"Sowing ethical seeds early,

# Undergraduate Bioethics Curriculum (Medical) 2016

.....towards ethically excellent health care"

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### Foreword

### Prof Amnon Carmi,

Head, UNESCO Chair in Bioethics (Haifa)

In recent decades medical education curricula have undergone many modifications for a variety of reasons. In spite of these changes, ethics education has not received adequate attention in medical schools throughout the world. There was an emerging need for introducing medical ethics teaching as a consequence of several social and scientific processes. Medical technology has created new dilemmas (e.g. procreation, euthanasia, intensive care, medical genetics and biotechnology). While at the same time causing previous ethical resolutions to become obsolete (e.g. definition of death, family composition). Specialization and sub-specialization in medicine were encouraged technicality at the expense of patient-physician relationship and communication skills, thus creating a growing gap between physicians and their patients, and between medicine and society at large.A medical ethics curriculum ought to reflect the changing faces of medicine.

In light of this state of affairs, and in order to cope with this phenomenon, I established in 2000 an international forum that undertook the mission to form a new, modern curriculum of medical ethics to be taught at medical schools all over the world. The need for a modernized curriculum derived not only from the fact that many of the existent curricula were antiquated and completely out of tune with the intricacies of recent scientific developments, but also from the safeguards which are require in the form of educational innovations that should inseminate ethical values into the students, in spite of the materialistic age in which we live.

The purpose was to form an updated and modern curriculum, reflecting the need for the integration of ethics in everyday practice, for augmenting interest and respect for values involved in health care delivery, and for raising awareness for competing interests. The aim was to introduce students to various non-medical facets of medicine: sociology, economics, psychology and public administration. The idea was to create training programs for teachers and instructors of ethics in medical schools, and to develop novel, modern and sophisticated educational tools and materials in order to facilitate attractive teaching. The new method consisted of a few basic components.

First of all, waiver or abandonment of long speeches as teaching tools for ethics education. Second, the initiation of and call for active involvement of the students in the discussion and decision-making process. Third, the use of real medical cases while dealing with ethical dilemmas. Fourth, the collection of such cases from different countries and variety of cultures in order to formulate a universal method of teaching to fit any site.

Fifth, the construction of a uniform structure of the syllabus: Starting with a short review of the case, that is followed by a leading question such as: "What or how should the doctor react in this case? In the next stage the syllabus presents the students with a few alternative ethical options. Finally, after the classroom's discussion, the teacher may provide the students with a condensed ethical definition or explanation.

The new educational method was adopted by UNESCO. In 2001 UNESO established an UNESCO Chair in bioethics at the Haifa University under my leadership. The Chair was authorized to build and activate an international network of institutes and to develop an up-to-date syllabus for medical ethics education which will satisfy the requirements of medical schools in the world. During the first decade the Chair has established already 51 Units in five continents, and produced nine guiding books on ethics education.

These books possess heuristic and pedagogical characteristics, thus translating complicated ethical dilemmas and conveying their messages in an easy and clear manner. The editors of this series of books have collected and chosen vignettes as the tool to teach ethical concepts. While as a teaching tool the use of cases may have its detractors, they are commonly used to convey in a few paragraphs the central elements of a case and to demonstrate in practice the application of concepts. The cases are collected from many countries worldwide and reflect a universal perception. The problems that the vignettes depict are similar everywhere, and doctors have to grapple with them no matter where they practice. The cases in this series of books cover large segments of issues and topics that most often bedevil the medical practice, and on occasions become a matter of public debate about the appropriateness of medical interventions.

Following the presentation of each case a binary approach has been used to indicate the possibilities of at least two opposite answers to the problem. Of course, students are invited to develop their own favored ethical choices for the resolutions of these case studies. While this approach may be considered too simplistic, the idea is to provide students with alternatives in thinking ethically, without encumbering them with deep ethical concepts for which texts and other books have been specifically written. The cases are drawn from real-life experiences. They are based on simple fact situations, so that the students can address their ethics elements, rather than evade ethical engagements by resort to technical means or development of additional facts. The use of case studies for medical ethics teaching stimulates ethical debates by calling for a combination of concrete problem solving and abstract principled reasoning. Through case studies, students will learn, firstly, to develop sensitivity for ethical problems and to describe an ethical conflict; secondly, to identify and analyze the underlying ethical principles and values which are relevant to the case, and, thirdly, to stimulate ethical decision-making in the practice of health-care. The aim is to produce a tool and a platform for active participation of students in the decision-making process. Students should learn how to develop a position on an ethical problem and how to justify it. Combined efforts of teaching, educating and training by the use of such a methodology may plant and root in the minds of the students ethical values that should guide every physician providing healthcare. The danger of using vignettes would be to become too specific and to concentrate too closely to the issues of the case while forgetting the major socio-political and other relevant implications underlying the cases. These books should be considered as just a "primer" in ethics with no pretense to be a scholarly text. A few books offer wide discussions rather than short explanation with regard to the relevant ethical dilemmas. While doing so, the editors do not profess to solve all the ethical issues, but rather to inspire the students to think about all of them more closely and more carefully.

On behalf of the UNESCO Chair in Bioethics I would like to express our gratitude to the Contributors of this curriculum, especially to Prof Dr Russell D'Souza, who represents the Chair in the Far East Region in general and in India in particular, Prof Dr Princy Palatty, Chair of the Curriculum Committee, and to Prof Dr Thangaraju, Prof Dr Balakrishnan, Prof Dr Mary Mathew, Prof Dr Smita Deshpande and Prof Dr Barna Ganguly, for their commitment and voluntary assistance to the work of the UNESCO Chair in Bioethics (Haifa) in the strengthening of ethics education in India.

### The Bioethics Core Curriculum (BCC) of UNESCO

Our Core Curriculum is based on the core curriculum of UNESCO. In 2005 UNESCO adopted the Universal Declaration on Bioethics and Human rights. The Declaration embodies a set of bioethical principles that provides a common global platform by which bioethics can be introduced and taught to university students. An advisory expert committee of UNESCO developed the BCC for the teaching of ethics.

The UNESCO Division of Ethics of Science and Technology, the Sector for Social and Human Sciences, has produced the Syllabus for Ethics Education Program: The Bioethics Core Curriculum (BCC). The BCC was developed by an Advisory Expert Committee. It sets out to introduce the bioethical principles of the Universal Declaration that are shared by scientific experts, policy-makers and health professionals from all over the world. The BCC presents a core: it defines what should be regarded as the minimum in terms of teaching hours and contents for appropriate bioethics teaching.

The BCC is meant to provide the teachers a way of getting students to reflect upon the ethical dimensions and human rights considerations of medicine, health-care and science.

