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The UNESCO Chair in Bioethics (Haifa)

Bioethics Education

An UNESCO Chair's Methodology

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What to teach and how?

Amnon Carmi

Introduction

In 2001 an agreement was signed by the Director-General of UNESCO and the Rector of the Haifa University, concerning the establishment of a UNESCO Chair in Bioethics. Article 2 of the Agreement defined the purpose of the Chair: to coordinate and stimulate an International Network of institutes for Medical Ethics Training, associating higher education institutes in both the developed and developing countries, and to develop an up-to-date syllabus for medical ethics education which will satisfy the requirements of medical schools in the world.

During the first decade the Chair has established about 190 Units in five continents, and produced twelve guiding books on ethics education.

The following review will describe the novel educational method of the Chair, its professional background and its scientific foundation, as well as the administrative mechanism that enabled the successful development of the Chair.

Part one: History

A. The Bioethics Core Curriculum

On 19 October 2005 the 33rd Session of the General Conference of UNESCO adopted the *Universal Declaration on Bioethics and Human rights*. The Declaration embodies a set of bioethical principles that provides a common global platform by which bioethics can be introduced and taught to university students.

The UNESCO Division of Ethics of Science and Technology, the Sector for Social and Human Sciences, has produced the Syllabus for Ethics Education Program: The *Bioethics Core Curriculum* (BCC). The BCC was developed with the assistance of the *Advisory Expert Committee* (AEC) for the teaching of ethics, comprising of the following members: R. Apressyan, D. Balasubramaniam, A. Carmi, L. de Castro, D. Evans, D. Garcia, N. Guessous-Idrissi, H. ten Have and J. Williams. The BCC sets out to introduce the bioethical principles of the Universal Declaration that are shared by scientific experts, policy-makers and health professionals from all over the world. The BCC presents a core: it defines what should be regarded as the minimum in terms of teaching hours and contents for appropriate bioethics teaching. The BCC is meant to provide the teachers a way of getting students to reflect upon the ethical dimensions and human rights considerations of medicine, health-care and science. In other words, the BCC answers the question: What should be taught? However, as will be argued below, the BCC does not and cannot answer the question: How should bioethics be taught? The present review will try to offer an answer to this dilemma.

B. The first Haifa Research

Initial research into the importance and quality of education in ethics at medical colleges and faculties of medicine all over the world was conducted by the International Center for Health, Law and Ethics at the University of Haifa in 1996, when 110 medical institutions completed and returned the Center`s questionnaire. The following review refers to that research and reflects the factual findings at that period of time.

Statistically and primarily the subject of ethics was taught at 105 (95 %) of these institutions. Although, on the face of it, this situation is almost ideal, in actual fact it lends support to our major premise, namely that something must have been fundamentally wrong with the methods by which the subject was

taught in a considerable number of the medical schools, owing to the fact that since many physicians fail to practice ethically in spite of their study of, or concerning, ethics, the methods by which they have been trained were questionable.

Secondly, it appears that although 88 % of the medical institutions make their courses in ethics compulsory, this imposition does not guarantee that students` conduct will always be guided by ethical values.

The questionnaire laid great stress on the identities of the teachers of ethics at the medical schools. It reveals that in 32 % of the institutions the teachers of ethics are medical practitioners, while only one school employs a teacher with legal qualifications.

In 18 % the teachers are philosophers or ethicists; 6 % employ both a doctor and a lawyer; 15% a doctor, a philosopher and an ethicist; 3 % a lawyer, a philosopher and an ethicist; 14 % a doctor, a philosopher, an ethicist and a lawyer; at 4 % of the institutions instruction is given by a minister of religion. We assume that on principle the teacher should be a physician, because medical students` tendency to experience a sort of professional empathy with a senior member of their own future profession should induce them to absorb his ethical directives with greater ease. We would not of course disqualify them from meeting with experts in philosophy, law and religion during the course of their study in order to acquaint themselves with other experts` views on ethics. However, the fact that approximately 77 % of the persons involved in one way or another in the teaching of ethics are doctors, although encouraging, adds to the enormity of the dilemma. Why has the teaching of ethics not attained its objectives?

