

Medical Ethics Education and the Turkish Experience: Medical Education

Tıp Etiği Eğitimi ve Türkiye Deneyimi

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ABSTRACT Medical science is an activity of scientific application, which has ethical dimensions as per its nature and goal. Therefore, medical education should inevitably include medical ethics education. The objective of medical ethics education is to bring up physicians, who acknowledge their legal responsibilities and the system of values underlying the profession of medicine, exercise ethical values in their relationships with patients, and have the skills to resolve value conflicts that may emerge. The studies on the improvement and functionalization of medical ethics education has been gradually increasing in recent years. The World Medical Association and the World Federation of Medical Education support all faculties of medicine in providing necessary time and resource for ethics education, and they suggest guidelines. Medical ethics programs were initially discussed on a large platform such as the approach of “humanities” in the United States and Europe. Later, the focus expanded to the point of clinical ethics education, which included physician-patient relationship, clinical reasoning and decision-making. “Medical Ethics” courses in Turkey started in 1980s and rapidly became widespread in the programs of related academic fields. The Turkish Medical Association, the Guest House Society and the Turkish Bioethics Association contributed to the development of medical ethics education. Recently, medical ethics education is being redefined in terms of its aims, methods and content. This article examines the development of medical ethics education in the world and Turkey, introduces the basic characteristics of the programs in faculties that adopt different education strategies, and discusses the current ethics education in Turkey along with its different dimensions.

Key Words: Medical education; medical ethics; Turkey

ÖZET : Tıp; doğası ve amacı gereği ahlaksal boyutları olan, uygulamalı bir bilimsel etkinliktir. Bu nedenle tıp eğitimi, tıp etiği eğitimini içermek durumundadır. Tıp etiği eğitiminin amacı, yasal sorumluluğunu ve hekimlik mesleğinin temelinde yer alan değerler sistemini bilen, hastayla ilişkisinde etik değerleri yaşama geçiren, ortaya çıkan değer çatışmalarını çözmeye becerisine sahip olan hekimler yetiştirmektir. Söz konusu eğitim sürecinin iyileştirilmesine ve işlevsel kılınmasına yönelik çalışmalar son yıllarda giderek artmaktadır. Dünya Hekimler Birliği ve Dünya Tıp Eğitimi Federasyonu, tüm tıp fakültelerini etik eğitimi için yeterli zaman ve kaynak sağlamaları konusunda desteklemekte ve yol gösterici öneriler getirmektedir. Amerika Birleşik Devletleri ve Avrupa’da tıp etiği programları başlangıçta “humanities” yaklaşımı gibi geniş bir çerçevede ele alınmış, daha sonraki dönemde hekim-hasta ilişkisi, klinik akıl yürütme ve karar vermeyi içeren klinik etik eğitimine geçilmiştir. Türkiye’de tıp etiği dersleri 1980’lerde başlamış ve ilgili akademik alanların ders programlarında hızla yaygınlaşmıştır. Bu bağlamda Türk Tabipleri Birliği, Konukevi Çevresi ve Türkiye Biyoetik Derneği’nin tıp etiği eğitimine yaptıkları katkı önemlidir. Son zamanlarda Türkiye’deki tıp fakültelerinde de etik eğitimin amacı, yöntemleri ve içeriği açısından yeniden tanımlanmaktadır. Bu makalede, tıp etiği eğitiminin dünyada ve Türkiye’de gelişimi ele alınmış, farklı eğitim stratejilerine sahip fakültelerin sürdürdüğü programlar göz önünde bulundurularak şu anda yürütülmekte olan etik eğitimi değişik boyutlarıyla incelenmiştir.

Anahtar Kelimeler: Tıp eğitimi; tıp etiği; Türkiye

The necessity of redesigning medical education in accordance with changing conditions and requirements started to be discussed distinctively in the 1980s. In relation to education strategies and methods, approaches like problem-oriented education, community-based education, competence-oriented education, and student-centered education occupy a considerable place in the discussions about medical education reforms. Edinburgh Declaration published in 1988 constitutes one of the basic documents concerning this issue and it defines the aim of medical education as the “production of doctors who will promote the health of all people”.¹

In accordance with the objective of “Health for All in the 21st Century” raised by the World Health Organization (WHO), which is the leading international organization concerned with medical education today; member countries were asked in 1995 to carry out coordinated reforms in medical education and health service practices.¹