## Preface

### Professor Dr Russell D'Souza

Head Asia Pacific Program of the UNESCO Chair in Bioethics (Haifa) Melbourne Australia

Medicine is one of the time honoured professions that had a pre-existing code of behavior for its practitioners dating as far the Vedic and Hippocratic era. The doctorpatient relationship which was fiduciary and paternalistic, since time immemorial has changed. With the, advancement in medical sciences and technology, the rising costs of medical care and scarce resources, pose new ethical dilemmas to the practitioner of medicine.

Bioethics is now at the centre stage of medical education and calls to intensify its formal teaching in the curriculum, are being addressed. This Horizontal and Vertically Integrated bioethics curriculum has been designed with the foundations of the UNESCO Bioethics core curriculum.

Two international researches were carried by the International Center Health, Law and Ethics at the University of Haifa, under the guidance of Prof. Amnon Carmi. The aim of the project, was to check whether the lack of proper study of ethics in medical schools, was one of the reasons for the phenomenon of deterioration of the relationship between doctors and patients. The findings offered a validation to this assumption and brought about the establishment of an international steering committee that undertook the mission of preparing novel method for inculcating bioethics into medical education.

The International Center for Health, Law and Ethics at the University of Haifa initiated an international project that aimed at designing a new, modern curriculum of medical ethics, to be taught at medical schools across the world.

The need for a modernized curriculum derives, not only from the fact that many of the existent curricula are antiquated and completely discordant with the intricacies of recent scientific developments, but also from the safeguards which is required in the educational innovations. These would inseminate ethical values into students. The new education method that was adopted by UNESCO, laid the foundation for the 10 guiding books and the Ethics Teachers Training Course (ETTC) project. This project culminated in the establishment of the UNESCO Chair in Bioethics at University of Haifa, which was created, developed and promoted by Prof Amnon Carmi and his team. The current curriculum is an extension of this nobel initiative, customised to address the Indian and Asian cultural and health law requirements. This curriculum has been piloted, tested and refined at Indian medical colleges of the program of the UNESCO Chair in Bioethics (Haifa).

The results of this four year work in progress, rests with the Horizontal and Vertically Integrated Bioethics Curriculum for undergraduate medical training programs. This innovative curriculum integrates bioethics into all the pre-clinical, para clinical and clinical subjects and flows from the medical student entering the program, to the successful completion of medical training.

This teaching program acknowledges that the end result is not a bioethicists but rather ensures that the outgoing trained practitioners, will be competent to deliver ethically excellent health care to the community. This curriculum uses a multi- modal innovative teaching technology, with an assessment technology built in to the general assessment of the relevant subjects.

The purpose designed 3T Bioethics Training Program:

- Train! 'Teach!' Transfer H "Empower"! Impart, uses tested training methodology that complements the medical teachers advanced training, in teaching bioethics, relevant to the horizontal and vertically integrated bioethics curriculum for undergraduate medical training programs. This sophisticated training of medical teachers, addresses the resource challenges for teachers of bioethics for medical training programs.

I express my gratitude to Professor Amnon Carmi the UNESCO Chair in Bioethics (Haifa), who has inspired me and my distinguished team Professor Dr Princy Palatty, Professor Dr Mary Mathew, Professor Dr Barna Ganguly, Professor Dr Thangaraju, Professor Dr Smita Deshpande, Professor Dr Balakrishnan and Professor Dr E. Mohandas, who are outstanding teachers and contributors from renowned medical universities in India. The aspirations and culmination of this mammoth project is aimed to produce practitioners who will deliver ethically excellent health care.

## The Bioethics Curriculum evolution

#### Prof Dr Princy Louis Palatty

Chair, Curriculum, Horizontally and vertically integrated Indian program of the UNESCO chair bioethics (HAIFA)

It was not an arduous task for the team, to draft this curriculum as the UNESCO Bioethics core curriculum stands as a template for all those wishing to do the same.

Since 2011, the work began to reach its culmination now in 2014.

The basic challenge was in maintaining the tempo of bioethics right through the four and a half years of medical education course. Short courses have been adopted by various universities which evaporated, with the ending of the courses. Hence the first ever unique curriculum, that trudges every step of the way, of the medical student, was planned.

The subject of bioethics, being in the affective domain, is difficult to be assessed and to quantify internalization. The highpoint in achieving change of attitude, led to a complex multifaceted assessment program- which has traditional assessment along with in - training report (log book) periodically assessed in every subject of the medical education course.

The medical student finds, the medical curriculum cumbersome in itself and the addition, of this new subject could be the, proverbial 'straw-on-the camel's back'. Allocation of time and staff was an issues, that reached an "impasse".

This led to the evolution of 'dedicated' and 'discipline specific' bioethics classes. This demarcation resolved the issues, leading to most classes having, a 'bioethics component' i.e ethical aspects in every lecturer/bed side class for every subject. The requisite hours would be met with in surfeit. Thus, when bioethics is taken up in every discipline, effectiveness is certain. The hours of teaching supersedes the required criteria. The traditional didactic lectures would not be effective in bringing about the attitudinal change required, rather thoughtproroking and sensitive awareness would jiggle their mind towards adopting the right attitude.

Hence, the curriculum includes innovative teaching methods that aids active learning for long-lasting results.

The curriculum evolved with every hurdle and brain storming to resolve the encountered problems, which has led, to this uniquely pragmatic curriculum.

The curriculum has already spiralled twice since its inception. This curriculum could establish constancy of teaching at the "happening point" wrapped up in prevailing cultural mileu. The current curriculum is a result of earlier piloted enedavours.

The students are attuned to exact science but bioethics has philosophical overtones which is not appreciated by many. The deep philosophical orations have been shed to prop the maintain core principles of bioethics.

This teaching – learning technique should inadvertently makes bioethics second nature to those being taught and those who teach.

Now this curriculum has been validated and implemented by stalwarts in the field. The initial hurdles have been thwarted and is now, well set on the road to completion.

The road to making ethically excellent healthcare is possible by sowing ethical seeds early. This had been visualized and is now, being realized.

This is truly indigenous, relevant and sensitive to our needs which is the highlight of this curriculum.

The horizontally and vertically integrated UG bioethics curriculum that has been seamlessly integrated into the four and half years of medical education, is here to stay and shall shine as a beacon to be adopted by many.

### 3T

### Dr. Mary Mathew

Chair 3T Bioethics Training Program for Senior Medical Teachers Indian Program of the UNESCO Chair in Bioethics (Haifa)

Historically, ethics was understood to be an innate virtue embedded in a doctor's practice. In the 21<sup>st</sup> century, medical ethical thinking replaced the old paternalistic model and focused primarily on patient autonomy and rights. The practice of modern medicine now includes basing decisions and confronting challenges in an ethical manner.

