Exploring the Influence of Medical Ethics on Physician's Ethical Behaviors: A Qualitative Study of Healthcare Stakeholders

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ARTICLE DETAILS	ABSTRACT

This study explicates the influence of medical ethics on the clinical practices of physicians in Pakistan. Socially and environmentally responsible behaviors not only elevate current standards of cures but promote overall corporate image. However, physicians are more commercial-oriented than social, and their adherence to medical ethics plays a significant role in avoiding the misuse of drugs, particularly antibiotics. The study scientifically discerned that these principles have a conspicuous relationship with shaping the clinical practices of physicians. The researchers conducted 13 in-depth interviews with the physicians selected through a purposive sampling technique. The interviews were transcribed and then analyzed through constructivist grounded theory techniques which resulted in a single theme "Physicians' Compliance with Medical Ethics and its Consequences" with subcategories like physicians' engagement in unethical behaviors, inconsiderate use of antibiotics, physicians' materialistic approach, non-compliance with medical ethics and SOPs, and medical ethics and clinical practices. In conclusion, physicians who adhere to medical ethics are more rational users of pharmaceuticals than those who are not. Therefore, medical ethics has the potential to shape the prescribing habits of physicians.

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Introduction

The cornerstone of medical ethics is the Hippocratic Oath, which all dental and medical graduates take before beginning their careers in medicine and dentistry. These guiding principles of medicine can be traced back to the Greek physician Hippocrates in the fifth century B.C. The doctor and patient's similar values and opinions about health, life, and the amount of free time led to the development of this connection. More frequent, superior information regarding the patient's condition and a positive doctor-patient relationship will lead to better health treatment for the patient and their family(Beauchamp & Childress, 2019; Varkey, 2021).Nevertheless,medical ethics is a set of norms, laws, and standards that govern and steer how doctors do their duties. They are concerned with the physician-patient interaction, as well as its ethical and legal implications.

Medical ethics has arisen as a discipline concerned with evaluating human behavior in light of ethical standards. In contrast, for many years in medical practice, judgments were made by the physician without regard for the fact that the patient is also a person. As a result, he is entitled to take part in them. This leads to a more responsible decision-making process, given that a doctor-patient relationship creates rights and obligations for both parties. This responsibility extends beyond the commitment that can be formed between the professional and the patient, because each must assume the obligations inherent in his role, both through constant updating and learning, as well as through continuous self-care in health; with these behaviors, the state of physical, mental, and social wellbeing will improve(Zaldívar, 2023).

In addition to being committed to offering top-notch medical care, a doctor must also exhibit compassion, respect for human rights, and awareness of these values.A doctor must adhere to ethical standards, tell the truth in all professional transactions, and endeavor to warn appropriate authorities of any doctors who lack moral character, are inept, or participate in dishonesty or fraud.A physician must obey the law while also speaking out against any rules that are inimical to the interests of their patients.Doctors are required by law to uphold patient privacy and confidentiality as well as the privileges of patients, associates, and all other medical specialists(Veatch, 1979).

A doctor must be dedicated to continuing medical education and constantly apply, build upon, and broaden their scientific expertise. Additionally, he or she should consult others, use the skills of other medical experts as needed, and impart important knowledge to patients, coworkers, and the general public. A doctor must have the autonomy to choose their patients, associates, and working conditions, except for emergencies. Doctors must be aware of their obligation to take part in initiatives that enhance the neighborhood and the general public's health. When treating a patient, the doctor must put the patient's needs first. A doctor must be in favor of universal healthcare(AMA, 1903, 2016; APA, 2001; Baker, 1999).

A doctor must be committed to continued medical education and must consistently apply, expand, and deepen their scientific knowledge. In addition, he or she should confer with others, call on the expertise of other medical specialists as needed, and share vital information with patients, coworkers, and the general public. Except for an emergency, a

doctor must have the freedom to choose their patients, associates, and working conditions. A doctor must be conscious of their responsibilities to participate in activities that improve the health of their community and the wider population. When treating a patient, the doctor must prioritize the needs of the patient. A doctor must support universal healthcare.

They are a part of and shape our ethics, guide our behaviors, and provide justification for our acts. Our actions, how others see us, and our ethics are the consequence of an interplay of values and behaviors that form each person's identity in terms of moral personality. Once the professional-patient connection is established under the protection of responsibility, the other becomes a subject of complete rights in legal words, and a subject of care, esteem, and respect in moral terms.