The ethical aspect of medical education is one of the issues discussed at international medical education conferences. In fact, in the Edinburgh World Summit on Medical Education held in 1993, ethical principles were suggested to be taken into consideration in clinical practices and society-oriented exercises, and the necessity of using humanistic education techniques (using anatomic models in learning instead of human bodies) in the education process was emphasized.¹

The World Federation for Medical Education, which is an international organization representing the United Nations about medical education today, and the World Medical Association (the WMA), which is a non-governmental organization of physicians, support all medical faculties in providing necessary time and resource for ethics education, and they suggest guidelines. In this respect, the WMA expressed in its Madrid Declaration in 1987 that medical education teaches prospective physicians also ethical behavior besides high professional standards.²

At its meeting held in Tel Aviv in 1999, it announced that medical ethics and human rights, which are considered the indispensable parts of

medical culture, should be included in the curriculum of all faculties of medicine as mandatory courses. In addition, the World Federation of Medical Education determined the standards for improving the quality in basic medical education. Accordingly, faculties of medicine should define the proficiency levels that students are required to reach in graduation and adopt in their future roles in the health system in a particular way to include the information and understanding of medical ethics. In addition, faculties of medicine should also determine medical ethics contributions that will enable effective communication, clinical decision making and practices conforming to professional ethics, and include these in their programmes.³

WHY IS MEDICAL ETHICS EDUCATION NECESSARY?

Medical activity is a field of applied science where moral values are also considered. In other words, physicians are expected to acquire certain moral values associated with their physician identity besides a satisfactory level of medical knowledge and skills. In this context, medical ethics education is defined as an educational process that examines the role of moral values in a physician’s relationship with his/her patients, colleagues and the society he/she lives in, and the place of these values in the professional identity. Experts on the subject identify medical ethics education as the education of applied values, and consider it an education including philosophical, social and legal dimensions rather than an education of communication skills.⁴

Clinical exercises include questions about a physician’s behavior, decision-making process, values, rights and responsibilities as much as the scientific-technical questions concerning the disease. Some of these questions may be easily answered, for there are well-constructed activity options that have found widespread acceptance regarding what has to be done. However, it is quite difficult to answer the questions with problematic options, or the ones on which a compromised attitude is not present.³ Rapid improvements in medicine in the last century, social dynamics such as patient and subject rights stemming from the concept of human

rights and the diversity of application facilities depending on the increase in the use of medical information and technology have augmented the possibility of encountering such problems that create conflicts. Due to these factors, it became questionable whether fulfilling every medically possible application is necessary or not.⁵

As they are related with the value dimension of physicians decisions and activities; such questions, which are not easy to answer, come within the purview of ethics, and of medical ethics as its differentiated extension in the field of medicine. Ethics, which is known in the narrow sense as theoretical morals or moral philosophy, is defined as the systematic study and analysis of decisions and actions related to the past, the present and the future concerning morals.³ In this respect, it is possible to say that ethical activity not only gives answers to open-ended questions in human life, but also queries and criticizes the existing rules as well as answered questions, and develops new suggestions for solutions; therefore, it may be defined in a way as an activity of “proposing rules” or “proposing values”. In other words, ethics is giving voice to not only what “is”, but also what “is supposed or defended to be”. On the other hand, ethics embodies the characteristics of a field which explores the biological, psychological and sociological roots and functions of moral values such as “good-bad” and “useful-harmful”.⁶

The question “What am I supposed to do in this situation?”-a fundamental question in terms of moral values-reveals the reality of having to make a choice among alternatives, and in this respect, a moral choice is a decision made on the side of a better option. Therefore, to perceive any application as a profession, the professional should have responsibilities like honesty, sincerity, confidentiality and efficacy for the target group. Making ethical decisions and judgments in a professional application can be realized in the light of the specified ethical principles related to a particular profession. Haynes puts forward that the process of ethical decision-making has three inter-related aspects as consistency, consequences and caring; and the connections and tensions between these aspects may be understood with