Bioethics in the field of medical education came as an afterthought following a spate of litigations against doctors across the globe. Unethical practices and research in medicine by a few pariahs of the profession resulted in lack of respect and trust in physicians. Majority of the outgoing doctors are unaware of the legal and moral implications of their decisions. Research suggests a correlation with lack of proper study of ethics in medical schools and the deterioration of the relationship between doctors and patients.

This Horizontal and Vertically Integrated bioethics curriculum and the complementing 3T Bioethics training program for medical teachers was developed and tested by the Indian program of the UNESCO chair in Bioethics, in an effort to train and equip teachers and students of medicine on the ethical aspects across disciplines, so as to produce well-balanced holistic doctors equipped to confront and deal with ethical challenges that is inherent in this profession.



## Teaching skills development

### Professor Dr. E. Mohandas

Director Skills Development Program Indian Program of the UNESCO Chair in Bioethics (Haifa)

The ethical principles emphasize the clinician's dual contract to patient and society. Increased complexity of caring for patients in a consumer-satisfaction oriented society especially with the advent of new technologies, genomics, patenting of human tissue products, transplants and the issue of surrogacy, necessitates learning of ethically driven decision process. The bygone era of paternalistic view of practice of medicine has given way to humanistic and ethically guided principles into clinical reasoning and practice. Prof Donatella Lippi commented "... initiatives for teaching medical humanities and bioethics have the goal of turning high-tech medical performance into a high-touch one in which the human essence is revalued"

I am reminded of Davidoff's seven ethical principles- Rights (people have a right to health and health care), Balance (care of individual patients is central, but the health of population is also our concern), Comprehensiveness (in addition to treating illness, we have an obligation to ease suffering, minimize disability, prevent disease, and promote health. Cooperation (Health care succeeds only if we cooperate with those we serve, each other, and those in other sectors, Improvement (Improving health care is a serious and continuing responsibility. Safety (Do no harm) and Openness (being open, honest, and trustworthy is vital in health care)

Ethics education in India is so heterogeneous and the need of the day is to have a uniform structured curriculum. The Medical Council of India has brought out a vision document in 2015 which unfortunately doesn't have any clear understanding how ethics education has to be done. In September2008 WHO/SEARO expert group identified the lack of suitable learning resources and the paucity of trained faculty to teach medical ethics. The innovative curriculum 'Horizontal and Vertically Integrated Bioethics Curriculum' integrating bioethics into all the pre-clinical, para clinical and clinical subjects, developed by multifaceted galaxy of experts Dr Princy Palatty, Dr Mary Mathew, Dr Thangaraju, Dr Balakrishnan, Dr Barna Ganguly and Dr Smita Deshpande, will be a milestone in the history of ethics in medical education in India. This effort would not have been realized without the blessings of Prof Amnon Carmi and the leadership and supervision by the 'ever energetic and dedicated' Prof Russel D'Souza.

I am confident that this curriculum will enhance ethical awareness and impart ethical intelligence if taught through 'problem based learning' method -Engage, Explain, Explore, Elaborate and Evaluate.. This will offer the opportunity for the trained practitioner to deliver ethically excellent health care to the community.

"Education is the most powerful weapon which you can use to change the world." Nelson Mandela

## Acknowledgement

The team is greatful to UNESCO for the permission to use the template of the Bioethics core curriculum and UNESCO case study series, as majourity of the teaching material is drawn from these resource for this course.

We are indebted to Prof Amnon Carmi and Prof Russell Dsouza in helping us chart this region specific curriculum. We are also grateful to the suggestions, constructive criticism and validation of this curriculum by the enlisted here

Thank You The Bioethics Curriculum Team

## Contributors

Prof Amnon Carmi

Prof Dr Russell Dsouza

Prof Dr Princy Louis Palatty

Prof Dr E Mohandas

Prof Dr Mary Mathew

Prof Dr Thangaraju

Prof Dr Balakrishnan

Prof Dr Smita Deshpande

Prof Dr Barna Ganguly

### Preamble

The sweeping cultural changes are impacted by the technological breakthroughs that have brought into new bioethical contexts and challenges, posing new problems and issues. A systematic and standard approach with an organized way of dealing with ethical issues is missing in the Indian Medical curriculum. Despite the plethora of intricate ethical issues in the biomedical arena, India is lagging behind with regard to lively, effective and enduring ethical discussion. Bioethics as an academic discipline is still lingering at preliminary levels.

Bioethics needs a systematic effort to work within the ethos of medicine, which has traditionally been service to sick.

There is now a shift of focus from the traditional individual patient, doctor relationship and medical care to a greater accountability to the society. Doctors and health professionals are confronted with many ethical problems. It is, therefore necessary to be prepared to deal with these problems.

All the principles of the universal declaration of bioethics and human rights adopted by the UNESCO on 1<sup>st</sup> October 2005 has been incorporated with this curriculum, as this set of bioethical principles form the common platform, that is accepted across geographical, political and religious boundaries.

This curriculum is to introduce bioethics in the regular teaching of MBBS courses beginning from first year and continuing till the fourth year.

## Highlights

- This bioethics curriculum runs right through the medical course, in parallel.
- It has universal and national relevance and addresses health needs of the country.
- The curriculum is synchronized with the medical course. It upholds the universal principles of bioethics and human rights.
- The curriculum is effective with an elaborate assessment strategy.
- The teaching learning methodology is innovative and specific to each discipline. Ethical decisions are taken considering culture and religious underpinnings.
- Effective and feasible concentration that does not need to make way for additional time slot nor human personnel
- Integrated both vertically and horizontally
- Discipline specific
- Amalgamation of science and values to bring out a morally responsible, competent professional

## Goals

- Ø The bioethics curriculum would allow the development of a basic medical doctor with the following competency.
- Ø Recognize I identify ethical challenges and issues
- Ø Have capability to prevent or institute ethical solutions
- Ø Ability to meet out ethically excellent health care
- Ø Oriented in justice and human rights
- Ø Scientific enquiry in work and research
- Ø Inculcate justification and critical thinking with respect to ethical issues.
- Ø Enhance and maintain empathy score of student
- Ø Introduce and promote humanistic values

## Course Objectives

The objectives of teaching medical ethics should be to enable students develop the ability to:

- 1. Identify underlying ethical problems in medical practice
- 2. Consider the alternatives under the given circumstances
- 3. Make decisions based on acceptable moral concepts and traditional practices.
- 4. To provide rational justification for ethical decisions
- 5. Should be able to apply the ethical principles of the Universal Declaration on Bioethics and Human Rights.

