

IMPACT OF LANGUAGE MISUSE AND VIOLATION OF MEDICAL ETHICS ON PATIENTS

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Abstract

Every profession has its ethics additional to that of the host community. Professionals ought to act, operate, and carry out their duties within the confine of the permissible ethical principles guiding them in their profession. Regrettably, many professionals do not. This study is aimed at exploring the impact of language misuse and violation of ethics among medical professionals on patients. Relying on secondary data from library and the internet, the study qualitatively and evidently shows that most medical professionals in Nigeria and many other developing nations most often violate the ethics of their profession and misuse language while treating, communicating and interacting with patients. It also shows that the medical profession has a lot of statutory ethical principles, which physicians pledge allegiance to but largely disregard and violate

many of them. The study submits that by using language negatively with patients, medical professionals violate the core principles of medical ethics and aggravate the ill-health of patients. It recommends attitudinal change, mass sensitisation, enacting of operational legislations, and increased inter-agency and interdisciplinary collaboration and efforts as the panacea for proper use of language to enhance medical professionals' efficiency in the management of their patients.

Keywords: Language misuse, Violation, Medical ethics, Patient, Ill-health

Introduction

Language is central to every human activity (Ojiako & Nwode, 2022; Mbah, 2018; Emeka-Nwobia, 2015), including healthcare service delivery (Nkereuwem, 2023). The way language is used matters a lot (Ojiako & Nwode, 2022). Thus, the way in which language is used by physicians while treating and interacting with patients matters. When used rightly and in a positive or polite manner, physicians showcase ethical professionalism and deliver healthcare service accordingly. In other words, patients respond to treatment well and feel better when physicians do not misuse language in communicating with them and do not infringe on their rights. The reverse is the case when language is misused by physicians, as they end up causing the deterioration of patients' ill-health (Nkereuwem, 2023).

Despite the importance of language in medical undertakings and health matters, it remains a neglected

theme in medicine and medical discourse (Nkereuwem, 2023; Franz & Murphy, 2018). Franz and Murphy (2018) emphasize that following negligence of the role of language in the field of medicine, it is rather accorded indirect attention or treatment in the huge literature on medicine. By examining the impact of language misuse and violation of medical ethics on patients, this study takes cognizance of the place of language and ethics in medicine and in the healthiness of patients. That is the base of its novelty. Studies express worries over the gross violation of professional ethics in different fields. Examples of such studies are Nkereuwem (2023), Robert (2020), Besong (2019), DuBois et al. (2018), Robert (2017), Robert and Besong (2017 & 2016) Aper and Iorhemen (2015), Babalola (2013), Fadare et al. (2012), Akpede (2011), Ogande (2011), and Okioya and Adedowole (2011). The present study shares in the worries. It seeks to look beyond ethical violation in the medical field to the impact of the violation of medical ethics and language misuse on patients.

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 (2003, p. 81) 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 (2003), 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’...” (p. 81). Akpede (2011) 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’ (Akpede, 2011, p. 47). 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.

Conceptual Clarifications

Ethics has been defined by Sharma and Hyland (1991) 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. To Lacey (1972), ethics is ‘an enquiry into how men ought to act in general, not as [a] means to a given end’ (p. 60). 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” (Lacey 1972, p. 60). Therefore, ethics is a code of conduct guiding persons on how to behave (act) and do things.

Considering 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. Put simply, as axiology, ethics is the theory or study of value – that which is worthy or that which is valuable (Agbo, 2005). 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.’ (Agbo, 2005). 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 (NJMS MiniMed Spring, 2021; WHO, 2015).

World Medical Association [WMA] (2015) defines ethics as ‘the careful and systematic reflection on and analysis of the morality [or value] of human behaviour and decisions’ (p. 9). 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 (2015) as ‘morality and moral issues in medical practice’ (p. 9). WMA (2015) 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 that “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” (WHO, 2015, p. 10; Dawson, 2010, p. 218). It is unlike medical ethics and bioethics. 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’ (WHO, 2015, p. 10). 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.

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” (Dawson, 2010, p. 218). Professional ethics, as Asira and Ogar (2014) note, 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’ (p. 206). 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 (Nkereuwem, 2023).