Lacan’s metaphor of Borromean knot.⁷ Consistency constitutes the subjective aspect that enables the individual to perceive an application as an aimed action by internalizing it. The second aspect-consequences-is the objective side of ethics, which sees the application as an individual or social behavior externalized in terms of its causes and results. Caring as the third aspect is related to caring within a network of responsibility, and articulates “ethical sensitivity” due to its focus on the ways of perception of situations. Borromean knot emphasizes the idea that any of the interlinked rings in the knot does not have any priority over the others. Accordingly, it is maintained that any of the aspects of consistency, consequences and caring can not provide alone the necessary basis for ethical decisions, and all three of them together form the basis for the process of ethical decision making.⁷

In view of the above mentioned statements, it is likely to say that the aim of medical ethics education is to prepare the student to be able to identify the difficult situations he/she will come across related to professional applications, distinguish ethical problems, make ethical decisions by processing the components of decision making process, and cope with problems in a rational way relying on principles.³

Inclusion of Medical Ethics in Medical Education Programs

Although not under the name of “medical ethics”, the field of medicine may be suggested to have developed an understanding of education that has internalized its own professional ethics throughout history. The requirement of medical ethics to constitute a unique place within the education program came out in the second half of the last century. The first steps about this subject were taken at the end of 1960s in the United States and medical ethics became a required and integral part of the education in all faculties of medicine in accordance with the principles determined under the leadership of the American Medical Association.⁵

Medical ethics programs, which were formed on the basis of the approach of “humanities” in the United States, were initially discussed on a large platform with the participation of social scientists,

lawyers, philosophers, theologians and even men of letters along with physicians. The purpose here was not to make physicians professional ethicists, but to introduce the systematic education of right and wrong medical practices, discuss the theories of ethics, to teach ethical thinking and the ways to resolve ethical problems. Later however, the focus expanded to the point of clinical ethics education, which included physician-patient relationship as well as reasoning and decision making as the fundamental duty of a physician. This education, which comprised the concepts and principles of clinical ethics, started to be given within the framework of an education program, where clinicians took an active part for the solution of ethical conflicts related to the medical situations faced in practices.²

A study carried out in the United States to define the ideal ethics education program, demonstrated that there was no homogeneous ethics education in faculties of medicine in terms of educational aims, educational methods and program content.⁸

Medical ethics education is among mandatory courses in the Netherlands, and is generally included in the framework of introduction to medicine courses. However, in Maastrich Faculty of Medicine that adopts problem-based learning model, ethics education is carried out as a clinical ethics education, which is based on case discussions and which handles the normative dimension of clinical decisions, philosophical basis of moral rules, reflections of these rules on clinical practices, and the mechanisms of decision making related to special clinical situations.²

Medical ethics education in Germany is carried out with academic initiatives and through different contents, methods and aims in different universities. Ethics education, which was initiated generally with the leadership of the institutes and chairs of history of medicine, are given with the contribution of diverse fields and on a basis similar to the “humanities” approach adopted in the United States. In the Lübeck model, medical ethics education carried out by the Institute for the History of Medicine and Science encompasses the subjects

of the history and structure of medical ethics, morals and medical concepts, determination of ethical problems in patient stories, and empathy and attitude development. In addition to courses that focus on fundamental ethical concepts and principles, other dimensions of this education encompasses the discussion of ethical problems peculiar to different areas of specialization, and patient seminars organized with the participation of health care providers, which are all oriented towards clinical ethics education. Prof. Dietrich von Engelhardt, who is the director of the Institute and the main designer of the education, made a call saying “Stop associating the field of medical ethics with the chairs of history of medicine due to economical concerns”. This call carries significance in terms of medical ethics education and the situation of chairs in Turkey which will be discussed in this article.⁵

The Development of “Medical Ethics” Concept in Turkey

The courses, which have been given under the name “History of Medicine, Deontology and Philosophy” since 1876, started to be given under the title “History of Medicine and Deontology” in the faculties of medicine, pharmacy, dentistry and veterinary medicine after the establishment of the Turkish Republic.⁹

The term “medical ethics” was rarely used in Turkey until 1980s. “Medical Ethics” courses, which began to be taught in the faculties of medicine and dentistry in 1983 in accordance with the Regulations of Higher Education Council, carried this concept to the agenda of academic circles.² Later, although under different names like “deontology”, “history of medicine and deontology” or “history of medicine and medical ethics”, courses on medical ethics rapidly became widespread in the programs of related academic fields in several faculties of medicine in Turkey. The main determinant factor in this development is undoubtedly the attempts to redesign the education programs of the faculties of medicine in parallel with the requirements of medical education reform in the modern world. Yet, it should not be overlooked that in addition to courses offered in the faculty programs, the interdisciplinary activities or-

ganized with the support of voluntary union of participants from related academic fields and the studies carried out by the Turkish Medical Association have made a multi-dimensional contribution to medical ethics education. The Guest House Society and the Turkish Bioethics Association are first to be mentioned in this context.