Problem Statement

Finally, even though we live in a time of more efficiency and technology for the treatment of healthcare clients, they frequently express their dissatisfaction. There are several things to study in this phenomenon, but one of them is the perception of an immoral and occasionally mercantilist attitude on the part of the healthcare team, a scenario that should be considered as an opportunity for scientific bioethics instruction in all fields of healthcare.

Research Questions

1. What are common considerations in situations where ethical dilemmas arise?
2. What are our responsibilities and obligations to others and ourselves while we fulfill our professional roles?
3. What should we do to improve the well-being of individuals and the society in which we live?

Research Value

The study will add to the current body of knowledge by investigating the role of medical ethics in affecting physician behavior, particularly their prescribing habits. Patients who get medications based on merit will ultimately benefit and will not be exposed to iatrogenic diseases like antibiotic resistance, drug addiction, and other adverse effects. It will empower medical professionals to choose morally appropriate medications and other treatment options for their patients.

Literature Review

Medical ethics are the moral precepts that judge a doctor's clinical decisions and bring them within the bounds of morality and responsibility. It is a collection of moral principles that require medical personnel to uphold the patients' best interests above everything else.

Historical Evolution of Medical Ethics

Medical ethics has emerged as a distinct field of study in recent years.The unethical medical research carried out during World War II, the exponential growth of biotechnology, molecular biochemistry, and pharmacology-related technological innovations that questioned conventional medical knowledge and practice, discussions on equitable access to health services, and the emergence of medical ethics as a field of study all contributed to the increased focus on medical ethics(Gómez-Vírseda et al., 2019). Participants from a wide range of academic disciplines, including philosophy, theology, biology, law, and the social and humanities, participated in the initial discussion.

The Hippocratic Oath, which dates back to the fifth century B.C., is the original beginning point for medical ethics. The field was taken up in medieval times by Muslim academics such as Ishaq ibn Ali al-Ruhawi, Avicenna, and Muhammad ibn Zakariyaar-Razi, who led a few steps forward toward development(Rispler-Chaim, 1993). In this regard, Jewish and Catholic scholars like Maimonides and Thomas Aquinas respectively play an important role in moving the area towards a more sophisticated shape(Mackler, 2001). Medical ethics arose as a formal discourse in the 18th and 19th centuries, with British intellectuals as key contributors.The English physician Thomas Percival issued the first ethical declaration in 1803; it was amended in 1847, 1903, 1912, and 1947 with nearly identical wording and concepts(Will, 2011). It is worth noting that these guidelines anticipated ethical behaviors and conduct from medical practitioners, which were widely accepted and implemented around the world.

The Apothecaries Act, approved by the UK Parliament in 1815, marked the commencement of the country's regulation of the medical profession by establishing formal qualifications and apprenticeship for apothecaries working under the Society of Apothecaries' license.Based on Percival's work, the American Medical Association published its first code of ethics. In the years 1960 and 1970, the discussion of medical ethics experienced a substantial shift and primarily evolved into bioethics, which is founded on liberal theory and procedural justice(E. D. Pellegrino et al., 2003).

Medical personnel have a specific need to practice their craft in a morally responsible manner because of the influence and prestige of contemporary medicine. Ancient and contemporary ethical philosophies discuss the foundation of morality and provide direction for making decisions (Campelia & Dudzinski, 2019; Cook, 2020). Medical personnel must uphold medical ethics to protect patients' safety and act responsibly because they hold a power position over them.

The foundation of medicine is serving the patient, hence doctors have obligations to promote or protect patients' welfare(Bester, 2020).Health is the absence of sickness, pathology, or injury to ensure the preservation of the species' normal functioning. The main objectives of medicine are to avoid illness, regain lost health, eliminate disease, or decrease its effects. It could be essential to give up some benefits to obtain more benefits or to accept the lower harm to avoid the greater harm to accomplish that goal. Health is "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity," according to the World Health Organisation. As medical ethics are directly linked with human health and well-being, their importance increased manyfold.

