most important ethical values determining the physician-patient relationship. The role of beginning, sustaining and developing this relationship has also been among the ethical values of physicians. The autonomy of the physician should also be mentioned in relation to the physician-patient relationship (Aydm 2006; Sert 2004).

The refusal of the physician to give treatment to the patient is the end of relationship between the physician and the patient. The withdraw is end of relationship which has begun between the physician and the patient. The refuse or withdraw of the patient treatment, which constitutes a perception like the same act, causes significant ethical problems in the provision of healthcare.

Ethics means moral philosophy and deals with the actions of people. Ethical questioning of an action, a qualitative situation that is a good act in terms of morality. In other words, it is a branch of philosophy that deals with ethical, moral and moral

problems in social life (Erdemir 2005; Metin 2010; Cobanoglu 2009; Kucuradi 2011).

The physician who is expected to exhibit ethical behaviour and at the same time providing health care to his or her patient may cause the patient not to be exposed to violence or to undergo treatment or to give up if he / she is in such a process.

One of the most difficult situations that physicians face is being threatened, abused, or physically harmed by one of their patients. This is not an uncommon problem. Physicians may also experience nonfatal violence, verbal abuse or threats, destruction of property, or intimidation with a weapon (Morrison et al. 1998).

Increasing commercialization and corruption coupled with widespread unethical practices by the medical profession has lead to increased violence against the healthcare professionals (Jawaid 2015).

The physician-patient relationship is a critical issue in health-care markets and a major component of the pervasive concern for quality medical service delivery (Tofan et al. 2013).

Medical ethicists were the first to observe that interactions between caregivers and receivers may be vulnerable to breakdown in the absence of behavioural controls and moral constraints, calling for more scholarly attention to the question of governance of the physician-patient relationship (Tofan et al. 2013).

Clearly, a physician's comfort with the changing dynamic within clinical interaction plays an undeniable role in influencing patient interaction; those who resist conforming to this new variable risk not only serious damage to the patient-physician relationship, but also threaten patient health care (Agarwal and Murinson 2012).

MATERIALS AND METHOD

We carried out a questionnaire survey between Research Assistants working in Clinical Departments in Inonu University Turgut Ozal Medical Center for treatment of the physician refusing treatment or withdraw treatment. A total of 225 Research Assistants (Turgut Ozal Medical Center January 2016 data) constituting the research community exist, of which 101 have agreed to participate in the survey. The first 6 questions in the questionnaire are related to the demographic data and the remaining 31 questions relate to the refusal or withdraw treatment of the patient by the physician in the healthcare service. We started our search in January 2016. We ended our work in March 2016, stating that they were free to provide support when requesting our survey from research staff. We loaded the data we obtained into the SPSS program and analysed the statistic required for the subject. I strongly agree with the answer in the survey questions and the proportion of those who agree with it is combined and the proportion of those who do not agree and disagree is also combined.

RESULTS

53 (52.5%) female and 48 (47.5%) male researchers participated in the study. Of these, 73 (72.3%) were internal division and 28 (27.7%) were surgical division. There were exposed to patient complaints research assistants 56 (55.4%) and 45 (44.6%) who were not exposed to patient complaints in their professional lives.

The physician's refusal to give treatment to the patient was used to mean that the physician refused the patient when the treatment relationship between the physician and the patient did not begin.

The physician should have the right to refuse to give treatment to the patients who are 88 (87.1%), undecided 2 (2.0%) and 11 (10.9%) who should not have such a right. (Table 1)

Table 1: The request of the physician refuse to give the patient treatment.

	Research Assistants (n)	Percent (%)
Physician should have right to refuse to give treatment to patients	88	87.1
Undecided	2	2.0
Physician should not have such a right	11	10.9
Total	101	100.0

If the physician is physically threatened, he / she should be allowed to refuse to give treatment to the patients who are 95 (94.1%), and 6 (6.0%) who say no such right should be given.

When the physician is under psychological pressure, he should have the right to refuse to give treatment to patients who are 90 (89.1%), undecided 4 (4.0%), and 7 (7.0%) who should not have such a right.