The research tried to explore an additional issue of no less relevance with regard to the number of hours that have been allotted to the teaching of ethics. It was found that 9% of the institutions devoted up to ten hours to tuition of ethics; at 29 % there were ten to twenty hours; 33 % teach between twenty and fifty hours; 7 % between fifty and a hundred hours; while at 8 % of the institutions there were over a hundred hours of instruction.

One should logically deduce that the horns of the dilemma are located not so much in the quantity as in the quality of the tuition.

A final question concerned the location of ethical education in the whole syllabus of medical studies, namely in what year or years should ethics be taught? The research disclosed that 54 % of the institutions place ethics in one year of study and they vary in their choice of years. At 10 % the subject is taught during two years; at 9 % it is placed within three years; at 10 % it stretches over four; at 5 % over five; and at 3 % over all the six years of study.

It would appear that the more time is spent on the teaching of ethics, and the longer it stretches over the students` whole course in medicine, the better the results should be. However, even if such a recommendation is universally accepted, it will not be strong enough to challenge and eliminate the problem of ineffectual teaching methods which were crying out for modernization and radical reform.

C. The second Haifa research

An additional research was conducted in 2001. The International Center for Health, Law and Ethics asked 1500 deans of medical schools to complete another questionnaire and return it to the Center. As only sixty deans returned the questionnaire, the survey can by no means present a worldwide picture,

although it embraces the Americas in the west, Tasmania in the east, Sweden in the north and South Africa. Respondents consisted of medical schools in underdeveloped as well as developed countries.

The sixty respondents may be divided into four groups. The first comprises 48 medical schools at which courses in ethics are compulsory. At three institutions courses are optional. Three integrate ethics into their medical and surgical lectures. The fourth group is nondescript. An interesting condition in Scotland's Aberdeen required all students before they transfer to the medical course to sign a detailed declaration promising that they will follow the ethics code during their practice as physicians.

Thirteen institutions entitle their courses Medical Ethics, 3 favor Bioethics as a title, 3 prefer Medical Ethics and Health Law. Others are called Seminars on Bioethics, Medical Ethics and the Law, Lectures in Ethics, Medical Ethics and Deontology, Clinical Skills, Ethics and Aesthetics, Professional Ethics, Ethics and Morals, Biomedical Ethics, and Philosophy of Medicine.

The hours devoted to specific lectures on ethical subjects vary so significantly that at this time it may be assumed that there are widely different opinions on what a course in ethics should comprise.

Nine institutions devote less than ten hours to the subject, eight run courses for between ten and nineteen hours, four schools devote between twenty and twenty-nine hours to ethics, five between thirty and thirty-nine hours, two between forty and forty-nine hours. Two institutions teach the subject for fifty hours, two for between sixty and sixty-nine hours. Two other schools state that there are 108 and 240 hours of ethics in their programs, which does not seem to leave much time for medicine and surgery.

From the other twenty-four respondents we received such statements as, one lecture weekly, one fortnightly, three weeks and four weeks of projects, two semesters or no answers at all.

The years during which courses are given are also wide in their variety. At four institutions the subject is studied during the first year only; at two during the second year; at ten during the third year; and at two during the fourth year of study. Three schools teach ethics during the first three years of the medical course; one during the third, fourth and fifth years; another during the third and fourth, one during the first and second, another during the second, third and fourth; another during the second and third; another during the third and fifth; and another during the first, third and fifth years of study. One institute allocates the subject to its second and ninth semesters and another to what it describes as different years. Twenty- four schools did not answer the question clearly.

About half of the deans were able to state that their lecturers had paper qualifications in Bioethics, but many regretted the fact that their limited budgets did not permit them to employ certificated experts in Ethics. Some teachers of the subject are defined as pediatricians, obstetricians, dermatologists, neurologists, and, of course, lawyers. Deans are almost unanimous in their wish to have doctors or more doctors qualified to instruct in ethics.