## Competency

- Inculcates critical reasoning and moral justification to aid ethical decision making in health care
- Appropriate, effective and considerate communication
- Awareness of bioethical principles and foresee value setbacks in pertinent situations

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• Grooming empathetic, responsible healthcare professional

## Modus operandi

The teaching of bioethics is encouraged to continue through the academic term of the student. There would be small number of classes, to handle general aspects in bioethics, which the real time discipline specific aspects would be conducted in the respective subject. The scope of having a class on bioethics, is in every class and at least bioethical aspects in the last 5 minutes of conducting a topic.

Hence this curriculum envisages

40% general aspects of bioethics	60% discipline specific bioethics

The duration of general bioethics class could vary final hour (lecture) to two hours (case scenario), debate, movie role play)

The teaching of bioethics being more to the affective domain is challenging but it can be surmounted by using innovative teching methodology

Hence, this curriculum promotes

20% didactic teaching

80% innovative teaching

Content delivery

Conventional	Innovative
Lecture	Case bases teaching and learning
Small group discussions	Case scenario analysis
Assignments	Debate
	Narrative
	Showing movie and video with briefing and debriefing
	Skit
	Poster
	Reflective working
	Pantomime
	Experimental learning (in the patents shoes) aneobiotat (talk by peers of) learning

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This course on Bioethics works right through the medical education, so that, the concept is not evaporated out in the heat of scientific knowledge and skill gain. This course is seamlessly integrated without burdening neither the student by the addition of a subject and hampers his time management not the faculty, without enough human resources

The teaching faculty would not find it a constraint as its only a few trained staff, necessary to teach bioethics in the general while all the discipline specified ethics aspects are handled by these existing subject experts on their own domain

Thus every 'class' is a scope for being a 'bioethics class'. Its only a few classes set aside as general bioethical aspects with innovative teaching methodology

The majority of bioethics, is taught at the end of every class in every subject. i.e. Anatomy class on upper limb – after applied anatomy, add on bioethical aspects

*i.e.* Biochemistry classes – glucose metabolism, what are tests to identify blood sugar levels, 'what test is specific, cheap and necessary to be done?

Hence bioethics rears its head in multiple areas thus reimforcing the concepts in a concrete manner

Moreover thus the student complete the course, bioethics would be second ...... to him. The bioethical concepts will be reiterated with respect to various clinical experiences. thus the bioethics remains steadfast and continues to be so, even after completion of the course as its so well interpreted both vertically and horizontally

80 classes in bioethics – as stand alone to be completed in around 4½ years first year – 30 hrs second year -40 hrs III year -5 hrs IV year -5 hrs

But it needs to be noted that 'every class be it lecture practicals or bedside, clinic, has a scope for bioethics. Thus the basic information, knowledge and wisely applying the principles of bioethics, is easily but irrevocably established. Distribution of teaching hours

Total teaching hours: 80 (dedicated hours for BE) Unlimited (continuous with regular teaching schedule) e.g. bedside teaching, case discussion, lectures etc...

Phase 1 Preclinical Period – 30 hours 2 hours each by Anatomy, Physiology, Biochemistry during 12 months period.

Phase II

Para clinical Period – 40 hours

2 hours each from Pharmacology, Pathology and Microbiology during the 18 months.

Phase III: Part 1 Community Medicine, Ophthalmology and ENT = 5 hours during the 12 months period.

Part 2

Medicine, Surgery, and OBG = 5 hours, during the 12 months period. N.B: The teaching of Medical Jurisprudence by the department of Forensic Medicine will continue as before

The exclusive dedicated teaching hours will not hinder regular teaching activity. It helps to prepare sound base for ethical sensitivity. Every class, in every subject/discipline will include ethical aspects at the end.

E.g. Myocardial Infarction

- Definition, type, clinical features, investigation, treatment of complication, ethical issues.

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-	BIOETHICS CLASSES										
1 <sup>st</sup> Yea	1 <sup>st</sup> Year Friday 3.30 (30 classes)										
Sept	0	Oct	Nov	]	Dec	Jan	Fe	eb	Mar		April
2 <sup>nd</sup> Y	ear Sat	urdav	1.30 (40	) class	ses)						
Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug
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Jiu y	ear. S	aturda	y 1.30	(5clas	ses)	Ium		Inter		19	Son
1.60		laich		111	wiay	Jui		July		ug	Sep
									-		
									-		
4th v	ear Sa	aturda	<u> </u> v 1 30_ (	5 clas	ses)						
Feb		March	Ap	ril	Ma	ay J	une	July	Au	g	Sep
		Test									
		Test									

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## RESOURCES Suggested Viewing

Nurse Evers Boys The Nazi Experience My Sister's Keeper Dr Kotnis ki amar kahani 12 angry gentlemen Publish or perish Acceptable Risk Alien The Band Played on Artificial Intelligence Awakening A Beautiful Mind The Beguiled Informed consent Vicky donor Wit Bemisal Note book

## Suggested Reading

- Karlawish J , Paris JJ, Shewcuck TR, Siegler M.Clinical Ethical concerns in the operating room. In: Malangoni MA, editor. Critical issues in operating room management. Philadelphia: Lippincott- Raven publishers; 997.p. 211-30
- Pellegrino E. Humanism and the physician. Knoxville: university of Tennesee Press; 1979.p.105-12
- Lazar N, Greiner G, Robertson G, Singer PA.
- Bioethics for clinicians: Substitute decision making CMAJ 1996;155: 1435-7
- Jonsen AR, Siegler M, Winslade WJ. Clinical ethics. 4<sup>th</sup> ed. New York: Mc Graw Hill; 1997.p. 63-5, 74-7,92-4.
- Francis C.M., Medical Ethics, 2nd Edn, 2004, Jaypee Brothers, New Delhi.
- Ethical Guidelines for Biomedical Research on Human Subjects, Indian Council of Medical Research, New Delhi, 2000

*Etc.*....

### Target audience

Medical undergraduate students from joining till termination of course

### Assessment and Evaluation

The periodic assessment of the student and course evaluation is planned in this curriculum

Challenge of assessment occurs as this subject is predominantly in the affective domain. There is no foolproof assessment module. This curriculum incorporates various methods that could predict the quantum of learning of the student

#### Student assessment

It is true that 'Assessment drives learning', hence the tricky issue of assessing the competency in affective domain, is really a challenging. Thus, we bring further a platter of assessments hoping to 'hit it- right'

The formative and summative assessment of the student are conducted

#### Formative assessment

Written assignments – Varied topics will be offered in 5 assignments series, to be marked on 10 points (50 marks total).

