MEDICAL ETHICS

Bioethics and Medical Education

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Over the past few years bioethics has become an integral component of medical education worldwide. In the early seventies, only 4% of American medical colleges taught bioethics as a formal course. By 1994, all medical colleges in the United States had bioethics as a required part of the medical curriculum.[1] In the United Kingdom (UK) formal teaching of bioethics was also introduced around same time. The General Medical Council code of ethics stipulates that medical ethics should be taught in every medical school in the UK and fortunately bioethics has found its way into formal medical curricula. To the best of the author's knowledge, bioethics is a formal part of the medical syllabus of all undergraduate or postgraduate medical institutions in the UK and Ireland.

Why is there a need for ethics education for medical students and graduates? Inculcation of moral values in an individual starts from the cradle. By the time an individual commences his/her medical education basic values are assumed to be firmly and unshakably entrenched. But is this really the case? Evidence from across the world indicates that students have felt their ethical values challenged in the hospital environment. According to Feudtner et al surveying third and fourth year medical students in six medical colleges in eastern Pennsylvania, USA, 58% of students reported doing something they considered unethical and 62% believed that at least some of their ethical principles had been eroded or lost.[3] These medical students felt that their professionalism, medical humanism and clinical bioethics were confronting each other giving rise to a blurred vision of clinical ethics. Another study indicated that students exposed to unethical situations within the clinical environment may feel encouraged to maintain two separate codes of ethics, one personal and one as a physician.[4] In this same study, fewer students felt that their code of ethics as residents would improve and more indicated that it would actually decline. When this group of medical students takes up clinical duties, they will be potentially confused about bioethics in patient care and research.

Witnessing unethical behaviour predictably leads to an erosion of the noble ideals that young men and women entering medical college bring with them as they begin their professional life. Disillusionment is an expected consequence. This unfortunate disillusionment with medical culture and tradition has been called traumatic de-idealisation[5] and emphasises the importance of creating an environment that fosters ethical clinical practice. Inclusion of bioethics into medical curricula is an attempt to stem this decay and salvage the sanctity of this profession.

The objective of teaching surgery or obstetrics at the undergraduate level is not to create specialist surgeons or obstetricians. It is rather to produce at the end of the prescribed course, a well rounded and mature medical graduate who is adequately equipped to recognise a variety of medical problems and treat them within the limits of his expertise and refer those beyond his capacity of intervention to appropriate healthcare facilities. Similarly the objective of teaching bioethics is not to create bioethicists but to equip the graduate with adequate reasoning skills to be able to identify ethical dilemmas as they occur in his practice and to attempt judicious resolution using the knowledge and experience imparted during training. Based on these facts, there should be evidence-based strategies for incorporating professional ethics education in graduate and post-graduate medical school programmes worldwide. When I was a fourth-year medical student, I was asked to speak about the role of the medical school in teaching, promoting professionalism and clinical ethics in its students, and specifically to describe and critique the efficacy of current medical education system in this endeavour. I concluded that the concept and framework of professionalism and bioethics can, in fact, be effectively taught in medical school, but that role modeling and mentoring should be crucial to the development of the professionals.

Even in the USA and UK where bioethics training was described several years ago as 'coming of age,[6] there are several issues still being widely debated. These include: what to teach, how to teach, when to teach and who should teach. Regarding the issue of what to teach, there is still no 'ideal' curriculum identified and wide variation exists from institution to institution.[7] This variance would perhaps be even more pronounced when looking at courses in the different regions of the world with widely different value systems and cultures. There have been many proposals in the medical literature about curricular for medical students. The four principles of bioethics; autonomy, beneficence, non-maleficence and justice should form the major tool for medical teaching.[8] The style of teaching is also an issue for hot debate. There are sometimes conflicts with a commitment to analytical philosophy in teaching styles, which can be resolved by approaching the medical ethics through narratives.[9]

A significant part of ethics education occurs passively through osmosis, in the true spirit of the apprenticeship mode of medical education. To strengthen this informal mode of indoctrination, more formal tools have also been applied with success like formal didactic lectures, small group discussions, standardised patients, ethics rounds and so on. It is generally agreed by most bioethics educators that realistic case based discussions are the best way of imparting bioethics education.[10] Here again, the best possible mode of instruction will depend upon the resources and manpower available to conduct education and training courses.

It is well documented that students start facing ethical challenges right from the first year of medical education.[11] Therefore it is imperative that bioethics education starts in the first year. In order to be effective, ethics education has to be seamlessly integrated into the existing medical curriculum so that its relevance is brought out and it does not assume the role of just another series of lectures that have to be endured. Ideally this integration should not only be horizontal but also vertical throughout medical schooling. Regarding the question of who should teach medical ethics, an interdisciplinary group of teachers has been shown to be an effective model.[1] Philosophers, psychiatrists, clinical and non-clinical psychologists can be rightly expected to have a command of ethics, but medical practitioners with knowledge of medical ethics, the upcoming breed of medical ethicists, are perhaps the best suited to teach medical students and postgraduates. They have first hand experience of the issues and are also armed with the knowledge of ethics to be able to deal with the real problems faced in the clinical environment by students and clinicians.

Bioethics education has a crucial role for the development of medical professionals because this is the only way of creating virtuous physicians. It is a means of providing physicians with a skill set for analysing and resolving ethical dilemmas. This dichotomy makes it difficult to arrive at a consensus regarding the goals of medical ethics education. The field would benefit from further theoretical work aimed at better delineating the core content, core processes, and core skills relevant to the ethical practice of medicine. The time has come to organise an effort to improve and validate medical ethics education. In the end, effective medical ethics education will further the goals of medicine in dramatic and tangible ways.

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