

Knowledge and Practices Regarding Ethics and Professional Conduct among Staff at the Regional Hospital of Labé

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How to cite this paper: Diallo, T.M.C., Traore, N., Camara, O., Soumah, O., Ouendeno, S.M., Bah, D., Oulare, S., Camara, A.B., Lamah, M.R. and Balde, I. (2026) Knowledge and Practices Regarding Ethics and Professional Conduct among Staff at the Regional Hospital of Labé. *International Journal of Clinical Medicine*, 17, 319-333.

<https://doi.org/10.4236/ijcm.2026.1710022>

Received: July 27, 2026

Accepted: October 24, 2026

Published: October 27, 2026

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Abstract

Introduction: Public concern regarding the ethical conduct of healthcare professionals is steadily increasing, often resulting in complaints about unethical behavior. The Hippocratic Oath, professional codes of conduct, and laws governing medical practice are regularly developed and updated to promote ethical standards. The objective of this study was to assess the knowledge and practical attitudes of healthcare personnel regarding medical ethics and professional conduct at the Regional Hospital of Labé, Guinea. **Materials and Methods:** This cross-sectional descriptive study was conducted at the Regional Hospital of Labé from January 1 to June 30, 2025. All healthcare professionals who agreed to participate were included. Staff who were unavailable during the study period or declined participation were excluded. Exhaustive sampling was used, including all eligible participants. Data were collected using a structured questionnaire covering sociodemographic characteristics (sex, age, professional category, and years of service), knowledge of ethical concepts and the fundamental principles of medical ethics, and the practical attitudes of healthcare workers in patient care. Data were entered into Microsoft Excel and analyzed using IBM SPSS Statistics. **Results:** Among the 147 healthcare professionals surveyed, 55.10% were male and 44.90% were female (male-to-female ratio = 1.23). The 31 - 40-year age group was the most represented (38.78%), with a mean age of 35.4 ± 9.7 years (range: 19 - 65 years). Nurses constituted the largest professional group (57.83%). Nearly all respondents (95.2%; 140/147) reported

being familiar with the concept of medical ethics, with medical schools and health training institutions being the main source of information (74.83%). More than four-fifths (87.07%) were aware of the existence of professional regulatory bodies in Guinea, while 55.78% knew about ethics committees. Almost all respondents (99.32%) agreed that every patient has the right to receive quality healthcare, and 85.71% recognized that every patient (or their legal representative) has the right to access their medical records. Regarding medical confidentiality, 49.66% considered it solely a duty of healthcare professionals, whereas 31.29% viewed it solely as a patient's right. Concerning informed consent, 55.10% believed it was both a physician's obligation and a patient's right, while 38.78% considered it exclusively the physician's responsibility to obtain it. **Conclusion:** Physicians and nurses are frequently confronted with ethical and legal issues in their daily clinical practice. However, many healthcare professionals are either unaware of the importance of these issues or lack the skills to address them appropriately. Strengthening ethics education, particularly through multidisciplinary training, could help bridge the gap in ethical understanding and practice among physicians, nurses, and patients.

Keywords

Medical Ethics, Professional Conduct, Knowledge, Attitudes, Healthcare Professionals, Regional Hospital of Labé, Guinea

1. Introduction

Medical ethics is defined as the ethical obligations of healthcare professionals toward their patients, colleagues, and society [1]. Public concern regarding the ethical conduct of healthcare professionals has been steadily increasing, often resulting in complaints about unethical behavior. Consequently, the Hippocratic Oath, professional codes of conduct, and the laws governing medical practice are regularly developed and updated to promote ethical standards [2]. Codes of medical ethics require physicians to provide assistance in situations of serious danger and medical emergencies. No code of ethics opposes this obligation, which has always been regarded by the medical profession as a fundamental duty [3]. The provisions of the International Code of Medical Ethics concerning emergency care state that physicians must provide the necessary care in emergencies as a humanitarian obligation. They may withdraw only after ensuring that another qualified person will continue the patient's care [3]. In emergency situations, the factor of time plays a crucial role and may directly influence the physician's decisions and conduct [3]. Several studies have documented the development of medical practice and the acquisition of professional competencies through socialization processes occurring in different work environments. Practical norms and professional attitudes are progressively developed, complementing the academic training of healthcare professionals [4]. In Western countries, contemporary healthcare increasingly em-

