ROLE OF TEACHING ETHICS IN MEDICAL CURRICULUM

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ABSTRACT

Many professional organizations and universities have so far identified that teaching medical ethics is very crucial component of curriculum for undergraduate medical students but still there are a number of various obstacles against medical ethics education during graduation. Internet search was done extensively on Pubmed, Google scholar and Medline on various papers in respect to teaching and impact of teaching bioethics to medical students. This review gives an idea about the current concepts, problems and objectives of including medical ethics teaching in curriculum. New trends both locally and internationally which are being implemented that potentially influence medical professionalism are also discussed. This review strengthens the concept that there is an urgent need to provide or revise medical ethics education to undergraduates during teaching in medical schools as current teaching on medical professionalism is not meeting the need. Therefore well-constructed courses are required to fulfill the current standards and medical teachers must be trained properlyabout the current concepts in medical ethics education so that our medical schools are equipped with better professionals.

Introduction

Medical ethics education for undergraduate medical students is still a neglected area in our current curriculum¹. So far health care authorities and teachers have started realizingthe need of inclusion of knowledge of medical ethics in curriculum and its practical application in one of the essential components of medical professionalism². Despite recent awareness, there is strong evidence to suggest that teaching medical ethics is still lacking or waiting to be included in many medical colleges in a well-defined and organized way according to current need³. There are a lot of well identified barriers to provide ethics education, such as shortage of time, designing proper teaching schedules to include ethics education, problems of continuity, negative attitude of medical students and lack of trained faculty⁴. Available guidelines canguide us only about the basic outline and need of a curriculum in ethics. Medical educators involved in designing a curriculum in medical ethics, must pay attention on constructing appropriate aims and objectives, content of curriculum, various teaching modalities used along with assessment of their utility and relevant outcome measures⁵. We searched the literature extensively on various search engines and studied almost 50 papers and

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reviews to look at the need, methodology of teaching and outcome of teaching ethics in various parts of the world. We found that the value of teaching ethics to undergraduates is now increasingly being recognized and provides one of very important pillar to define future direction of medical education in medical schools but before making any conclusion we must answer a few questions.

Is There Any Strong Clinical Relevance Of Teaching Medical Ethics In Curriculum?

Bioethics as a discipline is standing on four basic pillars of philosophical principles, autonomy, beneficence, non- maleficence and justice. On the basis of these four principles, various guidelines, moral values and professional codes of conduct are devised. These principles also help in many situations where medical profession has to face law such as some professional misconduct or negligence. Because of these poorly defined and translated principles, various ethical dilemmas may arise indaily medical practice and can drastically affect medical professionalism from common dynamics of the doctor-patient relationship to more broad problems in defining health policies⁶. Over the last few decades medical profession has to face increasingly cases of ethical dilemmas and moral conflicts in both medical care and clinical research due to increased demand of good doctor-patient relationship, increased availability of modern medical technology and due to more influence of legal factors on health care⁷. For these reasons, doctors are now required to be equipped with a minimum essential knowledge of bioethics and skills to deal with various ethical dilemmas in clinical practice⁸. To some extent medical ethics is now being taught in medical schools of many countries. But unfortunately so far, knowledge about medical ethics gained in medical schools by undergraduates is variable in content, quality, and consistency resulting in poor competency of our graduates to deal with common ethical dilemmas⁹. So it is becoming very important to provide ethics education on a regular basis to our doctors even beyond medical schools.

There may be a number of ethical issues that can cause physicians difficulty in clinical practice and can lead to errors in physician's judgment in various aspects such as confidentiality, taking informed consent, end-of-life care and breaking bad news in difficult situations¹⁰. A physician may get struck in some ethical dilemma like taking consent for some difficult medical procedures (for example abortion after failure of contraception). An understanding of ethical issues is also needed in distributive justice, health resource allocation and reshaping health care system according to our own values and tradition. There are a number of studies which show that teaching medical ethics can result in improvement in physician confidence, knowledge, ethical analysis skills and patient satisfaction¹¹.

How To Achieve The Goal and Outcome of Achievement

So far the methodological studies which can assess the effects of medical ethics education on patient satisfaction and health outcomes are lacking in literature. Formal curricula in various medical schools for graduates have resulted in a significant improvements in achieving the target to some extent but it should be implemented from gross root level of teaching to undergraduates.. In a study done on house officers where a curriculum in medical ethics were designed and implanted during their stay in hospital, there was improvements in knowledge, confidence, ethical recognition and decision making ability was sustained for over 2 years¹². In another study inclusion of ethics coursein training resulted in a significant change in attitude with an increased proportion of young doctors demanding even improvements in the ethics curriculum¹³. Case-based, small-group discussions were the preferred pedagogical method although ethics ward rounds and role modeling by faculty

was also interesting modality recognized by learners¹⁴. Studies done on practicing physicians who had completed some training or course on medical ethics have also shown that there is an increased awareness and understanding of various bioethical issues and better management of patients during clinical dilemmas¹⁵. More well defined courses and modalities including faculty training are needed in medical ethics education to improve the understanding of subject¹⁶. Studies strongly recommend that the goals of medical ethics education as desired by professional organizations and society are not difficult to attain and that achievement of these aims is valued by residents and physicians¹⁷.

Conclusions

In conclusion it can be an expectation that teaching medical ethics in curricula in our medical schools will produce better young doctors who will be good managers of health care resources, advocate for patients and may be leaders for organizational change. Ethical issues are being faced commonly by residents and physicians and they may experience difficulty in understanding and managing these dilemmas. Teaching professionalism alone cannot address this broad range of needs. Therefore well-constructed courses in medical ethics for undergraduates and young doctors are needed to provide an array of competencies in dealing with ethical dilemmas. This new direction required in making good health professionals needs scholarly debate, dissemination of pedagogical materials, research and publications in this subject.

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