The patient's welfare is at the heart of medical ethics. This goes beyond dealing with difficult diagnostic, therapeutic, or moral dilemmas; it goes beyond engaging in certain emotional behaviors(Pellegrino, 2012).Last but not least, each patient and society as a

whole are necessary for the development of the doctor's exceptional character, or the acquisition of the qualities that make a competent physician(Berwick, 2020).What matters is the sort of person they are, not the kind of person one believes that would enable them to "fit" within any ethical system. Physicians are, by far, the most critical stakeholders who uphold medical ethics and preserve patients' rights. Any theory can turn from benevolent to malevolent depending on how it is used and interpreted. The current state of medical ethics in the medical profession, however, falls short of expectations.

Professionalism and Medical Practice

Professionalism has three common components; the presence of medical ethics such as beneficence, nonmaleficence, justice, truthfulness, and autonomy; good technical skills to foster appropriate clinical practices; and compliance with moral principles and codes of ethics (Fong et al., 2020). Because the ailments are universal, they instilled compassion and caring in physicians, resulting in mutual trust and respect. To keep the trust, however, integrity and confidentiality are necessary. Finally, the essential human values that must be included in the medical profession are care, compassion, trust, honesty, and secrecy. Nevertheless, medical professionalism is under attack from various angles such as over-commercialization, unhealthy competition, status, and honors (Doherty, 2020; Pellegrino, 2012). The commitment and dedication to patients are exposed to threats from the physicians' lust for power, prestige, and profit.In medical schools, students' intellectual advancement is prioritized over teaching them how to treat patients with dignity.

The essential concepts of assisting and healing are unlikely to change, regardless of how many new organizations or professions enter the scene. A sick person in such circumstances must put their trust in another individual, who must then uphold that trust. Interpersonal interaction is the final common channel shared by all medical and healthcare systems, policies, and therapies. To maintain the morality of interpersonal connections, it is crucial that all medical professionals, notably doctors, are continuously reminded of the basic existential truths that are required.In addition to acting in the patient's best interests to avoid injury, doctors should act as licensed medical professionals and not as employees, managers, contractors, or service providers. The public and patients have higher expectations of healthcare providers than just curing patients.

To make sure that treatment is supported by one of the criteria and is not superseded by the other criterion, clinicians should carefully analyze how one criterion can change or influence the implementation of the other. While this makes identifying what constitutes a benefit more difficult and nuanced, it eventually broadens the range of items that might be considered benefits, emphasizes what matters to patients more, and supports sanity(Bester, 2020). The four principles of medical ethics can help doctors and patients not only fill the gap between physician-patient interactions but also the necessary trust thatboosts clinical practices. The following lines provide a brief outline of these fundamental principles.

Beneficence

Beneficience is a core ethical principle in medicine. To benefit a patient implies promoting and preserving the patient's well-being and interests(Sahraoui, 2020).However, different definitions of well-being exist, each emphasizing a distinct set of values. These views of well-being are opposed and give birth to divergent ideas about what it means to benefit a patient. This creates ambiguity in the concept of beneficence: is a benefit tied to the patient's aims and wants, or is it a matter of objective criteria that characterize well-being? This paper proposes a single definition of well-being for use in medicine in determining what constitutes a benefit. There are two components of well-being identified: objective functioning/health and the patient's perception of her well-being. This principle accentuates that before considering treatment, physicians must evaluate the pros and cons for the patients and their relatives. Although a genetically compatible donor cannot be forced to donate an organ for transplant to a relative, the moral imperative of the action cannot be overstated.

Nonmaleficence

In this code of ethics, physicians promise not to injure their patients. All advantages and costs associated with treatment and medical interventions must be weighed, and the best option should be chosen to avoid harm, threats, suffering, injuries, and any other offense to patients(Jansen, 2022). When physicians face difficult decisions such as end-of-life treatment decisions and withholding life-sustaining medication from patients in the intensive care unit, nonmaleficence becomes crucial and significant. In such challenging conditions, the treatment triumphs over the side effects and must meet the "double doctrine effect".It should be the standard that doctors transmit objectively the positive and negative effects of medications and treatments to patients and their relatives and that patients and relevant persons weigh all of this subjectively. Doctors should be well-versed in this area and must share all of this knowledge with integrity and faithfulness.However, today's patient has access to a vast array of information resources, yet they are highly unstructured and unmanaged. The effective communication of physicians can remove this ambiguity. It is worth noting that both beneficence and maleficence protect the interests of patients, but the former preserves it holistically, and the latter filters out numerous choices specific to the treatment of the patients and selects the best one (Andersson et al., 2010). Consequently, maleficence takes precedence over beneficence.

