

Ethics and Public Health: The Model Curriculum

Dr Azman Abu Bakar MBBS;MPH;PhD

Director

Institute for Health Systems Research

National Institutes of Health

Ministry of Health

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The Medical Profession

- Has been and still regarded as sacred
- Nobel profession
 - Saving lives & relieving sufferings
 - Undertaken by altruistic & compassionate doctors
- Societal mandate & trust
 - *“to do things in the best interest of the patients”*

Peculiar attributes of the Health care Industry...

- **High stakes as we deal with life & death on a daily basis**
- **Application & exposure to potentially lethal technology**
- **Complex care process/interventions with little outside supervision (e.g. CABG)**

Managing Health Organisations in 21st century

- **Complexity of health organisations**
 - Impossible for any single individual to control and guide the operation
 - Extensive teamwork
- **Bridging gaps between expected & actual care**

Confronting the Medical Fraternity in the 21st century.....

- Meeting the obligations expected by society



Ensuring quality services given and good outcomes attained

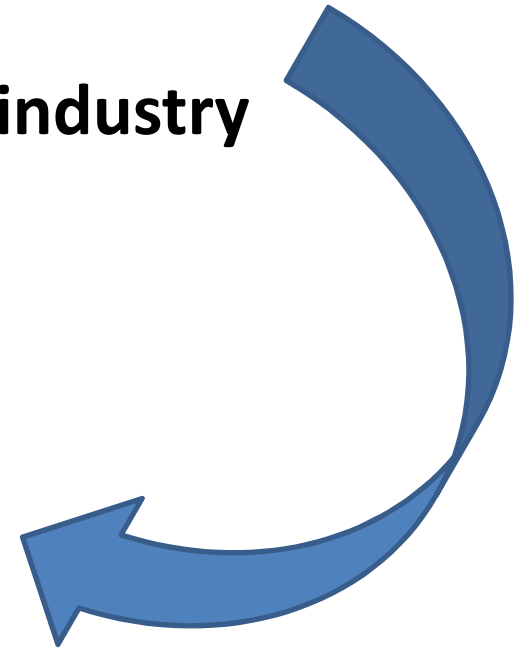
- *enhancing patient & staff safety*
- *reducing iatrogenic complications*
- *striving towards enhancing/ sustainable health-related quality of life*

Confronting the Medical Fraternity in the 21st century.....

- **Challenges:**

- Escalating costs & finite resources
- Explosion of medical technology
- Commercialisation of healthcare industry
- Increasingly litigious society

**WROUGHT WITH
ETHICAL ISSUES**



Increasing ethical dilemmas.....

- **When is it morally acceptable to withdraw life-saving treatment?**
- **When should clinicians consider do-not-resuscitate orders?**
- **What happens when patients or relatives disagree with clinicians?**
- **How should clinicians handle mistakes or deal with problem colleagues?**

Serious concern that....

- **Practising clinicians**
 - **never received formal training in resolving ethical dilemmas**
 - **seldom taught about the “art” of care – empathy & humanity**
 - **work by intuition, hoping to get it right**
- **Emphasis on teaching “science” of care resulted in effortlessness when performing complex medical procedures but unfortunately lacks confidence discussing concept of futility**
- **Voice concerns about ability to provide sound arguments to justify their ethical decisions**

Question: Is the Medical Profession in Crisis?

- **Possibly yes!**
- **Need to strengthen “ethical behaviour” in medicine**

“ in all aspects of every day life, ethics should not take a back seat. This is even more critical in the medical profession..”

Medical Ethics

- Synonymous with etiquette
 - Gentlemanly behaviour/manner as members of a learned & distinguished profession
- In the past
 - Learning medical ethics was unthinkable
 - *“you can’t study medical ethics!”*
 - Ethics learnt by watching & copying seniors (*acquiring ethical sense*)
- Today
 - Every UK & majority of Asian medical schools teach subject
 - A recent addition to the already packed curriculum**
 - Variations in emphasis on medical ethics teaching amongst medical school worldwide

**** *European Union Schools of Medicine = mean 44 hrs for overall curriculum***

Approaches to Strengthening Ethics Amongst Medical Professionals/students

- **Before graduation**

- **Formal structured course**
- **Self-learning**

Increases awareness

- **After graduation**

- **Self-regulation**
 - Professional duty of all doctors
 - Caraka Samhita in India, Hippocrates in Greece,
- **Professional bodies**
 - Academy of Medicine
- **Regulations**
 - Malaysian Medical Council
 - Ministry of Health

Recognise & correctly resolve ethical issues

Malaysian Scenario in Undergraduate Teaching of Ethics

- **Wide variation in approach & dedicated curricular hours**
 - **1st year orientation**
 - **Reinforced beginning of clinical year (year 3)**
 - **Final year (5th year)**
 - **Throughout the whole 5 year programme as part of personal & professional development module**

Model Curriculum for Ethics Training: Interest of the Ministry of Health

- **Being the country's guardian for health**
- **Main employer of graduates of medical faculties/colleges**