Methodology seminars held in 1980-1982 in the Library of the Institute for History of Medicine and Deontology Department in the Faculty of Medicine of Ankara University with the participation of scientists from social sciences and fundamental sciences founded a basis for the foundation of the Guest House Society. These stimulating discussion meetings resulted in the foundation of the Guest House Society in 1988 in the Ankara University Guest House with the involvement of scholars of deontology, history and science history mostly from the field of Health Sciences from different faculties of the same university. This Society, which pursued the aim to bring different disciplines together in an interactive social environment for a mutual production, fulfilled its expected function in time with the participation of especially young scholars and scientists. Introducing in an interdisciplinary environment the problems pertaining to science history, science ethics, historical natural sciences, science methodology, as well as the social factors affecting the scientific environment, and discussing these issues through effective contents had a positive impact on the qualification of young scholars and scientists. In the Selections published in the 10th anniversary of the Society, it is stated that more than seventy meetings were held in this course of time to encourage the exchange and production of opinions and information, and that the participants were “welcomed genially”.¹⁰ The Guest House Society seminars are still being held, although less frequently and with differing participants.

In this context, “Medical Ethics Problem Discussions” should also be mentioned as a series of meetings, which was planned by the Deontology Department in the Faculty of Medicine of Ankara University, and is held alternately with the Guest House Society seminars. In this activity carried out

since 1989, ethical issues in medicine and related fields are discussed from scientific, conceptual and moral perspectives. Exploration of problems within a wide range of topics with the participation of academicians, clinicians, philosophers, lawyers, educators, sociologists and medical anthropologists has a positive impact on the medical ethics education in Turkey.¹¹

The aim of the Bioethics Association of Turkey, which was founded in Ankara in 1994 with the leadership of academicians from the fields of pharmacy, dentistry and veterinary science, is to contribute to the development and education of bioethics, which is a relatively new concept in the country, and to improve its relationship with health practices and other relevant fields. Due to the nature of bioethics, enabling interdisciplinary studies, the range and diversity of the members of the association has broadened in time. The Bioethics Association, which discusses bioethics comprehensively as a field exploring the moral values in health practices, biological sciences and some given professions, has been organizing biennial symposiums on bioethics subjects since its foundation and national medical ethics congresses, courses on medical ethics and conferences since 2001. In addition, it shares its opinions with scientific and social societies through several reports and publications on bioethics, medical ethics and medical ethics education.

One of the two concrete examples for the studies of the association on medical ethics education is the decisions taken in the 2001 National Medical Ethics Congress Final Declaration about the ethics education strategies to be applied in the fields of medicine, pharmacy, dentistry, veterinary science and nursing as well as about other issues of medical ethics, and the suggestions proposed for the improvement of the quality of education.⁴ The second example, which handles the issue of ethics education in more detail, is the 5th Medical Ethics Symposium organized in November 2004 by the Bioethics Association with the title “Ethics Education in the Faculties of Medicine”. This symposium, which was held with the participation of most departments giving medical ethics education, cre-

ated a remarkable platform for the discussion of a wide range of topics, such as designating a name for the field; the aims, objectives, structure and content of ethics education; the semesters in which the courses are to be given; and the methods, materials and assessments of these courses. The "Final Declaration" prepared at the end of the symposium was sent to the deanery of related faculties, to universities and the Higher Education Council; and necessary measures were suggested to be taken for the application and support of these decisions.¹²

The purpose of the Medical Ethics and Medical Law Society, which was founded in 2004 in Istanbul, is to support the scientific research and activities in the field of medical ethics and medical law in Turkey, to contribute to the advancement of medical ethics education in accordance with modern requirements, and to provide information exchange through international relationships. The Society has organized two international symposiums in this short time span; it is going to host an international congress in October 2007; and it has been publishing a periodical bulletin. These activities prove the Society's success in fulfilling its predetermined mission.¹³

