Teaching medical ethics: a model

G D Ravindran, Rev. Fr T Kalam, S. Lewin and P Pais describe a programme for teaching medical ethics to undergraduate students

To the best of our knowledge, medical ethics is not taught as a separate subject in Indian medical colleges. St John’s Medical College has a programme for teaching medical ethics to its undergraduate students. We describe here the structure of our programme, the syllabus and the teaching methodology. We feel that we have an effective way of teaching medical ethics at our medical college and would encourage other medical colleges to introduce the subject in their curriculum.

With the advent of the Consumer Protection Act (CPA), the Indian medical community has become more ‘ethics conscious’. The Medical Council of India (MCI) has recommended that medical ethics be taught to undergraduates as a part of forensic medicine with only 4-6 hours teaching time for the entire course. (1) Medical students are expected to acquire an ‘ethical sense’ by observing the practices of their teachers and senior colleagues. We feel that the absence of a medical ethics programme is a serious lacuna in the Indian medical curriculum.

Worldwide, many medical schools offer structured programmes for teaching medical ethics to their students. (2,3) St John’s Medical College was established in 1963 by the Catholic Bishop’s Council of India (CBCI). It is the only Catholic medical college in the country. One of the major objectives of the college is that its students should ‘acquire an exemplary steadfastness to principles and moral values to a life of honesty and integrity and also to develop respect for human life from the time of inception to its end’. To achieve these objectives, the management introduced medical ethics as a separate subject in the curriculum in 1963. To the best of our knowledge, no other medical college in India offers such a programme for undergraduate students. (4)

Our experience

The Department of Medical Ethics was created in 1963. From 1963 till 1985, classes were conducted during the third semester (first year MBBS; pre-clinical) and again in the sixth semester (third year MBBS; clinical). The subject was taught by chaplains who were trained in philosophy and moral theology. These classes were informal and unstructured.

In addition to these classes, the department of forensic medicine also covered medical ethics as part of their regular curriculum for the MBBS examination. The department still continues to conduct these classes. The topics included are ‘Rights, privileges and duties of the practitioners’, ‘State and Medical Council of India Acts’, ‘Confidentiality, consent and medical negligence’.

In 1985, a person who had received special training in medical ethics was appointed as professor of medical ethics. Besides his doctorate in psychology and religious studies, he had spent time with the Hastings Center and Kennedy Bioethical Center in the USA. There are two other staff members in this department. Other interested faculty members also conduct a few sessions.

In 1986, the teaching was structured and made more rational. We felt that students did not appreciate the relevance of the subject in the pre-clinical years and their interest was much more when they had been exposed to patients.

Hence, the classes were shifted to the fifth semester (third clinical year) and the seventh semester (fourth clinical year). The course duration is 40 hours of teaching. The detailed syllabus is shown in Table I.

There are 60 students in each semester. At the end of the seventh semester, an examination is held. It consists of an essay and a situation analysis. As an incentive the best essay is awarded a prize.

The pre-clinical years are not neglected. The students have ‘Value’ issues in Medical Ethics, VI (3), July-September 1998.

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**TABLE I**

Curriculum on medical ethics for undergraduates

- Introduction to medical ethics
- Definition of medical ethics
- Approaches to medical ethics
- Perspectives to medical ethics
- Ethics of the individual
- The ethics of human life
- The family and society in medical ethics
- Death and dying
- Professional ethics
- Research ethics
- Ethical work-up of cases
- Special situations in Christian bioethics

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classes every week. The syllabus for these classes is given in Table II. Role plays, group discussions, video cassettes, case studies and talks by the faculty are used while conducting these classes. These help in sensitising students to appreciate the course better during the clinical years.

Teaching methodology
During the fifth semester, didactic lectures and seminars are held weekly. In the seventh semester, clinical cases which have ethical implications are discussed with and by these students and moderated by the faculty.

Though the medical college is run by the Catholic Church, the course content is not purely ‘religious ethics’. The medium for conveying values at work in the medical profession is by using concepts from behavioural sciences and analyses of these values for human fulfilment. Since ‘nothing that is human is alien’ to a Christian, this in no way contradicts the tenets of Catholic Medical Ethics. On the other hand, this sound basis gives more credibility to the ethical values and norms that the church proposes for the medical profession.

Programme for interns
In 1992, a discussion with interns highlighted the need for continued reinforcement of ethics during the internship programme. For this purpose, a monthly clinical ethics programme has been introduced and includes 10 important topics (Table III). Clinical ethics sessions for interns are held once monthly, as part of the hospital’s regular weekly clinical meeting. A faculty member gives a short introduction to the topic for the day. One or more interns then present actual cases which involve ethical dilemmas. The cases are then discussed by the house. Interns are encouraged to actively participate in the open discussion which is moderated by a faculty member. At the end of the discussion the treating team explains to the house how they resolved the issue. The Professor of Medical Ethics then sums up the discussion. Thought-provoking posters are displayed all over the campus before the meeting to arouse interest. The attendance at these seminars has been good and participation enthusiastic.

Problems encountered
Some of the problems we face are the lack of a systematic collection of Indian court rulings and court cases involving medical issues. There is no methodical application of ‘Indian philosophical thought’ to problems of medical ethics. Serious efforts are needed to bridge this gap. One of the efforts is the availability of textbooks on medical ethics: that by George Lobo is currently out of print, (5) and by C.M. Francis (6) Recently, a journal Issues in Medical Ethics has been started in India.

Conclusions
Medical ethics should be an important part of the undergraduate medical curriculum in India. It should not be left to a ‘laissez-faire’ process of osmosis from teachers to students. We feel that other medical colleges in the country should introduce formal teaching in this subject and share their experience with others involved in it.

References

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