phasizes the individual as a person. Plourde S., in *The Concept of Person: A Key to the Ethical Dimension of Technoscientific Possibilities*, argues that personhood encompasses not only the highest neuropsychological stage of human ontogenesis but also the integration of all aspects of human nature, the uniqueness of the self, and the process of becoming oneself through relationships with others. In this perspective, personhood is not an inherent given but an ontological and primarily ethical achievement whose rights continue to generate debate and inspire ethical reflection and social action [5]. In France, according to the Circular of March 2, 2006 [6], “*Information provided to the patient must be clear, accessible, and honest. The patient participates in therapeutic decisions concerning his or her care and may be assisted by a trusted person of his or her own choosing.*” Furthermore, “*A medical procedure may only be performed with the patient’s free and informed consent. Every patient has the right to refuse treatment. Any competent adult may express wishes regarding end-of-life care through advance directives.*” The circular also states that “*Hospitalized patients must be treated with respect. Their beliefs must be respected, and their privacy and tranquility preserved.*” In addition, “*Hospitalized patients (or their legal representatives) have direct access to their medical information. Under certain conditions, next of kin may also access such information after the patient’s death.*” [6] In Africa, certain ethical and professional issues related to medical care are addressed within a specific cultural context that is not always fully considered by universal ethical approaches [7]. In Guinea, however, published data on healthcare professionals’ knowledge and attitudes regarding medical ethics and professional conduct remain scarce. Therefore, this study was undertaken to assess the knowledge and practical attitudes of healthcare personnel regarding medical ethics and professional conduct at the Regional Hospital of Labé.

2. Materials and Methods

2.1. Study Setting

The study was conducted at the Regional Hospital of Labé, a secondary-level healthcare facility within the Guinean health system. The hospital serves as the referral center for four prefectural hospitals (Mali, Koubia, Lélouma, and Tougué). Its mission includes the provision of healthcare services, medical education, and research in the fields of general medicine, general surgery, pediatrics, gynecology, and dentistry, while also responding to medical emergencies. Through a multidisciplinary team, the hospital provides 24-hour emergency care for patients referred from the four prefectures of the Labé Administrative Region. The hospital also has a Forensic Medicine Unit, whose role is to provide expert medical support to the judicial authorities of Labé. The unit issues medical certificates and forensic reports that serve as evidence in judicial proceedings.

2.2. Study Design

This was a cross-sectional descriptive study conducted from January 1 to June 30, 2025.

2.3. Study Population

The study population consisted of medical and paramedical healthcare professionals involved in the hospital management of patients attending the Regional Hospital of Labé during the study period.

2.4. Inclusion and Exclusion Criteria

All healthcare professionals working at the hospital who voluntarily agreed to participate in the study were included. Healthcare workers who were unavailable during the study period or who declined to participate were excluded. An exhaustive sampling method was used, including all eligible participants who met the inclusion criteria.

2.5. Data Collection

Data were collected using a structured questionnaire that included:

- Sociodemographic characteristics (sex, age, professional category, and years of professional experience);
- Knowledge of the concept of ethics and the fundamental principles of medical ethics;
- Practical attitudes of healthcare professionals regarding ethical and professional conduct during patient care.

The collected data were entered into Microsoft Excel and subsequently exported to IBM SPSS Statistics for statistical analysis.

3. Results

3.1. Sociodemographic Characteristics

Table 1 shows that 55.10% of the healthcare personnel were male, compared with 44.90% who were female (male-to-female ratio = 1.23). The 31 - 40-year age group was the most represented (38.78%). The mean age was 35.4 ± 9.7 years, with a range of 19 to 65 years.

