***Teaching Bioethics to postgraduate students in a Public sector University, report from Karachi, Pakistan***

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Bioethics is not taught as a subject discipline in the undergraduate and postgraduate curriculum in Pakistan. Recently, medical colleges introduced the subject of Behavioral Sciences in the undergraduate curriculum, but it has its own limitations. The discipline is limited to few hours tutorial, and hence not been given due weightage in final exams. As a result, students not only miss the tutorials, as they know in advance that they will not be examined on this knowledge. This is the only formal education which the undergraduate may attain about biomedical ethics. Whatever they learn later is from their own experiences, by observing their peers, mentors and supervisors. The same stands true for postgraduate students. They are not taught about the biomedical ethics at all, and their supervisors become their books of the bioethics discipline.

I work as a obstetrician and gynecologist at a public sector hospital, for last 25 years. My college and hospital is located in the vicinity of CBEC-SIUT. (Center of Biomedical Ethics and culture) This is the only institute in the country imparting formal degree courses in the discipline of Biomedical ethics. Both the medical college and the hospital are the oldest in the country. The hospital is one of the largest tertiary care centers of the country, with bed strength of more than 2000. Being a tertiary center, the hospital has chronic issue of being over burdened with patients and understaffed with medical personnel. Like patients, the doctors come from all over the country to complete their postgraduate training from this hospital.

I did my PGD (Postgraduate diploma) and later MBE (Master in Bioethics) from CBEC. The practical work of my PGD included teaching basic concepts of biomedical ethics to my postgraduate residents in the ward. This was a small exercise which I did to complete my practical course work for the diploma. It was during these sessions I realized how important the discipline was to the residents. These sessions helped me to start conversation in my own department about many issues which were pertinent to the field of obstetrics and gynecology. One such topic was of abortion.

After finishing my Master degree, I thought of teaching this to residents of surgery as well. A yearly plan was developed. Generic topics from contemporary bioethics like Informed consent, medical error and negligence and ethical dilemma were identified in yearly planner to discuss with the residents. Invitations were sent to the departmental heads to nominate residents for the monthly session of one to two hour durations. A group of 25 residents were thus identified. This included one faculty member from each department as well.

The sessions were started with the introductory talk by the founding Chairperson of CBEC, on what is biomedical ethics and the importance of it in today’s age and era. This session was able to ignite interest among the participants about the future sessions. This session touched upon philosophy, role and practices of both Western and renowned Muslim physicians. A total of 10 sessions were done through out the year with the residents and faculty members. Care was taken to draw examples from the local scenarios and from day to day experiences to provide real guidance to the residents. These sessions were kept interactive in order to keep their interests alive. After each session, students were asked to give their comments in the feedback form provided. This helped in planning of next session. A specific day and venue were identified for these sessions, and timely information was sent through email. These sessions were facilitated by myself and faculty members from CBEC.

At the end of year, the participants were invited to share their experience of attending these sessions and to know whether they will like these sessions to continue or not? This happened to be the most enlightening session for the facilitators. Where the shortfalls were identified, the discussion about the change in attitude of participants proved music to the ears of facilitators.

“The founding session introduced the concept of healing, never have thought the difference between *healing* and *cure*”. One of the participant said, that after attending session on qualities of good physician she was able to bring about change in her attitude towards her patients. Other said she was able to restrain herself from misbehaving with the patients, after attending these sessions.

“The session on medical negligence and error was able to tell me how to disclose our mistakes to our peers, and how to avoid them in future “ .

A resident from obstetrics and gynecology shared an important change in her practice of informed consent. “Previously I used to look for husband and in laws to give me consent for surgical procedure, now I go to woman first, since I realized that its her body, she must sign her consent form first “.

Another resident from obstetrics& gynecology shared that how her practices regarding women seeking abortion has changed after attending session on ethical aspects of abortion. She shared that how she used religion as a shield to send away women seeking abortion on various grounds. She further elaborated that how she was unaware of country’s law and religious values for abortion, yet denied services who rightfully required it.

Residents also shared that they wanted to be respectful towards their patients, but working in a public sector hospital, where they are overburdened with the patients, they find it hard to practice basic principles of biomedical ethics. Few raised their concerns that working in public sector hospitals, where there are no defined systems, its difficult to practice biomedical ethics. They were reminded that its individuals who make systems, hence change in attitude of individuals is important.

One of the participant shared her experience that while doing her clinical rotations as a medical student, she used to observe her senior postgraduate talking in an insulting manner to his patients. The course was able to instill in her respect for her patients.

All the participants were of the opinion that though new residents should be inducted for new session, but in an atmosphere where there are no other such activities, how can they reinforce their knowledge in future. A participant shared an interesting example that when she enrolled for the course, her colleagues taunted that she had no better use of time, then to waste time in attending these sessions.

Feedback for session on ethics of Physician-pharmaceutical relationship served an eye opener. The practice of receiving gifts, lunches has become so ingrained in the society that majority thought it was right. It was only after this session, few doctors conveyed that they have stopped attending these launches and lunches organized by Pharmaceutical companies.

Public sector hospitals are always difficult to manage. They are always over burdened and always understaffed. They are visited by people who have nowhere else to go, where the power difference between patient-doctor relation is lopsided. Teaching bioethics and asking residents to practice it in their day to day practices is a daunting task. Public sector hospitals have many caveats, which makes practice of clinical ethics look difficult. One example is of consent from patients. Doctors always find it difficult to take consent. A patient is always accompanied by at least 3-4 people, who may be directly or in directly related to him/her. The situation becomes more difficult when a female patient asks the doctor to seek consent from either in laws or husband, as only they can sign and she will not affix her thumb impression or give signature. Explaining to these women that country and religious laws empower them to make decisions about their lives is another daunting task. The ethical and social issues are far different in public sector hospitals, than in private hospitals. And the situation is similar in other countries of the region as well. The problems faced by the medical profession are also the same. These include short supply of medicines, absence of doctors in regular duty hours, faulty machines resulting in delay in treatment and harassment of medical professionals by patients and their attendants. In such situations, practice of biomedical ethics appears a little difficult task for the doctors. Awareness of basic principles of respect towards patient, beneficence and non-maleficence and justice can bring a change not on individual level but also in the existing system as well.

Biomedical ethics is not a science, not a subject, it is the moral and ethical values which needs to be reinforced in our daily medical practice. Industrialization and commercialization of the field of medicine has blurred the image of a physician. Biomedical ethics is trying to clear this image of physicians.