Autonomy

Autonomy, which asserts that each person has the right to make use of their ability for self-determination, maintains that all people should be able to make moral decisions that are based on reason(Molina-Mula & Gallo-Estrada, 2020).Every adult human person with cognitive capacity has the right to control what happens to his or her own body, and this is the essence of autonomy(Arrieta Valero, 2019).The main proponents of these ideas were the two eminent philosophers John Stuart Mill and Immanuel Kant, who consistently emphasized the inherent autonomy of individuals (Santangelo, 2021). In medical practice, the principles encourage the patients' unconditional freedom to decide for their sovereignty. However, the principles must be balanced against competing moral values and, in some cases, supplanted. An apparent example would be if a patient's independent action causes injury to another person.Nevertheless, this moral obligation does not apply

to infants, children, people with mental illnesses, or anyone else who has some physical limitations and cannot act independently. In developed countries, they have policies and laws to help such incompetence. But in developing nations like Pakistan, the decision is typically enforced by close family members. When there are children, the father typically fills out and signs the consent form, but if the father is elderly and unable to make the best decision for himself, the older son fills it out and signs it instead.

Justice

In healthcare settings, justice is the fair, transparent, and equitable treatment of patients. Distributive justice, which assures fair and adequate resource distribution among the suffering mankind, is the most appropriate one in clinical settings(Arrieta Valero, 2019; Taylor, 2013). The allocation of medical resources should take into account merit, contribution, and need. However, managing such limited resources in organ transplantation, medications, and diagnostic tests available for limited patients and selecting the most deserving one can be difficult in clinical settings.When a certain course of treatment is chosen over others or when a pricey medication is chosen over one that is similarly effective but less expensive because it benefits the doctor financially or in another way, this concept is broken. Prescribing broad-spectrum antibiotics to patients with minor infections to satisfy financial quests will be a violation of justice principles. When patients are treated in healthcare systems without consideration for their ethnic, racial, regional, or religious backgrounds, the justice principles are justified(Yip, 2021). Even smokers cannot be punished for failing to use smoking cessation techniques during several planned surgeries. Nevertheless, this code of ethics advocates preserving patients' rights and privileges, by full adherence to laws.

Methodology

The researchers use qualitative research methods to scientifically explore the relationship between medical ethics and physician prescribing practices. Cases are chosen at the beginning of the process because they are likely to make it possible to find new pertinent concepts. Cases are then chosen based on their ability to identify, elaborate, consolidate, and validate categories in terms of their features, dimensions, or relationships. The research is qualitative. Throughout the data collection and analysis process, Constructivist Grounded Theory is employed to provide meaning to the respondents' ideas. It is an investigative approach that includes iterative, interactive, comparative, and inductive steps (Charmaz, 2014, 2020). The process is open to theoretical interpretations of every potential result. Continuous comparative analysis is the technique by which it creates initial classifications and categories before going back to the field to improve them. The "what" and "how" questions are explored in qualitative research, but constructivist GT also incorporates the "why" question, establishing an unanticipated link between the what and how of social life (Charmaz, 2012; Charmaz & Thornberg, 2021). In the past, GT has been used successfully for moral and social marketing (Božič et al., 2020; Okuah et al., 2019). This flexible approach was used by the researcher to derive themes from the data.

Grounded Theory Methodology has been expanded to a variety of subjects, including management sciences, years after its inception in the sociological field (Ghiringhelli &

Virili, 2021; Sato, 2019).GT is an iterative method consisting of four stages. The first stage involves retrieving ideas and categories from data and integrating them based on syntactic connections. The second step involves providing new or refining existing descriptions. The third step, the "Description Phase," focuses on articulating concepts in a cohesive framework. The fourth step, the "Combination Phase," enhances the description and uncovers new links. The technique is divided into two halves, with the first using post-order depth-first traversal and the second using pre-order depth-first traversal. The final step is to combine requirements, sort memoranda, and create an integrated unified theory, which describes multidisciplinary phenomena.