Nurses constituted the largest professional category (57.83%), followed by physicians (32.65%).

Table 1. Distribution of healthcare personnel according to sociodemographic characteristics.

Characteristics	Number (n = 147)	Percentage (%)
Age (years)		
19 - 20	7	4.76
21 - 30	45	30.61
31 - 40	57	38.78
41 - 50	22	14.97
51 - 65	16	10.88

Continued

Sex		
Female	66	44.90
Male	81	55.10
Professional Category		
Assistant Technical Health Worker (ATS)	3	2.04
Biologist	7	4.76
Nurse	85	57.83
Physician	48	32.65
Pharmacist	3	2.04
Laboratory Technician	1	0.68

Mean age: 35.4 ± 9.7 years; range: 19 - 65 years.

Figure 1 shows that 31.96% of the respondents had 6 - 12 years of professional experience.

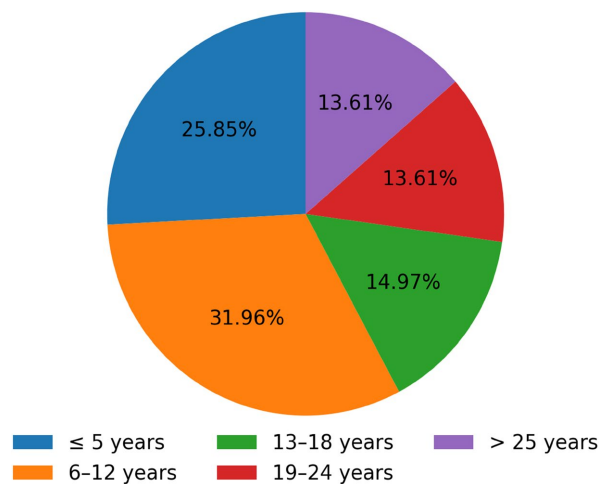


Figure 1. Distribution of healthcare personnel according to years of professional experience.

***Other departments:** Dermatology, Dental Clinic, Medical Imaging, Forensic Medicine, Pharmacy, and Urology.

As shown in **Figure 2**, regarding hospital departments, the largest proportion of healthcare professionals worked in the Maternity Department (11.56%), followed by the Traumatology Department (10.20%) and the General Medicine Department (9.52%). The Emergency Department ranked fourth (8.16%), followed by the Otorhinolaryngology (ENT) Department (7.48%). The Intensive Care Unit (ICU), Pediatrics Department, and Surgery Department each accounted for approximately 6.1% of the respondents. The Dermatology, Dental Clinic, Medical

Imaging, Forensic Medicine, Pharmacy, and Urology departments were the least represented (2.1%), reflecting their relatively small workforce.