The physician should have the right to refuse to give treatment to the patient because of the hostility between the physician and the patient who are 53 (52.5%), undecided 15 (14.9%) and 33 (32.6%) who say no such right should be given.

The physician should have the right to refuse to give treatment to the patient because of the relationship between the physician and the patient who are 50 (49.5%), undecided 20 (19.8%) and 31 (30.7%) who say no such right should be given.

The physician should have the right to refuse to give treatment to the infectious disease patients who are 24 (23.8%), undecided 22 (21.8%), and 55 (54.4%) who said that such a right should not be done.

The physician working in private health institutions should have the right to refuse to give treatment to the patient except in emergencies who are 58 (57.5%), undecided 12 (11.9%), and 31 (30.7%) who say no such right.

The physicians working in public health institutions should have the right to refuse to give treatment to the patient except the emergency cases who are 61 (60.4%), undecided 15 (14.9%) and 25 (24.8%) who say no such right.

The physician should be explained who refuses to give treatment to the patient who are 61 (60.4%), undecided 15 (14.9%) and 25 (24.8%) who say should not be explained.

The physician's withdraw to give treatment to the patient has been used to mean that the physician should stop giving treatment to the patient while the treatment relationship continues between the physician and the patient.

The physician should have the right to withdraw giving treatment to the patients who are 60 (59.5%), undecided 21 (20.8%), and 20 (19.8%) who say no such right should be given.

The physician working in private health institutions should have the right to withdraw giving treatment to the patient except the emergency cases who are 59 (58.5%), undecided 13 (12.9%), and 29 (28.7%) who say no such right should be given.

The physicians working in public health institutions should have the right to withdraw giving treatment to the patient except in emergency situations who are 63 (62.4%), undecided 13 (12.9%), and 25 (24.7%) who say no such right should be given.

The physician should have the right to consult the patient and if the patient does not accept it, the physician should be allowed to withdraw giving treatment to the patients who are 73 (72.3%), undecided 11 (10.9%), and 17 (16.8%) who say should not have such a right.

The physician should have the right to withdraw treatment in cases where the patient does not adhere to the treatment who are 75 (74.3%), undecided 11 (10.9%), and 15 (14.9%) who say should not have such a right.

The physician should have the right to withdraw giving treatment to the patient when the patient is not trust about the physician's scientific opinion who are 80 (79.3%), undecided 11 (10.9%), and 10 (9.9%) who say should not have such a right.

The physician should be explained who withdraw to give treatment to the patient who are 83 (82.2%), undecided 4 (4.0%), and 14 (13.8%) who say should not be explained.

In study, 81 (80.2%) physicians were the most important factor in the refusal of the physician to give treatment to the patient, the patient or relative physical violence application. The reason for the refused was the patient who had psychological stress exerted 12 (11.9%), the medical difficulty was 7 (6.9%) and the patient 1 (1.0%) did not trust the physician's knowledge. Because of the risk of infectious disease, no one has given the patient a refusal to give treatment. (Table 2)

Table 2: The most important factor in refusing to give treatment to the patient.

	Research Assistants (n)	Percent (%)
The physical abuse of the patient or the patient relative	81	80.2
The psychological pressure of the patient or the patient relative	12	11.9
Medical difficulty	7	6.9
Do not trust the knowledge of the physician	1	1.0
Because of infectious disease risk	0	0.0
Total	101	100.0

The physician may refuse to give treatment to his or her patient for professional reasons who do 28 (27.7%), do not know 37 (36.6%), and 36 (35.6%) who say this is wrong.

The physician may refuse to give treatment to his or her patient for individual reasons who do 12 (%11.9), do not know 29 (%28.7), and 60 (%59.4) who say this is wrong.

The physician is refusing to give treatment to the patient for professional reasons, even in the case of

emergency who do 10 (9.9%), do not know 24 (23.8%) and 67 (66.3%) who say this is wrong.

The physician is refusing to give treatment to the patient for individual reasons, even in the case of emergency who do 4 (%4.0), do not know 14 (%13.9), and 83 (%82.2) who say this is wrong.

The physician may refuse to give treatment to the patient for professional reasons during the official duty who do 40 (39.6%), do not know 34 (33.7%), and 27 (26.7%) who say this is wrong.

