

Medical Ethics and Undergraduate Training: The Ground Reality and Remedial Action

Ayesha Ahmad, Hamdard Institute of Medical Sciences and Research, New Delhi, India

Pareesa Rabbani, Era's Medical College, Lucknow, India

Shipra Kanwar, Era's Medical College, Lucknow, India

Ranoji Vijaysingh Shinde, KKU, Abha, Saudi Arabia

Tamkin Khan, Jawaharlal Nehru Medical College-AMU College, Aligarh, India

ABSTRACT

The study of Medical Ethics [ME] is mandatory for health practitioners because there is hardly an area in medicine that doesn't pose an ethical dilemma. There is lack of awareness among physicians. Training of medical students should equip them to provide the best care to patients in an ethical manner without harm. The aim of this paper was to assess the awareness of undergraduate students to ME and take inputs about curricular changes as they are important stake holders. A prospective, cross sectional, observational study through a confidential questionnaire was utilized. 86 proformas were fit for analysis. Majority [68.6%] failed to define ME. Most had been exposed to ME in the college or through the print or visual media. Majority could not recall any incident of professional misconduct witnessed by them, while others recounted incidents such as taking gifts from pharmaceutical companies, rudeness to poor patients, mis-diagnosis due to casual approach towards patients, becoming personal with female patients, organ trafficking, conducting sex determination tests etc. Most were unaware about the existence or purpose of an institutional ethics committee. Regarding the need for studying ME 86.04% said they thought it is important. Majority suggested be interactive case presentations as a method of teaching ME. There is gross unawareness among medical students about the definition, scope and purpose of teaching ME. A drastic change in the medical curriculum is required and new and interesting teaching learning methods need to be evolved in order to train our students in ME.

Keywords: Empathy, Hippocratic Oath, Medical Ethics, Practice of Medicine, Teaching Learning

DOI: 10.4018/IJUDH.2015010104

INTRODUCTION

ME has traditionally been understood as a set of guidelines developed to direct physicians towards an ethical practice of medicine. History is replete with many such codes of conduct. One of the oldest is the Code of Hammurabi dating as long back as 1750 BC (Steinberg, 2003).

The Hippocratic Oath is another famous guideline which encompasses a phrase as simple as 'do no harm'. The idea behind having a code of ME was to reiterate to patients and their families that the process of giving a physician access to their bodies will not prove detrimental to them and thus make them feel more confident about their care givers. (Silvers, 2012) The past few years have seen a transition in the terminology from ME to biomedical ethics, which integrate the ethical principles pertaining to all branches of knowledge on life and health (Steinberg, 2003). In addition they also address issues relating to the environment and treatment of animals, legal and economic aspects of practice and research in medicine.

The Royal College of Physicians (2005) deemed the study as mandatory for health practitioners as there is hardly an area in medicine that does not have an ethical issue related to it.

General Medical Council, UK (2013) concluded that although guidelines of ME have been formulated by National & State Medical Councils & World Medical Association, there remains a lack of awareness among physicians. In a survey conducted on doctors by Akoijam et al (2009), it was found that there was lack of adequate and detailed knowledge on the code of ethics amongst doctors, though most of them had read it at least once.

Most of us enter the profession with the noblest of intentions. We give the best years of our life to be able to get the prefix of 'Doctor' before our names. Once we achieve this why do we fail to become real healers? Or for that matter why do we willingly and knowingly demonstrate unethical and unprofessional behavior and make ourselves liable to legal proceedings. Is there something grossly lacking in our training and can something be done about it?

These are some of the issues we wanted to explore. Therefore in this paper we have tried to assess the awareness of ME amongst students in their second year of graduation in a medical college. Besides we have tried to explore the teaching learning activities which can be incorporated into their curriculum right from the initiation of their medical careers.

AIMS OF THE STUDY

1. To assess the awareness and receptivity of ME amongst undergraduate students.
2. To take inputs/suggestions from the medical students [important stake holders] about teaching learning activities which would be best suited for inculcating ethical values.

METHODOLOGY

The study was a cross sectional observational study conducted on second year medical students through a questionnaire designed on a Likert scale. It also contained open-ended questions where responders were encouraged to offer further suggestions and comments. The place of study was Eras Medical College Lucknow and HIMSR, Delhi and duration was February-March 2013. The questionnaire was validated prior to distribution. Inclusion in the study was voluntary and the participants were assured of confidentiality. Responses were entered into a Microsoft Excel Spreadsheet and Descriptive Analysis was done.

6 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage: www.igi-global.com/article/medical-ethics-and-undergraduate-training/141285

Related Content

Multi-Dimensional Criteria for the Evaluation of E-Health Services

Alalwany Hamid and Alshawi Sarmad (2010). *Health Information Systems: Concepts, Methodologies, Tools, and Applications* (pp. 8-25).

www.irma-international.org/chapter/multi-dimensional-criteria-evaluation-health/49852

Comparison of Step Length Estimators from Wearable Accelerometer Devices

Diego Alvarez, Rafael C. González, Antonio López and Juan C. Alvarez (2008). *Encyclopedia of Healthcare Information Systems* (pp. 244-250).

www.irma-international.org/chapter/comparison-step-length-estimators-wearable/12948

Exploring the Social Dynamics of Implementing Self-Managed Web-Based Wellness Tools: A Structuration Analysis

Rennie Naidoo (2012). *International Journal of Healthcare Information Systems and Informatics* (pp. 13-31).

www.irma-international.org/article/exploring-social-dynamics-implementing-self/75147

COVID-19 Diagnosis by Stationary Wavelet Entropy and Extreme Learning Machine

Xue Han, Zuojin Hu, William Wang and Dimas Lima (2022). *International Journal of Patient-Centered Healthcare* (pp. 1-13).

www.irma-international.org/article/covid-19-diagnosis-by-stationary-wavelet-entropy-and-extreme-learning-machine/309952

Gastrointestinal Motility Online Educational Endeavor

Shiu-chung Au and Amar Gupta (2008). *International Journal of Healthcare Information Systems and Informatics* (pp. 24-43).

www.irma-international.org/article/gastrointestinal-motility-online-educational-endeavor/2219