The Cores of Medical Ethics

As Asira and Ogar (2014) point out about professional ethics in general, “respect, honesty, integrity, transparency, accountability, confidentiality and obedience to the law of the land” as parts or components of professional ethics (pp. 206-7). As such, these attributes, among others, have to be upheld and exhibited consistently by professionals, as the otherwise amounts to violation of professional ethics. The motto of the World Medical Association (WMA) makes it clear that medical professionals are bound by medical ethics. The motto is ‘Caring, Ethics and Science’. 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 (Nkereuwem, 2023). 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 (Kloiber, 2019, p. 12). They are also the kernel procedures of the International Code of Medical Ethics (Kloiber, 2019, p. 13).

Pillars of Medical Ethics and Responsibility Oaths

There are four pillars of the medical ethics. These are autonomy, beneficence, non-maleficence and justice (NJMS MiniMed Spring, 2021). The autonomy of the patient is held high by medical ethics. That is, the medical ethics takes cognisance of the autonomy of the patient. 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. Generally, medical professionals pledge to:

- (i) Dedicate their lives to the service of humanity;
- (ii) Consider the health and well-being of their patients first before theirs;
- (iii) Honor the patient's autonomy and dignity;
- (iv) Respect human life at all times;
- (v) Never allow social status, class, identity, disease or disability, belief, ethnicity, gender, politics or any other factor to interfere with their duty to patients;
- (vi) Respect, maintain and keep the patient's secrets confided in them, even after the death of the patient – patient's right to confidentiality (Boswell, 2007, p. 234-5);
- (vii) Practise their profession conscientiously with dignity and in line with established norms of good medical practice;
- (viii) Uphold, respect and promote the dignified traditions of the medical profession;
- (ix) Accord their teachers, colleagues and students the honour and gratitude that they deserve;
- (x) Shall share their medical knowledge for the patient's benefit and the advancement of healthcare;

- (xi) Attend to their personal health well-being and abilities so as to provide care services of the highest standard;
- (xii) Never to use their medical knowledge to violate human rights and civil liberties, even under threat (Kloiber, 2019, p. 7).

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 (Kloiber, 2019, p. 7). In The Code of Medical Ethics in Nigeria of 1995 and 2004, the promises are regarded as the ‘Physicians’ Oath’ (The Code of Medical Ethics in Nigeria, 2004, p. 11).

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. 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 (NJMS MiniMed Spring, 2021). Beneficence simply means treating the patient well and providing treatment targeted at doing them good rather than the otherwise (NJMS MiniMed Spring, 2021). 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 (NJMS MiniMed Spring, 2021). The principle of justice requires that healthcare resources must be equitably distributed (NJMS MiniMed Spring, 2021).

Violations of Medical Ethics

Given the above mentioned 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 (Babalola, 2013; MDCN, 2004).

DuBois *et al.* (2018) 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 (Nkereuwem, 2023). 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 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 (Nkereuwem, 2023). 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. Be it as it may, this paper focuses on the violation of medical ethics, which arise from misuse of language by medical professionals. This study condemns acts of violation ethical violation by medical professionals. It wonders why these professionals, who know the established ethics of their profession, still consistently violate the ethical principles and treat patients with little or no regard. They talk to them anyhow without minding the impact of their speech acts on the patients.

For this study, the use of wrong or negative language aggravates the health conditions of the patients involved. This assertion is given credence by Nkereuwem (2023), as she identifies the following ways through medical professionals violate the medical ethics and misuse language in their communication and interaction with patients. She is of the view that medical professionals violate the medical ethics whenever they:

- (i) Insult patients.
- (ii) Infringe on patients' rights,
- (iii) Neglect or fail to carry out the duty of taking care of the patients appropriately to meet their health needs.
- (iv) Use language in ill or insulting manners with the patient.
- (v) Deteriorate patients' ill-health with negative attitude and hurtful words and expressions that compound the ill-health.
- (vi) Are sympathetic with the patient.
- (vii) Pay no little or no attention to the patient.
- (viii) Are rude to patients.

- (ix) Engage in corrupt practices and exhibit vices rather than virtues

Impact of Medical Ethics Patient Care Delivery

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 (Egbon, 2006). These, by implication, foster as well as ensure quality healthcare delivery. Without the medical ethics, violations or unethical acts would not be considered unprofessional. Professional practices and actions of professionals are ideally guided and judged by the ethics of their professions (Robert & Besong, 2017; ICOH, 2014; Okioya & Adedowole, 2011; MDCN, 2004).

As Okioya and Adedowole (2011, p. 2) 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. That is to with the established medical ethics, healthcare professionals become poised to do all they could to meet the demands of their profession as well as professional ethics. 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. 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 (Okioya & Adedowole, 2011).