In brief conclusion, there is abundant evidence to prove that lots of medical schools will sincerely welcome guidance in the teaching of ethics. They will send physicians to courses; they will welcome modernized methods of instruction in the subject; they will adopt a new syllabus either in its entirety or insofar as it suits their environment.

As for the hundreds of silent institutions it may not be too much to expect that many of them will realize that a 21st century ethical approach by physicians to their colleagues as well as to their patients will strengthen the efficiency of the medical profession.

D. The need for a novel method

In recent decades medical education curricula have undergone many modifications for a variety of reasons. In spite of these changes, ethics education has not received adequate attention in medical schools throughout the world. There is an emerging need for introducing medical ethics teaching as a consequence of several social and scientific processes:

Health-care consumers emphasize nowadays not only the need for health but the need for quality of life. Health-care providers are detached from traditional concepts of idealistic medicine, adopting a contractual consumers' paradigm. Patients expect empathy, reliability and devotion, along with professionalism, effectiveness and quality.

Medical technology has created new dilemmas (e.g. procreation, euthanasia, intensive care, medical genetics and biotechnology). While at the same time causing previous ethical resolutions to become obsolete (e.g. definition of death, family composition).

Specialization and sub-specialization in medicine were encouraged technicality at the expense of patient-physician relationship and communication skills, thus creating a growing gap between physicians and their patients, and between medicine and society at large. Growing social concern, suspicion and demand for closer inspection on medical activities is filling this gap.

The demand is materialized in the form of ample litigation, increased health-related legislation and formulation of international declarations, conventions and charters, creating new ethical and legal frameworks and new obligations for the practicing physician. Resource allocation in face of growing monetary constraints creates a substantial effect on the everyday practice of medicine. The need to adhere to ethical norms in scientific research and experimentation (human cloning, pharmacology) remains a constant challenge.

A medical ethics curriculum ought to reflect the changing faces of medicine and should govern the following arenas, each having multiple sub-categories, with varying ramifications:

The relationship between health-care providers and their patients; the choice of medical intervention for the individual patient; the choice of public health interventions; the evaluation of effects of health-care interventions; the collaboration between teams engaged in health care activities; the choice of goals and methods of medical research.

These studies that were conducted at the International Center for Health, Law and Ethic indicated, inter alia, three crucial findings.

First, many of the doctors who taught ethics in medical schools around the world have never studied ethics and bioethics, certainly not in an exhaustive systematic way. Second, most of the doctors who taught ethics have never acquainted with the art of teaching. Third, most physicians were accustomed to teach and talk about ethics ex-cathedra. One may also learn from different studies conducted in various centers around the world that many students feel a lack of interest, rejection and even disgust when compelled to listen to speeches or preaching.

In light of these findings, and due to the need of allocating a different manner of delivering the message of ethics to students, an international committee undertook the mission to form a new method for teaching ethics in medical schools in the world. The following members took part in this project: A. Carmi (chair), M. Cotler (USA), S. Fluss (UK), G. Kutukdjian (France), A. Okasha (Egypt), and N. Sartorius (Switzerland).

The aim of the project was to form a new, modern curriculum of medical ethics to be taught at medical schools all over the world. The need for a modernized curriculum derives not only from the fact that many of the existent curricula are antiquated and completely out of tune with the intricacies of recent scientific developments, but also from the safeguards which we require in the form of educational innovations which will inseminate ethical values into our students, in spite of this materialistic age in which we live.

The goal of the project was to ameliorate the current tuition of ethics in medical schools and to intervene in several plains: To solicit conceptual changes in medical faculties, to form modern curriculum for education of ethics, to train the potential teachers for the instruction of ethics, and to create modern educational tools and materials.

The purpose of the initiators was to form an updated and modern curriculum, reflecting the need for the integration of ethics in everyday practice, for augmenting interest and respect for values involved in health care delivery, and for raising awareness for competing interests. The project was expected to introduce students to various non-medical facets of medicine: sociology, economics, psychology and public administration.

The idea was to create training programs for teachers and instructors of ethics in medical schools, and to develop novel, modern and sophisticated educational tools and materials in order to facilitate attractive teaching. The new method that was compiled by that team consisted of a few basic components.

