

ÉTHIQUE MÉDICALE ET BIOÉTHIQUE / MEDICAL ETHICS AND BIOETHICS
TEACHING ETHICS AS PART OF A GOOD CLINICAL MEDICINE

<http://www.lebanesemedicaljournal.org/articles/67-3/ethics15.pdf>

Michel DAHER*

Daher M. Teaching ethics as part of a good clinical medicine.
J Med Liban 2019; 67 (3): 179-181.

INTRODUCTION

Healing and alleviation of suffering, the classical duties of physicians have been practiced throughout the history of the human society development. The relationship between healers and the other members of society has been based on trust and mutual respect.

The social awareness to the importance of this relationship could be traced in the ancient civilizations. Hammurabi Code, 2000 BC, defined the duties and rights of Babylonian surgeons (Roemer 1982). It also defined the sanctions to be applied in case of violation of the professional standards.

Hippocrates, the father of medicine (400 BC), laid down the foundations of medical education and medical ethics. The Hippocratic Oath embraced the classical principles of medical ethics, of fidelity to the patient, beneficence, nonmaleficence, truth telling, and confidentiality. For centuries, those ethical principles have governed the professional behavior.

The unprecedented progress in biomedical sciences and technology has been accompanied by profound transformations in the concepts of health and disease, health systems and health care organization and practices. A broad range of ethical dilemmas, which could not be adequately managed by the classical ethical principles, has accompanied those transformations.

This process generated a growing interest in the ethical aspects of the medical and healthcare practices, not only among professionals but also among the whole society. At the same time, this situation represents a challenging task for the medical schools and institutes of health professionals' education requiring a comprehensive outlook and effective management.

*Secretary General, Lebanese National Ethics Committee.
Faculty of Medicine, University of Balamand, Department of Surgery.
St George Hospital-University Medical Center, Beirut, Lebanon.
mndaher@inco.com.lb

MEDICAL ETHICS & THE SCIENTIFIC
TECHNOLOGICAL PROGRESS IN MEDICINE

The contemporary world is witnessing rapid and profound transformations embracing every aspect of our life. This is due to the unprecedented progress of science and technology, which started in the fifties of the twentieth century.

The scientific technological progress has positively influenced the practice of medicine in different ways, giving new opportunities for a wide range of effective preventive, diagnostic and therapeutic interventions. Nevertheless, this phenomenon has been associated with some serious potential threats, including among others:

- _ Dehumanization of the doctor-patient relationship: new technologies and equipments may constitute barriers to the process of communication, affective relationship and individualization of patient.
- _ Breaking down the patient's integrity: the increasing reliance on practice based on narrow specialization, carries with it the potential risk of approaching patients from a narrow scope of a system or organ of the body, not taking into account the entire social, psychological and biological dimensions of the patient.
- _ Abuse of new technology: the availability of sophisticated equipments with a wide range of diagnostic and therapeutic possibilities leads some health professionals to use them more frequently without a real indication.

The Fourth WHO consultation on the Teaching of Medical Ethics (Geneva, 12-14 October 1994) identified some major ethical problems faced by health professionals today, including:

- _ Due to technological developments, medicine has become very effective, but new technologies have created new ethical dilemmas related to the appropriate use of technology, respect for the patient's autonomy, and the allocation of resources.
- _ Technological development has imposed the fragmentation of medicine into many specialties and subspecialties, and does not promote the teamwork approach to health care.
- _ The development of social insurance has imposed new duties on physicians regarding the management

of public resources and the recognition of economic rights of patients.

- The advances in reproductive medicine, in intensive care and prolongation of life, in organ transplantation, etc., have created difficult dilemmas and ethical conflicts for the physician.
- Social and economic disparities in a given country or between countries challenge the fundamental right to health, in particular of most vulnerable groups of the population, as well as societal well-being.
- Some doctors face dual obligations regarding both their patients and the institutions they serve, as police doctors, prison doctors, occupational doctors, etc., in all cases, their main responsibility is to respect the fundamental rights of their patients, and act in accordance with professional deontology.
- The development of information technology in the field of medicine and the prospects of genetic testing manipulation are opening new technical challenges, as well as economic competition between institutions in the provision of health care in the public/private mix, including control of costs, alternative coverage packages, advertising and selection of patients.
- The increasing and excessive number of claims against doctors and the rising indemnification for malpractice are pushing doctors to perform defensive medicine and to pay high insurance premium. This is increasing the cost of medicine and deteriorating the doctor-patient relationship.
- Medical research involving human beings or animals should be performed only with respect for the rights of the persons or the welfare of animals, as stated in the international regulatory instruments.

Recently, the ethical implications of the scientific technological progress on healthcare delivery systems and health policy, were identified and pointed out:

- The new capabilities and demands of health care drive providers and members of society to consume resources at an increasing rate.
- The financial pressures on healthcare delivery have increased, placing the cost of many acute illnesses and chronic care beyond the reach of most individuals. Financing for these services is therefore provided largely through private or public insurance or public assistance.
- Limited resources require decisions about who will have access to care and the extent of their coverage.
- The complexity and cost of healthcare delivery systems may set up a tension between what is good for the society as a whole and what is best for an individual patient.

