

# Regular Medical Ethics Education Through Problem Based Learning

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## Abstract

The Global Community has been humbled yet again by the tragic emergence of a new disease in the form of Covid-19 leading to the refocusing of spotlight upon areas of Health, Immunity, Hygiene, Diagnosis, Cure, Research on Cause & Cure of Diseases, Investment in these areas by relevant bodies and Importance of Human Life overall. This Global Community without any exception of rich or poor, developed or 3rd World has had to bear the burden of medical helplessness owing to unprecedented demand of resources. ELMCH being a Covid dedicated hospital saw multiple impacts of these seminars & learnings coming out of the discussions. With these seminars ongoing a feedback from the participants were taken regarding the knowledge of the pillars of medical ethics with the help of multiple choice questionnaire and it was seen that 90 % of the participants had the awareness of the concept of ethics. Taking a look at the pandemic through the perspective of verse, music, role plays and skits, medical care workers were able to communicate their encounters of outrage, being over troubled, burn out and despite not being able to withstand each and everyone's issue, reacted with reflections, sympathy, humankind and compassion.

**Keywords:** Medical Ethics, Education, Problem Based Learning.

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## Introduction

The Global Community has been humbled yet again by the tragic emergence of a new disease in the form of Covid-19 leading to the refocusing of spotlight upon areas of Health, Immunity, Hygiene, Diagnosis, Cure, Research on Cause & Cure of Diseases, Investment in these areas by relevant bodies and Importance of Human Life overall. This Global Community without any exception of rich or poor, developed or 3rd World has had to bear the burden of medical helplessness owing to unprecedented demand of resources. As this tragedy unfolded in multiple layers, the community of Medical Practitioners came at the absolute forefront who, put their lives on the line and through unimaginable resilience managed the patients, their attendants and the overall society. While nations across the world wrestled with the pandemic, in India, the difficulties were amplified inferable from the powerless general wellbeing foundation and enormous populace. Before long, the nation had the second most elevated number of dynamic Covid-19 cases.<sup>[8]</sup> This forced massive tension on the wellbeing frameworks raising significant moral concerns. Conversation on the moral concerns hurled by the pandemic arose as the need of great importance.

It must be stated here that the Government of Uttar Pradesh, the largest & the most populous state in India showed immense foresight and issued an order vide 1656/71-2-2020-CO-14/20 dated 29th June, 2020 by Additional Chief Secy., Medical Education, Govt. of Uttar Pradesh, directing all Medical Colleges undertaking Post Graduate programmes to conduct seminars on Medical Ethics frequently. Upholding the vision of Era's Medical College and Hospital, Lucknow, the institute dedicated itself to the need of the society and summoned all its resources to establish as a dedicated Covid Hospital.

## Subjects and Methods

### Inauguration & Context Setting with multiple stakeholders

Taking the Government's order and direction seriously, the institute decided to conduct the seminars on Medical Ethics on 1st & 3rd Saturday of every month and under the leadership of Dr. M MAFaridi, Principal, Dean and CMS, ELMCH conducted the 1st seminar on 4th July, 2020 i.e. within 5 days of the order. The direction and vision established was to enrich the learnings of the Medical Practitioners of this hospital so that the community at large

is served in the true spirit. Serving the Nation and the society is at the core of ELMCH's ideals which was demonstrated in opening the 1st seminar by

- Paying Tribute and 2 mins. Of silence for the martyrs of Galwan Ghati.

The presence & contribution from HODs of 4 departments only added to the seriousness and importance of this journey with emphasis on exploring the practical challenges to undertaking Medical Ethics by discussing real life scenarios and personal experiences. A skit by residents of multiple departments discussing the challenges faced while dealing with the relatives of a "Brought Dead" Patient gave an insight into what was going to be a very engaging format of learning. The theme was very well encapsulated in the topic given to this exercise as

#### **"Regular Medical Ethics Education Through Problems Based Learning"**

Exploring multiple aspects of Doctor-Patient relationship and roles played by conversations,

Through the next 4 editions of the seminar on 18th July, 22nd Aug., 29th Aug. & 5th Sept., the focus was duly given to the nature of conversations desired between the patient and the doctor and the resulting relationship between the two. All the departments were involved either through representatives delivering speeches, or performing informative skits/plays or involving themselves as part of question-answer sessions.