The Formative assessment continues through the 4and half years, as the modules roman no 1 to 7, is completed. At the end of the module, the subject expert would great the student upon knowledge in bioethics and the ability to translate it. i.e.s 'knows how' and 'shows how'. The subject expert shall take a call on the 'will do' aspect.

#### Summative assessment

It is encouraged to conduct an internal examination at the end of the course for avail of certificate of proficiency in bioethics

A theory paper of 100 marks have 10 short notes of 10 marks each of which two will be case scenario analysis

Practical (50 marks) on counselling (15), breaking bad news (15)

Moral decision justification an ethical dilemma (20)Assignments (10x5) = 50

Credit points grade - satisfactory

A student is considered eligible for certificate if his score >60% in the theory and practical with satisfactory assessment report

### Case scenario analysis assessment

- Student assessment form (10 points  $\chi 5$ ) = 50 marks (form 1)
- Self assessment form (form 2)
- Trainer evaluation form (form 3)

### Bonus points for attendance

Regular attendance > 85% - 5,

75 - 85 - 4,

65 > 75 - 3

50 < 65 - 2

< 50 - 1

Interest indicators – Bioethics activity chief participation (5 marks) ex. Debate, skit

Raising questions/counts in apioque - 3 marks

Present for programs - 1 mark

All the points obtains across the assessment will be graded as follows

Grade A 40-50 points

B 40 - 30

C 30 - 20

 $\mathcal{D} < 20$ 

Form No. 1 STUDENT EVALUATION FORM						
CBL NO : NAME : ROLL NO : DATE : COURSE/YEAR: BATCH DIRECTION :						
<b>ENCIRCLE THE CORRECT SCORE:</b> 1 – Best	2	3	4	5 –	least	
1. Identifying ethical issue	1	2	3	4	5	
2. Case scenario analysis	1	2	3	4	5	
3. Moral reflection	1	2	3	4	5	
4. Self directed learning	1	2	3	4	5	
5. Knowledge acquisition	1	2	3	4	5	
6. Individual skills within group process	1	2	3	4	5	
7. Punctual	1	2	3	4	5	
8. Active participation	1	2	3	4	5	
9. Group process (common mark for all students)	1	2	3	4	5	
<b>10. Recommendation + suggestion any:</b>						

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Form No. 2 STUDENT EVALUATION FORM SELF ASSESSMENT								
CBL NO : NAME : ROLL NO : DATE : COURSE/YEAR: BATCH DIRECTION :								
ENCIRCLE THE CORRECT SCORE:	l – Best	2	3	4	5 – least			
11. Relevant topic	1	2	3	4	5			
12. Mostly competent faculty	1	2	3	4	5			
13. Learning enhanced	1	2	3	4	5			
14. Process contributed to learning	1	2	3	4	5			
15. Syllabus adequate	1	2	3	4	5			
16. Time allotment adequate	1	2	3	4	5			
17. Recommendation + any suggestion:								

Form No. 3 TRAINER EVALUATION FORM						
CBL NO : NAME :						
DIRECTION :						
<b>ENCIRCLE THE CORRECT SCORE:</b> 1 – Best	2 3	4	5 –	least		
1. Consistent encouragement of group	1	2	3	4	5	
2. Equitable treatment of all students in group	1	2	3	4	5	
3. Learning issues identified by suggestion	1	2	3	4	5	
4. Competent	1	2	3	4	5	
5. Probes group for knowledge	1	2	3	4	5	
6. Effectively controlled group	1	2	3	4	5	
7. Punctual + time managed	1	2	3	4	5	
8. Appropriate feedback for students in group	1	2	3	4	5	
9. Suggested ways to function properly	1	2	3	4	5	
10. Helped group to stage 'on track' by guiding questions	1	2	3	4	5	
11. Enhanced learning from session	1	2	3	4	5	
12. Recommendation + any suggestion:						

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Form No. 4							
STUDENT EVALUATION FORM							
Student Name:	Date:						
Term No:							
Tutor:							
		TT / C /					
I Critical Appraisal of Ethical issues	Excellent Satisfactory	Unsatisfactory					
Clarifies defines and analyses the pro	blem and is able to gener	rate justiable reasons					
champes, actines and analyses the pro	eren and is usie to gener	alle Justiaere reasons					
II. Self directed learning	() ()	( )					
Utilizes relevant resource materials; A	pplies previous knowledge	e to current problems.					
III. Group participation	() ()	( )					
Participates constructively and contrib	utes to groupprocess and	is committed.					
IV. Humanistic Attitudes	() ()	( )					
Is aware of personal strengths and lim behavioural components of each prob Tolerates shortcomings of others and t	nitations; Integrates physolem; Listens to confliction their beliefs	sical, biological and ng opinions;					
V. Overall Performance	() ()	( )					
Additional Comments:							

Form No. 5						
TOTOR	EVALUATION	ГОНМ				
Tutor Name:	Date:					
Term :						
Student Name (Optional) or Stude	ent Number:					
	Excellent	Good	Fair			
I. Knowledge	( )	( )	( )			
Understands the objectives of	Bioethics and fam	iliar with problems;				
Understands						
what students can learn in tim	e available					
II Attitudes		( )	()			
Is interested in students and th	eir learning and is	approachable				
is interested in students and th	ion fourning and is	approachaole.				
III. Teaching skills	( )	( )	( )			
Additional Comments:						





### Outcome of Course

Skill development, capacity building, confident in handling ethical dilemmas

- Identify ethical issue
- Philosophical thinking capacity
- Construct justification and prevent violation of BE principles
- Awareness of BE issue and "how best to tackle?"

## Syllabus

## Division of Classes into Units

All the classes in bioethics are divided into units. The learning objective is mentioned to maintain uniformity and standard

### Module I

Unit 1. 1 What is ethics, Medical ethics & Bioethics?

**Topics:** Ethics, Bioethics, Medical ethics and disciplines of bioethics, law, moral values and norms

### Learning:

- Student should be able to recognize I Distinguish an ethical issue from other issues
- Students should be able to reason about ethical issues
- Student should be able to explain the difference between terms
- Students should be able to differentiate bioethics, law, culture & religion

### Unit 1.2 Historical perspectives of medical ethics

**Topics:** Nuremberg code, code of medical ethics, Declaration of Helsinki, Medical Council of India Code of Ethics (2002),

### Learning objectives

• Student should learn the evolution of Bioethics at relevant junctures.

