DO WE NEED ETHICS? – II MBBS STUDENTS PERCEPTIONS IN LEARNING MEDICAL ETHICS.

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Abstract

Background: An Indian Medical Graduate is expected to have knowledge & acquire competencies during his formal medical course, but an understanding of professional values and ethical conduct is essential for fostering the development of a good doctor. The two major aspects of teaching medical ethics include explicit teaching of cognitive base and stage appropriate opportunities for experiential learning and reflection throughout the curriculum.

Material and Methods: It is a classroom based intervention study involving 150 second MBBS students. Self administered, semi-structured questionnaire was devised for this study. The questionnaire consisted of two parts- students perception towards learning medical ethics and their perception on statements of ethical issues which was graded on a 5 point Likert scale. An interactive lecture was done followed by which students were divided into 6 groups and case based discussions were done. Finally reflective narration was done. Statistical analysis was done by EPI Info Software. Results were expressed in mean, standard deviation and paired ‘t’ test was done.

Results: The mean pre-test & post-test score of the students towards learning medical ethics in current curriculum were 2.86 and 3.98 respectively. The mean pre-test and post-test score of students regarding statements on ethical issues were 2.82 & 3.92 respectively.

Conclusion: Medical ethics is one of the neglected topics in healthcare. To strengthen ethical reasoning and judgment in decision making, we need to expose students to various ethical scenarios based on which debates, seminars, interactive workshops can be conducted utilizing the work experience of multidisciplinary medical expertise.

Keywords: Medical ethics, Medical practice, Students

Introduction

Medicine is an art whose magic and creative ability have long been recognized as residing in the interpersonal aspects of patient-physician relationship. Knowledge and practice of Medical ethics by health care professionals is an extremely important issue, which is often over looked. With the advancement in science and technology in diagnostic & therapeutic modalities human life and emotions are hardly taken into account. Medical ethics is nothing but the application of moral values and rational principles to the practice of medicine [1].

The need to teach ethics to undergraduate medical students and to inculcate ethics training into medical curriculum uniformly is being recognized all over the world. The domains of attitude and communications with emphasis on ethics therefore need to be taught directly and explicitly throughout the undergraduate curriculum. The two major aspects of teaching medical ethics include explicit teaching of cognitive base and stage appropriate opportunities for experiential learning and reflection throughout the curriculum [2].

The objectives of the present study were to determine the perceptions of II MBBS students to medical ethics, to facilitate learning of medical ethics to II MBBS students and to compare the perceptions of II MBBS students before and after ethics classes.

Materials and Methods

It is a Classroom based interventional study involving 150 second undergraduate medical (MBBS) students. The purpose of the study was explained and written informed consent was obtained. This study was approved by the Institutional Ethics Committee. A self administered, semi-
structured questionnaire was designed based on previous research publications and in consultation with the faculty members of Bioethics unit of the study institution. Few questions were derived from Code of Ethics laid by Medical Council of India (MCI) and Indian Council of Medical Research (ICMR). This questionnaire was tested on 8 undergraduate students from II MBBS and few modifications were done and incorporated onto the final questionnaire.

The questionnaire consisted of two parts- students’ perception towards learning medical ethics and their perception on statements of ethical issues which was graded on a 5 point likert scale. Two case studies were also taken from AETCOM booklet [2] - Competencies for the Indian Medical Graduate as described in the following modules

1. Module 2.5: Case studies on patient autonomy and decision making.
2. Module 2.7: Case studies on autonomy and decision making.

These case studies were given to students and small group discussion was done with the help of faculty members as facilitators and they were asked to present in the case studies in the form of role play/ debate/ panel discussion. At the end of the session, students were interviewed and their perception regarding learning ethics were also documented. All the data collected were statistically analyzed using epi info software.

Results

All the recruiters were actively participated and found that they were in thirst of learn ethics for their professionalism. Further the questionnaire given was provided in order to identify their state of perception toward medical ethics indicated “good score of learning”. The data collected in both pre and post test were statistically evaluated and the scores were tabulated (Table 1 and Table 2)

Table 1: Students perception towards learning medical ethics in current curriculum

<table>
<thead>
<tr>
<th>STATEMENTS</th>
<th>Pre test score</th>
<th>Post test score</th>
<th>t-value</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical ethics teaching is important in the current curriculum</td>
<td>2.87 (±0.83)</td>
<td>3.96 (±0.78)</td>
<td>-15.40</td>
<td>0.001</td>
</tr>
<tr>
<td>Ethics education in a structured format is crucial for good patient care</td>
<td>2.86 (±0.84)</td>
<td>3.98 (±0.83)</td>
<td>-15.30</td>
<td>0.001</td>
</tr>
<tr>
<td>The formal teaching of ethics will help me manage contemporary ethical issues</td>
<td>2.87 (±0.85)</td>
<td>3.96 (±0.83)</td>
<td>-14.50</td>
<td>0.001</td>
</tr>
<tr>
<td>Medical ethics education gave me an insight to the complexity of medicine practice</td>
<td>2.85 (±0.90)</td>
<td>3.89 (±0.88)</td>
<td>-14.10</td>
<td>0.001</td>
</tr>
<tr>
<td>The topics covered are very much relevant to the current condition of the society</td>
<td>2.83 (±0.91)</td>
<td>3.93 (±0.83)</td>
<td>-15.60</td>
<td>0.001</td>
</tr>
</tbody>
</table>

[Each parameter is rated as 1- Strongly disagree, 2- Disagree, 3-Neutral, 4-Agree, 5-Strongly agree]

