THE INTRODUCTION OF CLINICAL BIOETHICS INTO THE CURRICULUM OF COLOMBIAN FACULTIES OF MEDICINE

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Abstract: As part of the overall educational effort to humanize medicine, some medical schools in Colombia have reformed their curriculum in recent years, which has included in most cases the introduction of the subject of Clinical Bioethics. Main objectives: To analyze, through a critical approach, the inclusion of this subject and the way in which it has been conceptually and methodically appropriated. An observational qualitative analysis, using institutional plans that study ten of the most prestigious Colombian universities as a source, was performed and supplemented by surveys, and focus groups. Finding and conclusions: Although there is no clear understanding of the scope of bioethics, teachers and students recognize the importance of the subject. There is still no significant progress in the integration of ethics formation with clinical areas, and it is still being seen as an additional knowledge that is not part of the medical science. Students still witness a discrepancy between this normative discourse and medicine practiced by their professors and other physicians.

Keywords: Ethics; Bioethics; Medical Education; Pedagogy.

INTRODUCTION AND OVERVIEW

Throughout the last decade most American universities have included the subject of Clinical Bioethics in the syllabus of public health professions¹. As part of the overall educational effort to humanize medicine, some medical schools in Colombia have reformed their curriculum in recent years and in

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most cases, included the introduction of the subject of Clinical Bioethics, as understood by most as the new medical ethics required these days. Twenty years after medical bioethics was first talked about in Colombia, and a decade after the first formal course in medical bioethics entered the curriculum of a medical school, it is worth asking whether its implementation has really helped in producing the best doctors, what has been its contribution to humanizing the profession, and how it could be improved for the future in terms of appropriate training to suit today’s medicine.²

RESEARCH CONTEXT

Medical education in Colombia, which has been predominantly European in the nineteenth and twentieth centuries, has had a strong American influence in the last thirty years. Colombia’s official language is Spanish and it has been a predominantly Catholic country. At the beginning of the twentieth century, Colombia had seven million inhabitants and only one medical school, graduating only sixty doctors per year. Today it has forty six million inhabitants, and has fifty six medical schools, of which only twenty are accredited. There is a noticeable difference in the quality of education between accredited and non-accredited universities. This study focused on ten accredited medical schools in the country.³

For much of the twentieth century, medical ethics had not been nominated a specific subject as such, and training in medical ethics was based on the good example set by teachers and the transmission of a respectable moral tradition. It was not until the early sixties that a professorship in medical ethics was set up, limited to the Hippocratic Oath and some mention of the physician’s moral duties to his patient.⁴ A paternalistic model predominated in the doctor-patient relationship. The first course in bioethics as such was taught by the Jesuit priest, Alfonso Llano Escobar in the early 80s’, following the guidance of the Hastings Center and the Kennedy Institute of Bioethics: but the first really formal course in a medical school was delivered only ten years ago.

³ Llano A. La enseñanza de la ética médica en las facultades de medicina. Facultad de medicina Pontificia Universidad Javeriana Bogotá 1985
The objective of this research is to critically determine how has teaching bioethics in medical schools in Colombia been implemented in the last ten years, to analyse how the concept has been given ownership, and what was the pedagogy implemented in this new subject.

METHOD AND SOURCES OF RESEARCH

An observational qualitative analysis was performed, from a cross sectional perspective. This analysis used institutional plans to study ten of the most prestigious Colombian universities as a source, and was supplemented by a survey of career directors, and focus groups of students, regarding the teaching of Clinical Bioethics.

RESULTS AND CONCLUSIONS OF STUDY

1. About the Contents:

File Type, philosophical perspective, preferred streams, and key ethical issues.

1.1 While others have introduced different concepts, categories and themes of bioethics without changing the name of the subject, most of the studied universities (70%) have replaced the “traditional medical ethics” course by the undergraduate course “Clinical Bioethics”. In four of them, Clinical Bioethics featured at graduate level, and only in one university, the Clinical Bioethics course has been specifically designed for the specialty stage (Geriatrics, Pediatrics, Genetics, etc.)

