

Teaching and learning of ethics in Malaysian Medical Schools: The challenges

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There is a widespread demand coming from the public and the medical fraternity for physicians not only to be competent in their chosen field but to exhibit the highest standards of ethical behavior. Physicians are constantly under public scrutiny and any misdemeanor actual or perceived hog the headlines of the public media. The problem is compounded by the democratization of medical education, fuelled by the increasing market demand for physicians and the corporatisation of medical education and practice in Malaysia.

What used to be a very selective profession in terms of stringent entry criteria, and even more exacting passing standards, has deteriorated into students of dubious calibre entering the profession, through medical schools, which compete with each other for the same limited segment of the student population that has the capacity to pay hefty sums of money. Not surprisingly the selection of students into these corporate medical schools is motivated more by increasing the student numbers rather than the aptitude of the students to meet the demanding moral and ethical values of the medical profession.

In this changing and challenging scenario the medical teachers are entrusted to produce ethical physicians. Despite the shifting paradigm in medical education, teaching and learning of ethics has to be sustained and tailored to cater for the diversity of students who enter private and public medical schools. The subject of medical ethics is included in all medical schools in this country although the format may vary. The teaching of ethics necessarily must incorporate knowledge, skills and attitude and these require different and innovative approaches in learning and assessment methods.

Knowledge can take the form of introduction to literature of clinical ethics and a practical approach in ethical analysis and moral issues given the importance of practice, the question arises, how much should teaching be around real cases and how much should it be focusing on principles, literature, and theory. Curriculum design needs to be based on the incidence and prevalence of

specific clinical encounters reflecting upon case scenarios in inpatient, outpatient or consultation settings.

The students too, need to be familiar with the common approaches to ethical analysis and the philosophical theories that underpin them. Most medical colleges in Malaysia tend to gravitate towards the concept of Principlism, a framework of ethical decision making developed by Beauchamp and Childress that is based on four principles viz. autonomy, beneficence, maleficence and justice.¹ Beauchamp and Childress believe these four principles are commonly shared and accepted no matter what's one ethical, political, religious or cultural values are. Principlism presupposes a common and shared universal morality. However these principles emphasize the morality of the western liberal post traditional world view where individual rights, personal autonomy and social justice are predominant.

But then does a common morality ever exist? In the same vein does a common morality exists among our students from various ethnic, religious and cultural backgrounds? In my mind this is the major conundrum facing teachers of ethics in this country. Other approaches to ethical decision making are based on utilitarian theories which measures the value of an action by its consequences and the deontological theories that state that an act is considered ethical and proper if it satisfies the duties and obligations as stated without regard to the consequences.

Ethics is about analysis and inquiry and critically analysing moral issues in medical practice and students have to be exposed to the philosophical foundation of arriving at a decision. Unfortunately time constraints in an already crowded curriculum may not allow this to happen.

In the Malaysian context religious and cultural traditions are deontological in nature, where duties and obligations are normative as in filial piety, family values and altruistic behaviour. For example the Confucian ethics basically asserts that filial piety and fraternal love are the roots of humaneness, the foundation and origin

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of human morality; all social goods are extensions of family ethics.² Thus the teaching of ethics in Malaysia need to take cognizance of the variations in social and cultural traditions of the multicultural student population. Adopting indiscriminately the parameters of ethical analysis from the West without reference to prevailing social and cultural norms of the student population and Eastern philosophical thoughts may cause a rich and productive confusion in the minds of the students.³

However the assimilation of knowledge is insufficient to be effective without the skills to manage everyday clinical encounters. A physician who understands the legal and ethical framework to obtain informed consent for a hazardous procedure, must possess the communicating ability to convey relevant and truthful information to the patient in ways the patient can understand and make an informed decision. In this context medical teachers should recognise the importance of role models in developing the appropriate behaviours. Students identify easily with role models and tend to emulate them.⁴

But the silent curriculum is not limited to attitudes and behavior of clinical teachers towards their patients but also to the institutional culture in which the medical training is done. Medical schools must have a culture that reinforces the professional and ethical values it is trying to impart. This can be a challenge in a private medical institution where ethical considerations are sacrificed in the altar of business expediency and financial constraints. As physician-historian Kenneth Ludmerer suggests “a commercial atmosphere does little to validate the altruism and idealism that students typically bring with them the study of medicine”.⁵

Many ethicists believe that virtuous character development among medical students is fundamental in enhancing the physician-patient relationship. The Confucian understanding of the virtuous person is exemplified by the moral ideal of Chun-tze (the superior person). Chun-tze is a person of high moral achievement

who constantly tries to improve and cultivate himself/herself to achieve various stages of perfection.² Can we not aspire to create a “superior” physician? Values like compassion integrity, truthfulness and humaneness need to be nurtured both by the hidden and open curriculum as the students progress through their course and these values become a part of his/her intrinsic personality.

In *Meno*, Plato asks Socrates: “Is virtue something that can be taught? Or does it come by practice? Or is it neither teaching or practice that gives it to a man but natural aptitude or something else.”⁵ There are no simple answers, in my view it is difficult but not impossible to modify one’s character so that the student becomes an ethical physician, provided institutional support is given whereby the teaching and learning of ethics is given the pivotal place it rightfully deserves in the medical curriculum. This will help us to produce physicians who have the ethical and professional standards that society demands of its physicians.

Another problem in the teaching and learning of ethics is the assessment methods. Most medical schools use OBAs’ and OSCEs’ in assessing students, both of which are unsatisfactory. Admittedly OSCEs’ are better as at least some skills can be tested. Ethics is about arguments and discourse and selecting the best options within the ethical and legal framework for an outcome that contributes to better patient care and clarifying the reasons for choosing the particular option. Thus I believe medical schools need to realign their assessment approaches from summative to in-course assessments by observing students in the actual health care settings and their interactions with their patients and giving feedback so that the students can reflect on their own action. After all these health care settings are the future workplace of the students. The assessment needs to be integrated horizontally and vertically with all major disciplines in the medical curriculum. Significantly the assessment of ethics must be a shared obligation of all teachers throughout the medical course and cannot be the sole responsibility of teachers assigned to teach medical ethics.⁶

These are difficult times. The arrival of the corporate medical educator and technological advances in medicine have thrown up many challenges in the teaching and learning of ethics in this country. Whether the future physicians can meet the demanding moral and ethical standards expected by the society is contingent on how medical educators respond to these challenges.

Keywords: Medical ethics, Principlism, curriculum, assessment

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