

EDITORIAL

ROLE OF MEDICAL ETHICS IN DEVELOPING CARING HEALTH PROFESSIONALS

Social scientists have long embraced the notion that medical education has the inherent potential to affect and modulate normative beliefs and personal identities of the medical students. This narrative has gained importance and strength over the last few years because medical education is now considered a process of moral enculturation, a type of socialization achieved not so much through a structured curriculum as through medical educators which above all also involves the inculcation of distinctive medical morality¹. Ethnographic observation of medical students has also generated concerns about the dehumanizing effects of medical education. It is in this backdrop that proposals for improvement have continuously been discussed in a biopsychosocial perspective for a focus on primary and longitudinal patient care and a kinder, gentler training process that nurtures desired virtues. It is then hoped that once the students start working as health professionals, their ability and willingness to act in accordance with accepted moral norms and values is one key component of their professional behavior. As a result educational objectives related to ethics are now often incorporated into broader goals for any professional education. Medical ethics primarily concern both the ethical features that are present in every clinical encounter and ethical issues that occasionally occur in those encounters². This also includes determining the right course of action or morally acceptable choice from among the available options.

Key Components of Medical Ethics Education

A medical student must be educated to have respectful interactions with patients, care givers and members of the inter-professional groups e.g. peers consultants and ancillary professionals. He must be taught to accept responsibility and follow through on given tasks. He must be able to respond to each patient's unique characteristics

and needs. He must exhibit integrity and ethical behavior in his professional conduct.

There is no single best approach for teaching medical ethics. Learning styles and institutional resources vary, so teaching methods need to be flexible and carried to reflect this diversity. An instructor may deliver a conventional lecture, present clinical scenarios or show a trigger tape to inspire debate and discussion. Similarly interactive sessions to sensitize the students on ethical aspects of their profession can also be formulated.

Students may also be asked to write reflective narratives about cases they have been involved in that have raised ethical issues for them^{8,9}. Whenever possible medical ethics education should also involve collaboration among faculty from different disciplines to reinforce the team spirit required in clinical practice.

If medical ethics education is structured on the lines as mentioned and is followed through each year of training, an appropriate level of proficiency can be expected/insured upon completion of medical education.

Despite broad agreement on the importance of teaching medical ethics and professionalism, there is no consensus about the specific goals of medical ethics education for future physicians, essential knowledge and skills students should acquire and the best methodologies for instruction³⁻⁷. Moreover there are diverse views about how best to achieve this aim. Whereas some educators emphasize the importance of developing future physicians' character, others hold the view that shaping their behaviors is more appropriate. Still others believe that ethics and professionalism cannot be taught, rather, virtuous individuals should be selected through admission process. These practical challenges of evaluating character traits has logically led to another alternative of cultivating behavior that

exemplifies ethical and professional virtues. The basis of this approach is to provide conceptual tools for analyzing and resolving the ethical dilemmas encountered in clinical practice.

Following are key elements of medical ethics which must form the broader contours of professional life after the student has started his career as health care professionals:

- Recognize ethical issues that may arise in the course of patient care
- Think critically and systematically through ethical problems using bioethical principles and other tools of ethical analysis
- Provide a reasoned account of professionally responsible management of ethical problems and act in accordance with those judgments
- Articulate ethical reasoning to others coherently and respectfully
- Protection of patient privacy and confidentiality
- Disclosure of information to patients, including medical errors and the delivery of bad news
- Maternal-fetal medicine, including reproductive technologies and termination of pregnancy
- Cross-cultural communication, including cultural competency and humility
- Conflicts of interest and of obligation in education, clinical practice, and research
- Concerns about colleagues, including impairment, incompetence, and mistakes
- Acceptance of gifts from patients, including grateful patient philanthropy

It cannot be over emphasized that in order to be effective, ethics education has to be integrated with the existing curriculum and there should be a defined component to be educated in each professional year. As regards the issue of who should teach medical ethics, medical practitioners having a deep understanding of medical ethics

whom I would call medical ethicists are perhaps best suited to teach medical ethics and each institute should evolve its own strategy in this regard. However inclusion of social scientist in the faculty may be of an added benefit. They can then form a nucleus and a core group to develop and implement culturally and religiously relevant bioethics curriculum to ensure that medical ethics education produce health professionals who are able to preserve the status of this noble profession as a caring profession that situates the needs of patients as its top priority.

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