COMMENTARY

Dignity and professionalism: Integrating medical ethics into the clinical training of medical students

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Abstract

In the context of war and instability, developing a professional ethical culture among future doctors is particularly significant and requires innovative educational approaches. This commentary presents the unique features of the integrated medical ethics course "Dignity and Professionalism", developed for medical students and implemented within clinical training. The course aims to bridge the gap between theory and clinical practice by embedding ethical reflection, narrative-based learning, and patient-centred decision-making into everyday clinical scenarios, distinguishing it from standard programmes.

The course is grounded in four pedagogical principles: interdisciplinarity, practicality, structured reflection, and narrativity. It comprises four modules and employs case-based learning, reflective writing, simulation, and narrative medicine. The ethical component is integrated into key clinical disciplines, supporting the development of students' ethical analysis, empathy, professional responsibility, and reflective skills. The course demonstrates that ethical education in conflict zones can be practical, reproducible, and scalable, offering valuable experience for universities operating under similar conditions.

Keywords: *medical ethics, clinical training, dignity pedagogy, professional identity formation, narrative medicine*

Modern medical education increasingly faces the challenges of war, humanitarian crises, and the consequent moral dilemmas. Under such circumstances, medical professionalism is impossible without ethical professionalism — the ability to conduct ethical analysis, preserve patient dignity in interactions, and maintain responsibility to society. At the same time, the moral component in most curricula remains fragmented and detached from clinical practice. A review of recent international studies reveals that integrating ethics into clinical disciplines enhances empathy, reflection, and professional responsibility [1, 2]; in contexts of war and resource scarcity (such as Syria, Sudan), educational models are being adapted — from the re-conceptualisation of triage to the implementation of distance learning [3, 4].

In Ukraine, these challenges are particularly acute: the war, scarcity of resources, and the necessity of triage increase the risk of professional burnout; therefore, integrating clinical ethics into the training of future doctors has become an urgent need. By "military constraints", we refer to factors that complicate the educational process during active hostilities, such as the displacement of teachers and students, the destruction of infrastructure, the transition to distance learning, and sustained moral and psychological pressure.

In this commentary, we propose a conceptual design for an integrated medical ethics course, titled "Dignity and Professionalism", which aims to connect theory with clinical practice through the examination of real cases and the use of transparent assessment tools. The approach is particularly relevant for conflict-affected settings.

The material presented is based on theoretical analysis of pedagogical experience and the conceptual modelling of the course, without empirical data collection. The aim is to present a pedagogical concept for the course, including its design logic, content modules, and principles for integrating ethics into clinical learning under wartime conditions.

The pedagogy of dignity represents a contemporary direction in educational thought, grounded in the recognition that every individual possesses inherent worth and deserves respect regardless of social status, cultural background, or professional context [5,6,7]. Its central principle is that education should create conditions for the development of students' sense of personal dignity and their ability to recognise this dignity in others [8, 9]. In medical education, it is not a "humanitarian addition" but an operational framework: a shift from the transmission of value-oriented learning, where professional competence is inseparable from ethical responsibility. Dignity serves as a practical orientation in clinical practice, defining the boundaries of what is permissible, influencing therapeutic decision-making, and shaping communication within the healthcare team. Research indicates that explicit education on dignity improves patient interaction and strengthens the professional identity of medical students [10,11].

A comparative analysis of contemporary approaches to medical education reveals significant differences between the dominant Euro-American paradigm and the pedagogy of dignity. The traditional educational model is grounded in a competence- and technology-driven logic, focusing on standardised knowledge and clinical efficiency. In contrast, the pedagogy of dignity shifts the emphasis from "the ability to treat" to "the ability to see the person," offering a humanistic framework in which professional competence is combined with moral responsibility, empathy, and reflection. To summarise the key distinctions between these approaches, they are presented in Table 1.