The criticality of 'Informed Consent' as part of Medical Practice set the tone of these deliberations which was aptly followed by the discussions on the importance of Patient's right to privacy and confidentiality. Multiple real-life problems were cited and solutions were discussed by the experienced doctors for the residents to inculcate those values and skills. While Ethics formed the base of the seminars, the legal aspects too were talked about in detail. The component of autonomy & breach of medical ethics in day to day life of a doctor was brought out effectively by the residents of various departments.

Roles of Doctor and Patient in establishing the right practice of Medical Ethics were discussed in detail with an intriguing, powerful & motivating speech by Maulana Meesam Zaidi Sahab and Acharya Sri Krishna setting the right context. To reinforce the various codes of ethics and social context of a doctor's exchange with his patients the concept of talk by religious and spiritual gurus was involved.

Understanding the Challenges faced while treating Covid patients.

The seminar held on 19th Sept., right at the peak of 1st wave in our country needed to be about the Covid related challenges for a Doctor while facing unprecedented circumstances in the ICU and outside. The Institute's remarkably intelligent way of having this discussion meant first letting the resident doctors and consultants speak who had themselves recovered from this much feared disease. This helped normalise the fear among the fraternity. And then, it was followed by the experiences of the doctors while treating the Covid patients. By this method, not only did the entire fraternity got to see both side of the

challenges but also learned to handle the new paradigm without doubt in the mind.

**Balancing Act:** Between Medical Advice and Patient's Rights; Handling Professional Criticism

The 7th & 8th edition of the seminar [3rd Oct. & 17th Oct.] addressed a very sensitive challenge faced by the Medical Fraternity i.e. how to be insulated from criticism and rightly find the middle ground between established medical advice and the patients' rights. The conflict between autonomy & benevolence was discussed in detail. It concluded with how a Doctor should deal with these 2 conflicting obligations towards the patients, keeping beneficence as a priority yet not superseding the patient's autonomy. Elaborating on the aspect of handling criticism, a very positive outlook towards being sensitive to feedback yet not react to unnecessary name-calling was established by some very nuanced panel discussions. Dr. Ayesha Ahmed's address on Women Dignity ensued multiple concerns to be kept in mind while assessing female patients.

#### **Communication & Knowledge IS THE KEY**

Moving on from internal challenges, the overall direction of the seminar moved towards very hard-core practical challenges in the form of various cause and effect of miscommunication, handling difficult patients and maintaining confidentiality with the patients. The 3 editions held next [7th Nov., 21st Nov. & 5th Dec.] revolved around very interactive panel discussions and Q&A sessions among esteemed and experienced Medical Practitioners of ELMCH. The discussions revolved around how the communication concepts with ethical principles go hand in hand to solve the problems faced in medical practice and reinforced the significance of effective communication and embrace the right skills.

Being calm and composed while dealing with difficult patients came out of the panel discussion among Dr. [Col.] R.K. Tripathy (Prof., Dept., of Anaesthesia), Dr. Parul Gupta (Asst. Prof., Dept. of Pathology), Dr. Tarun Singh (Asst., Prof., Dept. of Radiotherapy) and others. The conclusion of Confidentiality related seminar was concluded with the establishment of the theme that disclosure required very specific justification.

The 12th Edition held on 2nd Jan., 2021 on the broad theme of Challenges faced while maintaining Ethics while in practice was very solemnly addressed by the address of Dr. Amrita Singh, Asst., Prof., Dept. of Obst. & Gynae. Her version of Ethics as "not the way a doctor behaves but how one handles conflicts" set the tone perfectly. Using Covid-19 experiences inside ELMCH served as very pertinent examples as to how stigma around diseases emerge and the ways to address by the knowledge of a Medical Practitioner.