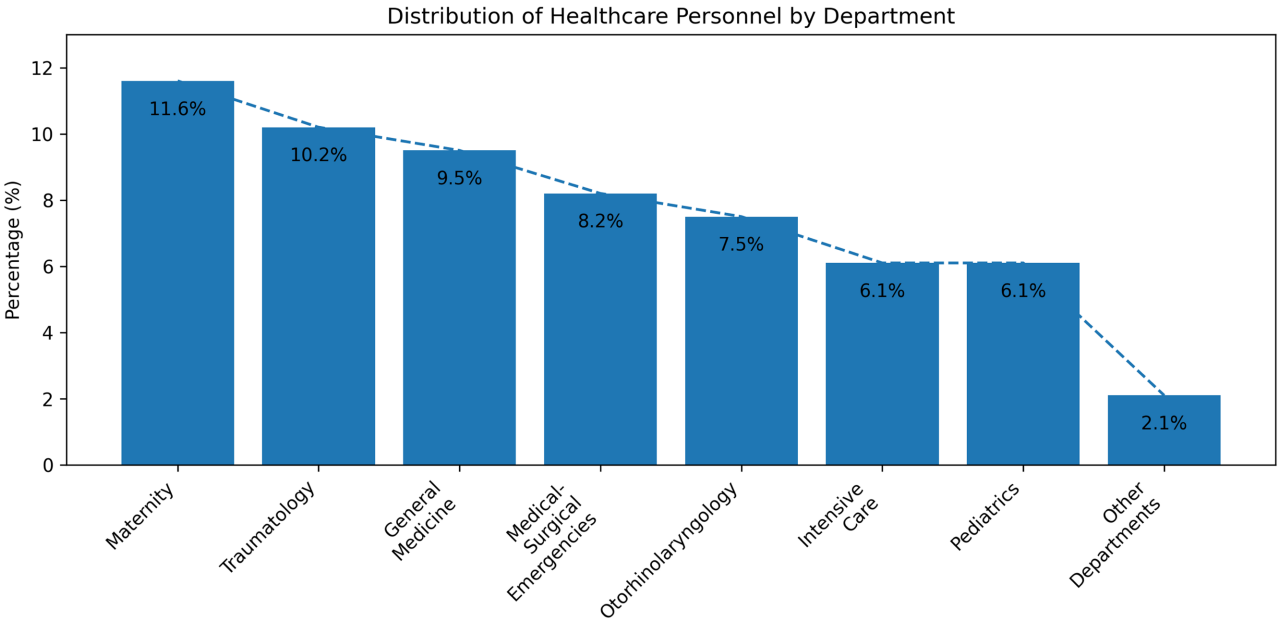


Figure 2. Distribution of healthcare personnel according to hospital departments.

3.2. Knowledge of the Concept of Medical Ethics and Sources of Information on Medical Ethics

Regarding knowledge of medical ethics, 95.2% of the healthcare professionals surveyed (140/147) reported being familiar with the concept of medical ethics. Medical schools and health training institutions were the main source of information, cited by 74.83% of the respondents (**Table 2**).

Table 2. Distribution of respondents with knowledge of medical ethics according to their source of information.

Parameters	Number (n = 147)	Percentage (%)
Knowledge of the Concept of Medical Ethics		
Yes	140	95.2
No	7	4.8
Sources of Information on Medical Ethics		
Medical School/Health Training Institution	110	74.83
University Teaching Hospital/Hospital/Health Center	19	12.93
Both Medical School and Hospital	5	3.40
Media*	13	8.77

*Media: Radio and Television.

3.3. Definition of Medical Ethics

The majority of respondents (43.54%, 64/147) defined medical ethics as “the rules and laws governing healthcare practice.” This was followed by those who defined it as “a guide to the conduct between healthcare professionals and patients” (27.21%, 40/147), and those who considered it to mean “respect for the patient during the provision of healthcare” (20.41%, 30/147). Only 8.84% (13/147) defined medical ethics as “the best way to provide healthcare.”

3.4. Fundamental Principles of Medical Ethics

Regarding the fundamental principles of medical ethics, more than half of the healthcare professionals surveyed stated that they consist of respect for persons, beneficence, and justice (**Table 3**).

Table 3. Distribution of healthcare professionals according to their knowledge of the fundamental principles of medical ethics.

Fundamental Principles	Number (n = 147)	Percentage (%)
Respect for persons, beneficence, and justice	74	50.34
Respect for persons	28	19.05
Beneficence	18	12.24
Respect for persons and beneficence	13	8.84
Respect for persons and justice	7	4.76
Justice	5	3.40
Beneficence and justice	2	1.37

3.5. Knowledge of the Existence of a Code of Ethics and/or Professional Code of Conduct in Guinea

More than three-quarters of the respondents (76.2%, 112/147) reported being aware of the existence of a code of ethics and/or professional code of conduct in Guinea. Among them, 45.58% (46/147) believed that it could be obtained from the Medical Council (Medical Association), 39.46% (40/147) from the Ministry of Health and Public Hygiene, and 14.96% (15/147) through online search engines. More than four-fifths of the healthcare professionals surveyed (87.07%) stated that they were aware of the existence of professional regulatory bodies in Guinea, while 55.78% reported being aware of the existence of ethics committees.