Medical Ethics Education in Turkey

The picture of medical ethics education in Turkey is largely revealed by the survey conducted by the Bioethics Association of Turkey in 2001 to determine the undergraduate ethics education. This survey is only one study on medical ethics education in the faculties of medicine in Turkey. According to the survey, among the faculties of medicine that participated in the questionnaire (46%), 13 (76%) had departments; this number has increased to 21 today. Another striking fact was that 85% of the departments were founded after 1981. The courses that are given generally in the 1st and 5th years for 30-35 hours in total include history of medicine, deontology and medical ethics. Although courses are taught predominantly as lectures, and the courses at some faculties include methods like case discussions, role-play technique, group presentations, group discussions; there is an increasing ten-

dency recently towards the latter. The subjects that constitute course contents usually encompass the introduction of concepts, principles and norms as well as legal arrangements pertaining to professional ethics, and the special subjects of medical ethics. The courses offered at some faculties include also social ethics besides these subjects. Assessment is made through tests with multiple-choice or open-ended questions, and written exams; while post-module assessments are applied at some faculties. Although the spectrum of target information regarding course aims is wide, fields of information that attract attention at first glance are: recognizing ethical problems, knowing basic ethical approaches, evaluating a situation in the light of ethical principles, conceiving medical applications also as ethical and legal issues, knowing deontological sanctions and physician's responsibilities, perceiving the importance of communication and empathy in physician-patient relationship, knowing patient rights, and knowing the special issues of medical ethics (abortion, euthanasia, organ transplantations, having a child with assisted reproductive techniques, the end stage of life, ethical attitude in patients with poor prognosis, approach to risk groups such as children-elderly-disabled-arrested-sentenced-HIV(+) patients, research ethics, genetic ethics, utilization of limited resources, etc.). The skills and attitudes that the education aims to provide the prospective physicians with are: acquiring communication skills in physician-patient relationship, resolving value conflicts between physician and patient, gaining the ability to make quick decisions when necessary, coping with death, adopting sharing-reliable-consistent attitude in physician-patient relationship, being sensitive towards value issues, thinking systematically and critically in the process of decision making about the end of life, working in teamwork in the relationship with the patient and patient relatives, establishing firm basis for the decisions made about ethical issues.⁴

CONCLUSION

Similar to some countries in the West, ethics education in faculties of medicine in Turkey shows

differences in aims, contents, methods and duration. In some faculties, emphasis is put on history of medicine courses and lectures; whereas at some faculties, most of which are newly founded, education is predominantly based on medical ethics and integrated with clinics, and interactive education methods are applied with the active participation of students. In parallel with the reformation attempts in medical education and the developments in medical ethics education in recent years, medical ethics subjects started to occupy more space in the curricula. Another point attracting attention in terms of similarity to the education in Western countries is the fact that medical ethics education in Turkey has gained speed after 1970s and 80s. In this respect, it is possible to state that medical ethics education was initially embraced and developed by the “humanities” as is the case in other examples around the world.

The fact that medical ethics education is conducted in combination with history of medicine is one of the issues of debate in Turkey. Some people defend the idea that medical ethics and history of medicine educations should be given separately on the ground that they constitute an “inharmonious union” and there are basic methodological differences between the two fields regarding the questions of “what?”, “why?” and “how?”.¹⁴

On the other hand, some suggest that the education of these two fields should be carried out together within the framework of human values

and social sciences. Here, the opinion of Prof. Dr. Fuat Aziz Goksel, who is one of the veterans of this field in Turkey, emphasizing that the union of medical history and medical ethics is critically important in the short run, emerges as an answer given from a different culture to Prof. Engelhardt’s approach to the matter, which was introduced at the beginning of the article. In his speech delivered at the 2nd National Medical Ethics Congress held in 2001 in Cappadocia, Prof. Goksel articulated that medical ethics education had been perceived as “end hole of zurna” and neglected for years by the authorities of the Ministry of Health and by university and faculty administrations, and in the case of separating the fields of medical history and medical ethics in such an environment, both fields may face the threat of being eliminated.

It is revealed in the light of these discussions that the priority task concerning medical ethics education in Turkey is to accelerate the studies initiated to standardize medical ethics education in terms of aims, methods and content. Therefore, studies should be carried out in coordination with related departments and the Bioethics Association of Turkey, and necessary efforts should be made in this process to benefit from the experiences of different countries.

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