



# Language Use, Violation of Medical Ethics and the Deterioration of Patient's Ill-Health

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## Abstract

Any form of deviation from the established ethics of any profession amounts to violation of professional ethics. These days, medical professionals are fond of violating medical ethics. This study seeks to dissect the place of language in the violation of medical ethics by professionals of the field. The primary data are sourced from observation and thirty (30) informants, who had experienced language misuse and violation of medical ethics by health professionals while they were patients. The secondary data are obtained from library and internet materials. Content analysis and objective approach are employed in the analysis of the data. The analysis proves that most medical professionals violate the ethics of the profession by using language negatively while rendering services to patients. Consequently, patient's ill-health situation deteriorates. The study concludes that wrong or negative use of language leads to the violation of medical ethics. It charges medical professionals to maintain their professional ethics at all times and be well-mannered in using language to communicate with patients, so as to heal rather than deteriorate patients' ill-health situation.

**Keywords:** Medical ethics; Language use; Violation; Deterioration; Patient; Ill-health

## Introduction

The place of language in medicine and medical discourse is currently neglected. This assertion is given credence by Franz and Murphy [1] who note that the significant role of language in medicine is neglected and thereby given indirect attention or treatment in the vast literature on medicine. In the same vein, its place in medical ethics vis-à-vis violation of medical ethics is currently neglected or given no appreciable scholarly engagement. This study is an attempt in that direction, with a view to showing that language misuse by medical professionals in relating with and/or attending to the patient is a phase of violation of medical ethics. The violation of professional ethics in various fields and sectors is affirmed by scholars. Among such scholars are Robert [2]

Besong [3] DuBois, et al. [4] Robert [5] Robert and Besong [6] Aper and Iorhemen [7] Babalola [8] Fadare, et al. [9] Akpede [10] Ogande [11] and Okioya and Adedowole [12] These scholars decry the gross violation of ethics by professionals in politics, public affairs and administration, education, media and journalism, social and financial institutions, para/military, health/medical field, and so on.

Generally, every profession operates according to its established standards, norms and modes of operation, which constitute its professional ethics. Also, every professional, a representative of their profession, is usually bound by the ethics of their profession. Okunna [13] laments that the Nigerian society is filled with all sorts of ethical maladies that have defied all cures over the years. This observation

lends credence to the situation of the ethical maladies in the medical profession in Nigeria and many other nations of the globe in contemporary time. For Okunna [13] the violation of professional ethics by different professionals in Nigeria is evidenced in their display of “bribery and corruption, kickback, ten percent, kola, settlement and the ‘Nigerian factor’...” Akpede [10] agrees that unethical professionalism is a product of moral decadence, bribery and corruption, lack and negligence of integrity and other virtues.

A professional, who possesses and truly displays ethical professionalism, is usually ‘ethical and incorruptible’ [10]. At any point in time that a professional deviates from the ethics of their profession, that amounts to violation of professional ethics. As commonly obtained in Nigeria, it is alarmingly worrisome that the medical professional ethics is largely violated by the professionals. Against that backdrop, this study seeks to make an exposition of how negative use of language by medical professionals amounts to the violation of medical ethics, which deteriorates patient’s ill-health situation. Given the reality of the effects of misusing language with patients and violating the ethics of the medical profession, it becomes imperative to carry out this study in order to rouse deserving scholarly attention to the serious matters arising from the misuse of language by most medical professionals against patients, as evident in Nigeria as well as many other nations of the world.

## Methodology

Being a position paper, it draws data from secondary sources, which are subjected to systematic review to show evidence for thematic concern. The other data source is observation, which is primary. The secondary sources include textbooks, journals, theses, government and special publications, magazines and newspapers. These were drawn from library and internet. Google search engine was used to obtain the internet secondary data. The gathered data are subjected to systematic review and text-content and critical analyses. The keywords are medical ethics, language use, violation, deterioration, patient, and ill-health.

