# Proposal for Integration of Bioethics in Phase I Undergraduate Medical Curriculum in India

Chetana P. Hadimani, Department of Biochemistry, Jawaharlal Nehru Medical College, Belgaum, Karnataka, India

### ABSTRACT

Bioethics is now regarded as an integral part of contemporary medical education across the world. This proposal of integration of Bioethics in phase one undergraduate medical curriculum is, to bridge the gap between classroom learning, bedside application and further in community practice to give better health care and a good harmony between Doctors and Society. This aims in covering the curricular approaches in order to enforce values of bioethical principles in medical practice.

Keywords: Bioethical Principles, Bioethics, Contemporary Medical Education, Medical Curriculum, Medical Practices, Undergraduate

### INTRODUCTION

Bioethics is now regarded as an integral part of contemporary medical education across the world. Well defined strategies have been developed and are in place for Undergraduate as well as postgraduate bioethics education (Chen, 2003). Bioethics word is coined by a biochemist, Van rensselaer potter, in 1970 in an endeavor to draw attention to the fact that the rapid advances in science had proceeded without due attention being paid to values. For some time the word referred to the attempt to link scientific facts and values in the area of environmental concerns and there after a growing number of Western Medical Institutions have included this subject in medical curricula (Trosko, 2003). In 2003, the Liaison Committee on Medical Education in the United States of America identified the teaching of medical ethics as a core curriculum components of modern medical school education (LCME Secretariat, 2003).

In our institution KLE University, J. N. Medical College, Belgaum, India, we are following traditional teaching method for medical education. In the existing medical education, the Medical Council of India (MCI) curriculum does not have "Medical ethics" as a separate subject in any of its courses (Medical Council of India; 1997). In this curriculum of phase II, Forensic Medicine, the students learn about the principles of medical ethics, mainly the

DOI: 10.4018/ijudh.2013100102

legal aspects in brief and it is taught in four to five hours.

In the past and till today, medical students learn about ethical behavior and good patient manners from their teachers and seniors. It is assumed that the teachers and seniors set good examples. In the past, the relationship between the doctor and the patient was paternalistic. Today, this relationship has changed. Advancement of medical science and technology has made a tremendous impact on the medical practice. Rising cost of medical care and scarce resources poses dilemmas to the practitioner of medicine (Ravindran, 1997).

According to Pandya S K (2006) laments that today, "Unfortunately the number of role models in the medical colleges is diminishing as unethical practices flourish and this adds to the frustration of students for they see a divergence between what is preached and what is practiced".

A lack of structured curriculum in bioethics and awareness of basic ethical principles and obligations results in coercion, forced decision making, lack of confidentiality, respect for the person and informed consent that leads to malpractices and hampers the routine of the hospital (Wajahat, 2008).

As the mere existence of the Hippocratic Oath attests, ethical challenges are inherent in Medical practice and research (Emanuel, 2001).

By 1990 medical ethics had become an integral part of the core curriculum in most American Medical Schools (Fox, 1995). Ethics now has an established place within the medical curriculum throughout the European Union (Frederique, 2007).

In an international survey conducted on medical ethics curricula in Asia showed a total of 89 medical schools out of 100 reported offering some courses in which ethical topics were taught and they found diversity in integration of the programmes in contents or goals of medical ethics teachings (Miyasaka, 1999).

The MCI has recently made the commendable revised curriculum for graduate medical education suggests many innovative and relevant changes (ehealth; 2012). The revised regulations on graduate medical education, GMR 2012 report appropriately emphasizes the importance of training not only the science of medicine but also providing holistic care, compassionate care, adequate communication, life long learning, professionalism and ethics (MCI: Revised GME, 2012). With the aim to enable the Indian medical graduate to function professionally and ethically "Vision 2015" document is developed by MCI in which ethics, attitudes and professionalism will be integrated into all phases of learning (MCI:Vision2015, 2011).

Of late, since 2004, Indian Council of medical Research (ICMR) has been conducting sensitization workshops on Bioethics to the students as well as faculty throughout the country (Indian Council of Medical Research, 2007). This has created a tremendous interest in Medical ethics in our country.

There are a very few medical colleges in India which has integrated formal teaching of Bioethics in the curriculum. In most of the medical colleges, ethics is taught and assessed as part of the forensic medicine curriculum. As recently as 1998, St. John's Medical College was the only Medical College in India teaching medical ethics as a regular part of its undergraduate curriculum (Karuna, 2009). The Kasturba Medical College, Manipal, has a series of sessions touching upon ethical issues, and several other medical colleges similarly have six to eight sessions on the subject. The Christian Medical College, Vellore, uses case studies during internship to inculcate ethical thinking in future doctors (WHO: Health ethics, 1999).

According to Hafferty FW (1994), training in medical ethics should be started early and continued throughout all of the basic and clinical sciences years. India presents a unique case of socio-economic, ethnic, multilingual, religious and cultural diversity. The most important need would be to inculcate the philosophy of ethical practices into the minds of medical students (WHO: Health ethics, 1999). Hence integration of Bioethics in our medical curriculum is an essential step. The contents proposed in this paper will address to the needs of medical students in context to our Indian society. The ultimate purpose of integration of Bioethics in phase one undergraduate medical curriculum is, to bridge the gap between classroom

Copyright © 2013, IGI Global. Copying or distributing in print or electronic forms without written permission of IGI Global is prohibited.

5 more pages are available in the full version of this document, which may be purchased using the "Add to Cart"

button on the publisher's webpage: <u>www.igi-</u> <u>global.com/article/proposal-for-integration-of-bioethics-in-</u> phase-i-undergraduate-medical-curriculum-in-india/103912

### **Related Content**

### Policies on Telemedicine-Enhanced Hospital Services: Prioritization Criteria for the Interventions at Regional Level

Angelo Rossi Mori, Mariangela Contentiand Rita Verbicaro (2013). *Telehealth Networks for Hospital Services: New Methodologies (pp. 1-14).* www.irma-international.org/chapter/policies-telemedicine-enhanced-hospital-services/74638

#### Improving the Implementation of Evidence-Based Practice and Information Systems in Healthcare: A Social Network Approach

Priscilla A. Arling, Bradley N. Doebbelingand Rebekah L. Fox (2013). *Healthcare Information Technology Innovation and Sustainability: Frontiers and Adoption (pp. 247-270).* 

www.irma-international.org/chapter/improving-implementation-evidence-based-practice/73826

#### Lose It!

Michael Dohanand Joseph Tan (2011). *International Journal of Healthcare Information Systems and Informatics (pp. 60-65).* www.irma-international.org/article/lose/53480

## An Exploratory Study of Home Healthcare Robots Adoption Applying the UTAUT Model

Ahmad Alaiad, Lina Zhouand Gunes Koru (2014). *International Journal of Healthcare Information Systems and Informatics (pp. 44-59).* 

www.irma-international.org/article/an-exploratory-study-of-home-healthcare-robots-adoptionapplying-the-utaut-model/124119

# Determinants of Service Quality in Healthcare: Patient and Provider Perspectives

Archana Kumari Ghildiyal, Jitendra Chandra Devrariand Atul Dhyani (2022). International Journal of Patient-Centered Healthcare (pp. 1-12). www.irma-international.org/article/determinants-of-service-quality-in-healthcare/309117