#### **A long standing Question: Euthanasia**

The study of Medical Ethics is incomplete without an examination of the perennial conflict i.e. Euthanasia. The seminar held on 3rd April, 2021 revolved around concepts of Humanity, Right to Equality, Justice to all & Right to Dignity of Life. Dr. Surendra Singh's citing of Terri Schivao Case put the practical perspective to these examinations. The scenario of assisted suicide & Legal aspects were deliberated upon in detail. The mental aspect

of a terminal illness and how it has to be put at the forefront of cure was duly established by Dr. Fardan Qadeer.

### **Adapt, Prepare & Upskill: The Emerging Needs during Covid 19**

The last 3 seminars revolved around the new reality of Covid 19 treatment and challenges thrown at the Medical fraternity in terms of safety, co-ordination, stretched resources and the social catastrophe caused overall. The 1st discussion was about managing stress and anxiety of the patients and the attendants in the course of treatment. Focus laid was on communication skills and transparency observed by the medical fraternity. Non-verbal communication, direct & indirect questions, empathy & sympathy, touch & reflect back, etc. points were the ones which came out strongly as part of counselling. The multiple roles of doctors as a family person, care taker, service provider, listener & healer came out as a major conclusion of these deliberations.

Role of Interns as the future of Healthcare emerged as the burning topic for discussion in the seminar held on 1st May, 2021. Aspects of skills, theoretical knowledge and final manifestation in the real world became the focal point of this conversation. Multiple HODs and Consultants talked about communication skills, empathy, learning behaviour and Patients First philosophy. The last seminar was held on the topic of 'Counselling in Social Stigma'. Multiple scenarios were played out for the audience to acknowledge the complications faced by doctors in different situations. Citing examples of sexual abuse of children suffering with HIV at centres, severe examples were brought to the fore to establish the extreme consequences of social stigma. Finally, the role of a doctor becomes so very important to alleviate the stigma emerging out of medical issues faced by patients.

### **Discussion**

These kinds of regular seminars and panel discussions on medical ethics has not only solved various problems of conflict between the doctor and patient but also allay down the anxiety levels of doctors. Because of the spread of COVID-19, a key test was to decrease potential staff deficiencies in the medical services area. Other than selecting resigned medical services workers, medical students were considered to support this task. A German study survey<sup>[1]</sup> aimed to evaluate responsibility of clinical students in Germany during the COVID-19 pandemic was assessed utilizing an online web review, with specific spotlight on their burdens and anxieties. 8.9% (86.9% to 90.5%) expressed that they were against necessary enlistment in this unique circumstance. Students who volunteered (committed) had a fundamentally lower anxiety record than non-committed student. More elevated levels of tension were identified with lower levels of commitment. A similar study<sup>[2]</sup> assessing mental health of Chinese medical college students, elevated levels of anxiety were associated with factors strongly related to COVID 19. Hence it seems appropriate to comment that higher levels of anxiety

amongst health care workers has led to development of more difficult situations in the patients' management as a stressed health care worker cannot handle a stressed patient effectively. So such medical ethics seminars which are problem based can curb these problems to a greater extent.

As for moral hypothesis, various grounds have been offered for the view that doctors have an obligation to treat or a commitment to give care to patients.<sup>[3]</sup> Concerning pandemics, claims about the obligations of doctors are regularly grounded in alleged 'extraordinary obligations' or 'job related' obligations. In different words, by virtue of their profession, doctors have more severe commitments of helpfulness than most, and they have commitments to a predetermined group of people (their patients) that non-medical staff have no commitment to help.<sup>[4]</sup> Clark<sup>[5]</sup> contends that the obligation can be defended regarding: (A) unique abilities moved by medical services experts, which imply that they are exceptionally positioned to give help, accordingly expanding their commitment; (B) the individual's free settled on choice to enter the profession with the information on what the work involves and the nature of the related dangers; and (C) the social contract between medical care experts and the society in which they work. In any case, it appears clear that the obligation to treat can't be 'outright'— that doctors have an obligation to work paying little heed to the condition. Doctors have rights to protection and care during a pandemic as do different individuals from society.<sup>[6]</sup>