3.6. Knowledge of the Roles of Professional Health Regulatory Bodies

Regarding the roles of the various professional health regulatory bodies, 89.12%

of the respondents stated that these bodies are responsible for ensuring compliance with the code of professional ethics. Approximately 76.87% believed that they establish the rules governing the practice of the medical profession, 71.43% indicated that they maintain the official register of healthcare professionals, and 59.18% considered them to serve as the interface between public authorities and healthcare professionals.

3.7. Knowledge of the Role of Healthcare Facilities in Guinea

Regarding the role of healthcare facilities in Guinea, 91.16% of the respondents believed that their primary role is to ensure both the quality of patient reception and the quality of healthcare services, whereas 8.84% believed that healthcare facilities are responsible only for ensuring the quality of healthcare services.

3.8. Patients' Rights

Almost all healthcare professionals surveyed (99.32%) stated that every patient has the right to receive quality healthcare. The majority also recognized that every patient (or their legal representative) has the right to access their medical records (85.71%), to benefit from medical innovation (new diagnostic or therapeutic methods) (80.95%), and to receive compensation in the event of harm resulting from proven medical negligence (81.63%). In addition, 80.95% of the respondents believed that patients have the right to be informed about their diagnosis, prognosis, and treatment.

3.9. Duties of Healthcare Professionals

Nearly all respondents (97.96%) stated that healthcare professionals have a duty to provide conscientious, attentive, and evidence-based care in accordance with current scientific knowledge. Regarding therapeutic decision-making, 77.55% believed that patients should participate in decisions concerning their treatment, whereas 17.69% believed that patients should not be involved in such decisions, and 0.68% thought that patients should make these decisions independently.

Almost all respondents (95.92%) considered continuing professional education to be essential for healthcare workers, while 96.60% emphasized that healthcare professionals must provide conscientious, attentive, and up-to-date care. Furthermore, 89.12% (131/147) believed that healthcare professionals have a duty to ensure patient safety within the therapeutic relationship. In addition, 78.23% (115/147) considered that healthcare professionals have a natural protective role toward their patients, and 78.91% (116/147) stated that healthcare providers should offer palliative care at the end of life while avoiding therapeutic obstinacy (futile or excessive treatment), a view rejected by only **2.72%** (4/147) of the respondents.

3.10. Patient Information

Regarding patient information, 61.22% of the respondents believed that providing information is both a physician's duty and a patient's right. Meanwhile, 32.65%

considered it solely the physician's duty, 4.08% viewed it only as a patient's right, and 2.05% believed that it is neither a duty of the healthcare professional nor a right of the patient.

3.11. Medical Confidentiality

Regarding medical confidentiality, nearly half of the respondents (73/147; 49.66%) considered it to be solely a duty of healthcare professionals. In contrast, 31.29% (46/147) regarded it only as a patient's right, while 12.25% believed that it is both a duty of healthcare professionals and a patient's right. Only 6.80% thought that medical confidentiality is neither a duty of healthcare professionals nor a right of patients.

3.12. Patients' Informed Consent

Regarding patients' informed consent, more than half of the respondents (55.10%) believed that obtaining informed consent is both a physician's duty and a patient's right. In addition, 38.78% considered it solely the physician's responsibility, 3.40% viewed it only as a patient's right, and 1.36% believed that obtaining informed consent is neither a physician's duty nor a patient's right.

3.13. Medical Liability

The concept of medical liability was familiar to 52.59% of the healthcare professionals surveyed. Among them, 49.15% identified disciplinary liability, 34.05% identified criminal liability, and 16.80% mentioned civil or administrative liability or did not provide a response. Only 6.30% of the respondents acknowledged having committed a medical error during the course of their professional practice.

3.14. Attitudes and Practices of Healthcare Professionals toward Medical Ethics and Professional Conduct

Slightly more than 61% (90/147) of the healthcare professionals rated their level of interaction and satisfaction with patients as good, whereas this proportion decreased to 42.86% in their interactions with patients' relatives or caregivers.

