

BRIEF COMMUNICATION

## **The Importance of Including Bio-Medical Ethics in the Curriculum of Health Education Institutes**

DHAYAKANI SELVAKUMAR & L. B. M. JOSEPH

*Christian Medical College, Vellore, South India, India*

**KEYWORDS** *Biomedical ethics, patient–doctor relationship, curriculum, clinical practice.*

### **Introduction**

Medical science has taken giant steps forward in the health care of people during the past half century. The dramatic developments of science, medicine and technology in our generation and the constantly changing face of modern society create daily dilemmas in the practice of medicine. The practice of medicine is far more difficult and arduous now.

The complexity of technology influences medicine's and the physician's accountability to holistic, individualized patient care (Gorlin & Zucker, 1983). The ethical issues are complex, profound and require a careful search for the right answers in very difficult situations. In the profession of health care, it is imperative that the physician–patient relationship is maintained. According to Hans Jonas (Cooper, 1976) “never has so much knowledge been coupled with so little guidance for use”. Hence, bioethics education may be key in the lives of health care professionals. The goal of this ethical education is to teach the student to feel that “man at his best is a noble creature indeed” (Doyal & Gillon, 1998).

Author for correspondence: Dr. Dhayakani Selvakumar, Professor of Biochemistry, Christian Medical College, Bagayam, Vellore-632 002, Tamil Nadu, South India, India. Tel: +91-416-2262603 Ext.4267. Fax: +91-416-2262788. E-mail: dhaya\_selvakumar@hotmail.com

## **The Importance of Ethics Education**

Formal teaching of ethics in the medical school curriculum in the West has increased greatly during the past 25 years (Culver *et al.*, 1985). Yet, in some developing countries this is not the case.

Formerly medical students developed ethical attitudes during apprenticeships with doctors. Today the medical profession has become so complex that a systematic approach to medical ethics is essential. We need to prepare students for the challenges and struggles ahead. Brotherhood, kindness, tolerance, understanding each other's view, respect, affection and all such sentiments of value cannot be learned all of a sudden. If encouraged and nurtured, an attitude of thinking, a critical reflection of values and weighing of options before a decision, will have a permanent effect on students. We ought to respect the sanctity, dignity and beauty of life from its beginning to its end (Kopelman, 1999).

In today's world, are "good and bad", "virtue and vice" elastic terms relative to the time, place and provocation? What is morality in an age of images and instant satiation? Have moral values changed to become more acceptable over a period of time? What is the essence of morality and ethics, particularly in the practice of medicine? Ultimately biomedical ethics is not an isolated topic, but a study of value systems in the practice of medicine based on religion, philosophy and human values.

## **Levels of Consideration**

Ethics instruction needs to be introduced at three levels.

First at the institutional level, the policies and practices of a medical organization—be it a college of medicine or a service-oriented hospital—should guide and direct the practice of its staff (Reiser, 1994).

Secondly, in a medical college, the staff and faculty—the mentors of students—set an example of selfless service, practicing the broadest principles of moral and religious ethics and values in their professional and personal lives. The faculty should be concerned and committed to justice, equity, distributive justice, freedom and peace for all.

Third, the medical student—who is now exposed to the harsh realities of the world—needs bioethical training. The training begins at the start of health care studies. During the study of anatomy, physiology, and biochemistry, the student observes the closely related intricate systems of the body. The student—as (s)he views a specimen in anatomy, handles a human bone, or peers down a microscope to study the orderly pattern of cells in an organ—must understand that it is a dead person who is teaching him.

During the period of clinical training, the medical student observes the attitudes of his teachers, the doctors and nurses towards patients. Attitudes of concern, empathy and kindness promote future ethical attitudes.

As the student progresses in his medical career, (s)he is progressively exposed to the ethical and moral issues of medical practice. Medical mentors present and discuss real-life problems of patients and elicit the opinions of students as to how to deal with such problems (Hafferty & Franks, 1994).

## **Curriculum Goals**

The curriculum goals include four objectives: to recognize the humanistic and ethical components of health care; to enable doctors to examine and affirm their own personal and professional moral commitments; to equip students with a foundation of philosophical, social and legal knowledge; and to translate ethical convictions into clinical reasoning and practice (Miles, *et al.*, 1989). Students will learn to synthesize the information taught to them and apply it to the care of their patients. Evaluation of ethical performance strengthens the role of ethics in medical education (Singer, 2003).

## **Curriculum**

Dealing with ethical issues requires developing the skills of value clarification, ethical decision making, self-awareness, transcultural sensitivity and the ability to challenge injustice. Therefore the entire curriculum includes principle-based ethics, value-based ethics and religion-based ethics (Hafferty & Franks, 1994).

## **Methods of Teaching**

Instruction is broadly classified as descriptive bioethics, prescriptive bioethics and interactive bioethics. Using various methodologies—such as regular classes, seminars, workshops, other methods of modern education (audio tapes, video tapes, televised conferences) and discussions—students are exposed to advanced situations in bio-medical ethics.

The importance of involving the wisdom and experience of fellow doctors, hospital administrators, religious leaders and social scientists in difficult decisions of policy-making and in individual patient situations is taught to the students. It is almost impossible for one person—however experienced, intelligent or mature—to make the right decision at the right moment of a human crisis alone.

## Conclusions

To ensure that science and technology are used to protect rather than endanger human dignity, health, well-being and diversity, it is desirable to introduce bioethics as part of the curriculum in all the health education institutes.

## References

- COOPER, F.B. (1976). The Literature of Medical Ethics: A Review of the Writings of Hans Jonas. *The Journal of Medical Ethics*, 2, 39–43.
- CULVER, C.M., CLOUSER, K.D., GERT, B., BRODY, H., FLETCHER, J., JONSEN, A., KOPELMAN, L., LYNN, J., SIEGLER, M. & WIKLER, D. (1985). Basic curricular goals in medical ethics. *The New England Journal of Medicine*, 312, 253–257.
- DOYAL, L. & GILLON, R. (1998). Medical ethics and law as a core subject in medical education. *British Medical Journal*, 316, 1623–1624.
- GORLIN, R. & ZUCKER, H.D. (1983). Physicians' reaction to patients: A key to teaching humanistic medicine. *The New England Journal of Medicine*, 308, 1059–1063.
- HAFFERTY, F.W. & FRANKS, R. (1994). The hidden curriculum, ethics, teaching and the structure of medical education. *Academic Medicine*, 69, 861–871.
- KOPELMAN, L.M. (1999). Values and virtues: How should they be taught? *Academic Medicine*, 74, 1307–1310.
- MILES, S.H., LANE, L.W., BICKEL, J., WALKER, R.M. & CASSEL, C.K. (1989). Medical ethics education: Coming of age. *Academic Medicine*, 64, 705–714.
- REISER, S.J. (1994). The ethics of learning and teaching medicine. *Academic Medicine*, 69, 872–876.
- SINGER, P.A. (2003). Strengthening the role of ethics in medical education. *Canadian Medical Association Journal*, 168, 854–855.