Coding and Analysis of Data

Coding is the process of naming and categorizing data, and it lies at the center of GT research (Babchuk, 1997). It is an analytic process through which "data are fractured, conceptualized, and integrated to form theory" (Corbin & Strauss, 2014; Morse et al., 2016).Data coding is the first and most important analytic phase of GT research, which is generated after the researcher meticulously analyses the raw data(Charmaz & Belgrave, 2012). It is a type of word-by-word study of data that is known as data microanalysis. However, microanalysis is a time-consuming process that may be confusing and wasteful.

Open coding is the first step in the coding process, which leads to the division of the data into distinct dimensions and attributes (Morse et al., 2016).   It creates a strategic connection between the data that is obtained and the theory that is developed as a result and utilized to describe the data. The researcher first reads the first line of the GT analysis process and determines the specific action or procedure needed (Glaser & Strauss, 2017). As line-by-line coding gets underway, the crucial GT question "What is happening here" is asked for each line's analysis (Charmaz, 2020; Charmaz & Belgrave, 2012). Immersion in the data will be possible, which is essential for the development of theories.

To speed up and simplify data analysis, data is separated using a technique called data coding. The named and labeled data segments are included in a rigorous procedure for categorizing, sorting, and summarising data while accounting for each item of data (Charmaz, 2014). During the initial step of data processing, the investigator mainly relies on specific comments from the interview scripts to aid with interpretation. The coding of meanings, behaviors, and processes is initiated to uncover links between diverse data components (Charmaz, 2020).

The skeleton of a researcher's analysis is constructed using grounded theory coding, and this skeleton will be solidified by theoretical integration. It clarifies the design of the analytical framework, which serves as the foundation for the entire analysis. To reduce research bias in the study, the researcher must avoid predefined ideas and begin the coding procedure with an open mind (Mohajan & Mohajan, 2022; Morse et al., 2016).
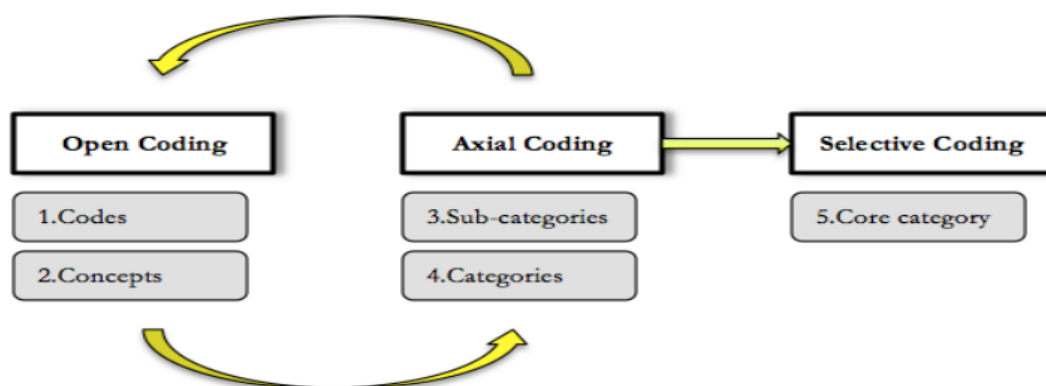
Figure 1: Reasoning in Grounded Theory adopted from (Ward et al., 2017)

Physicians' Compliance with ME and Consequences

The analysis of data is a tricky process and step in qualitative research and needs careful attention and deep immersion in the data. The process results in a single theme "Physicians' Compliance with Medical Ethics and its Consequences" with subcategories like physicians' engagement in unethical behaviors, inconsiderate use of antibiotics, physicians' materialistic approach, non-compliance with medical ethics and SOPs, and medical ethics and clinical practices.

Medical Professionals Engaging in Unethical Behaviour

Due to inappropriate treatments and a lack of adherence to international medical recommendations, iatrogenic diseases are common in modern culture. In both privately owned and publicly funded institutions, there are significant complex malpractices committed by doctors and medical students (Baldwin et al., 1998). Due to their monetary greed, healthcare professionals have not kept up with the latest developments in the world. They are occupied managing and making money from their private clinics and hospitals. Typically, they prioritize their business goals over their social and religious responsibilities. Participants believed that the increasing disease resistance to antibiotics was a result of doctors' greed.