Table 1. Comparison between the Euro-American paradigm of medical ethics education and the pedagogy of dignity

Dimension	Euro-American paradigm of medical ethics education	Pedagogy of dignity
Philosophical foundation	Positivist, competence-based, focused on measurable outcomes	Humanistic, axiological, aimed at developing value consciousness
Educational goal	Formation of knowledge, skills, and clinical efficiency	Formation of ethical sensitivity, reflection, and professional dignity
Role of the student	Performer of tasks and procedures according to standards	Active subject of moral choice and reflection
Teaching methods	Simulations, testing, clinical protocols	Narrative medicine, case dilemmas, reflective writing
Outcome	Competent performer	Responsible and ethically mature professional

Thus, the pedagogy of dignity does not reject the traditional model but rather extends it by adding a moral dimension and fostering the ability to perceive not only clinical facts but also human stories within the context of medical practice. This approach naturally aligns with narrative learning, which reveals the practical dimension of developing empathy and reflection.

Narrative-based learning is considered one of the most effective tools for fostering a professional and ethical culture in medical students. Its essence lies in the use of clinical stories, patient narratives and students' personal reflective texts as educational resources. This approach combines cognitive knowledge acquisition with the moral and value dimension of medicine, helping learners to see, beyond medical facts, the human experience of illness and suffering. Educational projects such as Caring Stories — a narrative-based learning framework — and systematic reviews demonstrate that the integration of narratives into learning enhances communication and interprofessional skills, empathy, and students' resilience [12,13,14]. More recent studies have further associated this approach with the development of critical thinking, moral sensitivity, and professional identity in future doctors [15,16,17].

Across different regions of the world, approaches to ethics education vary considerably. For instance, in Middle Eastern countries, workbook-based ethics learning (WBEL) seeks to contextualise ethics education by aligning it with local cultural and moral values [18]. In Australia and the Asia–Pacific region, emphasis is placed on social responsibility and community partnerships [19]. In Latin America, the lack of unified assessment standards — which complicates the comparison of learning outcomes and the systematic evaluation of ethics education programmes — has been noted [20]. In African countries, interdisciplinary ethics training programmes are being developed under conditions of limited resources [21]. The experiences of Syria and Sudan illustrate a forced transformation of teaching, from rethinking triage to adopting distance-learning formats, which underscores the need for ethical resilience [3,22]. Within this context, the proposed course is designed to combine cultural relevance, community orientation, transparent assessment criteria, and adaptation to resource scarcity.

In contemporary medical education, ethics is increasingly viewed as an essential component of professional training rather than an optional supplement. It is integrated into the teaching of clinical disciplines, serving as a bridge between theory and practice: every clinical decision carries both biomedical and moral dimensions.

Recent studies confirm that integrating ethics into clinical training fosters the development of students' professional identity, enhances their moral sensitivity, and strengthens their ability to act under uncertain conditions [23,24]. Participation in narrative medicine and reflective writing programmes is associated with lower levels of burnout and with reinforcement of humanistic values within clinical settings [25–27].

A review of the literature has identified three significant gaps:

1. the lack of documented mechanisms and evidence of the impact of ethics integration within specific clinical modules;
2. the absence of an agreed methodology for course design and evolution (transparent rubrics, ethical competency maps, validated reflection tools);
3. the fragmentary representation of wartime and humanitarian contexts.

Hence, there is need for a course that is organically integrated into clinical education, provides clear assessment tools, and accounts for wartime and resource constraints.

The conceptual design of the course "Dignity and Professionalism" emerged as the next step following an analysis of global and Ukrainian experiences in integrating ethics into medical education. The aim was not only to outline the problems but also to propose a practical, pedagogically grounded solution that could be organically integrated into clinical training, fostering the professional identity of students through engagement with real-life

Table 2. Structure of the course "Dignity and Professionalism"

Module	Thematic focus	Key learning activities	Expected learning outcomes
I. Ethical dilemmas in clinical practice	Awareness of the moral aspects of decision-making	Analysis of case dilemmas, ethical journals, and group discussions	Ability to conduct ethical analysis of situations; development of moral sensitivity
II. Clinical cases and decision-making	Balancing clinical feasibility and moral responsibility	Simulations, role-plays, and analysis of real clinical cases	Development of professional responsibility; ability to act under uncertainty
III. Interaction with patients and families	Communication, empathy, and preservation of dignity	Narrative medicine, essay writing, patients' stories	Development of empathy and ethical communication skills
IV. Interprofessional collaboration and team ethics	Ethics in teamwork and interprofessional interaction	Interdisciplinary seminars, collaborative case solving	Formation of moral competence and team responsibility

situations, reflection, and dialogue. The course was conceived as a response to everyday pedagogical dilemmas: how to teach students to see the patient not merely as a "clinical case" but as a person; how to reconcile professional precision with moral sensitivity; and how to prepare future doctors for decision-making under crisis conditions.