## Ethics, and Medical, Health and Professional Ethics

In this section, the concepts making up the sub-title are given conceptual exposition. Ethics is defined by Sharma and Hyland [14] as the study of human conduct and how human beings ought to behave. This definition implies that professional medical ethics refers to the code of conduct in the medical profession, which spells out how medical professionals ought to behave. For Lacey [15], ethics is ‘an enquiry into how men ought to act in general, not as [a] means to a given end.’ The point of concern to this study is

that this definition captures the fact that medical professional ethics concerns how persons in the medical profession ought to behave as professionals. The emphasis of the definition is the point that ethics is ‘not a means to a given end [15]. Thus, ethics is a code of conduct guiding persons on how to behave (act) and do things.

The etymological definition of ethics has it as what concerns value (or that which is worthy). Ifeanacho [16] notes that ‘the value system in any society states in normative terms the premium placed over things, modes of reasoning and behavioural patterns.’ This implies that the value system of a society is the ethics of that society. That is to say the definition of ethics as such also defines value system and vice versa. Talking about ethics as a value system brings to mind the reality of why ethics is also known as axiology. Axiology is derived from two Greek words: ‘axios’, meaning ‘worthy’ or ‘value’; and ‘logos’, meaning theory or study. Thus, put simply, ethics (axiology) is the theory or study of value – that which is worthy or that which is valuable [17]. Values are non-material aspects of a culture. This assertion is evident in the Latin word ‘mores’, which means ‘concerning habits, customs, ways of life, etc [17]. Besides, ‘mores’ corresponds with the Greek word ‘ethical’. Also, ethics is described as the discipline and science of moral values, which concerns itself with good and bad and moral duty and obligation [18,19].

World Medical Association [20] [WMA] defines ethics as ‘the careful and systematic reflection on and analysis of the morality [or value] of human behaviour and decisions.’ It notes that ethics offers individuals behavioural and decision-making criteria, as to deciding on doing this rather than that, and so on. Ethics is important in the medical profession because it stipulates principles, such as respect for persons, informed consent and confidentiality, as what should characterise or ground the physician-patient relationship. Medical ethics is defined by WMA [20] as ‘morality and moral issues in medical practice.’ WMA [20] notes that while medical ethics is concerned with issues arising out of the practice of medicine, biomedical ethics (bioethics) deals with more general moral issues raised by developments in the biological sciences, without any recourse to particular traditional values.

Health ethics is an interdisciplinary field combining ethics, morality, law and health. It specifically ‘looks at the values undergirding decisions and actions in health care, health research and health policy, and to provide guidance for action when these values conflict [19,21]. It is unlike medical ethics and bioethics. Medical ethics is ‘concerned with ethical issues that arise in the clinical context relating to the care of specific patients,’ while bioethics, the broader one, is concerned with ‘ethical issues arising from the creation and maintenance of the health of all living things [21]. Health

ethics focuses on ethical issues facing 'health professionals, health policy makers and health researchers, and patients, families, and communities in a range of contexts related to health, including clinical care, health services and systems, public health, epidemiology, information technology and the use of animals in research [19]. It is anchored on empirical health matters. It also asks as well as answers and analyses value-based questions about practices, actions, behaviours and phenomena relating to health.

Professional ethics, in the words of Asira and Ogar [22] refers to 'the code, set of rules, accepted by members of a given profession to guide and control their conduct and activities, aimed towards projecting, protecting and sustaining professionals and membership integrity.' This definition points to the fact that medical profession has its peculiar ethics, which many of its professionals (tend to) deviate from and thereby violate it. Professional ethics revolves around all the conventions, values and rules and regulations of a given field of human endeavour, which stipulates what ought to be done and what ought not to be done in a given field or organisation. Professionals are supposed to be guided by and be conscious of their professional ethics.

