



REVIEW ARTICLE

MEDICAL ETHICS EDUCATION: TO REVAMP THE PROFESSIONALISM

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ABSTRACT

Despite being an essential component of medical profession, medical ethics has been neglected in the curriculum resulting in increased instances of unethical practice and dwindled respect for the profession. To overcome all these challenges and to restore the professionalism, effective medical ethics education is extremely desirable at this point of time. Medical ethics education should be integrated into undergraduate curriculum and reinforced through continuing professional development in later stages to establish ethical, patient-focused practice as a standard and to resolve the moral crisis in medical profession. This article discusses the need for medical ethics educations, various obstacles and key steps for cultivating professionalism among medical learners in Indian context.

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INTRODUCTION

"Quality of medical education is at its lowest ebb; the current model of medical education is not producing the right type of health professionals because medical education and curricula are not integrated with the needs of our health system; many of the products coming out of medical colleges are ill-prepared to serve in poor resource settings like Primary Health Centers. Instances of unethical practice continue to grow due to which respect for the profession has dwindled. But the Medical Council of India (MCI) has not been able to spearhead any serious reforms in medical education to address these gaps." This recent report by the Parliamentary Standing Committee highlights need to revamp, reconfigure and reform the MCI which is mandated with the task of regulating medical education and medical practice in accordance with the professional code of ethics. The MCI has been completely passive on the ethics dimension which is evident from the fact that between 1963-2009, just 109 doctors have been blacklisted by the Ethics Committee of the MCI. (Mehra, 2016) Though ethics is cornerstone of medical profession; it is being neglected in the medical education resulting in increase in ethical issues and lawsuits and declining trust in medical

service providers. Even truthful clinicians and researchers face ethical dilemma in their day to day work due to lack of specific knowledge and ignorance. Though MCI has incorporated medical ethics in curriculum but efforts at large scale are required to establish ethical, patient- focused practice as a standard and to resolve the moral crisis in medical profession.

Need for integration of medical ethics education

Medical education is aimed to produce excellent medical professionals who can utilize their clinical and technical skill for benefit of the patient and for society in larger perspective. However mere clinical skills are not sufficient as a physician needs to be humane. A "humane" doctor requires understanding of disease, assisted by interpretative ability and insight, and governed by ethical sensitivity, to apply this scientific evidence and skills to the individual patient. (Downie, 2000) Unfortunately, at present, these attributes of a physician do not find a central place in our curriculum. As a result, reporting of malpractice, doctor-patient conflicts and breach of research ethics in form of plagiarism has become a routine phenomenon. Apart from these extreme events highlighted in media and discussed in courtrooms, which represent just tip of iceberg, medical fraternity faces ethical dilemmas in their routine practice also. Lack of formal education in ethical practice and ignorant attitude further complicates the scenario,

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thus compromising overall standards of professionalism. To restrain ongoing commercialization of health sector and flourishing corruption, new generation of doctors are expected to show compassion and respect for others, prioritize patient's needs, respect patient's autonomy and confidentiality, act accountably, and demonstrate sensitivity. Hence, medical education should provide conceptual tools for seeing, preventing, analyzing, and resolving the ethical dilemmas encountered in routine practice and research. For purpose of definition, "Clinical ethics concerns both the ethical features that are present in every clinical encounter and the ethical problems that occasionally occur in those encounters." (Jonsen *et al.*, 2002) In addition, medical ethics includes attention to determining what ought to be done when problems or values conflicts are present: that is, determining the right course of action or a morally acceptable choice from among the available options. (Carrese *et al.*, 2015) Medical ethics education generally aims to provide learners with an awareness of values and ethical conflicts, knowledge of basic ethical principles, professional obligations, and the law, and practical skills in clinical reasoning and decision making through the use of ethical principles and frameworks. (Helen Manson, 2008) Mere introduction of medical ethics as a subject in the curriculum and including few hours of teaching cannot serve the purpose since this is a continuous process affecting every facet of medicine. Therefore, integration of medical ethics within the existing curriculum is essential to encourage professional attitude and to resolve dilemma faced by clinicians, diagnosticians and researchers.

