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Opinion

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Teaching Bio-ethics

Keith A Raymond*

Emergency Medicine Physician, Muckendorf, Austria

I'm sitting at a UNESCO panel discussion on the Core curriculum roll out for teaching Bio-ethics globally and my mind begins to drift. This is how I see this program being implemented.

"Thank you. The exam will begin shortly. Before we get started I will be giving a lecture on Bio-ethics."

Audible groan. Certainly, pharmacokinetics take priority, at least in the medical students' minds.

"As our lecture attendance has been poor, we felt that this mandatory UNESCO instruction is conducted before the exam." The professor was interrupted as the students packed up and headed for the door. "Before you leave, the exam will include questions on Bio-ethics. This information is not available elsewhere." Most students returned to their seats. "Let's begin-"

There is little doubt that both medical students and physicians pay little attention to Bio-ethics as other patient needs are more pressing. This is acceptable in mono-polar communities and Hospitals where the ethics are agreed upon (for the most part) in advance. UNESCO, however, wants to put forth a universal core curriculum. Representative topics with representative actions.

As we proceed in this direction, we need to be cognizant of the existence of professional ethics as distinct from personal ethics. Too often my colleagues are unaware of the difference. Their personal religious beliefs intrude on their medical practice. This is problematic in melting pot societies. Empowering patients' own beliefs is not just about patient satisfaction but building trust.

Dr. Robert Orr elucidates: "Courses in medical ethics cannot make virtuous persons out of morally indifferent or morally vicious students. However, student physicians can be encouraged and guided in their moral development as professionals." [1]

Creating professional ethics separate from personal ethics should not be guideline driven. Instead, professional ethics should be patient driven. Having lived and worked in eight countries, this has become painfully evident to me. In Liberia, I taught the Hospital staff ACLS for the first time. They readily acquired the skill set. I was unaware that Liberians have great respect for the sanctity of the dead, so when a heart failure patient was five minutes from the Hospital and he died in the ambulance no resuscitation effort was initiated.

Even a strong sense of professional bio-ethics can sometimes challenge personal ethics. Do we treat the cop killer or the cop first? Do we report an impaired colleague? In the latter instance, there are personal repercussions for doing the right thing. Alienation from other colleagues, adverse effects on career arc, legal repercussions, and the destruction of trust and friendships can occur.

UNESCO's goal is to educate and arm physicians with bio-ethics that insulate them from such blow back. This is admirable. Good Samaritans should be protected for the benefit of the community. In Botswana, physicians are prosecuted for failing to assist road accident victims. What if that physician attended a party and drank alcohol opting to continue for patient safety?

It is not the bio-ethics UNESCO covers, it is the ones that are not covered we need to be prepare students to address. Technology and science move on. The ethical solutions of today may not apply to tomorrow's problems. A liver transplant for an alcoholic is not the same as another bio-hacker manipulating embryonic genes for parental whims.

Teaching bio-ethics should include not just answers to common issues but should provide medical and science students with the critical thinking skills needed to evaluate novel ethical issues. Having the ability to rationally and critically address ethics at the bedside also reduces burn out. It is anxiety reducing, not only helping us to consider options but helping us to help the patient.

When there are no good answers, and no one to consult, the physician should be a guide to foster the best solution. In Afghanistan, a family camped near a pack of wild dogs. Four of them were subsequently bitten. They presented for care but Human rabies immunoglobulin on hand was only sufficient to treat two in the time available. I had to choose who would live and who would die. Two did die but working through the decision with the family also protected me from retribution. In other circumstances, a physician and his family requested to be jailed to avoid such retribution. He and his family ultimately left the country to survive threats.

Such stories rivet the medical students. They believed that only legal repercussions followed a misstep in ethical decisions. Teaching situational analysis, cognitive flexibility, careful communication, open-minded creativity, and decision making must follow.

We need to look beyond the usual ethical dichotomy between altruism and self-interest. Bio-ethics in the age of tsunami medicine and science requires us to have a cascade of ethical decisions even before the questions are posed. Skills in critical thinking help us to consider what is in the best interest of the patient while not compromising others in that quest.

For opinions are not knowledge and experience are not wisdom unless we allow the ethical synthesis within ourselves to change all

Correspondence to: Keith A Raymond, Emergency Medicine Physician, Muckendorf, Austria, Europe, Tel: +43-650-350-0771; Email: lawein94@gmail.com

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of these into insight. The current alternative is to teach more pattern recognition.

". . .to conclude these, seventeen articles will comprise the Bio-ethics core curriculum [2]."

References

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2. UNESCO (2016). Bioethics Core Curriculum: Section 1: Curriculum