### Requisitions of Professional (Medical) Ethics

Different virtuous ways of professional operations and dealings are required or expected of every professional. To exhibit professionalism, professionals are required to uphold virtues, values, ideals and conventions and obey or strictly adhere to rules and regulations of their profession. If they do not, they are said to violate the ethics of their profession. That is the case with medical professionals who violate the ethics of their medical profession, particularly in the course of attending to, relating with and rendering services to patients.

From the motto of the World Medical Association (WMA), one clearly understands that medical professionals are bound by medical ethics. The motto is 'Caring, Ethics and Science' [20]. Medical professionals, like other professionals, are also expected to possess and exhibit some ethical and moral attributes. These include virtues, integrity, moral uprightness, discipline, loyalty, erudition, philanthropy, honesty, sincerity, respectfulness, humility, diligence, commitment, punctuality and being law-abiding. Some others include decorum, accountability, objectivity, transparency, confidentiality, creativity, perseverance, persistence, teamwork and tolerance. These attributes constitute the characteristics of professional ethics. Asira and Ogar point out 'respect, honesty, integrity, transparency, accountability, confidentiality and obedience to the law of

the land' as parts or components of professional ethics [22]. As such, these attributes, among others, have to be upheld and exhibited consistently by professionals, as the otherwise amounts to violation of professional ethics.

There are four pillars of the medical ethics. These are autonomy, beneficence, non-maleficence and justice [18]. The autonomy of the patient is held high by medical ethics. That is, the medical ethics takes cognisance of the autonomy of the patient. Health workers are bound by medical ethics to respect the patient and never tamper with their autonomy. While taking decisions on what needs medical attention and action, such as the ill-health of the patient, the health worker ought to respect the autonomy of the patient and thereby allow them to make decision for themselves [18]. Beneficence simply means treating the patient well and providing treatment targeted at doing them good rather than the otherwise [18].

The principle of non-maleficence requires as well as means that the health professional must not harm the patient in any way in the course of the treatment [18]. The principle of justice requires that healthcare resources must be equitably distributed<sup>18</sup>. Thus, given these principles and the situations that obtain in most practical cases of the services received from most health workers, such as those in Nigeria, it becomes quite clear that medical ethics is largely violated by the professionals. The autonomy of the patient is neglected and their rights abused. The decision of the doctor or any other health worker might not be what the patient wants. Yet, imposition takes precedence, as it is the order of the day. They would simply say to patients: 'Don't teach me my profession; you can't tell me what to do or how to treat you.' Although the situation presents ethical dilemma, the medical ethics requests of its professionals to uphold the principle of autonomy and other principles [8,23].

The thirty informants involved in this study unanimously noted that the above mentioned pillars of medical ethics are rarely made manifest by most medical practitioners, if not all of them. That is, these principles, which can be regarded as the base of medical ethics, are not followed as supposed. Their opinions tally extensively with the research findings of the study by DuBois, et al. [4] which reveal that medical ethics is grossly violated by most professionals in the field. Accordingly, patients are not treated well. They are neglected and maltreated often times. They are made to suffer harm, as many health workers expose them to health risks. In fact, the discussants expressed dissatisfaction with the services rendered by most health workers in Nigeria, especially nurses and doctors. The noted ethical issues of serious concern include negligence and carelessness by doctors and nurses up to the point of forgetting one or more used

surgical items, such as scissors, knives, needles, razors, threads and/or thereabout in the stomach of patients while stitching after surgical operation. Medication, drugs and treatments are usually exclusively the decision of doctors. If a patient decides to be discharged, it does not work until a doctor gives an order. Patients are rarely shown or given details of the drugs administered to them. Pharmacists, nurses and doctors shot them up whenever they demand to know all of that.