The course concept was developed by the author, based on theoretical analysis, pedagogical experience, and consideration of the structure and requirements of clinical training. This enabled the determination of the structure, thematic emphases, and pedagogical tools for integrating ethical tasks into existing clinical syllabi. Theoretical scenarios for facilitation and simulation sessions were outlined. Ethical assignments were aligned with the topics and competencies of clinical modules. The content was conceptually adapted to wartime and low-resource conditions, addressing issues such as triage, resource allocation, and pathways of care for military and civilian patients.

The course is grounded in four interrelated pedagogical principles that establish the programme's logic:

1. Interdisciplinarity: the interaction of medicine, law, psychology, and the humanities for a multidimensional analysis of clinical decision-making;
2. Practical orientation: learning through real or simulated clinical cases, including telemedicine scenarios;
3. Reflection: ethical journals and discussion of errors as tools for self-correction and resilience;
4. Narrativity: engagement with patients' stories and personal essays to develop empathy and value sensitivity.

The course is built on a modular principle that integrates ethical, clinical, and communicative components into a unified educational system. A brief overview of the content modules and the expected learning outcomes is presented in Table 2.

Each module has its own logic and focus, yet they are all interconnected, forming a coherent system for cultivating the professional and ethical culture of future doctors. The structure ensures a gradual transition from individual reflection to team collaboration and professional maturity.

The course combines case-based learning, simulations and role-play, reflective writing, and narrative medicine. A typical learning case follows a complete cycle: analysis of a clinical situation → simulation of a difficult communication → reflective essay → brief feedback using an assessment rubric.

The combined use of these methods ensures the multidimensionality of the educational process — from the development of analytical abilities and communication skills to the cultivation of empathy and moral reflection. This synergy provides the course "Dignity and Professionalism" with both its innovative character and its practical relevance for contemporary medical education.

Upon completion of the course, students are intended to demonstrate:

1. the ability to conduct ethical analysis of clinical situations and to make decisions under conditions of uncertainty;
2. empathy and respect for the patient's dignity in communication;
3. professional and ethical responsibility for the consequences of their decisions;
4. reflective competence as the foundation for professional resilience and the prevention of burnout.

Thus, expected outcomes extend beyond formal competencies and provide the foundation for a future doctor to develop as a holistic professional, capable of integrating clinical effectiveness with humanistic values.

The "Dignity and Professionalism" course is intended primarily for the fourth year of medical training, when students begin more systematic engagement with clinical disciplines, case-based learning, and patient-related communication. It can be integrated into the teaching of clinical modules. Ethical analysis takes place at the point of decision-making and accompanies case discussions,

simulations, and communication with patients and healthcare teams. This format allows students to perceive ethics not as an abstract theory but as a direct instrument of clinical reasoning and interaction.

The novelty of the proposed approach lies in the organisation of the learning experience, where the ethical component is integrated directly into clinical modules. This embeds ethical analysis within the clinical decision-making process, ensuring a sustained link between professional action and a value-based orientation.

The course adopts the pedagogy of dignity as its normative and value framework, while narrative practices (reflective writing, working with clinical stories) serve as tools for developing moral sensitivity, empathy, and professional identity.

Transparent assessment instruments — such as ethical competency maps and harmonised rubrics for case analyses and reflective essays — make the course reproducible and suitable for scaling across diverse educational and cultural environments.

The course addresses ethical scenarios of scarcity and risk, including triage and resource allocation, military-civilian care, telemedicine cases (such as remote consent and data protection), issues of confidentiality and safety during displacement, as well as the prevention of moral injury through reflective practices and supervision.

