

Integrated Bioethics in Medical Curriculum: An Essential Aspect of Medical Education and Training



INTRODUCTION

The entire domain of medical education is presently facing many challenges on multiple fronts. There are many issues that plague the manner in which medical education is imparted and very often it is accused of being purely commercial and not patient-centered. This is further complicated by the lackadaisical manner in which some of the medical practitioners interact with the patients which does not set the right example for the students. Many of the youngsters join medical educational institutions with idealistic dreams to serve the society, relieve patients of pain or suffering, and being able to treat debilitating diseases. However, within the short span of their clinical training, they are appalled to observe the shocking reality of health science practice and experience what has been termed as “traumatic de-idealization.” This is translated into a feeling of apathy toward patients who are entrusted to their care. The ultimate catastrophe happens when the newly qualified doctors, with no ideal role models to emulate, repeat these misdemeanors and another generation joins the vicious cycle of neglect and moral decay.^[1,2]

The question remains – Is it too late to change? – or is there still a flicker of that original spark of decency, selflessness, and service to society that can be fanned into a bright flame to bring about a complete turnaround in medical education and patient care.

GOALS OF INTEGRATED BIOETHICS MEDICAL CURRICULUM

Some of the goals of having an integrated bioethics curriculum for medical graduates are as follows:


1. To develop ethical sensitivity and moral awareness in the medical undergraduates.
2. Design a curriculum that integrates ethical practices into the existing medical syllabus.
3. Application of novel and innovative methods to boost learning outcomes as regards to ethical decision-making.
4. Educate a core group of medical faculty who will teach, train, and transfer the concepts of ethical deliberation.

The integrated bioethics curriculum of the medical course of instruction should cover the following areas:

- Identification of the ethical issues that are critical to that particular discipline or specialty;
- Formulate the various approaches to solve those ethical dilemmas;
- A vertically and horizontally integrated bioethics program involving all tiers of the system, namely: Consultants, faculty, interns, and the students; and
- Review, analyze, and update the implementation of the program for maximum effectiveness.

Fostering a Culture of Ethical Sensitivity and Moral Cognition

The existing curriculum trains the students to identify and treat most of the maladies that plague humanity today. However, there is no real teaching that evokes feelings of empathy in the students and encourages a model of patient-centered care. The medical undergraduates need to be exposed to situations that foster feelings of ethical sensitivity and develop moral cognition in them. This is possible by having a series of small interactive sessions with the students based on real-life case discussions and ethical deliberation. Various other innovative methodologies that can effectively be applied are suitably scripted role plays, poster, drama competitions, and simulated patients. These all should be centered on highlighting specific ethical principles which increase the ability of the student’s ability to recognize, analyze, and effectively tackle moral dilemmas. Moral reasoning and conditioning can be fostered by use of peers acting as simulated patients to encourage dialogue and debates

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on moral theory and practical application of the relevant principles of bioethics.^[1,3,4]

It has been observed that true integration of medical education and bioethics results in all round mental and spiritual development of the students. Ethical values and medical education are closely linked and essential in augmenting the moral quality of human decisions, behavior, and action.^[5]

Implementation of Bioethical Standards

The greatest failing that can happen during the entire process is when the issues identified as bioethically relevant remains as mere platitudes or plaques on the wall. The faculty and administration, both in the hospital or medical college, must clearly comprehend the importance of operational implementation of bioethical values into all aspects of teaching and training. There should be a visible implementation of the same “on ground” and all stakeholders need to be allied to the same goals and outcomes.^[6,7]

It is crucial to emphasize that if bioethical standards are negotiable, then the issues they address mean very little. Senior faculty must be confident that their juniors and students can face up to any ethical dilemma. Categorizing some of the ethically problematic situations and events that are likely to be encountered in the ward and encouraging dialogue based on these cases is an important beginning. This will help to expose the students to real-life situations and demonstrate to them the approach to handle such challenging situations. It is also vital to have a sound ethical policy that is widely disseminated among all stakeholders and is strictly adhered to by all levels of health-care providers.^[1,8]

Once policy guidelines of bioethical standards have been developed, it should then be strictly implemented throughout the organization. This is best achieved by a top-down approach, where all tiers of administration and faculty is able to clearly outline the ideal approaches to their students and doctors. All senior faculties should be seen as role models through their behavior and actions which are closely aligned with the bioethical principles. There is also the need for repeated and systematic training to ensure that all students have read, understood, and are capable of applying the fundamental aspects of the organizational bioethical standards.^[9,10]

CONCLUSION

It is expected that exposure to an integrated bioethics curriculum will better prepare students and medical

professionals for the ethical issues they face in the outside world. This will have a positive impact of all aspects of medical training both in the classroom and in the wards. These will also empower the students to function well within an ethical environment, by providing them with the necessary tools and the skills that they need.^[2,7,11]

It is crucial that there is a concerted effort by the decision-making bodies that control medical education to ensure that there is suitable nurturing of intellectual and ethical development of medical undergraduates. This will enhance the moral capabilities of the students, their attitudes, values, and also enhance their self-assurance and skills which they can apply during their clinical practice. The onus lies on the administration of all medical educational institutions to make implementation of integration of bioethics into the curriculum a top priority. This will ensure that the future generation of medical graduates will once again regain their respect and recognition in society and have the opportunity to practice their profession in a mutually beneficial and fulfilling milieu. A concerted, focused, and systematic action plan in consultation with all levels of medical administration, education, and practice is necessary to make this a reality in the country at the earliest. This seems to be the perfect solution to address most of the challenges that trouble the medical fraternity today and ensure that the downward spiral of the doctor-patient relationship is reversed without further delay.

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REFERENCES

1. Persad GC, Elder L, Sedig L, Flores L, Emanuel EJ. The current state of medical school education in bioethics, health law, and health economics. *J Law Med Ethics* 2008;36:89-94.
2. Greenberg RA, Kim C, Stolte H, Hellmann J, Shaul RZ, Valani R, *et al.* Developing a bioethics curriculum for medical students from divergent geo-political regions. *BMC Med Educ* 2016;16:193.
3. Stolper M, Molewijk B, Widdershoven G. Bioethics education in clinical settings: Theory and practice of the dilemma method of moral case deliberation. *BMC Med Ethics* 2016;17:45.

4. Molewijk AC, Abma T, Stolper M, Widdershoven G. Teaching ethics in the clinic. The theory and practice of moral case deliberation. *J Med Ethics* 2008;34:120-4.
5. de la Garza S, Phuoc V, Throneberry S, Blumenthal-Barby J, McCullough L, Coverdale J. Teaching medical ethics in graduate and undergraduate medical education: A systematic review of effectiveness. *Acad Psychiatry* 2017;41:520-5.
6. Favia A, Frank L, Gligorov N, Birnbaum S, Cummins P, Fallar R, *et al.* A model for the assessment of medical students' competency in medical ethics. *AJOB Primary Res* 2013;4:68-83.
7. Goldie J. Review of ethics curricula in undergraduate medical education. *Med Educ* 2000;34:108-19.
8. Beauchamp TL, Childress JF. *Principles of Biomedical Ethics*. New York: Oxford University Press; 2012.
9. Peterson C, Seligman M. *Character Strengths and Virtues*. New York: Oxford University Press; 2004.
10. Park M, Kjervik D, Crandell J, Oermann MH. The relationship of ethics education to moral sensitivity and moral reasoning skills of nursing students. *Nurs Ethics* 2012;19:568-80.
11. Deshpande SN. The UNESCO movement for bioethics in medical education and the Indian scenario. *Indian J Psychiatry* 2016;58:359-62.

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