Unit 1.3 India ethos and tradition Topics : Indian customs, religions, beliefs

### Learning objectives

• Student should be able to understand relevance of these concepts in the bioethical context



### Unit 1.4 Human dignity and human rights

**Topics :** Forming value systems on ones personal and professional life, ethical and human fulfillment, freedom and personal responsibility, patent as a person, rights to be respected, ethics of behaviour modification

### Learning objectives

- Student should be able to explain and apply the concepts of human dignity and human rights
- Students should understand the relevance of these concepts in the context of bioethics

### Unit 1. 5 Right to health

Topics : concept of health, concept of disease, concept of healing

### Learning objectives -

- Students should be able to understand the impact of disease upon physical and social aspects
- Student should also be able to deal with healing and patients motivation for healing to take place

### Unit 1.6 Comparative Religion

Topics: Hinduism, Christianity Catholicism, Judaism, Islam, Jainism, sikhism, Buddhism.

### Learning objective

• Student should be aware of basis of different religions to understand patient beliefs and needs.

### Module II

Unit 2.1 Autonomy and responsibility (Principle 3 – UDB & HR, 2005) Topics: Freedom and personal responsibility, Patients bill of rights

### Learning objectives

- Student should be able to explain the concepts of autonomy and individual responsibility and to understand their significance for the health care provider-patient relationship
- Students should understand the relationship between autonomy and individual responsibility

### Unit 2.2 Respect of the individual and dignity (Principle 1 - UDB & HR, 2005)

Topics: Truth and confidentiality, autonomy of decision, privacy

### Learning objectives

- Students should be able to explain why patient privacy and confidentiality should be respected
- Students should be able to recognize legitimate exceptions to confidentiality

Unit 2.3 Informed consent and assent (Principle 4 – UDB & HR, 2005)

Topics: Informed consent

### Learning objectives

- Student should be able to explain the meaning of 'consent', 'informed', and 'informed consent'; they should be able to define the principle of 'informed consent'
- Students should be able to explain what the process of informed consent requires
- Students should be able to explain how the principle of consent is applied in different interventions, research and teaching
- Students should be able to explain how exceptions to the principle can be justified
- Student should be able to explain the meaning of 'capacity to consent' and criteria, to define it and difference in therapy and research



### Unit 2.4 Role of family and society in bioethics (Principle 12 – UDB & HR. 2005)

**Topics:** Ethics of human life, Family planning perspectives, resource allocation, public health issues

### Learning objectives

• Student should be able to understand cultural differences and religious beliefs in adopting decisions

### Unit 2.5 Equality and Justice (Principle 8 – UDB & HR, 2005)

Topics: Equitable distribution of services

### Learning objectives

- Students should be able to identify and deal with the ethical issues involved in allocating scarce health care resources
- Students should be able to recognize conflicts between the health care professional's obligations to patients and to society and identify the reasons for the conflicts
- Students should be able to explain the meaning of 'culture' and why it is important to respect cultural diversity
- Students should be able to explain the meaning of pluralism and why it is important in the field of bioethics
- Students should be able to deal with cultural diversity and take into consideration cultural specificities (appropriate approach, positive inputs and limits) with respect to the fundamental principles of bioethics and human rights

## Unit 2.6 Non-discrimination and non-stigmatization (Principle 7 – UDB & HR, 2005)

Topics : AIDS, TB, Leprosy, Chronic diseases – CVD, COPD. Chronic painful conditions

### Learning objectives

• Students should be able to explain the concepts of discrimination and stigmatization in the context of bioethics

- Students should be able to identify different contexts and bases of discrimination and stigmatization and their implications
- Students should be able to identify and deal with situations where exceptions to the principle can be justified.

Unit 2.7 Sustainable world (Principle 14 – UDB & HR. 2005)

Topics: Biocentrism, Biosphere and biodiversity, genetic engineering, ECO bioethics

### Learning objectives

- Students should be able to understand the need for ensuring that scientific knowledge contributes to a more equitable, prosperous and sustainable world
- Analyze environmental issues from anthropocentric, biocentric and ecocentric ethical perspectives
- Describe sustainable development

### 2.8 Environmental ethics

**Topics:** Terminology, genetically modified genetics, fixed resources, solidarity, future genetics, global wars and coaching, sharing benefits, climate change

### Learning objectives

- To understand and describe pitfalls of uncontrolled use of resources
- To understand importance of protesency earth for future genetics
- To enlist measures to be adopted by individual, units, institutions govt in this respect

### Module III

### Unit 3.1 Benefit and harm (Principle 2 – UDB & HR, 2005)

Topics: Principles of beneficience, non maleficience, concepts with examples

### Learning objectives

- Student should be able to identify and evaluate harms and benefits in health care settings
- Students should be able to justify decisions taking harms and benefits into account

### Unit 3.2 Research ethics (Principle 14 – UDB & HR, 2005)

**Topics :** Animal and experimental research/humanness, Human experimentation, Human volunteer research-Informed Consent, Drug trials, publication ethics, conflict of interest

### Learning objectives

• Students should be able to prepare an ethically viable research protocol

### Unit 3.3 Self enhancement (Principle 13 – UDB & HR, 2005)

Topics: immortality, cosmetic surgeries, implant, Learning objectives

• Student should be able to explain and determine the risk – benefit, vulnerability and weigh the impact of enhancement

### Unit 3.4 Misc BE issues

Topics : Duty to rescue, Biocentrism etc. Learning objectives

• Student should be able to understand ethical relevance of these issues

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Unit 3.5 Reproductive ethics (Principle 14 – UDB & HR, 2005)

Topics: ART, guidelines, onco fertility

### Learning objective

- Student should be aware of ethical challenges in ART
- Students should be aware of guidelines pertaining to ART

Unit 3.6 Ethics of caring Topics: responsibility, receptivity Learning objectives

• Student would be made aware of empathy, sensitivity, responsiveness.

### Module IV

### Unit 4.1 Beginning of Life Issue

**Topics:** Prenatal diagnosis, genetic counselling pediatric neonatal euthanasia, assisted reproductive technologies, surrogacy, designer babies, genetically modified food

### Learning objectives

• Be able to evaluate the possibilities and difficulties in the application of the principle in practical Settings

### Unit 4.2 End of life issues (Principle 12 – UDB & HR. 2005)

**Topics covered:** Euthanasia, active, passive, advance directives, life support systems, death awareness, prolongation of life.