Except at their private establishments, public health workers rarely attend to patients at the right time. They are mostly not readily on ground. Drugs are hoarded. Bills are made outrageous just to ensure that all the medical parties involved have their respective share of patients' paid bills. Nursing mothers and women in labour are the most harassed and maltreated by most Nigerian nurses, midwives and few doctors. The consideration of class and patient preference or discrimination on the ground of socio-economic class divisions, injustice arises from many health workers to patients that are below the preferred classes. When patient consent is neglected, there is a case of violation of medical ethics. There are many cases. However, the focus of this paper is on the violation arising from the negative or wrong use of language by medical professionals.

This study laments over the cases of violation of medical ethics by the professionals, because what they do or how they treat patients negates their medical oaths of allegiance. The reality remains that within the confine of medical ethics, medical professionals pledge to:

- Dedicate their lives to the service of humanity;
- Consider the health and well-being of their patients first before theirs;
- Honour the patient's autonomy and dignity;
- Respect human life at all times;
- Never allow social status, class, identity, disease or disability, belief, ethnicity, gender, politics or any other factor to interfere with their duty to patients;
- Respect, maintain and keep the patient's secrets confided in them, even after the death of the patient – patient's right to confidentiality [24];
- Practise their profession conscientiously with dignity and in line with established norms of good medical practice;
- Uphold, respect and promote the dignified traditions of the medical profession;
- Accord their teachers, colleagues and students the honour and gratitude that they deserve;
- Shall share their medical knowledge for the patient's benefit and the advancement of healthcare;
- Attend to their personal health well-being and abilities so as to provide care services of the highest standard;

- Never to use their medical knowledge to violate human rights and civil liberties, even under threat [25].

The above promises of the physician are contained in The Code of Medical Ethics in Nigeria 1995, the Geneva Declaration of 1948 and 2017 and the International Code of Medical Ethics of 1948 and 2006, among other like statutory documents. There are tagged 'The Physician's Pledge' in 'The revised Declaration of Geneva' 2017 [25]. In The Code of Medical Ethics in Nigeria of 1995 and 2004, the promises are regarded as the 'Physicians' Oath'<sup>26</sup>. Nigerian medical and dental practitioners owe allegiance to the medical profession as a whole and the Medical and Dental Council of Nigeria (MDCN) in particular. The Code is prepared and reviewed by the MDCN from time to time.

The Council had been established by The Medical and Dental Practitioners Act [Cap 221], Laws of the Federal Republic of Nigeria 1990 (Decree No. 23 of 1988). Its statutory backing, functions and provisions are contained in Sections 1-24. The current content of The International Code of Medical Ethics has seven cardinal themes. These are professionalism, integrity, respect for patient autonomy, distributive justice, stewardship, obligation to care (emergency), and collegiality [25]. They are also the kernel procedures of the International Code of Medical Ethics [25].

### Imperative of Medical Ethics in Handling the Patient

Professional practices and actions of professionals are ideally guided and judged by the ethics of their professions [12,23,26,27]. Ethical considerations are very important, because they compel professionals to be: committed to duty, thoughtful when faced with difficult situations, in pursuit of the highest good of those at their services, and of credible character [28]. As Okioya and Adedowole [12] rightly note, every profession has its own ethics, which sets standards of behaviour for members of every profession to their actions. They add that the established code of conduct fuses a code of morality into the performance of the profession to which they refer. Ideally, professional ethics serves as a means of control and discipline among professionals of different fields. It regulates the relationship between professionals and particular publics [12]. Professional ethics helps to determine what is right to do for professionals, as it offers them standards by which they can judge actions to be right or wrong.

Professionals, who internalise and remain conscious of the ethics of their profession, strive to be ethical, virtuous, and morally upright. They uphold and display integrity and ethical professionalism. The thinking that ethics is



internalised is captured by Merrill [29] who has observed that 'ethics is self-legislation personally determined and personally enforced or should be.' According to him, a responsible professional blends up their practice with rationality and duty [29]. The ethics of a profession takes cognisance of 'all the moral principles prescribed by' that profession across the world [10]. The professionals of each profession ought to take cognisance of, internalise and practise the established principles of their profession. Where a professional ethics is short of what obtains generally in that profession across the globe, it falls short of standards. The implication of the foregoing statement is that in the general sense of it, the medical ethics of every place shares the general norms, values and principles of a given profession.