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 (1982), who has observed that “ethics is self-legislation personally determined and personally enforced or should be” (p. 117). According to him, a responsible professional blends up their practice with rationality and duty (Merrill, 1982). The ethics of a profession takes cognisance of “all the moral principles prescribed by” that profession across the world (Akpede, 2011, p. 43). 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 practised (Akpede, 2011, p. 43). It is in consideration of the foregoing that Akpede (2011, p. 44) 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. Meril (1982) 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. Interestingly, good manners help reduce the plights of the patients (Nkereuwem, 2023).

In the words of Okioya and Adedowole (2011), ‘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’ (p. 4). 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.

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. Again, 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.

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 (The Code of Medical Ethics in Nigeria, 2004). 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.

Language Misuse and Violation of Medical Ethics

As Nkereuwem (2023) and Franz and Murphy (2018) rightly observe, no deserving attention is paid to the contribution of language to medical discourses, and its use for violation of medical ethics in the course of serving and relating with patients. Franz and Murphy (2018) observe that despite the place of language in patient-physician relations, there is paucity of scholarly works on the role of language in medicine. Meanwhile, the relations are guided by ethics.

WMA (2015, p. 9) recognizes 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 is quite obvious that the misuse of language of morality by medical professionals amounts to language-based violation of medical ethics. The opposite produces or showcases ethical professionalism in medical services and service delivery. The right use of language for medical practices 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] (2004, p. 3), health care interpreters vouch (and are expected) to be:

- (i) Ethical, professional, polite and humane;
- (ii) Confidential in matters that ought to be treated so;
- (iii) Delivering messages accurately without distortion of communicative content in the course of interpretation;
- (iv) Consider cultural context but without ethnic or any other identity bias;
- (v) Impartial and respectful to all parties involved;
- (vi) Maintaining professional boundaries;
- (vii) Creating wide awareness about health subjects that deserve such role; take up advocacy role when patients are at serious risks; and
- (viii) Liberal, innovative and knowledge-driven.

The “language of morality” in the medical field (WMA, 2015, p. 9) 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. As they cause patients pains through their ill words and actions, many medical professionals violate the ethics of the medical profession. By so doing, they fail in their

corporate social responsibilities. Their use of negative and rude languages hurts patients terribly and intensifies their ill-health.

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 (Robert, 2020; Besong, 2019; Robert, 2017). According to Nwolise (2019) and Robert (2020), 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 a manifestation of the violation of professional and socio-cultural ethics. 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:

- (i) Loose and unapplied legislations;
- (ii) Lack of incentives;
- (iii) Corruption and mismanagement;
- (iv) Corrupt and dubious leaders who set bad examples;
- (v) The near absence of press freedom;
- (vi) Forcing public officers to compromise their professional ethics else get indicted, labelled, sacked or demoted (Robert & Besong, 2017; WHO, 2015);
- (vii) The erosion of moral ethic and indigenous cultural values and norms (Robert & Besong, 2016).

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 (2019), Nwolise (2019), Yagboyaju (2019) and Robert, Besong and Dibie (2016). WHO (2015) 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 (2017) 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’ (p. 1). The following observations apply to medical professionals to a large extent.

Conclusion

The study has determined the impact of language misuse and the violation of medical ethics on patients. It demonstrates that by physicians in Nigeria and most other developing nations largely violate medical ethics. It holds that the misuse of language while treating and interacting patients amounts to the violation of medical ethics. This violation, like others, impacts negatively on the patients, deteriorating their ill-health. Besides, the study shows that the place of language in medical discourse is currently a neglected theme in scholastic literatures on medicine and patient-physician relations. Therefore, this study is novel, as it contributes to the rising literatures on the place of language in medical discourse, and offers valuable insights to concerns and ideals of the medical profession, patient care and patient-physician relations.

Recommendations

The following recommendations are made:

- (i) Attitudinal change is a way-out to the gross violation of medical ethics among professionals in the field.
- (ii) Mass sensitisation would keep the public abreast of information about their rights and physicians' and how seek redress to violations meted out on them by medical professionals.
- (iii) Enacting sustainable and operational legislations against defaulters would reduce ethical violations of various kinds among medical professionals, including the misuse of language with patients.
- (iv) Interagency and interdisciplinary collaboration and efforts would help a lot in addressing the concerns.

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