

MEDICAL ETHICS: CURRENT STATE OF MEDICAL EDUCATION

“Ethics is knowing the difference between what you have a right to do and what is right to do”

(Justice Potter Stewart)

As a medical student, back in the 90's, I remember sitting in stunned silence as my professor described case after case about unethical conduct of medical practitioners. I felt sad, then angry and finally sick, knowing the “other” side of my future profession. I carry memories of that day till date. I strongly believe in teaching medical ethics at undergraduate level. This is known to produce lasting effects on decisions that doctors make during their medical careers¹. Ethics is an integral part of the profession of medicine by virtue of Hippocratic Oath that was coined in 4th century BC and is recited at medical graduations, the world over. Strong empirical evidence supporting early teaching of History-Theory-Ethics, of medicine came from Germany in 2012 from the Schulz study on undergraduate medical students¹. They concluded: “It should therefore be demanded in general that the teaching of GTE begins as early as possible, preferably already in the first semester. It also appears to make sense to offer it continuously over a long period of time”¹.

Globally, the teaching of medical ethics in the health sciences has been dominated by scientific and clinical teaching. In 1999, the World Medical Association “strongly recommended” to medical schools around the world that the teaching of ethics and human rights should be compulsory in their curricula². In 1993, General Medical Council (GMC), of UK, published a decisive document, titled, “Tomorrow's Doctors”³. It outlines the aims and substance of medical curricula. A serious issue pointed out by the GMC: several topics in the document that were deemed critical as parts of medical curriculum by GMC, were not given sufficient attention in most medical schools. Amongst these were ethics and law. GMC issued special notices to UK medical schools and they carry visits every two years to evaluate the level of teaching of ethics and law to medical undergraduates. American Medical Association, (AMA), issues clear and comprehensive guidelines outlining ethical conduct of medical practitioners⁴. AMA has published an elegant and easy-to-read, 2-page revision in 2013⁴.

Pakistan Medical & Dental Council published a 26-page document titled, “Code of Ethics for Medical & Dental Practitioners”⁵. This document is posted online in a rather hard-to-read or understand format. PMDC's recommendations to “Teaching Ethics” are given on page 4 of this document. There is a lack of concrete references or steps to follow in this statement. Interestingly, the latest revision of PMDC's own medical curriculum⁶, has a short, 3-line description of teaching in medical ethics on page 52. Multiple attempts to locate an official statement on “Medical & Professional Ethics” by the College of Physicians & Surgeons of Pakistan (CPSP) failed. A document that outlines the ethical framework for CPSP trainees or trainers or members could not be located online. According to unofficial estimates less than twenty percent of medical colleges have formal teaching of medical ethics in their curricula. Unfortunately it is also very hard to tell exactly, what it is that is being taught under the heading of Medical Ethics.

Pakistan is a unique country when it comes to teaching of medicine for two very important reasons. One: Our medical knowledge and treatment protocols are almost entirely derived from the west. But, our law or social justice systems do not have a single statement that describes the patient's rights when they are under treatment. Patient's Bill of Rights in UK and US laws forms the basis of medical practice. According to this law, every patient has the right to: A healthy and safe environment, Access to health care, Confidentiality, Informed consent, Be referred for a second opinion, Exercise choice in health care, Continuity of health care, Complain, Participate in decision making that affects his or her health, Be treated by a named health care provider, Refuse treatment, Knowledge of their health insurance /medical scheme policies.

And two: There is no standardized marks allocation for ethics in our medical exams. Marks allocation from PMDC in our MBBS and BDS curricula is evidence in itself that we are not testing for knowledge or attitudes related to ethics^{5,6}. CPSP does not, overtly, test ethics in its post graduate exams. There is marginally convincing evidence that medical students are aware or at best, demanding, teaching in ethics⁷. International research on ethics education, even in South-East Asia, does not include Pakistan⁸ for reasons stated above in addition to lack of representation from Pakistan on ethical forums and research. This places a multifold responsibility on medical teachers in Pakistan. Western countries from where our current knowledge of medicine is derived have moved forward from “teaching” ethics towards “examining” ethical attitudes. We are just becoming aware of a serious lack of ethics in our teaching. Soon, we will be overtaken by integrative teaching strategies and innovative models of ethical problem solving that address basic belief systems of young doctors. Last decade saw many brilliant inquiries into the long term results of teaching ethics to medical undergraduates. It is a consensus that newer and

better methods of assessment are need of this decade⁹. At this point, it is quite easy to gauge and compare our level with the world, as medical teachers in Pakistan.

Realization of a deficiency is the first step towards its rectification. Current situation in our medical profession is not short of alarming. Lack of legal safety nets, regulatory frameworks and professional accountability at all levels needs to be recognized wholeheartedly and concerted efforts towards betterment are need of our times. Ours is the noblest of professions. We must strive hard to maintain our stature with personal integrity and collective grace.

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