### Learning objectives

• Be able to evaluate the possibilities and difficulties in the application of the principle on

### Unit 4.3 Evaluating ethical case studies, moral justification

**Topics :** Gathering all scientific factors, Gathering all human factors, Gathering all value factors, Identifying areas of value-conflict, Setting of priorities, Working our criteria towards decisions

### Learning objectives

• Students should be able to reasonably justify decisions on ethical basis

### Unit 4.4 Ethics of human sexuality, gender reassignment (Principle 11 – UDB L HR, 2005)

**Topics:** transgender

### Learning objectives

- Student should be able to determine and weigh consequences of gender change
- Student should be able to empathize and understand sensitivity of the issue

### Unit 4.5 Organ donation (Principle 11 – UDB & HR. 2005)

Topics: Sperm, egg, organ, B.M. transplants, xenografts

Learning objectives

• Student should be able to determine the ethical relevance transplants

Unit 4.6 CommunicationTopics: Emotional interaction, communication Learning objectives : Student understand the process involved in ineffective communication

### Module V

### Unit 5.1 Professionalism

**Topics:** Physician patient relationship, solidarity and co-operation, Code of conduct, Contract and confidentiality, Charging of fees, Fee-splitting, Prescription of drugs, Over-Investigating the patient, Low-cost drugs, vitamins and tonics, Allocation of resources in health cares, Malpractice and Negligence

### Learning objectives

• Students should be able to explain the development of the notion of solidarity, accountability to society.

### Unit 5.2 Ethical intelligence and moral development

Topics: IQ, EQ, SQ's Learning objectives

• Student should be able to determine the stages of development of ethical intelligence and factors contributing or trending EQ

### Unit 5.3 Doctor-patient communication

Topics: Breaking bad news, counseling Learning objectives

• Student would be able to effectively communicate in certain methods of instances

### Module VI

Unit 6.1 : Health law and health care

Topics: laws governing countries

### Learning objective:

- Students should be aware of various laws pertaining to countries.
- Students should be aware of existing health policies.

Unit 6.2 ethics in stem cell and genetic research - (Principle 11 UDB& HR, 2005) Topics: Stemcell, cloning, genetic engineering technology. Learning objective

- Students should be aware of the impact of stemcell, genetic and cloning research.
- Students should be aware of ethical guidelines to be followed.

### Module VII

Unit 7.1: Clinical Ethics

**Topics:** Breaking bad news, confidentiality, privacy, advance care, treatment plan choices, rational drug prescribing, Veracity.

Learning objective

- Student should be able to consider ethical aspects while treating patients
- Students should observe code of conduct

Unit 7.2 : Patients, copyrights

Topics: Intellectual property rights, WTO, Patents

Learning objective

• Student would be aware of the potentials of patenting and preventing violations of patenting norms

### LIST OF PRINCIPLES

### UNIVERSAL DECLARATION OF BIOETHICS AND HUMAN RIGHTS 2005

- 1. Human dignity and human rights
- 2. Benefit and harm
- 3. Autonomy and individual responsibility
- 4. Consent
- 5. Persons without the capacity to consent
- 6. Respect for human vulnerability and personal integrity
- 7. Privacy and confidentiality
- 8. Equity, justice and equality
- 9. Non discrimination and non stigmatization
- 10. Respect for cultural diversity and pluralism
- 11. Solidarity and cooperation
- 12. Social responsibility and health
- 13. Sharing of benefits
- 14. Protecting future generations
- 15. Protection of the environment, the biosphere and biodiversity



## Guidelines for Teaching Bioethics

### Order Of Lessons

- 1. Terminology Bioethics
- 2. Scope of Bioethics
- 3. Evolution of bioethics
- 4. Principle of bioethics
- 5. Narrative
- 6. Indian culture
- 7. Religion
- 8. Debate
- 9. Assignment
- 10. Spirituality in medicine
- 11. Moral theories
- 12. Sustainable world
- 13. Movie
- 14. Assignment
- 15. Doctor patient relationship I
- 16. Law and ethics
- 17. Case scenario
- 18. Movie
- 19. Privacy
- 20. Confidentiality
- 21. Veracity
- 22. Casuistry
- 23. Ethics in anatomy

- 24. Ethics in Biochemistry
- 25. Ethics in Physiology
- 26. Genetic s and ethics
- 27. Genetics and ethics 1
- 28. Case Scenario analysis
- 29. Stem cell research
- 30. Research ethics II
- 31. Research Ethics III
- 32. Case scenario assessment
- 33. Mock IEC meeting
- 34. Bedside ethics I
- 35. Bedside ethics II
- 36. Surgeons perspective on ethics I
- 37. Surgeons perspective on ethics II
- 38. Assignment II
- 39. Communication I
- 40. Communication II
- 41. Breaking bad news
- 42. Ethics In Pharmacology
- 43. Ethics in Pathology
- 44. Ethics in RD research
- 45. Ethics in Microbiology
- 46. Ethics in Forensic Medicine
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- 47. Professionals I
- 48. Professional II
- 49. Movie
- 50. Assignment
- 51. Case scenario
- 52. Transexuality
- 53. Gender Reassignment
- 54. Beginning of life issue 1
- 55. Beginning of life issue 2
- 56. Case scenario
- 57. End of life issue 1
- 58. End of life issue 2
- 59. End of life issue 3
- 60. Case scenario
- 61. Stigma discrimination 1
- 62. Stigma discrimination 2
- 63. Case scenario
- 64. Justice 1
- 65. Justice 2

- 66. Case scenario
- 67. Patients rights
- 68. Doctors rights
- 69. Case report 1
- 70. Case scenario
- 71. Assignment
- 72. Organ transplantation 1
- 73. Organ transplantation 2
- 74. Case scenario
- 75. Assignment
- 76. Movie
- 77. Assignment
- 78. Publication ethics
- 79. Informed consent
- 80. Brain death
- 81. Duty to rescue
- 82. Ethical intelligence
- 83. Ecobioethics

## Bioethics Teaching Strategy

This curriculum is the utilitarian model of Kantian perspective. It is imperative to emphasize the 'right course of action' instead of 'best course of action. The test of publicity does not vindicate wrongfulness. The curriculum is designed to link health, disease and environment. Students should be urged to qualify and quantify benefit. Differentiate 'irrational' and unjustified guilt

Appropriate education and decision making process, should be unravelled, to the students. The value-fact relationship is such that some 'facts' have moral impact which should be considered in the situational context.

Classroom teaching would focus on professional relationship, patient-doctor relationships, issues at the beginning and end of life, reproductive technologies, resource allocation and health policy. It will also deal with values, ethical concepts and principles. Clinical ethics must be taught as part of bedside teaching, group discussions, case studies, problem analyzing and problem solving exercises may also be encouraged. Demonstrating by example, how to identify and resolve a particular problem. Increasing the awareness and knowledge of students of the value dimensions of interactions with the patients, colleagues, relations and public. Fostering the development of skills of analysis, decision making and judgment is a necessary requisite. The students should be made aware of the need to respect the rights of the patient as also the duties and responsibilities of the doctor.

