PUBLIC VIEWS ON DOCTORS' OBLIGATIONS WHEN PRESCRIBING ANTIBIOTICS

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Background

- Antimicrobial resistance (AMR) is a global public health disaster largely driven by **antibiotic use in human health**.

Figure 1. Ethical conflict between acting in best interests of patient or society

- Existing literature examines the effect of **patient expectations** for antibiotics on prescribing behaviour.
- However, **public attitudes** towards whether doctors should prioritise **individual patients or society** when prescribing antibiotics have not been studied.

Key findings

- Participants prioritised society significantly more when specifically asked in the **context of AMR**, compared to in the general scenario.

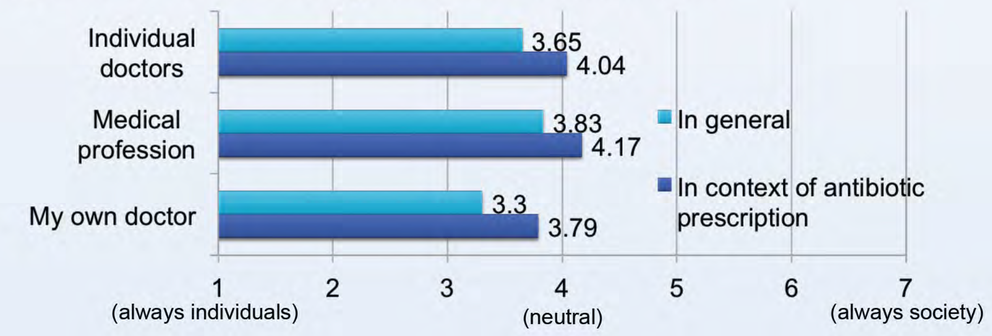


Figure 3. Mean values of prioritisation levels for individual doctors, the medical profession, and participants' own doctors

- **45.5%** of participants prioritised society over individuals, when asked what doctors should do in context of AMR (i.e. from an objective and well-informed perspective).

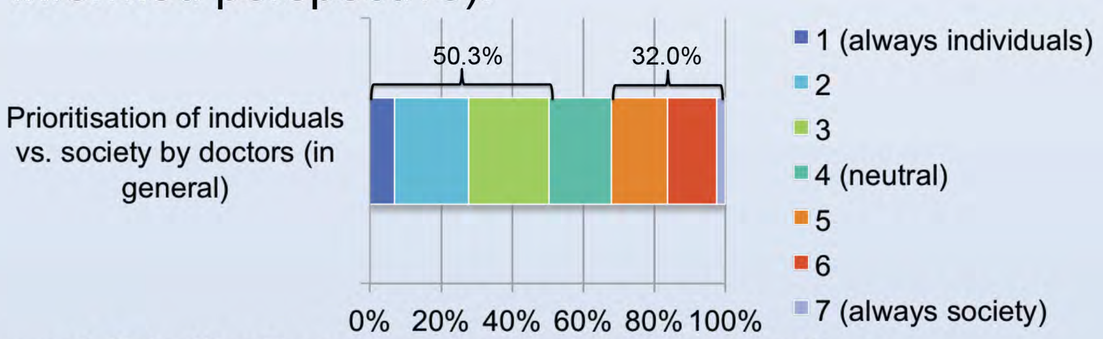


Figure 4. Prioritisation values for doctors, in general

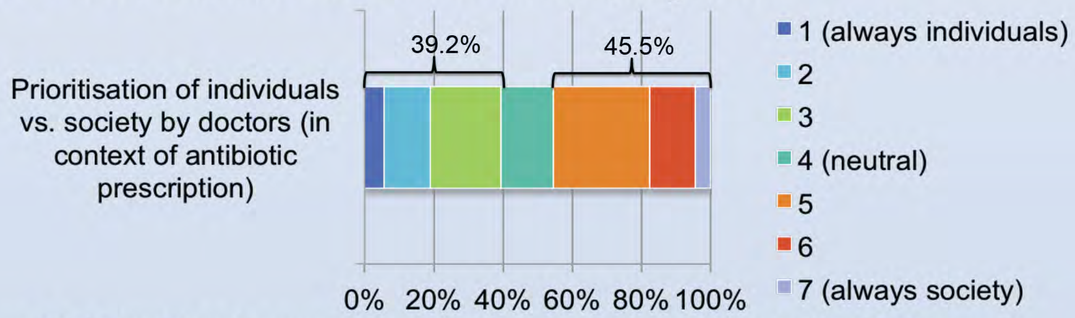


Figure 5. Prioritisation values for doctors, in context of AMR

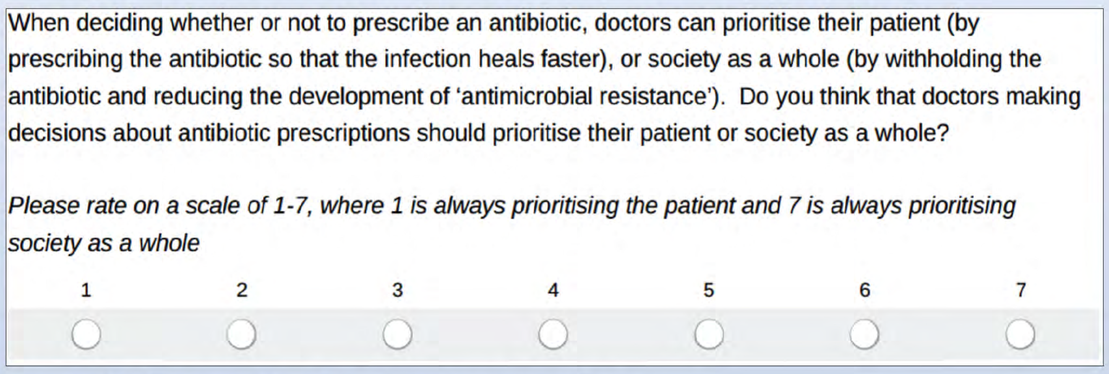
- Participants were significantly **less willing** to prioritise society over individuals if *they themselves* were the patients.
- Participants thought that when making policies, the **medical profession** should prioritise **society** over individual patients *more so* than individual doctors.

Aims

- To gather **public attitudes** about how doctors should weigh **individual patient welfare** against **societal health**.
- To compare these public views against the relevant ethical principles and debates within the bioethical discourse.

Methods

- Online survey with a sample of the US public (n=158).
- Statistical analysis performed using IBM SPSS Statistics software.
- Ethical analysis involved comparing public views against ethical frameworks.


When deciding whether or not to prescribe an antibiotic, doctors can prioritise their patient (by prescribing the antibiotic so that the infection heals faster), or society as a whole (by withholding the antibiotic and reducing the development of 'antimicrobial resistance'). Do you think that doctors making decisions about antibiotic prescriptions should prioritise their patient or society as a whole?

Please rate on a scale of 1-7, where 1 is always prioritising the patient and 7 is always prioritising society as a whole

1 2 3 4 5 6 7

Figure 2. Example of a survey question

Conclusions

- Participants prioritised **society** significantly more when they were **well-informed** and **objective**.
  - Future public education initiatives should focus on:
    - *Causal link* between antibiotic use and AMR.
    - *Social costs* of AMR.
    - Encouraging the public to be *objective.*
- **Strong public support** for prioritisation of society over individual patients (by withholding antibiotics to prevent AMR).
  - With this knowledge, policymakers and doctors may become more willing to implement and comply with tighter antibiotic prescribing guidelines.
- Policymakers within the **medical profession** were expected to prioritise **society** *more than* individual doctors.
  - Can implement appropriate AMR policies through a *'division of moral labour'*.

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