Regarding patient information, 93.20% (137/147) of the respondents stated that they routinely informed patients about their illness during the course of care. Furthermore, 82.99% (122/147) reported examining patients while respecting their privacy and implementing the necessary safety measures, whereas 14.29% (21/147) reported focusing only on maintaining patient privacy. The vast majority of respondents (93.88%) stated that they listened carefully to their patients and took their complaints into account during clinical management. Nearly 62.59% of the respondents reported that they explained the nature of the disease and the proposed therapeutic procedures while also obtaining the patient's informed consent before any medical intervention. In contrast, 25.85% provided information about the disease and treatment without seeking informed consent, whereas 10.20% obtained consent without providing adequate information about the planned inter-

ventions. Approximately 66.60% of the healthcare professionals stated that they would oppose a patient's decision to leave the hospital before complete recovery. Regarding patient hygiene care, 75.51% (111/147) reported that they ensured both patient privacy and safety measures, 19.73% (29/147) prioritized patient privacy alone, and 2.04% (3/147) focused only on safety measures. When asked about the appropriate attitude toward a patient refusing treatment, 47.62% (70/147) believed that healthcare professionals should first verify that the patient has fully understood the information provided and, if necessary, explain it again. However, 38.10% (56/147) believed that the patient should be required to undergo treatment, while 14.28% (21/147) thought that the patient should be left alone so that attention could be given to another patient. Regarding the management of economically disadvantaged patients, 80.95% (119/147) believed that care should be provided free of charge, whereas 18.37% (27/147) considered that only emergency care should be provided free of charge. Concerning access to public hospital services, 97.28% (143/147) of the respondents believed that hospital services are accessible to all patients without discrimination. Finally, regarding patient confidentiality at the Regional Hospital of Labé, 89.80% (132/147) of the respondents considered that confidentiality was adequately maintained.

4. Discussion

Healthcare professionals must constantly reconcile the ethical obligations imposed by their profession with their own moral judgment when facing complex clinical situations. Although ethics and professional conduct are complementary concepts, they both guide daily clinical practice. In the present study, the mean age of healthcare providers was 35.4 ± 9.7 years, and the 31 - 40-year age group was the most represented (38.78%). Adhikari *et al.* [8] reported a mean age of 28.66 years among physicians and 27.69 years among nurses, with males accounting for 67.8% of participants. A similar male predominance was observed in our study (55.10%). Regarding professional categories, nurses constituted the largest group (57.83%), followed by physicians (32.65%). This finding is comparable to that of Hariharan *et al.* [9], who reported that 47% of respondents were physicians and 53% were nurses, but differs from the findings of Adhikari *et al.* [8], who reported that physicians accounted for 67.8% and nurses 32.2% of participants. With respect to years of professional experience, most respondents (31.96%) had 6 - 12 years of experience (**Figure 1**). This result is consistent with that of Hariharan *et al.* [9], who found that 65% of junior physicians had 4 - 10 years of professional experience, while 60% of nurses had 7 - 20 years of experience. In our study, almost all respondents (95.2%) reported being familiar with the concept of medical ethics. The main source of information was medical schools and health training institutions (74.83%). Similarly, Mouté P.B. [10] reported that 80.3% of healthcare professionals had first heard about medical ethics at medical school or health training institutions, and among those familiar with medical professional conduct, 90.4% cited medical school as their primary source of information. Sev-

