

## VIEWPOINT

## Towards Patients-centered Medicine in Libya: An Ethical Perspective

Elmahdi A. Elkhammas<sup>1</sup>, Salaheddin M. Mahmud<sup>2</sup>

<sup>1</sup>Department of Surgery, The Ohio State University, Columbus, Ohio, USA

<sup>2</sup>Department of Community Health Sciences, University of Manitoba, Winnipeg, Manitoba, Canada.

Corresponding author: Prof. Elmahdi A. Elkhammas      Email: Elkhammas.1@osu.edu

Published: 19 January 2014

Ibnosina J Med BS 2014;6(1):42-43

Received: 09 January 2014

Accepted: 12 January 2014

This article is available from: <http://www.ijmbs.org>

This is an Open Access article distributed under the terms of the Creative Commons Attribution 3.0 License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Following the recent major political and social upheavals, the healthcare system in Libya is undergoing rapid changes. However, the issues surrounding the patient-physician relationship and its underlying ethical principles and values are scarcely discussed. In this editorial, we would like to attract attention to these important issues and propose a path forward to addressing them. Solid data on patterns of clinical practice and physician and patient attitudes in Libya are lacking. However, we feel that a useful discussion informed by our collective experience practicing medicine in different healthcare systems can still be had.

Even over the last few decades since we started practicing medicine, the medical profession underwent substantial changes in all aspects. Astonishing progress has been made in the diagnosis and management of many diseases. For instance, organ transplantation has become a main stream service offered as a treatment for a wide range of diseases. Similar advances have been made in the treatment of

cancer, cardiovascular diseases and hematologic diseases to mention just a few. This has given patients and doctors many treatment options and alternatives to choose from. Some of these options are quite expensive and could become a major financial burden on healthcare services and societal resources. Judging and balancing the risks, benefits and cost of an individual treatment option is now an essential professional survival skill.

With all these advances, the mode of delivery of healthcare has changed too. It used to be that patients followed the doctor's orders. The patient may ask for a second opinion just to hear another "ultimatum". Patients, in general, had a very little say in regard to their treatment plan. Doctors, as the qualified professionals and experts in their field, talked to their patients from an unequal position.

In Western cultures, this paternalistic attitude has been largely abandoned in favor of a more collaborative patient-

centered approach. A major maxim in medical ethics dictates that patients are treated with respect. Respect for the autonomy of the person as an independent partner in the entire diagnostic and therapeutic process is now the basis for all physician-patient interactions. Other factors that cemented this approach are the availability of information and the unrelenting pace of progress in the medical field. In the information age, patients have generally become more informed and better equipped to challenge their physician's decisions. The acceptable approach now is to put the patient at the center of the decision-making process and to share with him or her the control of the steering wheel (1). This new trend is called patient-centered medical care (2). It means that the patient wishes are respected and the care is tailored towards his or her desires and interests. Religion, language and patients preferences are factored in (2). Discussing the details of the different models of such relationship is beyond the scope of this editorial. But, we do know that when patients are treated as partners and agree to the plan of management, they are more likely to adhere to the plan.

This will bring us to a sensitive issue in the Libyan culture, and that is telling the patient the truth about their illness. In Libyan and other Arabic cultures, patients are often left in the dark about the exact nature of their diagnosis and prognosis. Prognosis, especially for dreaded conditions such as cancer, is more often discussed with family and relatives, rather than with the concerned patient. It is a common belief in our culture, that informing the patient about his or her cancer diagnosis will inevitably lead to negative psychological impact and worsen the patient's quality of life. Although each culture defines its medical, and other, ethics differently (3), this lack of openness tends to complicate patient care and is not entirely clear that openness has the dire psychological consequences if appropriate support measures are provided.

How can this dilemma in Libya and other Arab countries be solved? How can we move to a patient-centered medical practice in which we respect individual autonomy, provide the patient with honest and accurate information about their illness, discuss treatment alternatives, and at the same time respect existing cultural preferences. To start with, we suggest surveying patients, relatives, and healthcare professionals to ascertain societal attitudes on these issues. We might be surprised to find that the younger generations, who grew up in the information age, may indeed have completely different views on these matters. Next, a dialog

involving both the public as well as medical professionals, ethicists and jurists should be started to arrive at a Libyan version of patient-centered healthcare that increases patient autonomy but also respects our unique cultural and religious perspectives. Ultimately, patient-centered practice should become part of the code of practice of all healthcare professional groups and possibly part of the law of the land. But to get to that point, we, as healthcare professionals, need to take a clear stance on this issue. We need to educate ourselves and the society at large on the importance of having motivated informed patients as partners in their care and encourage continued discussions on the ethical and legal basis and ramifications of the new approach.

### **Suggested Readings**

1. Barry MJ, Edgman-Levitan S. Shared decision making- The pinnacle of patient-centered care. *N Engl J Med.* 2012; 366(9):780-1.
2. Laine C, Davidoff F. Patient-centered medicine: A professional evolution. *JAMA* 1996; 275(2):152-6.
3. Surbone A. Telling the truth to patients with cancer: what is the truth? *Lancet Oncol* 2006; 7(11): 944-50.