	2	
	4	
ations		
Stakeholder 1	Stakeholder2	Stakeholder 3
	stakeholder 1	2 4 Tations Stakeholder 1 Stakeholder2

2. Action Bioethical principle	violations									
Consequence To stakeholder	Stakeholder 1	Stakeholder2	Stakeholder 3							
Decision										
Upheld BE principle										
Review of outcome										
Name of student		Name of tutor								
Year		Marks 10 maximum								
Course		Marks obtained								
		Remarks								

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BE has to be taught in a unique and innovative, which is left to the intuition of the teacher. But there is a commonality that has to be followed to assure effective teaching.

The case scenarios have be discussed using template inutility and later without. Each case should be discussed thread bare along with the relevant prevailing law of the land

The UNESCO case book, gives ample cases to suit various units that have to be covered.

It is advocated to state the topic of class and accept student views while adding all the points we need to cover, so that it does not become didactic teaching.

Case scenario should be Indianised, suiting and relevant to our needs for real time situation and in accordance with our laws.

Some classes have to be conventional, to disperse, lot of information, the students are unaware of, but follow it up with active learning techniques.

Ethics of caring is a new concept which is outlined in detail, here.

### 1. Medical Education and Ethics of caring

The important area of ethics of caring, should be included as it applies to the calling that the medical trainees have chosen to pursue, three areas that are required to be to be incorporated in the medical ethics training.

1. Including exercises that foster being receptive in students, which is feeling empathy and compassion for patients.

2. The need to empower responsibility, that enables, the translation of receptiveness associated with empathy and compassion into action that is reflected in responsibility for their patient and their specific requirements.

3. The fostering of a teaching environment for medical students that is caring and values the attributes of, attentiveness, honesty, patience, respect, compassion, trustworthiness and sensitivity to all aspects of moral behavior.

### 2. Fostering empathy and compassion for patients – Being receptive

Medical student's receptivity to their patients was more intense that what people generally develop in ordinary day to day encounters. This might follow from medical students arrive on the wards idealistic. Being inherently trusted by patients as they are future doctors and often have time to listen to patients who are ill and dependant. This can lead to sharing of their most intimate thoughts and feelings. Medical students are naturally receptive in the beginning of training. Observations confirm that that doctors loose this intense receptivity to patients later in their training. The implications from this is that the medical training might fail to maintain the observed receptivity of students at the beginning of their training. Studies suggest that young doctors might supress feelings and put aside values in order to get on with training and work. This phenomena of suppression of empathy albeit temporarily, to get on with training requirements, prevents moral development and can further even erode existing moral values. The medical student's assimilation into a ward culture that does not value empathy, in addition to the suppression, has the potential to harm the students' moral sensitivity, moral commitment and moral character which are aspects of their ability to care. This might can influence their ability to ethical reasoning about ethical issues.

Some success in maintaining medical student's natural receptivity throughout training has been achieved by providing medical students abundant opportunities to reflect on meaning and purpose of their work. This is best achieved in small group activity, with carefully selected clinical faculty that facilitates the exercise. This small group exercise offers opportunities for students and faculty to share feelings and support each other. Reflection in small groups along with the intense learning on the ward, can balance the intense medical education process for students in a way that offers the maintenance of their caring orientation. Reflection can assist these students to integrate their natural empathy for patients into action. Thus medical students should not only reflect on their values but learn how to put these values into practice. These can be achieved by the combination of teaching of medical ethics with learning patient – doctor communication skills. There is good data supporting the effectiveness of these exercises.

### 3. Putting the ethics of caring into action- Taking responsibility

Taking responsibility is the way in which caring is put into action. Medical students must be taught how to translate receptivity into responsibility. Taking responsibility, within the context of ethics of caring, translates to caring, despite the presence of various obstacles, wether institutional or personal. Dealing with these obstacles in the context of caring, centres on expressing empathetic understanding and attempting to build rapport by getting to know patients better. The ethics of caring places high value on maintaining the relationship, which would begin by always seeking to understand the patient's view point and getting to know the patient better. These efforts on maintaining a therapeutic relationship would allow negotiated solutions, when obstacles do present. This then would provide the best care under the circumstances, as part of taking responsibility arise, the potential of conflict and avoiding irresolvable conflict between student, doctor and the patient is avoided by opening discussions to a larger number of possible solutions.

Thus good care will require, that a doctor not use the application of respect for autonomy, to get rid of a troublesome patient who prematurely wants to sign out against medical advice. In this the ethics of caring can temper the application of the principal of autonomy by the doctor seeking a full and deep understanding of why this patient chooses to refuse treatment. This is also done with sensitivity, attentiveness, honesty and with respect for the patient. This translates to a caring doctor being respectful always and being aware that the patient is a vulnerable person, with lees knowledge than and is often dependent on their health care providers.

The required actions grounded in caring can differ from those based only on ethical principals in that caring orientation mandates that doctors honestly attempt to identify their blind spots or vulnerability such as frustration, anger, counter transference, prejudice and even exhaustion that can impair their ability to care for patients. Caring requires not only being receptive to others and seeking their views but also being fully aware of one's fallibilities.

As part of education exercise in empowering responsibility, that enables, the translation of receptiveness associated with empathy and compassion into action, the use

of role play as a regular educational exercise is found to be useful. As part of this exercise, students can be asked to role-play a physician facing obstacles in his or her endeavours of taking responsibility for this patient and his or her specific requirements. Students are asked to talk to the patient about the identified obstacle and the consequences. This can be followed by a case discussion. From the ensuing deliberation the role-play might be redirected more productively in several ways that might bring further light on the aspect of taking responsibility as part of the ethics of caring.

## Discipline Specific Bioethical Concerns

Every discipline in the field of health care has a component of bioethics, as it concerns interactions choices for human beings. The aspects of bioethics very among the various arenas of health care. Hence it is not enough to generally speak of bioethical principles, but rather, delve into the detail analysis an justification of moral principles being violated.

The discipline specific bioethical concerns will be dealt with in the respective discipline according to the medical course.

Every lecture, tutorial, practical and bedside class has scope for bioethical learning activity. thus, every class of every subject, his an ethical learning objective.

## Panel of Expert Subject Consultants

Pre Clinical

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Dr Karnuakaran HOD and Professor of ENT Surgery SRM Medical College Chennai, Tamil Nadu

Dr Pratap Kumar Professor of Obstetrics and Gynecology Kasturba Medical College Manipal, Karnataka

Dr C. B. Mhaske Professor and Head of Drematology BJ Govt Medical College Pune, Maharastra

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- 2. Further resources must be prepared comprehensively (more case books, case studies, lecture notes, power point presentations and posters). We intend to prepare a compendium of resources. It will be globally sourced and the contents shall be peer reviewed.
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