Obstacles in the path of ethics

Though personal attitude and socio-cultural factors influence the individual's ethics and professionalism; impact of formal education cannot be denied as an important factor in any stream. Sadly, we have ignored this crucial subject in our curriculum. Recently, medical ethics has been included in the undergraduate curriculum but it is not sufficient. Mere introduction of medical ethics as a separate subject and awareness of its basic principles will definitely improve the understanding of the basic issues but to incorporate ethics into one's attributes and attitude, integration with different streams of medical education is essential. Another factor is excessive workload along with limited resources, specifically in public sector. As a result medical professionals are overburdened and frustrated. At times, after long hours of duty, they are just working mechanically to wrap up the work allotted to them. In this process, ethical practice and professionalism find a second place. Crucial documents, like consent forms are filled in a casual way ignoring the basic motive for inclusion of these documents. With time, the utility of paper work has been limited to safeguard the interests of doctors if any legal issue arises in the future. Lenient attitude of governing bodies further adds to the lament state of medical ethics. In our country, quacks are practicing medicine without any knowledge and formal qualification. Unfortunately, majority of our population receives preliminary advice and treatment from these quacks with blind faith as these personnel are easily approachable and part of their community. As a result, patients usually report to registered practitioner very late when their condition deteriorates. Due to illiteracy and lack of trust, onus of any

complication or mortality is on the treating physician even if he/she has followed the ethical practice. In spite of this fact known to each and every person in the governing system, there is no check on these unqualified and unregistered personnel who are prescribing allopathic medicines and sometimes performing operative procedures. Competitive environment and peer pressure is an important factor for flourishing corruption in the private sector where unethical practice in the form of commission system and patient pulling through middle-men is quite common nowadays. Field of medical research is also not untouched by these evils. Compulsory requirement of publications for promotions in medical institutes has resulted in generations of numerous fake research papers and reports of plagiarism all over the country. As a result, we are losing our reliability as researchers and lagging behind in the field of innovation.

Strategy for cultivating professionalism

First and foremost approach is to integrate medical ethics through the entire curriculum in a proper manner as ethics is relevant to all strings of medicine. While designing the curriculum, specific educational objectives, methods of teaching and assessment should be defined clearly to obtain best results in the long run. Specific courses and fellowships should be introduced to create future generation of medical ethics teachers. Workshops and seminars should be organized periodically for personnel already working in the field of medicine. These professionals will find such courses more interesting as they are already facing issues related to ethics in their routine practice. Furthermore, their experience will be a significant addition to the knowledge of medical ethics. Methods of teaching should be innovative to enhance understanding of the subject and to evoke interest. Discussions invited through critical analysis of facts and fictional stories would be more beneficial as compared to conventional lectures. One important pedagogical technique is to invite learners to write reflective narratives about cases they have been involved in which have raised ethics issues. (Moon *et al.*, 2013) Whenever possible, medical ethics instruction should involve collaboration among faculty members from different disciplines to reinforce the team approach required in clinical practice. Successful medical ethics and professionalism education efforts require a sufficient number of faculty with appropriate training who are committed to establishing meaningful, ongoing relationships with learners to act as role models, share their own experiences, and teach, observe, give feedback to, and ultimately evaluate learners. Achieving success requires financial support, recognition, and reward for faculty educators. (Carrese *et al.*, 2015) Medical ethics education should enable the learners to think critically and systematically through ethical problems using bioethical principles and other tools of ethical analysis. To achieve highest standards of patient care and professionalism, learners should move from knowledge acquisition and skills development to behavior change.

In addition to designing integrated curriculum and implementing effective teaching methodology, there is a need to develop assessment tools which can evaluate efficacy of educational programs in cultivating professionalism among

learners. Varied assessment strategies may be needed to determine whether ethics and professionalism learning objectives have been met. Possible strategies include learner self assessment; learner reflection; evaluation of changes in learner empathy, cynicism, and attitudes; performance portfolios; traditional, knowledge-based exams; use of clinical evaluation exercises; use of Objective structured clinical examinations (OSCEs) and other exercises with simulated patients; written feedback from faculty after small-discussion-group modules; and 360-degree feedback from peers, faculty, nurses, staff, patients, and families in the patient care context. (Robb *et al.*, 2005; Lewin *et al.*, 2004; Arnold, 2002; Rees and Shepherd, 2005) Moreover, the role of effective regulatory system at institutional as well as government level cannot be undermined in this regard. Regulatory authorities like MCI should give detailed guidelines, and teaching institutions must develop effective mechanisms to ensure the ethics education in a systematic manner. Rigorous efforts are required to incorporate ethical practice at the grassroots level through awareness campaign and distant education programs. Strict vigilance by institutional ethical committee is warranted to maintain ethical standards in the field of research.

Conclusion

To deal with reports of rampant medical malpractice and to solve ethical dilemma of clinicians, it is essential to reform medical education in a systematic and interdisciplinary manner. In addition to introduction of medical ethics as a subject in the curriculum in an integrated manner, continuing professional development throughout the professional carrier is desired to resolve the ethical issues that may arise in the course of patient care. The time has come to become proactive and to organize all efforts in developing effective medical ethics education. Educators must strengthen existing formal courses and should develop new methods for teaching and assessment to revamp the professionalism in a tangible way.

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