Establishing an Ethics Model Curriculum

- **Philosophy**
 - Not to teach ethics as a separate subject
 - Ultimately, ethical teaching should occur when decisions are being made
 - Development in context to an extent that it becomes a part of critical thinking
- **Goal**
 - Have ability to :
 - apply the discipline to everyday clinical decision-making
 - make more justifiable decisions
 - confident discussing & reasoning decisions based on sound ethical & moral concepts

Underlying Principles in Teaching of Medical Ethics

i. 3 A's

- **Analysis** (*what is the right thing to do in a particular situation?*)
- **Advocacy** (*let us do the right thing*)
- **Administration** (*what systems & procedures do we need to help the right thing happen?*)

Underlying Principles in Teaching of Medical Ethics

ii. Skills development & administrative understanding

- **Need for multi-prong approach**
 - **(bridge gap between theory & practice)**
 - **Classroom teaching, seminars, role-plays**
 - **Observing, discussing, and practicing with real life situations**
- **Expose students to health professionals who found ways to put population health ideals into action**

“Example is not the main thing in influencing others- it is the only thing!”

Underlying Principles in Teaching of Medical Ethics

- iii. Ethics teaching program must be linked to important areas of population health within the local community (e.g. HIV/AIDS community)
 - provides a rich learning opportunity
 - to ensure that faculty does not simply “profess” ethics, but their professions into actions, and take students with them in doing so

“Example is not the main thing in influencing others- it is the ONLY thing!”

Vehicle for teaching ethics

- **Multi-pronged approach**
 - Case-based approach (real cases)
 - Timing & format for sessions
- **Benchmarking**
 - Eg UK's General Medical Council
- **Medium of instruction**
 - Native language/English?
- **Lecturers (clinical ethicists)**
 - Clinicians are NOT automatically qualified to teach subject on ethics
 - Specially trained ethical experts (from Law faculty?) able to freely comment on decisions made by clinicians

Course outline ...

- **Wide - ranging**
 - **Individual patient care**
 - **Population/Community health**
 - **Medical & Health research**
 - **Pharmaceutical**
 - **Transplant**
 - **Resource management & distribution**
 - **Teaching of Medicine**

Scope for Ethics in Medicine

- **Patient management**

- **Autonomy & Dignity**
- **Informed consent**
- **Disclosure of bad news**
- **Telling the truth & keeping promises**
- **Respect for confidentiality**
- **Refusal of treatment**
- **End-of-life care**
- **Good clinical practice**
- **Doing good & not doing harm**
- **Acting with justice & integrity**

- **Population health**

- **Improving health status & access to care for both rural & urban poor**
- **Dealing with environmental health hazards**
- **Addressing stigma & ostracism of people living with HIV/AIDS**
- **Responding to the torrent of clinical trials from industrialised countries**

Medical & Health Research Ethics

Scope

- Respect for individual
 - Agreement for participation
- Beneficence
 - Maximise possible benefits, inflict no harm
- Distributive justice
 - Equal selection opportunity of study subjects
- Good research practice
- Independent ethics committee
- Informed consent
- Unique ethical problems in clinical research
- Research misconduct
- Ethical guidelines & regulation of clinical/medical research: International & Malaysia

Scope for Ethics in Medicine

- Transplant ethics
- Ethics at beginning & end of life
- Pharmaceutical ethics
 - Commercialisation
 - Conflict of interest
- Relationships
 - Dr-Patient
 - Dr-Dr
- Resource allocation
 - Technical vs Allocative efficiency
- Teaching of medicine
 - Updated Knowledge

Facilitating Environment

- **Requires a cultural change**
 - **Strong Faculty commitment & involvement**
 - **Recruitment of dedicated faculty members as role models**
 - **Dedicated conferences, seminars, teaching rounds solely to teaching ethics**
 - **Continuous case presentations throughout training years**
 - **Allocation of sufficient funds**

Clinical teachers...

- **Major role**
 - **Assess risk of student participation**
 - **Supervise students accordingly based on risk assessment**
 - **Educate / inform patients about student participation in their medical care**
 - *US survey reported only 38% of responding teaching hospitals claimed to have informed their patients of student involvement!*
 - **Role Modelling**

Summary...

- When people think of medicine, they think of science & technical miracles, but it is actually a deeply moral enterprise
- Questions of value, of good & bad, right & wrong – pervade the practice of medicine
- Focus of clinicians' training MUST not fall exclusively on technical side, but also on the long-neglected ethical dimension
- The need for role –models to shape values, attitudes, behaviour, and ethics of trainees
- Given the current competitive & stressed environment in medical institutions today, ensuring high ethical standards in medical education & training remains a difficult task

Final Thoughts on Medical Ethics

- Will ethics education contribute to improvements of health systems & health itself?
- Is there a need for Department of Medical Ethics?
- Student selection criteria for admission to medical schools?
 - *already possessing high level of ethics & professionalism?*
- Evaluation of performance in ethics?
 - *by medical teachers, peers, nurses,*
 - *by patients & families*

THANK YOU