Unfair favoritism for the pharmaceutical industry, placing commercial goals above social ones, and behaviors that exacerbate patient complaints are all examples of unethical practices in the medical profession, according to the following reports (R1, R4, R5, R6). By abusing antibiotics, these procedures make patients' pain worse. Physicians often violate medical ethics due to their disdain for medical SOPs, unethical behavior, and materialistic mindset, which leads to the overuse and abuse of medications, particularly antimicrobials. As a result, iatrogenic illnesses are on the rise, with AMR being the most recent example.

Inconsiderate use of Antibiotics

In Peshawar, appropriate antibiotic use is highly uncommon as a result of key players' problematic actions. International organizations need to coordinate their efforts to address this pressing issue as a result of the growing threat of antibiotic resistance and the ongoing decline in antimicrobial efficacy. Due to drug incentivization and other profitable schemes, antibiotic overuse, misuse, and abuse are common (McCaig & Hughes, 1995). It is important to address the irrational behavior that incentives and promotional systems encourage in both patients and medical professionals.

Antibiotics are used indiscriminately when two or three antibiotics are prescribed at once to treat an infectious disease, when the drug is overprescribed or used for longer than is necessary, or when it is believed to be a cure-all for all illnesses, all of which increase the likelihood of misuse (R1, R2, R3, R5, R10). Because clinicians in the Peshawar area receive per-pack incentives on antibiotics, which promote their use, rational therapy is extremely uncommon there (R11).

It is undeniably undeniable that widespread antibiotic abuse occurs in the Peshawar region, where pharmaceutical companies are forced to provide incentives for their customers and make their goods profitable for doctors. Physicians often prescribe multiple antibiotics, with one serving as the genuine treatment and the other for personal gain. Some believe a combination of antibiotics is essential for successful infection treatment. According to some participants, doctors purposefully give patients a wide range of antibiotics to speed their recovery; otherwise, the same individuals may move to another doctor, resulting in a financial loss for them. Antibiotic overuse may be avoided by following the appropriate protocols and standards for treating each condition. Local design standards and an ethical code of conduct might be more useful in the current situation. Building an indigenous one, on the other hand, should begin with Western-origin concepts.

Physicians' Materialistic Approach

Building up and clinging to material possessions causes atheism and faith in Allah to wane. Materialism encourages the accumulation of tangible things while demeaning spirituality, human emotion, and thought. Because it may emerge as excessive drug use, doctors' idolatry of materialism is highly troublesome for other stakeholders, especially patients. AMR, which persists in the body for many generations, is a disturbing result of the indiscriminate use of antibiotics.

Inconsiderate prescribing, thirst for money, self-centeredness, and disregard for patients' health are all symptoms of materialism in doctors (R1, R3, R4, and R7). Medical professionals constantly compete with one another to amass cash (R6). Their focus has shifted from patient care to personal care as a result of these behaviors (R10). The vast majority of responders agree that doctors only care about themselves financially.Incorporating ethics into their behaviors will benefit both patients and society. If produced and implemented, indigenous standards will be time-tested in the medical profession. The Ministry of Health, PM & DC, and Pakistan Drug Regulatory Authority are the primary statutory bodies with the power to influence physician behavior and conduct.

Clinicians' Poor Compliance to SOPs

Guidelines and SOPs are systematic instructions that promote judicious drug use and the highest level of patient care. They are created after extensive trials and investigations (Lohr & Field, 1990). Self-regulation is being compromised by a lack of SOPs. a culture where there is little self-control and little commitment to moral principles. The reply makes it clear that physicians' actions are neither in line with their values nor in favor of their long-term best interests. A commitment to and consistency with a code of ethics is a guarantee of success and advancement in the workplace. However, failing to adhere to moral principles is disastrous for your career.

Lack of adherence is defined as not adhering to an ethical code (R1), a lack or absence of SOPs (R1, R2, R3, R5, R6, R9), and blindly adhering to Western World SOPs without building our own as needed (R3, R7, R12). Compliance with treatment regimens is an important behavior for regulating disease burden and progression. Despite the importance of comprehending a child's adherence, many evidence-based evaluation procedures have yet to be applied in specialist clinical practice (Rich et al., 2022).