eral studies have shown that physicians prefer learning ethics and law through lectures, books, and journals, whereas nurses tend to rely mainly on journals and ethics textbooks [11]. Likewise, previous studies have identified lectures and books as the predominant sources of ethics education among both physicians and nurses [11]-[13]. Our findings may be explained by the systematic integration of ethics and professional conduct into the curricula of medical schools and health training institutions in Guinea. Most respondents (43.54%) defined medical ethics as the set of rules and laws governing healthcare practice. This definition is incomplete and somewhat restrictive and may reflect the fact that ethics education was neglected for many years and has only recently been systematically incorporated into medical education in Guinea. Similar observations have been made in Nepal, where medical graduates receive barely 10 hours of formal teaching in healthcare ethics throughout their training. There, ethics education is mainly provided by forensic medicine departments and focuses primarily on medico-legal issues. Nurses likewise receive limited training in medical ethics [8]. Nevertheless, the fact that more than two-fifths of respondents demonstrated an understanding of the concept of medical ethics suggests that current training programs now provide essential knowledge on ethics to both medical and nursing students before graduation. Knowledge of the Code of Medical Ethics was confirmed among 76.19% of respondents. Among them, 45.58% reported obtaining it from the Medical Council, whereas 39.46% indicated the Ministry of Health and Public Hygiene. In the study by Mouté P.B., 90.4% of respondents who were aware of the Code of Medical Ethics cited medical school as their source [10]. Our findings may reflect the continuous efforts of the National and Regional Professional Councils in Guinea to disseminate and promote the Code of Medical Ethics through awareness campaigns aimed at improving the quality of patient care. More than four out of five respondents (87.07%) were aware of the existence of professional regulatory bodies. This high level of awareness may be explained by the fact that registration with a professional council is a mandatory requirement for practicing medicine in both the public and private sectors in Guinea. In addition, professional registration is frequently required when applying for postgraduate medical training abroad. Most respondents (89.12%) believed that the primary role of professional regulatory bodies is to ensure compliance with the Code of Medical Ethics. Similarly, 89.12% considered that healthcare professionals have a duty to ensure patient safety, while 78.23% recognized their natural protective role toward patients. According to Sermo (2025), healthcare providers and their employees are required to safeguard the confidentiality of all medical records and patient health information [14]. Almost all respondents (99.32%) recognized that patients have the right to receive quality healthcare, while 85.71% acknowledged patients' right to access their medical records. These findings may reflect the education received during professional training and are consistent with the International Code of Medical Ethics (2022), which states that "*Physicians must respect the patient's right to be informed at every stage of the care process*" [15]. Knowledge of

the patient's right to compensation for proven medical negligence was observed in 81.63% of respondents, probably because this principle is now included in ethics and professional conduct training programs. According to psychoanalytic and social science theories, secrecy is maintained through a structure involving three actors: the holder of the information, the recipient, and the custodian. Family and social relationships are organized around this structure of inclusion and exclusion regarding confidential information [16]. Caizergues and Cianfarani [17] emphasized that the French Code of Medical Ethics specifies that medical confidentiality covers not only information entrusted to physicians but also everything they see or hear during the exercise of their profession. Furthermore, medical confidentiality also applies to the parents of competent adult patients. Similarly, Article 367 of the Guinean Penal Code provides that the disclosure of confidential information by a person entrusted with such information because of their profession or duties is punishable by 6 months to 1 year of imprisonment and/or a fine ranging from 500,000 to 2,000,000 Guinean francs [18]. More than half of the respondents (55.10%) considered informed consent to be both a physician's duty and a patient's right. This proportion is lower than that reported by Mouté P.B., who found that 83.5% of healthcare professionals stated that they explained procedures to patients and obtained oral informed consent before providing care [10]. Diarra M.G. *et al.* [19] reported a rate of 100% in their study. Another study found that 55% of healthcare professionals believed that medical procedures should only be performed after obtaining the patient's free and informed consent, whereas 34.5% considered informed consent unnecessary because patients should place complete trust in their healthcare providers [10]. The concept of medical liability was familiar to 52.59% of respondents. Among them, 49.15% mentioned disciplinary liability, 34.05% criminal liability, and 16.80% civil or administrative liability or provided no answer. Only 6.30% admitted having committed a medical error during professional practice. These findings are comparable to those of Traoré D. *et al.* [20] in Burkina Faso, where 44% of practitioners cited disciplinary liability, 24% mentioned both criminal and disciplinary liability, and only 1.1% acknowledged having committed a medical error. Other African studies have similarly reported limited knowledge of the legal aspects of medical practice among healthcare professionals [20] [21]. According to Thouvenin [22], medical liability is essentially fault-based liability. The concept of fault also highlights the tension between medicine and the legal system, raising the question of whether the courts judge the practitioner or the medical act itself. Healthcare professionals generally believe they should not be held liable because they always act to the best of their abilities. Likewise, Traoré D. *et al.* [20] reported that many practitioners in Burkina Faso were unfamiliar with punitive medical liability, and some believed that they bore no legal responsibility for their professional actions. Regarding professional attitudes toward patients, 93.20% considered informing patients about their illness to be both a legal and ethical obligation. Nearly half (47.62%) believed that when a patient refuses treatment, healthcare professionals should first verify that the pa-