The physician may refuse to give treatment to the patient for individual reasons during the official duty who do 14 (%13.9), do not know 27 (%26.7), and 60 (%59.4) who say this is wrong.

When a physician is another physician, he may refuse to give treatment to his patients who do 63 (62.4%), do not know 17 (16.8%), and 21 (20.8%) who say this is wrong.

Without the presence of a second physician who say did not refuse to give treatment 59 (58.4%), did not know 26 (25.7%), and 16 (15.8%) who say this is wrong.

Refusing to give treatment, the physician should inform the patient about other possibilities related to medical care who do 72 (71.3%), do not know 22 (21.8%), and 7 (6.9%) who say this is wrong.

Withdrawal to give treatment, the physician should inform the patient about other possibilities related to medical care who do 76 (%75.2), do not know 19 (%18.8), and 6 (%5.9) who say this is wrong.

Without the presence of a second physician who say did not withdraw to give treatment 61 (%60.4), did not know 28 (%27.7), and 12 (%11.9) who say this is wrong.

If the physician considers that the consultation is necessary and does not accept the patient, the physician may withdraw who do 45 (44.6%), do not know 41 (40.6%), and 15 (14.9%) who say this is wrong.

In case of discrepancy between the treating physician and the opinion of the consultant physician, if the patient chooses the opinion of the consultant physician, the treating physician may withdraw who do 45 (44.6%), do not know 36 (35.6%), and 20 (19.8%) who say this is wrong.

The physician may withdraw to give treatment to his or her patient for professional reasons who do 34 (%33.7), do not know 29 (%28.7), and 38 (%37.6) who say this is wrong.

DISCUSSION

The physician should have the right to refuse to give treatment to the patient who rate of the researchers was very high in our research (87.1%). It is possible to identify many virtuous behaviours in the practice of medicine. Avoiding and treating the patient if it is legally entitled, where the circumstances are appropriate, is due to a pragmatic approach from key ethical principles. There is a provision in the Medical Deontology Regulation

which may refuse to take care of the patient due to occupational or personal reasons except for medical and dental surgeons, emergency assistance, official or humanitarian situations (Aydın 2006; Sert 2004; Turkish Medical Ethics Regulation 1960; Kiyak 1987).

In our study, when the physician is physically threatened, the patient should have the right to refuse to give treatment. The presence of 94.1% of the patients is a point where the physician's relationship with the patient is already over. Perhaps this relationship can be left to the beginning because of physical violence.

The physician should have the right to refuse to give treatment to the infectious disease who are 24 (23.8%), undecided 22 (21.8%), and 55 (54.4%) who say should not have such a right. A large majority of physicians don't agree due to infectious diseases refuse to treatment. In our survey, 81 (80.2%) physicians were the most important factor in the refusal of the physician to give treatment to the patient, the patient or relative physical violence application.

Among the answers to the same problem, nobody has pointed out that physicians refuse treatment because of infectious disease. It is understood that physicians will not leave their patients untreated even if it is due to infectious disease. The benefit-giving principle of ethical principles includes actions to prioritize patient benefit in all circumstances and to increase the benefit of patient individuals (Elcigil 2011; Veatch 2010; Beauchamp and Childress 1989).

Physician, physical or psychological violence by the patient or relatives may cause harm to the physician. However, when the physician may come to harm due to infectious diseases, the physician may not tolerate the physical or psychological violence that the dignity revealed in our research has suffered.

The physician may refuse to give treatment to the patient for individual reasons even in emergency who mostly (82.2%) physician say it is wrong. It can be said that the preferred choice at this point is a decision for the benefit of the patient.

Another important issue that the physician may terminate this process in relation to the patient is the damage to the trust relationship. The lack of trust in the physician's scientific convictions in the healthcare services may cause the physician to withdraw treatment. In cases where the patient is not trust about the scientific opinion of the physician in our research. 80 (%79.3) physician say that should have the right to withdraw treating the patient.

CONCLUSION

As a result of our research, it is possible to say that in the healthcare service in Turkey, the main reason for the refusal or withdraw treatment of the patient by the physician is the injury of honour.

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