1. ETHICAL ISSUES IN CLINICAL AUDIT

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Clinical audit has been described as the systematic critical analysis of the quality of care, including the procedures used for diagnosis and treatment, the use of resources and the resulting outcome and quality of life for the patient. Audit has been contrasted with research. Simply put, research is concerned with discovering the right thing to do: audit with ensuring that it is done right. Doctors are trained to use scientific thought in deciding whether a patient requires treatment and what particular form of therapy needs to be given. This assumes greater importance now as alternative therapies are increasingly promoted. Doctors are required to give a sympathetic ear to the patient in history taking, perform a thorough physical examination and decide on appropriate diagnostic tests before deciding on treatment, if any for the patient.

Some of the underlying principles of good ethical conduct are stated in the Ethical Code of the MMA. These would include:

- assuming overall responsibility for the care of the patient,
- ensuring that the appropriate choice of treatment is based on sound scientific evidence,
- ensuring confidentiality of patient information,
- consent for procedures and some investigations and
- confidentiality issues with relation to medical reports.

The ethical code also stresses that a doctor should guard against self-laudatory activities as well as advertising. He should also not associate with commercial concerns in such a way as let it influence or appear to influence the treatment of his patient. The MMA is committed to educating its membership on the principles of medical practice based on good ethical conduct. In any dispute regarding clinical audit, the MMA should stand by the ethical principles enunciated in the ethical code.

Doctors have always been trained to audit the way in which they practice so that their practice patterns may reflect the best way of managing their patients. Audit should ideally be self driven and this has always been encouraged by the medical profession and the MMA. However, this process of self audit may sometimes be affected by the fallacies of human behaviour. Thus clinical audit by one's peers has become an accepted way of review by the medical profession. The MMA should continue to strongly promote this practice in the medical profession.

Some of the ethical issues of concern are:

Confidentiality:

Data collected for audit are generally anonymised so that no conflict of issues relating to confidentiality ensues. Managers should only have access to aggregated, anonymous data and there should be no way that a link could be made between the audit conclusions and named patients. Audit should never be seen as a threat to patient confidentiality. The MMA should take an uncompromising view of releasing information that betrays the patient-doctor confidentiality as result of audit activities. This relates particularly to the present arrangements of foreign worker examination conducted by a third party.

The performance of clinical audit by non-medical third parties should be strongly opposed based on the ethical principles of trust by the patient, confidentiality, privileged communication and consent. The MMA should also be strongly opposed to statutory requirements for clinical audit based on the same principles.

However, the MMA recognises that there is public demand that the medical profession should be seen to improve its practice based on scientific evidence. It should therefore promote that the profession design certain quality assurance indicators based on consensus in the profession and these would in future be available for the public's information. A process of clinical audit would therefore need to take place in every medical practice either by the medical practitioner or by one's peers in order to determine performance standards in clinical practice. Clinical audit is part of the process of continuing medical education and therefore should be credited appropriately in the present system of MMC/MMA credit points.

Data Sources:

It is ethically acceptable in principle to use clinical records without approaching and involving the patients concerned, provided that confidentiality and anonymity are preserved. There is a duty to use available information for the common good where this can be done without detriment to anyone. The Royal College of Physicians concluded that medical audit was one of the activities that constitutes medical practice and as such does not require independent ethical review.

Use of scientifically valid methodology:

It is ethically wrong to proclaim a perceived benefit based on a scientifically flawed methodology. As the nation progresses on an avowed mission towards developed nation status, there is a need for training in rigorous research and audit methodologies for all clinicians and the need for regular review and evaluation of local audit activities. There is a need for the MMA to play a leading role in this effort having many resourceful personnel in its membership and in light of being the national medical association. The MMA should also advocate the setting up of ethical review committees to review all research proposal to ensure compliance to the ethical principles.

Provision of best possible care:

All health care professionals have a responsibility to provide the best possible care, which could be interpreted to mean that not to be involved in audit is a breach of the ethical code of conduct. As stated earlier, the MMA should advocate that audit activities carry credit points in the CME system.

References:

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