The ethics of a given profession reflects the general ethics of the place where the professionals of the profession operate. As it is with the ethics of other professions, medical ethics reflects the 'societal values, philosophic, interests and perspectives' of the medical profession and the place where it is practiced [10]. It is in consideration of the foregoing that Akpede [10] observes that vices, such as 'corruption, avarice, squander mania, nepotism and fraud,' exhibited by professionals are ethical issues of professionalism. Medical professionals, such as those in Nigeria, violate medical ethics by engaging in and exhibiting the vices of 'corruption, avarice and fraud'. Negative actions and hurtful words or expressions of any medical professional to a patient are unethical, because they are bad, wrong, unworthy and unacceptable. Those who are conscious of their professional ethics seldom breach the ethics. They treat patients well and help them out of their ill-health situation. The otherwise medical professionals in Nigeria and other parts of the globe rather deteriorate patients' ill-health situation by giving them negative attitude and hurtful words/expressions, which rather compound the ill-health situation.

Merrill [29] has noted that ethics deals with duty-duty to self and duty to others; adding that the duality of individual and social morality is understood in the very concept of ethics. This point implies that the medical professional has the duty of rendering worthwhile medical services to the patient in line with acceptable standards in the medical field in relation to societal ethics. Thus, medical professionals ought to take cognisance of the two sets of duty that they are bound by the profession. As such, a medical professional violates the medical ethics whenever s/he insults patients, infringes on their rights, neglects or fails to carry out the duty of taking care of the patients appropriately to meet their health needs, and so on. Using language in ill or insulting manners with the patient amounts to violation of the medical ethics. Not being sympathetic with the patient amounts to violation of medical ethics too. Paying no attention to the patient also amounts to violation of medical ethics. Being rude to patients add to

their ill-health situation. That is another case of violation. Good manners help reduce the plights of the patients.

In the words of Okioya and Adedowole [12], 'ethics enhances social responsibility and the protection of individuals against the vagrancies, the unguarded and the unmitigated power of the press, as exhibited by media professionals in performing their professional duties in contemporary times [12]. By implication, ethics of the medical profession does same, as it protects both the medical professional and the patient. When the medical professional goes against the ethics to observe and uphold in the course of relating with and treating the patient, the medical ethics is violated. The dos and don'ts of the medical profession have to be upheld and put to practice at all times by the medical professional. Not doing so amounts to violation of medical ethics.

Medical ethics ensures (ethical) professionalism, discipline, disposition of virtues (e.g. decorum, moral uprightness, sincerity, truthfulness, fairness, honesty), upholding of standards, norms and values, and obedience or loyalty to constituted authorities and laws among medical professionals. It also prevails on medical professionals to practise at all times without compromising their professional norms, values and interests. It helps cut down the (tending) excesses of the professionals, as it watches over their actions and deeds. It shapes worldview, perception, relationship and deeds of these professionals. The core responsibilities of the medical professionals are spelt out by medical ethics. It serves as a mechanism for checking whether or not these responsibilities are discharged accordingly, based on the provisions of the ethics of the profession.

More so, medical ethics enhances the image of the profession, increases the confidence of the public in the practitioner, and offers protection to the conscientious practitioner [26]. It reduces cases of ethical violations in the medical field. It also checks against quacks, and fake practice and health information. Its provisions bring to place and ensure professional discipline, morality and self-familiarisation with the dos and don'ts of the medical profession that apply to Nigeria in particular and the globe at large. The Code contains modes of operation and ethical relations between the practitioners and their patients, students, colleagues and teachers, and the duties they owe the patient. It stipulates how they must treat patients based on established ethical and legal prescriptive requisitions. Nigerian medical and dental practitioners are obliged to practice with conscience and dignity in line with the provisions of the Code of the Medical Ethics in Nigeria, which is derived from the Geneva Declarations of the World Medical Association.

