

## INTERNATIONAL ETHICS

# Teachers' views of WHO teaching guidelines on health ethics for undergraduate medical education in Bangladesh

**MD HUMAYUN KABIR TALUKDER\*, FATIMA PARVEEN CHOWDHURY\*\*, MUHAMMAD MIZANUR RASHID SHUVRA\*\*\*.**

**\*Assistant Professor, curriculum development \*\*Director; \*\*\*Research Assistant, Centre for Medical Education, Mohakhali, Dhaka. Address for correspondence: Md Humayun Kabir Talukder, National Health Library Building, 3rd floor, Mohakhali, Dhaka 1212, BANGLADESH. e-mail: hktalukder@yahoo.com**

Medical colleges must produce doctors capable of maintaining the public's health, curing patients of their illnesses, and expanding medical knowledge – all in an ethical manner. In Bangladesh, the medical profession has traditionally enjoyed great respect. However, the situation is changing as cases of medical negligence are brought to court. Professional organisations are becoming conscious of the importance of a code of conduct and of ethical behaviour but health ethics is not on the medical curriculum. The mandatory course in forensic medicine contains some discussion of malpractice and professional misconduct. A limited ethics education is provided during para-clinical teaching sessions. On the whole, however, ethics is learnt by observation rather than through formal study.

In the South East Asia Region, the World Health Organization undertook an effort to incorporate the teaching of health ethics in clinical teaching, with an emphasis on helping students internalise ethics in their clinical practice (1).

The WHO guidelines may prove to be an effective way to teach health ethics in Bangladesh. The success of such an effort will depend partly on how medical colleges respond to the idea (2). It will also depend on the opinions of key persons involved in the process. It is suggested that teachers are the first group whose views should be obtained in this regard.

The survey is based on self-administered, structured questionnaires given to 39 teachers from seven departments (medicine, paediatrics, surgery, gynaecology and obstetrics, psychiatry, community medicine, and forensic medicine) of Dhaka Medical College. These teachers had attended orientation workshops on the WHO guidelines for teaching health ethics and their usage. Following the workshop, the teachers used the guidelines and selected case reports to hold lectures, tutorials and bedside lectures with a total of 965 students.

These teaching sessions took place between April 2002 and August 2003. After the sessions a self-administered, structured questionnaire was used to collect teachers' views. Participation in the survey was voluntary.

Teachers were asked to grade the following issues : students' willingness to learn health ethics; the relevance of the case report with the identified topic; effectiveness of case reports as a teaching tool in health ethics; and the overall effectiveness of

various teaching methods for teaching health ethics.

In response to the first question, 38.5% of respondents felt students were 'highly willing' to learn health ethics; 35.9% were 'willing' and 25.6% were 'moderately willing'. None of the teachers felt students were unwilling to learn about health ethics.

Regarding the relevance of the case reports, 30.8% felt they were 'highly relevant'; 46.2% felt they were 'relevant' and 23.1% felt they were 'moderately relevant'. None of the teachers felt the case reports were irrelevant to learn about health ethics.

Regarding the effectiveness of case reports as a teaching tool for health ethics, 17.9% felt they were 'highly effective', 51.3% felt they were 'effective', 28.2% felt they were 'moderately effective' and 2.6% felt they were 'less effective'.

Clinical bedside teaching and tutorials were reported to be more satisfactory as teaching methods. Lectures were less satisfactory as these were large groups and in non-clinical departments such as community medicine and forensic medicine.

### Conclusion

Overall, teachers felt that students were willing to learn health ethics. A very small minority of respondents indicated reservations about the effectiveness of case reports as teaching methods. The general impression is that the WHO teaching guidelines on health ethics should be included in undergraduate medical education in Bangladesh. For this, ethics should be incorporated into the regular course schedule and teachers should be trained to use these guidelines. Case reports based on identified areas in health ethics need to be developed for various clinical settings in the local context. The guidelines should contain an introduction on conceptual and theoretical issues for the benefit of teachers.

### Acknowledgements:

*The study was supported by funding from WHO, SEARO.*

### References

1. World Health Organization. *Teaching and application of health ethics in South East Asia: health ethics teaching guidelines for SEAR countries*. WHO, SEARO in collaboration with College of Public Health, Chulalongkorn University, Bangkok, 2002.
2. World Health Organization, SEARO. *Health ethics in South-East Asia, Vol. 1*. New Delhi, June 1999: 1-9.