A paper on current controversy<sup>[7]</sup> states key reciprocal obligations like

1. Consideration of more extensive social variables – This incorporates employer's commitments to give childcare, other caring obligations and transport to work if influenced by open vehicle terminations or expanded hours.
2. Affirmation of commitment and administration by businesses, governments, media and the general population – This incorporates for additional hours worked and staying away from making doctors' substitutes for unavoidable terrible outcomes of the pandemic.
3. Postpandemic emotional wellness backing and leave to be given by managers – Workers hazard enduring long haul impacts and burnout and likely will have not been permitted yearly leave during the pandemic. Post pandemic yearly leave should be focused on over returning elective administrations to normal.

So in view of these arguments, in order to help the society better, ethics needs to be preached and practiced from both sides.

### **Conclusion**

The 20+ Seminars held across 12 months and multiple topics in ELMCH established quite a few actionable in the ever changing paradigm of Medical Services in the times of Covid-19. With these seminars ongoing we took a feedback of the participants regarding the knowledge of the pillars of

medical ethics with the help of multiple choice questionnaire and we got 90 percent of the participants were aware regarding the concept of ethics.

ELMCH being a Covid dedicated hospital saw multiple impacts of these seminars & learnings coming out of the discussions.

- With these seminars ongoing a feedback from the participants were taken regarding the knowledge of the pillars of medical ethics with the help of multiple choice questionnaire and it was seen that 90 % of the participants had the awareness of the concept of ethics.
- One of the fruitful outcomes of this medical ethics education was establishment of Home Isolation Monitoring at Era's Lucknow Medical College and Hospital. Under this our medical and paramedical staff team would communicate, solve the queries of the Covid patients and provide necessary information and advice according to the real time vitals and clinical status at home. This programmed has helped in cutting down the fear of the patient towards Covid 19 as well as slashed down the mental stress of the patient a lot by giving them required time for the communication in the setting of isolation.
- Establishment of Dedicated Counselling Group of Doctor

Specific rosters were prepared with residents communicating with the patients' relatives intimating them with vitals of the patients and direction of treatment going on. In the times of questions raised around the commitment of medical fraternity, ELMCH set the precedence of communicating with the relatives of the patients twice a day with vitals and digitally maintained data.

- Active Psychiatric Help for Covid patients admitted in HDU & ICU

Acknowledging the mental trauma in Covid 19 patients and resulting lack of motivation for cure, a very clear intervention, multiple times in many cases, were brought about in the form of psychiatric references.

- Regular Trainings held for Residents to tackle ICU needs- Ventilator Operations, Oxygen Flow Control, Handling ICU stress, Managing Patients' Needs during extended stay on ventilator support and communicating with the patients' relatives were the major areas of training conducted for residents and support staff.
- Concerning palliative care, the Covid palliative end of life care plan has been proposed to be made. Separate palliative Covid High Dependency Units are in the process of setting up which have oxygen supply and all necessities apart from ventilators for end of life care.
- Scientific honesty in publications additionally had arisen

a worry during covid pandemic. Increased duplicate publications, low quality exploration, the competition to distribute key papers on Covid-19 and the non-work pressing factor and needs of editors and scientists prompting potential burdens had been a problem. Hence digitization with a data updation system was also created for the transparency of treatment.

- Taking a look at the pandemic through the perspective of verse, music, role plays and skits, medical care workers were able to communicate their encounters of outrage, being over troubled, burn out and despite not being able to withstand each and everyone's issue, reacted with reflections, sympathy, humankind and compassion.

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