The mean pre-test score of the students towards learning medical ethics was 2.86 (±0.85) (Neutral) and their post test score was 3.98 (±0.83) (Agree) on a 5 point likert scale

Table 2: Students perception on statements on ethical issues

<table>
<thead>
<tr>
<th>STATEMENTS</th>
<th>Pre test score</th>
<th>Post test score</th>
<th>t-value</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethical conduct is important only to avoid legal action</td>
<td>2.76 (±0.95)</td>
<td>3.92 (±0.86)</td>
<td>-15.80</td>
<td>0.001</td>
</tr>
<tr>
<td>During clinical rounds along with clinical aspects, it is essential to discuss ethical, social &amp; legal issues to the patient</td>
<td>2.77 (±0.97)</td>
<td>3.88 (±0.84)</td>
<td>-14.80</td>
<td>0.001</td>
</tr>
<tr>
<td>During treatment, the patient’s wishes must always be adhered to.</td>
<td>2.71 (±0.94)</td>
<td>3.87 (±0.85)</td>
<td>-15.40</td>
<td>0.001</td>
</tr>
<tr>
<td>The doctor should do what is best irrespective of the patient’s opinion</td>
<td>2.80 (±0.96)</td>
<td>3.92 (±0.72)</td>
<td>-14.60</td>
<td>0.001</td>
</tr>
<tr>
<td>The patient should always be told if something goes wrong</td>
<td>2.67 (±0.89)</td>
<td>3.83 (±0.78)</td>
<td>-15.60</td>
<td>0.001</td>
</tr>
<tr>
<td>Children(except in emergency) should never be treated without the consent of their parents or guardian</td>
<td>2.84 (±0.82)</td>
<td>3.93 (±0.73)</td>
<td>-16.60</td>
<td>0.001</td>
</tr>
<tr>
<td>Doctors &amp; nurses should refuse to treat patients who behave violently.</td>
<td>2.89 (±0.83)</td>
<td>3.95 (±0.75)</td>
<td>-15.30</td>
<td>0.001</td>
</tr>
<tr>
<td>A patient who wishes to die should be assisted in doing so, no matter what his/her illness.</td>
<td>2.90 (±0.79)</td>
<td>3.99 (±0.75)</td>
<td>-14.90</td>
<td>0.001</td>
</tr>
<tr>
<td>Cultural diversity of patient’s opinion should be adhered to.</td>
<td>2.86 (±0.81)</td>
<td>3.97 (±0.75)</td>
<td>-15.20</td>
<td>0.001</td>
</tr>
</tbody>
</table>

[Each parameter is rated as 1- Strongly disagree, 2- Disagree, 3-Neutral, 4-Agree, 5-Strongly agree]

The mean pre-test score on statements regarding ethical issues was 2.82(±0.86) and post test score 3.92(±0.84) on a 5 point likert scale

Reflective narration by students

“These types of sessions must be conducted frequently, thereby we will have an insight onto medical ethics and I have learnt many aspects of patients’ autonomy and decision making”.

“It is an enlightening session, learnt about doctor-patient relationship, consent, various principles of ethics, looking forward for such sessions”.

“Now I am able to empathize a patient and what it means to be a patient and the various principles involved in ethics and decision making”.

Discussion

Ethical dilemmas are very common in medical career, thereby sound foundation of medical ethics is of utmost importance. Integration of ethics, attitude, and professionalism across all phases of MBBS is mandated by Medical Council of India. Previously it was presumed that medical ethics and professionalism can be passively taught by watching their seniors, teachers and other paramedical staff’s experiences with patients as a part of hidden curriculum, but now as there is a transition in the field of medicine and as we face many litigations through law, it
has been advocated that Indian Medical Graduate needs to be formally trained in the concepts of medical ethics [3,4].

Majority of students felt inclusion of medical ethics into curriculum is very important which is comparable with other studies [1,4]. Another study done in Karachi stated that teaching ethics to undergraduate students was not necessary [5]. In the present study, the pre and post-test scores showed significant improvement in the perception and attitude among students while learning medical ethics. This is in concordance with the study done in Pakistan 82% students showed improvement in their knowledge of ethical issues [6]. In a study from Kerala, South India, 67% students have reported that they have never attended such sessions of formal teaching of ethics [7].

In the present study, the response of students regarding statements on ethical issues showed significant difference in the post-test. Most of the students had a positive attitude regarding the core values and duties of doctors towards patients including autonomy, consent and confidentiality. More than 80% students have strongly agreed or agreed with these values. The previous study was done among medical undergraduates also showed similar type of observation [8,9].

By performing qualitative analysis, the present study showed significant variations among the students were very keen in learning ethical principles so that it would help them in their practice, be helpful in dealing with ethical dilemmas and improved doctor-patient relationship. After the training, students stated that they had been benefited from the session and their expectations had been met to a large extent, and they wanted more such sessions on medical ethics with active participation by students, including case scenarios and videos in the training module. Students also desired that medical ethics should be taught throughout their curriculum including internship so that they can have a stronger base [10,11]. A study done at 16 teaching hospitals in Japan showed that 75% of participants wanted to have a more comprehensive education in medical ethics [12].

**Conclusion**

Medical ethics is one of the neglected topics in healthcare. Different methods of teaching have been used in students to impart knowledge and information for improve their acceptance. To strengthen ethical reasoning and judgment in decision making, we need to expose students to various ethical scenarios based on which debates, seminars, interactive workshops can be organized by utilizing the work experience of multidisciplinary medical expertise. This should been ongoing process, akin to continuing medical education.

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**References:**