1.2 The frequency of the topics covered in the course are, in order:

   a - Respect for patient Autonomy, informed consent: All ten programs include it.
   b - Decisions at the end of the patient’s life: All ten programs include it.
   c - Voluntary termination of pregnancy: Abortion: Eight of the ten programs include it.
   d - Good clinical practice (Ethics of Biomedical Research): Seven of ten programs include it.
   e - Medicine and Reproductive Genetics: Five of ten programs include it.
   f - Legal Affairs: Medical Malpractice. Three of ten programs include it.
   g - Constitution and function of ethics committees: four of ten programs include it.
Notwithstanding the coincidence of these issues, there are no clear conceptual principles and teachings on the scope of epistemology of Clinical Bioethics, and for the most part it is treated as a measure for making moral decisions in problematic situations, more than as true medical ethics.

1.3 - Trend or philosophical foundation: Education in Clinical Bioethics has introduced two predominant currents. One the prevailing contemporary “Principlism” founded on the texts of American physicians Beauchamp and Childress, whose perspectives are close to the Utilitarian philosophy, (with a view to producing the greatest good for the greatest number of people with the lowest cost and risk)\(^5\). This current teaching is based on the four principles of the school: Beneficence, Nonmaleficence, Autonomy and Justice. The other school of thought, predominantly in the minority relative to the first, is the Humanist trend, inspired by the texts of the Spanish teacher Diego Gracia in which emphasis is placed on respect for the dignity and rights of the patient as a person.\(^6\)

2. Pedagogical - Didactic Strategies:

2.1 Curriculum and teacher training:

Being taught in separate schedules and activities, ethics training is not integrated in clinical and administrative areas. As for the teachers, in six of the ten universities, clinical bioethics professors are medical practitioners who favor integration from the perspective of the student, but few are trained experts in bioethics and social science. With the other four, bioethics is taught by professional philosophers, social scientists, and anthropologists, thus increasing the perception of bioethics as an external branch of medicine.\(^7\)

2.2 - The teaching method, in the classroom, is still predominantly didactic. In 50% of the schools studied, clinical cases are used to study common moral problems in clinical practice, and one third of those classes are scheduled workshops on various topics, as a review of research protocols and related policy areas. Only one medical school has systematic educational activity on

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the hospital floor, specifically related to the physician - patient relationship. There are virtually no extramural educational activities such as home visits or visiting Bioethics related institutions. Four medical schools use film as a teaching tool for medical moral issues. Two faculties use simulation centers as a teaching tool to train students in managing patient communication in difficult cases: bad news, etc.

3. Assessment of the New Subject:

Although there is no clear understanding of the scope of bioethics, teachers recognize the importance of the subject for students, who, in most cases, view it as "soft medicine" or as an accessory to real medical knowledge. It is often mistaken for a branch of professional ethics in a physician’s list of duties.

The vast majority of respondents reported the discrepancy between the normative discourse of this subject and the subsequent medical practice that students observe in their teachers. The existence of a hidden curriculum is reported.

There is no consensus on the best way to assess students. In all cases it is through written multiple choice tests, with only half of the schools using clinical cases. The general trend is to evaluate this area in terms of competences: to communicate properly with the patient, to form and lead an ethics committee, to evaluate a research protocol, to examine an ethical dilemma, etc.

ANALYSIS AND RECOMMENDATIONS

1 - Most of medical schools who have introduced the field of bioethics, focused on issues like respect for patient rights; however the main emphasis is on teaching tools for resolving common ethical dilemmas in medical practice and biomedical research.8

2 - The introduction of clinical bioethics courses, as understood in most medical schools, does not cover all the skills and fields that are desirable in humanizing the practice of the medical profession. It must be supplemented by other educational initiatives, especially the humanistic education of teachers acting as moral educators. The medical school must provide a strong system of

8. Rodríguez–Portales I.A. Profesionalismo y educación médica. ARS Médica. Universidad Católica de Chile 15, 15
ethics training for teachers and also a program of protection and improvement of the doctor-patient in-hospital practices that are consistent with the discourse that students are exposed to on the subject of bioethics. We recommend counteracting the poor example of the so-called hidden curriculum by creating in-school policies.\textsuperscript{9}

3- Though Bioethics has provided useful tools for decision making with no new moral issues facing contemporary medical practice, it clearly is an ethical practice of a procedural nature. It does not replace medical ethics as knowledge of critical and philosophical rigor. Consequently it is recommended that the moral training in medicine should not only be supported in clinical bioethics but also complemented by other activities that strengthen critical and evaluative thinking.\textsuperscript{10}

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