The respondents believed that poor compliance with medical ethics increases the acquisition of material possessions and lags behind long-term societal objectives. According to the study (Shrum et al., 2022), materialism is associated with lower levels of health, less socially conscious interpersonal interaction, more ecologically destructive behavior, and inferior academic performance. These behaviors result in professional deterioration.

This demonstrates that the majority of respondents regarded a lack of relevance of medical ethics as the key problem. However, the standard operating procedures recommended by DRAP are not being followed or carried out for a variety of reasons. The quality of prescriptions is extremely low (R1) because too many medications are prescribed or they are not used for the intended purpose (R9). Poor commitment to medical ethics has allowed materialistic practices to develop, resulting in a lack of professionalism in the medical industry. Patients suffer as a result of physicians' loose commitment to ethics, as indicated by their illogical prescriptions and erroneous diagnoses. The following methods are directly connected to professional growth.

AMR has been studied in a variety of ways and dimensions, but there hasn't been any research done from a marketing angle. Competitors in the pharmaceutical industry are always vying for market share. To achieve this, they pressure doctors into writing more antibiotic prescriptions, which is unnecessary. Because of this unethical promotion, irrational antibiotic use is encouraged. Coordinated efforts with WHO assistance are needed to prevent an epidemic from spreading from farm to fork in Pakistan. The nationwide action plan's urgent execution is essential for eliminating the threat. Clinicians should exercise caution and try to proactively address concerns relating to informed consent, autonomy, privacy, and equity before starting a monitoring program of adherence. Multidisciplinary teams should carefully consider the ethical and legal repercussions of implementing this form of compliance assessment into clinical practices (Rich et al., 2022).

Theme	Categories	Respondents Quotes

Physicians' Compliance with Medical Ethics and its Consequences	Physicians' Unprofessional Behaviors	Medical professionals frequently engage in unethical behavior (R3, l.35).
		Patients suffer when doctors give marketers unfair favors (R4, l.25).
		Patients suffer when doctors give marketers unfair favors (R4, l.25).
		Medical professionals' unethical behavior leads to the development of antimicrobial resistance [R7 (l.258).
		Drug Act of 1976 has inadequate penalties and enforcement (R8, l.33).
	Polypharmacy	A single prescription contains multiple antibiotics (R1, l.40).
		Antibiotic use in circumstances where it is not necessary [R8 (l.45), R11 (l.38), R12 (l.146)].
		Bribery forces them to make hasty medical decisions (R2, l.49).
		Antibiotics are thought to be a cure-all for all illnesses (R3, l.127).
		For patient satisfaction, prescribe a wide range of medications (R4, l.70).
		Excessive use of antibiotics is a common practice (R5, l.110).
		Per-pack incentives lead to a rise in antibiotic abuse (R9, l.68).
		Antibiotic resistance is mostly brought about by the overuse of antibiotics for various purposes (R10, l.38).
	Materialism Triumphs Over Professionalism	The materialism of physicians leads to unnecessary prescriptions [R3 (l.117)].
		The marketing activities of the industry are affecting doctors [R7 (l.90), R11 (l.39)], and [R12 (l.298)].
		Human values are worthless in the face of materialism (R6, l.33).
		Commercial goals take precedence over social ones (R8, l.41).
		Antibiotic empirical therapy is widespread, which is risky (R9, l.148).
		Physicians are paid to prescribe medications (R10, l.157).
	Medical Ethics and Clinical Practices	Ethics are moral precepts that are consistent with societal norms and current legal requirements (R1, l.10, 13).
		Humans should be handled safely and transparently according to medical ethics (R2, l#13).
		Daily routines that are under social expectations (R3, l#13).

Ethics are a collection of actions carried out for the benefit of society (R4, l#12).

External ethics are what society expects from you, whereas internal ethics are self-imposed moral norms (R5, l#4).

Currently, doctors don't follow the international code of ethics very well (R5, l#14).

According to the clinical code of ethics, doctors' patient care should be provided without being influenced by marketing or self-interest (R6, l#18).

Medical ethics include making an accurate diagnosis and advising patients on the best treatments available (R7, l#3).

A person's actions are considered ethical if they adhere to moral and ethical norms. Such behaviors will be considered ethical if they are consistent with legal, moral, and ethical standards (R8, l#14).
The medical sector disregards ethical principles, leading to unethical recommendations, compromising patient welfare, and resulting in negative consequences (R9, l#10).

