

## A Survey of Medical Ethics Education in Iran Medical Faculties

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### ABSTRACT

Despite the progresses and attentions made to ethics education in Iran, little is known about the situation of undergraduate ethics education. Therefore, we undertook a study to assess the status of medical ethics education in medical faculties of Iran.

Three questionnaires were sent to 32 state medical faculties. A reminding letter was sent to the cases with no response one month later. