Ethics in Medical Education

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Medical ethics is a neglected subject. Medical educators had been paying insufficient attention to developing the student’s capability to face ethical dilemmas. But, in recent times, many medical schools abroad have instituted courses in medical ethics.

Many of the ills of the present day medical profession can be traced to the lack of doctors ability to properly tackle ethical problems in their practices. Practically nothing is being done to equip the medical students to practice ethically.

Most medical colleges do not have medical ethics in their curriculum. Even in the very few (they can be counted on the fingers) which have, the teaching/learning of medical ethics is not a ‘required’ subject.

What do doctors (after graduation) think about the need for training in medical ethics? 90% of the respondents to a survey wanted training in medical ethics during undergraduate medical education. 84.5% admitted that they did not have any training at all.

Ethics depends on the values of the profession and society. Among the important values in medicine are respect for human life and love and compassion. Charaka Samhita (6th century B.C) states:

“He who practices, not for money or for caprice but out of compassion for living beings is the best among all physicians. Hard is it to find a conferor of religious blessings comparable to the physician who snaps the snares of death for his patients. The physician who regards compassion for living beings, as the highest religion, fulfills his mission and obtains the highest happiness”.

Learning Medical Ethics

Thompson in an editorial in the ‘Medical Education’ has pleaded for the integration of medical ethics in medical education. The World Health Organisation (WHO) and the Council for International Organisation of Medical Science and others have emphasized the same need.

Can ethics be ‘taught’ or is it ‘caught’? It is important that ‘ethics’ is learned. The principles and practice of medical ethics can be learned in a variety of ways and situations; in the classrooms, during bedside-teaching and ward-rounds besides from the examples set by the faculty and the institution. A role model is very important. The teacher shows how the ethical
principles are applied to a particular patient. The student is helped to identify the ethical problems, with respect to the patient, the family and the community.

The way the institution functions can have a marked impact on the student. If the institution as a whole, acts responsibly, gives respect to the patients (and others) and observes the ethical code of conduct in providing service, training or research, the student would imbibe these values. Thus the philosophy and practice of the medical college play an important role in shaping an ethically sound doctor. The objectives must be clear. They must be reinforced by ethical actions at every level; management, administration, faculty and other staff.

A Pro-patient Approach

If we realize this fact, we will give greater respect to our patients. It is unfortunate that there is no ‘home visiting’ in the training of medical students. It is getting out of fashion. We want the patients, whatever be their condition, to come to the clinic or hospital. Home visiting could have added to the values.

Ethics is Selection of Students

What determines the quality of a doctor? It is very difficult to alter the personality traits of a student when he/she enters the medical college at the age of say, of 17 or 18. If positive traits and qualities are present, it is easier to nurture and strengthen them.

There are a few medical colleges which take the process of selection very seriously, like St. John’s Medical College, Bangalore and Christian Medical College, Vellore. In St. John’s the process consists of an entrance test; in which one paper is on values, a 2 day group observations, a psychological test and the usual short interview.

Most of the medical colleges (especially the Government Medical Colleges) go by the academic grades at the common entrance test. A cadre of students who are intellectually narrow cannot be expected to become sensible doctors. Worse still is the situation of ‘capitation fee’ colleges. **When admission is decided by money power, one cannot expect the medical graduates to cultivate the desired ethical values.**

Principles of Medical Ethics

The major principles of medical ethics are:

**Beneficence**
All medical interventions must be for the good of the patient (and family and society).
**Non-maleficence**
Cause no harm. Where harm might occur, it must be minimal and the benefit must outweigh the harm.

**Autonomy**
Traditionally, we had accepted the ethics of trust. But in recent times, due to western influence, it is giving way to the ethics of rights. Patient has the right to control what happens to him or her.

**Informed Consent**
Patients consent is necessary for all procedures. The consent has to be informed and voluntary. The information must be complete and adequate for the patient to make a considered decision.

**Justice**
There is need for distributive justice. There is also a need to allocate resources fairly and evenly. Equity has to be assured and this has to be done with quality.

**Community Health**
While it is important to think of the individual patient, there is a need to consider the diagnosis and management of community’s illnesses and health problems. Thus, there is inter-dependability of society and medicine.

**Clinical Ethics**
The practice of medicine, with respect to the patient-doctor relationship, has certain goals;
* Preservation of life (prolongation of life)
* Cure of the disease.
* Relief of suffering (and symptoms )
* Care of the person.
* Promotion of health and prevention of disease
* Restoration of function and rehabilitation

To make a ethical decision in a clinical situation, at least four factors must be considered.

**a. Medical Indication**
Make a proper diagnosis. Consider alternative therapeutic modalities. Weigh their relative advantages and disadvantages, short-term and long-term. Inform the patient of the available options, recommend the best.

**b. Patient Preference**
The patient accepts or rejects the recommended procedure. The decision of the patient must be respected. If the doctor feels that a particular procedure is essential in an emergency, the doctor must try to convince the patient of its essential nature.

**c. Quality of life**
It is important to consider the quality of life after the procedure which may be subjective. It has to be determined by the concerned person and not by a third person.
d. Allied Factors

Questions of benefit or burden to other parties (family, relatives) needs consideration. Of late the cost of medical care has risen exorbitantly. Medical care can ruin families, even when the benefit to the patient is marginal or doubtful.

Ethical Issues Before the Profession

1. Negligence

The doctor-patient relationship is in the nature of an implied contract. The doctor has a duty of care in
- Deciding whether to accept the patient for treatment;
- Deciding in diagnosis and management; and
- Administering the treatment

If there is breach of duty, the doctor is negligent. If harm is caused to the person, damages can be awarded against the doctor. “In the case of a medical man, negligence means failure to act in accordance with the standards of reasonably competent medical man at that time”.

A negligent doctor could be sued in a court of law or disciplinary action taken against him/her by the Medical Council. Under the Consumer Protection Act, 1986, the consumer courts can order compensation to the complainant “who hires any services for a consideration which has been paid or promised and includes beneficiary of such services”

“The physician who sets about to treat a disease, without knowing anything about it, is to be punished even if he is a qualified physician; if he does not give proper treatment, he is to be punished more severely; and if by his treatment, the vital functions of the patient are impaired, he must be punished most severely”.

2. Confidentiality

Every patient has a right to privacy. Matters confined to the doctor in the course of professional relationship is confidential. This is upheld in all oaths and declarations (Hippocratic oath; Geneva declaration etc.). Confidentiality has to be observed with respect to medical records also. Information may be given to a third party only under the following circumstances:

- Notifiable diseases (to the health authority)
- Risk to public safety (under defined circumstances)
- Disclosure ordered by the court or required by law.

3. Irrational Drug Therapy

Drugs must be used for proper indications. They must be effective, have good benefit-risk ratio and should be of good quality. Banned, hazardous and useless drugs should not be used.
4. **Prescriptions**
   Irrational prescriptions can occur in a variety of ways, such as extravagant, unnecessarily and expensive, incorrect and multiple (too many drugs prescribed, often in combinations)

5. **Patients’ Bill of Rights (abridged)**
   A patient has the right to:
   - considerate and respectful care.
   - obtain from his physician complete information concerning diagnosis, treatment and prognosis.
   - refuse treatment to the extent permitted by law
   - every consideration for confidentiality and privacy.
   - refuse participation in any research or projects
   - expect reasonable continuity of care.
   - examine and receive explanation of his bill.
   - know the hospital rules applying to his/her conduct as a patient.
   - access to medical records

6. **Abortion**
   The Medical Termination of Pregnancy Act, 1971 permits ending of pregnancy for therapeutic, eugenic and personal considerations. Most of the codes of conduct and declarations are opposed to it.

   “*I will maintain the utmost respect for human life, form the time of conception*” (World Medical Association, Geneva, 1948).

7. **Female Foeticide and infanticide**
   Society, in general, is pro-male. Prenatal sex determination is done most often with the intention of rejecting the female foetus. Though this is banned, selective female foeticide continues.

8. **Assisted Reproductive Technologies**
   There is a biological, cultural and social urge to have children. What should the doctor do when there is infertility? Disturbed function must be treated. Often no particular cause can be found.

   One answer to not having own children is adoption.
   But it is not popular in India, though very popular in western countries, where there are not enough children for adoption.
There are many new technologies of reproduction such as artificial insemination by husband or by a donor; in-vitro fertilization and embryo transfer, gamete intra-fallopian transfer and surrogacy. Each one brings in its own ethical problems.

9. **The Terminally Ill**

The doctor has to face the problem of managing the terminally ill and the dying. It is very important to deal with them with competence and compassion. Many of them have symptoms such as intense pain and respiratory distress. Relief of pain may produce ethical issues, when large amounts of potent analgesics may have to be administered, these may have side effects of depressing respiration. But if the primary aim is relief of pain and there was no intention of shortening life, the procedure is ethically acceptable.

*Often heroic efforts are made to preserve or prolong life. But, when there is no reasonable hope of any benefit to the patient, there is no need to resort to extraordinary measures to preserve life. It may not be prolonging life but prolonging death.*

More and more doctors tend to decide not to resuscitate patients admitted to the intensive care units, when death is the most likely outcome to avoid suffering and wastage of resources.

10. **Living Will**

The living will give the preference of the person at the time of making it. It does not give the wish at the time when the patient is seriously ill. It is not legal in India.

There is considerable controversy on the issue of euthanasia, whether passive or active. Both of them raise ethical issues.

11. **Suicide**

When a person fails to find meaning in his or her life or has muddled it (often financial problems), he/she may attempt suicide. It often arises from despair, which may be temporary. Attempted suicide is punishable in law. Attempt at suicide is often a call for help.

12. **Technology**

There is a sudden spurt in the growth of costly medical technology, whether diagnostic or therapeutic. Expensive and complicated techniques are introduced without properly conducting controlled trials.

“It is surely a great criticism of our profession that we have not organized a critical summary…. of all the relevant randomized controlled trials”.

John Kenneth Galbraith (the noted Economist and former US Ambassador to India), has said that large corporations often say that they meet the needs and demands of the people.
But what they really do is to create a demand for what they want to supply. Public desires are manipulated. A similar thing often happens with newer medical technologies – equipment, procedures or drugs.

**Many ethical questions arise when doctors use technologies which are not beneficial to the patient or when better and less costly technologies exist.**

13. **Health Policy**
Doctors often shy away from health policies, leaving them to administrators, bureaucrats and politicians. This is totally wrong. Health policy defines the strategies for the health of the people. It depends on the value systems and therefore raises many ethical questions.

Health policy should ensure a minimum acceptable level of health care for all. It should lead to equity with quality. While a purely medical response is inadequate, the medical professionals, individually and collectively, must address the issues of health care. The doctors will have to make ethical choices and advise the people and the policy makers on required improvements.

14. **Distributive Justice**
Large sections of our people live in deplorable conditions where healthy living is not possible. About 200 millions are destitutes. This is negation of health. Health care in an unjust society is unjust.

15. **Human Experimentation and Research**
The various codes of conduct have stated the conditions under which human experimentation and research can be carried out ethically. It is important to have an Ethics Committee or Ethical Review Board, whose clearance must be obtained for the project. These can be constituted with representative of the medical teachers (other than the researchers), research consultant (preferably a social scientist), ethics consultant and a legal consultant. If desired, the Medical and Nursing Superintendents and the Spiritual Advisor or Counsellor could also be included.

16. **Emerging diseases**
The medical students must get the capability to deal with emerging disease or the newer manifestations of older diseases. The student must ‘learn to learn’. One such disease, with many ethical issues is AIDS. Many of the earlier graduates have not seen such cases. They are unable to comprehend the seriousness of HIV infection and the ethical problems arising from them. Continuing education, including ways to tackle the ethical issues, is a must.

17. **Genetics**
With the study of the human genome and genetic engineering, a list of ethical issues arise. We do not know how to tackle them.
Note: a curriculum covering the above mentioned issues in medical ethics is being followed at St. John’s Medical College, Bangalore. The duration is 15 hours in pre-clinical years and 15 hours in clinical years. The faculty consists of clinicians who are ethically literate and practicing; ethicists; sociologists etc. The judicious mingling of faculty trained in different disciplines brings in different viewpoints which stimulates the moral reasoning and ethical judgment in medical students and practicing doctors.

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“The world that we have made as a result of the level of thinking that we have done so far, creates problems we cannot solve at the level we created them”.

- Albert Einstein