First of all, waiver or abandonment of long speeches as teaching tools for ethics education. Second, the initiation of and call for active involvement of the students in the discussion and decision-making process. Third, the use of real medical cases while dealing with ethical dilemmas. Fourth, the collection of such cases from different countries and variety of cultures in order to formulate a universal method of teaching to fit any site. Fifth, the construction of a uniform structure of the syllabus: Starting with a short review of the case, that is followed by a leading question such as: "What or how should the doctor react in this case?" In the next stage the syllabus presents the students with a few alternative ethical options. Finally, after the classroom's discussion, the teacher may provide the students with a condensed ethical definition or explanation.

The method in question was forwarded to another ad-hoc international scientific committee that included over one hundred and fifty experts from more than fifty countries. That ad-hoc committee elaborated the method and delivered it to the UNESCO Division of Ethics of Sciences and Technology that examined

the method and adopted it. The Director- General of UNESCO decided to realize the message of this method and established in 2001 a special Chair at the International Center for Health, Law and Ethics of the University of Haifa.

The DG declared that one of the essential factors favoring development in the fields of competence of UNESCO is the exchange of experience and knowledge between universities and other higher education institutions. The new Chair was authorized to develop an up-to-date syllabus for medical ethics education which will satisfy the requirements of medical schools in the world.

Part two: The new method

The Chair undertook the mission of producing a series of guiding books for teachers and students thereby using the new method that was compiled by its experts. These books possess heuristic and pedagogical characteristics, thus translating complicated ethical dilemmas and conveying their messages in an easy and clear manner. The editors of this series of books have collected and chosen vignettes as the tool to teach ethical concepts. While as a teaching tool the use of cases may have its detractors, they are commonly used to convey in a few paragraphs the central elements of a case and to demonstrate in practice the application of concepts. The cases are collected from many countries worldwide and reflect a universal perception. The problems that the vignettes depict are similar everywhere, and doctors have to grapple with them no matter where they practice. The cases in this series of books cover large segments of issues and topics that most often bedevil the medical practice, and on occasions become a matter of public debate about the appropriateness of medical interventions.

Contributors were asked to mask much as possible any identifying elements in each case, in order to protect the patients' rights of confidentiality and privacy. Some cases describe behaviors that are blatantly unethical and even border in legal wrongdoing. They have been kept as an indication that, at times, the dividing line between unethical behavior and criminal lawbreaking is blurred, and that unethical behavior may carry legal consequences when that line trespassed.

Following the presentation of each case a binary approach has been used to indicate the possibilities of at least two opposite answers to the problem. Of course, students are invited to develop their own favored ethical choices for the resolutions of these case studies. While this approach may be considered too simplistic, the idea is to provide students with alternatives in thinking ethically, without encumbering them with deep ethical concepts for which texts and other books have been specifically written. The cases are drawn from real-life experiences. They are based on simple fact situations, so that the students can address their ethics elements, rather than evade ethical engagements by resort to technical means or development of additional facts. The use of case studies for medical ethics teaching stimulates ethical debates by calling for a combination of concrete problem solving and abstract principled reasoning. Through case studies, students will learn, firstly, to develop sensitivity for ethical problems and to describe an ethical conflict; secondly, to identify and analyze the underlying ethical principles and values which are relevant to the case, and, thirdly, to stimulate ethical decision-making in the practice of health-care. The aim is to produce a tool and a platform for active participation of students in the decision-making process. Students should learn how to develop a position on an ethical problem and how to justify it. Combined efforts of teaching, educating and training by the use of such a methodology may plant and root in the minds of the students ethical values that should guide every physician providing health-care. The danger of using vignettes would be to become too specific and to concentrate too closely to the issues of the case while forgetting the major socio-political and other relevant implications underlying the cases. These books should be considered as just a "primer" in ethics with no pretenses to be a scholarly text. A few books offer wide discussions rather than short explanation with regard to the relevant ethical dilemmas. While doing so, the editors do not profess to solve all the ethical issues, but rather to inspire the students to think about all of them more closely and more carefully.

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