## Causes of Violation of Professional Ethics

When professionals do not act in accordance with the ethics of their profession, violation of professional ethics arises. That is the case of the violation of medical professional ethics. The violation of professional ethics shows unprofessionalism or professional irresponsibility. Also, violation of professional ethics revolves around various acts of unprofessionalism, which are unethical, immoral, unconventional, unmannered, unacceptable, abusive, and thereabout [2,5,30]. According to Nwolise [2] the culture of anything goes heightens criminality, social vices, corruption, deviant behaviour, quick money syndrome and other unethical and immoral acts. Violation of professional ethics is an indication or a manifestation of the violation of professional and 'general' socio-cultural ethics. By general ethics, this study means the ethics of a given society, which combines culture-specific ethics with culture-universal ethics, from which professional ethics derives in both specific and general contexts.

Professional ethics is violated as a result of different factors coming to play. The topmost factors are negative attitude or behaviour, moral decadence and the infiltration of quacks and fake practitioners into the field. Negative attitude or indecorum is a factor behind a physician's boundary violation of medical ethics. Examples include having a sexual affair with a current or a former patient, or exploiting or harming a patient (e.g. physician seeing patients at convenience, loaning a patient some money, burdening the patient with personal information, engaging a patient in profit maximising business ventures, etc.). Having sexual affairs with a patient deteriorates their ill-health situation, because the sexual intercourse destroys the healing power of psychiatric treatment in particular and other treatments too.

Others causes of violation of professional ethics include loose and unapplied legislations; lack of incentives; corruption and mismanagement; corrupt and dubious leaders who set bad examples; the near absence of press freedom; forcing public officers to compromise their professional ethics else get indicted, labelled, sacked or demoted [6,19] the erosion of moral ethic and indigenous cultural values and norms [31]. Scholars unanimously point out other factors as what cause the violation of ethics. These are moral laxity, behavioural dishonesty, lack of integrity, greed, egoism, pride and intimidation or molestation; negative or unfavourable workplace politics, underpayment, underemployment, lack of job motivation, and failure to apply due sanctions to defaulters; poverty, hunger, illiteracy, and quick money syndrome; and elitism, tribalism, nepotism, favouritism, religious feudalism and sectionalism.

Such scholars include Besong, Nwolise [30], Yagboyaju [32] and Robert, Besong and Dibie [33]. WHO [19] is another scholarly publication that chronicles issues of public and global health as well as the violation of health ethics. In what captures the above, Robert and Besong note that the Nigerian press had become so influenced by politicians vis-à-vis their corrupt acts and practices, such that they now engage deeply in 'nefarious misdeeds and unethical and subjective journalism,' for which 'the masses have lost confidence in them, and do receive media contents with outright contempt and dissatisfaction'<sup>6</sup>. The following observations apply to medical professionals to a large extent.

## Language Use and Violation of Medical Ethics

While serious attention is paid to the violation of medical ethics in different regards, no attention is paid to the use of language to violate medical ethics in the course of serving and relating with patients. This assertion is given credence by Franz and Murphy [1] who lament the paucity of scholarly works on the role of language in medicine, despite its place in patient-physician relations guided by ethics. Thus, in this section, the study shall discuss the violation of medical ethics from the angle of language misuse by some of the professionals of this field. WMA [20] takes cognisance of the place of language in ethics, as it points at the core concepts of ethics as the 'language of morality', which include virtues, rights, responsibilities, good, bad, evil, right, wrong, just, and unjust. If ethical concepts are to language, as language of morality, it follows that the misuse of language of morality by medical professionals amounts to language-based violation of medical ethics. This study argues that the right use of language by the physician does not lead to or cause language-based violation of medical ethics, but the wrong use of language by the physician in relating with and treating the patient amounts to language-based violation of medical ethics.

