

Teaching Bioethics in Pakistan

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A century ago, health care used to be dispensed out of a black box, was simple, harmless, and useless. Last century saw the advancement in technology that rendered it effective, complex, and fraught with difficult ethical issues. Line of demarcation between life and death is no more a line, but a wide grey zone where it is difficult for patients, families, and healthcare professionals to grasp that patients who have been living optimally with chronic diseases, are now dying because of the very same diseases. Even beyond the critical situations, physicians and nurses routinely deal with patients over whom they have distinct power superiority, a situation that makes issues like autonomy of patients in decision making, patients' right to know the options in care, disclosure of medical error etc. relevant, and signify the teaching of bioethics.

Bioethics, however, is not perceived as a subject requiring formal teaching. Healthcare professionals commonly synonymize the terms 'morality' and 'ethics'. Teaching bioethics to this group of professionals usually begins with an effort to overcome the cynicism that "we are well versed in ethics because we have been taught (been practicing [Sic]) morality all our lives." Morality, when defined descriptively, refers to a value system put forward by a society or a group (such as a religion), or accepted by an individual for her own behaviour. Ethics, on the other hand, is a standard of behaviour agreed upon by a professional body collectively. Bioethics or medical ethics similarly is the standard of behaviour healthcare professionals abide by, while dealing with living beings, be it their patients, colleagues, or society in general. Teaching bioethics to healthcare professionals and students in Pakistan essentially becomes a journey from distinguishing between morality and ethics, learning the philosophical theory, and most importantly, clearing a path from theory to practice, and ultimately internalizing ethics as habit.

Beyond formal teaching, role modeling, especially where bedside ethics are concerned, has a significant impact on learned behaviour and habit formation. Other innovative pedagogies are: debates on controversial topics, case discussions, learning through movies and other forms of art, grand rounds, round-table discussions. Curriculum content relevant to the practical aspects of students' lives generate more interest e.g. anaesthesiology residents being taught ethical issues related to teaching and training on anaesthetized patients, end of life care, procuring consent for high risk patients, deciding Do Not Resuscitate orders etc. Inclusion of bioethics in the longitudinal themes across all years of medical/nursing training is essential to inculcate behaviours. However, a deeper understanding of the full spectrum of subject requires formal courses with sufficient time followed by proper evaluations.

Bioethics is not a mandatory subject for undergraduate medical students in Pakistan¹. Pakistani healthcare professionals have not defined a relevant standard of behaviour for themselves per se, and in most instances western ethics is seen as the guiding light. These conflict with local cultural norms at many interfaces. Two commonly encountered examples are of individual informed consent, and patient-physician boundaries. The code of medical ethics, given more than two decades ago by Pakistan Medical and Dental Council (now PMC²) is neither taught formally in medical schools nor carries any repercussions if physicians choose to ignore it. Students learn behaviours by observing their seniors and usually choose the easiest way, as is the practice in the society at large. Terms such as medical error, conflict of interest, research ethics, patient's rights, patient-physician boundaries, clinical ethics, end of life care, consent and capacity are not formally taught or consciously practiced. A difficult situation sometimes exposes this deficit; recent incident of an employee of a private medical university sending Facebook invite to his patient is one such example. The patient in question duly complained, leading to the suspension of the doctor. Medical fraternity was divided in accepting the doctor's action as unethical, a proof that the boundaries of patient-physician relationship, which are very well defined in western ethics, are neither taught nor accepted in their entirety locally.

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Does teaching bioethics get translated into behaviour change? Maybe not as noticeably as one would like to see, but patients and doctors are part of a larger society, and when in any society morality is vague, priorities misplaced, and values ill defined, expecting teaching of bioethics to make a huge impact is not realistic. Then again, physicians being the educated members of any society are expected to carry a heavier burden of self-regulation. Defining culturally relevant standards of behaviour is a start. External accountability systems need to be in place to reinforce self-regulation. Newly formed Pakistan Medical Commission (PMC) must play this role and give visible weightage to formal bioethics education in Pakistan.

References

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