It is quite clear that such a wide range of ethical issues could not be adequately managed following the classical Hippocratic principles. In response to this situation, a set of principles is proposed and intends to serve as a guide to ethical decision-making in health care. Those principles entail:

- Health care is a human right.
- The care of individuals is at the center of healthcare delivery but must be viewed and practiced within the overall context of continuing work to generate the greatest possible health gains for groups and populations.
- The responsibilities of the healthcare delivery system include the prevention of illness and the alleviation of disabilities.
- Cooperation with each other and with those served is imperative for those working within the healthcare delivery system.
- All individuals and groups involved in health care, whether providing access or services, have the continuing responsibility to help improve its quality.

A careful examination of those principles would reveal that they have been carefully formulated in response to the growing ethical and moral demands that characterize contemporary medicine and health care. They are comprehensive in nature and encompass the entire healthcare delivery system as well as the different health professionals involved in healthcare delivery, health policy and organization.

THE RESPONSE OF MEDICAL EDUCATION

How should medical education respond to those transformations in an adequate manner and at the same time maintain its professional values?

Taking into account that the main goal of medical education is the integral formation of physicians who are devoted to the ethical and moral values of the profession, medical educators must develop learning objectives for educational programs that would clearly reflect those values. At the same time they should adopt relevant educational strategies that could lead to the translation of those values into profound convictions expressed later in daily professional conduct and practice.

The principal goal of teaching clinical ethics is to improve the quality of patient care in terms of both the process and outcome of care. The necessity for the teaching of clinical ethics rests in the fact that any serious decision making involves two components – a technical de-

cision requiring the application of knowledge of basic and clinical sciences to the patient's present problems, and a moral component demanding that the technically correct decision is also morally defensible. The technical component tells us what can be done, the moral component, what ought to be done for the patient.

Miles and colleagues proposed four main objectives for the teaching of medical ethics:

- To teach doctors to recognize the humanistic and ethical aspects of the medical career.
- To enable doctors to examine and affirm their personal professional moral commitments.
- To equip doctors with a foundation of a philosophical, social and legal knowledge.
- To enable doctors to use this knowledge in clinical reasoning, and to equip doctors with the interaction skills needed to apply this insight, knowledge and reasoning to human clinical care.

Teaching bioethics to clinicians is facilitated by using a clinical approach and focus the discussion on these questions: Why should I teach? What should I teach? How should I teach? How should I evaluate?

Why should I teach?

The primary goal of teaching ethics to clinicians is to enhance their ability to care for patients and families at the bedside and in other clinical settings. The goal is not to build character or instill virtues, although reinforcement in these areas may occur as a secondary benefit. Dealing effectively with an ethical problem depends on recognizing the ethical issue, applying relevant knowledge, analyzing the problem, deciding on a course of action and implementing the necessary steps to improve the situation.

What should I teach?

Clinicians in most disciplines regularly deal with a common set of ethical issues such as truth telling, consent, capacity, substitute decision-making, confidentiality, conflict of interest, end-of-life issues, resource allocation and research ethics.

These topics are well suited to an introductory bioethics teaching program. Lesson plans for teaching these topics, including teaching cases, discussion questions, suggested answers, summaries and references, should be included in the curricular module/credit of Med I and Med III/IV.

How should I teach?

Because it is most closely linked to patient care, bioethics should ideally be taught at the bedside or in the clinic. We encourage clinician teachers to innovate and expand on this potent pedagogical experience.

Case-based conferences provide an alternative method that is also closely linked to clinical care. Clinicians learn well when they are actively involved in case discussions. We recommend taking advantage of this in teaching both the practical and theoretical aspects of bioethics. A problem case captures the interest of the clinical audience. The discussion that follows the case presentation provides a broader exposition of pertinent theory and empirical evidence. It closes with a return to the case. Resolution is achieved by using the definitions, principles and reasoning introduced during the discussion to clarify the best options for management.

Small group conferences allow clinicians to develop their skills through active participation in discussion. When presenting clinical cases, clinician teachers can use interactive techniques by asking participants to tell how they would manage the case, explain the reasoning that led them to their position and describe their approach mediating the conflicts inherent in the case.

How should I evaluate?

Multiple-choice written examinations, although limited in value, are accepted as reliable methods of evaluating clinical knowledge and judgment. However, they may be better suited evaluating scientific aspects of medicine than the value-based judgments and reasoning processes that characterize ethical discourse. Other evaluative formats such as short-answer or essay questions are commonly used in undergraduate and graduate bioethics teaching. A reasonable strategy would be to combine these methods.

CONCLUSION

In the Faculty of Medicine and Medical Sciences of the University of Balamand, the aims of the course entail introducing the students to the philosophical and theoretical principles of medical ethics as well as enhancing awareness to the ethical and moral demands imposed by the medical profession. Teaching methods include lectures, seminars and group discussion.

Because clinical ethics is so essential to medical practice, it should be an integral part of medical education at all levels in medical school, in residency, and in continuing medical education.