The right use involves using and acting in line with the positive concepts of ethics, while wrong use involves using the negative concepts of ethics in communicating with the patient. The need to use language appropriately rather than the otherwise is evident in the ethics for interpreters in health care. These professionals (health/medical interpreters) would undoubtedly prove the speeches of many other health professionals, particularly doctors, nurses, midwives and laboratory scientists to be largely characterised by violations of the medical profession. As stipulated in The National Council on Interpreting in Health Care [NCIHC] [34] health care interpreters vouch (and are expected) to be:

- Ethical, professional, polite and humane;
- Confidential in matters that ought to be treated so;

- Delivering messages accurately without distortion of communicative content in the course of interpretation;
- Consider cultural context but without ethnic or any other identity bias;
- Impartial and respectful to all parties involved;
- Maintaining professional boundaries;
- Creating wide awareness about health subjects that deserve such role; take up advocacy role when patients are at serious risks; and
- Liberal, innovative and knowledge-driven.

The 'language of morality' in the medical field [20] is mostly absent in the speeches of medical professionals to patients. Their words, expressions and actions mostly contravene the provisions of their professional ethics, requisitions and oaths of allegiance. All the thirty informants of this study testified that they had individually experienced health workers' misuse of language in communicating with patients. When asked how they felt when the medical professionals they encountered poured out insults and ill-expressions on them, they unanimously though individually testified that the ill-health got aggravated. By this affirmation, it is thus clear that language misuse with patients heightens their ill-health situation. By so doing, the physicians in question caused the patients pains and failed in their corporate social responsibilities. They violated the ethics of the medical profession.

The informants also explained that they had no autonomy, rights, choice and fair treatment from most of the medical professionals, whom they were in contact with. Twenty-seven (27) of them expressed regret. According to them, they angrily told the concerned medical professionals right there before leaving- that they regretted going there, because of their ill manners and treatments. The female informants said they could not help watch their fellow women raining insults on them, only because they were patients to them, the health workers, most especially nurses and midwives. One female informant narrated how a nurse and midwife slapped her while in labour. Being her neighbour, she planned for retaliation later back home.

The patient said nothing to the neighbour nurse/ midwife at the hospital while in pain. After putting to birth and being discharged, the nurse came for a visit to her, as other neighbours did. While with her, after carrying and greeting the baby, upon sitting, the former patient got up from her bed and gave the nurse a dirty slap. Then, she told her immediately, 'I have returned the hot slap you gave to me while in labour.' The nurse did not return the slap, but left angrily. Of course, she learnt her lesson. In fact, summarily, all the informants confirmed that over eighty-five percent (85%) medical professionals are used to the ill-act of

violating medical ethics through negative use of language in ways that hurt patients terribly and intensify their ailments. The foregoing summed up points suffice for further accounts of the informants' testimonies of language misuse by medical professionals in ways that violate medical ethics and intensify or worsen the ill-health situation of patients.

## Conclusion

This study has so far made a concise analysis of how language use leads to the violation of medical ethics, drawing insights from the case of Nigerian medical professionals. It has explored what professional ethics entails and what amounts to its violation. Presenting considerable examples, the implications of the violation are highlighted. The paper maintains that most professionals, as in Nigeria, undoubtedly violate the ethics of their profession through wrong or negative use of language in communicating with and attending to patients. The violation deteriorates the ill-health situation of the patient in contact with such an unprofessional health worker. The ultimate relevance of language in the field of medicine lies in the fact that there can be no communication and interaction in medicine without language.

On the whole, the ethics of the medical field is both universal and culturally and geographically context-specific. The violation of professional ethics undermines standards, professionalism, competence, integrity, personality, ideal employee performance, productivity and organisational modes of operation. Above all, it proves the professional(s) in question to be: unprofessional, incompetent, disobedient to established laws, norms and values, incompetent, and misusing language. The study recommends attitudinal change, mass sensitisation and (applying) operational legislations against defaulters as the panacea.

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