tient has fully understood the information provided and repeat the explanation if necessary. Furthermore, 63.95% stated that they systematically considered patients' complaints during care, while 62.59% reported routinely informing patients about the nature and modalities of treatment and obtaining informed consent before every medical procedure. However, 25.85% provided information without obtaining consent, whereas 10.20% obtained consent without providing adequate information. According to the International Code of Medical Ethics, physicians must obtain the patient's voluntary and informed consent before any medical intervention after ensuring that the patient has received and understood all relevant information. Physicians must also respect a patient's decision to refuse or withdraw consent at any time and for any reason [15]. In a survey conducted by Sermo, one physician in four identified informed consent as a major ethical concern, emphasizing that it is a cornerstone of ethical healthcare because it enables patients to make autonomous decisions based on a clear understanding of their condition, proposed treatments, risks, benefits, and available alternatives. Ethical challenges frequently arise, particularly when patients have impaired decision-making capacity, severe illness, are minors, or when language and cultural barriers hinder effective communication [14]. Regarding professional behavior during patient care, respondents generally emphasized both respect for patient privacy and patient safety. These two principles were simultaneously observed during patient care (62.59%), patient examination (82.99%), and daily hygiene care (75.51%). Access to public hospital services without discrimination was confirmed by 97.28% of respondents. This finding may be explained by the public status of the Regional Hospital of Labé and its role as the major referral hospital for the prefectures within the Labé Administrative Region. These same factors may explain why 80.95% of respondents stated that economically disadvantaged patients receive free medical care. In addition, the Guinean health authorities have established an indigence fund in all public health facilities to support vulnerable patients. Finally, according to the findings of this study, 89.80% of healthcare professionals believed that patient confidentiality is adequately maintained within the Regional Hospital of Labé.

5. Conclusion

Physicians and nurses are frequently confronted with ethical and legal issues in their daily professional practice. However, many healthcare professionals are either unaware of the importance of these issues or lack the ability to address them appropriately. Since the findings of this study indicate that workplace learning plays an important role in improving knowledge of medical ethics and professional conduct, it is essential to identify healthcare professionals who appear indifferent to ethical and legal issues and to develop effective strategies to raise their awareness in the workplace. Strengthening ethics education, particularly through a multidisciplinary approach, could help bridge the gap in ethical perspectives and practices among physicians, nurses, and patients.

Author Contributions

Thierno Mamadou Cherif DIALLO: Conceptualization, methodology, investigation, and manuscript drafting. Namandian TRAORE: Conceptualization, supervision, methodology, and critical revision of the manuscript. Ousmane CAMARA: Methodology, investigation, and review of the manuscript. Ousmane SOUMAH: Data collection, investigation, and manuscript review. Sia Marie OUENDENO: Data collection, investigation, and manuscript review. Djenabou BAH: Data collection, investigation, and manuscript review. Sambou OULARE: Data analysis, interpretation, and manuscript review. Aly Badara CAMARA: Data analysis, interpretation, and manuscript review. Marie Rose LAMAH: Investigation, data collection, and manuscript review. Idiatou BALDE: Investigation, data collection, and manuscript review. All authors read and approved the final manuscript.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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