We care about humanity, social spaces, relationships, and business ethics in this manner. Ethics define the limits within which we can safeguard our own and others' dignity (R11, l#23)

Ethics is crucial in society, especially in health companies, as unethical practices can harm lives. Religion emphasizes that saving a life is equivalent to saving humanity, as a person's death signifies the end of mankind (R12, l.2).

Today's world is characterized by mass production and consumption of everything, which raises ethical questions. Capitalism is the foundation of society in its entirety. You do not prohibit it ethically as a result. This society will no longer be a civilization; rather, it will revert to savagery (R13, l.4,13)).

Mass manufacturing, industries, and businesses expand due to commercialization or open market economies. Ethics and rules are necessary to prevent negative consequences and ensure a positive impact on society. A rule of conduct is necessary to protect against commercial goals (R13, l. 43).

Ethics are the ability to distinguish good and bad, and medical professionals must act in the best interest of patients, hospitals, and society. Patients expect reasonable, logical prescriptions with speedy results and no negative effects (R14, l.4).

Because greater commercialization, mass manufacturing, and materialism have bad implications, ethics is critical for capitalism to control society. Conventions and self-regulation methods mitigate these effects while also incorporating ethics to benefit society (R15, l#3).

Humans are highly developed technical beings with critical behavior that affects all facets of human existence and calls for moral judgment to maintain societal harmony (R16, l.2).

Ethics are critical in culture, particularly in healthcare, because they directly touch human life, and the concept that saving one life is comparable to saving humanity is one of Islam's core teachings. (R17, l.3)

Ethics must remain a priority in the medical profession, and other unethical behaviors must be avoided (R18, l.9).

The study of moral principles that direct human action is known as ethics. The term "ethics" describes actions that uphold moral principles and legal constraints. The human being is the most developed animal on the planet. Because of this, the globe is greatly impacted by its actions. Otherwise, things will spiral out of control (R1). There must be a distinction between right and bad.To control human behavior on this planet, ethics are moral principles that must be consistent with laws and values (R4). Ethics are established laws and norms that allow humankind to spread openly and truthfully (R3). Ethics are the behaviors that other people anticipate from you. In a society, people live side by side and expect one another to do and not do certain things. In society, ethics is the quality that people look for in a person (R5). There are two different kinds of ethics: internal ethics, which you impose on yourself, and external ethics, which other people require of you in the community (R5). Ethical conduct is defined as human behavior that is consistent with moral and ethical principles and adheres to the legal system (R8).

Notably, the primary goal of medicine development on this planet is to save and safeguard human lives. The adage "serve a greater purpose and profits will follow" is common knowledge (Porter & Kramer, 2011). Here, they will be able to gain goodwill and financial success by following the great goal of serving humanity. Businesses that can treat their employees and the community decently are successful financially. By focusing on long-term goals, businesses develop social responsibility, add value for customers, and then profit from these devoted clients. Without ethical behavior, economic performance cannot reach its zenith. Without a strong ethical foundation, not even the laws can be enforced.However, in the medical field, moral principles like beneficence, non-maleficence, respect for patient autonomy, and fairness are not practiced (R9).The respondents believed that capitalism emphasized the growth of independent enterprises, which restricts government intrusion and, if uncontrolled, may consume scarce resources (R15).

Conclusion and Recommendations

The study has shown that medical ethics are the cornerstone for shaping and guiding the practices of various physicians. The discipline is responsible for influencing the prescribing habits of physicians, to overcome the misuse, overuse, and even abuse of drugs. The research supports sustainable behavior to avoid malpractices in clinics and adopt a humanistic perspective.These practices transform existing unscrupulous business practices and integrate ethical, moral, and legal aspects. Inappropriate prescribing results from drug incitement and unethical clinical practices. On the one hand, doctors disregard the standards of professional practice, and on the other, they have a propensity for materialism and egotism. These negative characteristics eventually lead to the blind use of antibiotics in their clinical practices.

It is recommended that medical practitioners focus on the growing importance of medical ethics for their profession and society at large to avoid being seen as advocates of capitalist principles. Industry-physician collaborations should benefit patients and society by providing cost-effective treatments to the healthcare system. Neoliberal expansion, on the other hand, is not the solution to today's pressing concerns.

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