The course was conceptualised during wartime and under conditions of distance learning, which led to the use of online simulations and consultations with practitioners from the front line; as a result, its content and formats are resilient to resource constraints.

Unlike programmes in countries without active hostilities, this course includes dedicated modules on the ethics of humanitarian crises. At the same time, the assessment instruments are aligned with these contexts, allowing the monitoring of ethical competency formation specifically under conflict conditions.

The experience of designing the course in wartime has universal significance for educational systems operating in crisis or low-resource environments. The principles of adaptability, resource sensitivity, and trauma-informed facilitation make this model applicable in other regions facing humanitarian challenges, limited access to learning resources, or heightened emotional strain among students. Such an approach can be modified for medical universities in countries experiencing conflict, post-war recovery, or systemic instability.

The proposed course aligns with international models (Harvard Medical School Bioethics, McGill) in its use of interactive methods such as case-based learning, role-play, and interdisciplinary seminars [28, 29], yet extends these approaches by incorporating the pedagogy of dignity as its value framework. In the wartime context of Ukraine, this approach transforms ethical resilience into a component of professional readiness.

The advantages of the presented concept are manifested in three key dimensions:

1. contextual sensitivity: engagement with real ethical dilemmas of resource scarcity, triage, and military-ivilian interaction;
2. integration: ethics is embedded within clinical modules and supported by transparent assessment instruments;
3. scalability: a design oriented towards reproducibility enables empirical verification of effectiveness and adaptation across diverse contexts;

At the same time, implementing this concept involves several challenges:

1. shortage of trained educators — the need for targeted preparation of facilitators and co-teaching with clinicians;
2. overloaded curricula — requiring micro-integration of ethical tasks within existing topics;
3. psychological and emotional strain on students studying in conditions of war or humanitarian crisis — calling for trauma-informed approaches, supervision, and self-care practices;
4. cultural barriers — necessitating sensitive facilitation of discussions;
5. interdisciplinary cooperation — integration of the expertise of psychologists, sociologists, lawyers, and philosophers.

The presented model may be relevant not only for Ukraine but also for other countries with similar challenges (eg, India, South Asia, and Africa). Its focus on justice, resource allocation, and engagement with culturally diverse communities makes it adaptable beyond the Ukrainian context.

Thus, the course "Dignity and Professionalism" addresses both global and local challenges in the field of medical education. It draws upon leading international practices while reflecting the realities of Ukraine, where ethics ceases to be a theoretical supplement and becomes an instrument of professional resilience. This opens a space for further dialogue on the future formats of ethical education for physicians in the twenty-first century.

The presented work is conceptual and theoretical in nature: its outcomes have not yet been verified by empirical data, and the description reflects the structure and logic of the course rather than its practical evaluation. The analysis

focuses on the Ukrainian wartime context; therefore, generalisation to other sociocultural environments requires further adaptation.

The assessment instruments (competency maps, rubrics, reflective assessment forms) require additional validation.

The propositions outlined in this paper are based on theoretical generalisations of pedagogical experience and international practices; consequently, further research should aim at empirical verification, contextual adaptation, and quantitative evaluation of the proposed model's effectiveness.

Another limitation concerns the scope of the course concept. Although the course is intended primarily for the fourth year of medical training and the clinical phase of education, its integration into the pre-clinical stages requires further development. This would help ensure that the development of ethical sensitivity begins from the earliest years of medical training.

The presented conceptual design of the medical ethics course "Dignity and Professionalism" demonstrates the potential of integrating an ethical component into clinical disciplines, thereby strengthening the development of professional ethical culture among future physicians and supporting their professional identity based on dignity, compassion, and responsibility.

Further directions for research include:

1. piloting of the course in medical universities to assess its reception and adaptability across different educational environments;
2. empirical examination of the approach's effectiveness; and
3. development and validation of instruments for measuring the level of students' ethical competency formation.

Thus, the proposed "Dignity and Professionalism" course may serve as a foundation for systemic transformation in the training of a new generation of physicians — one in which professionalism is inseparable from dignity and humanistic values.

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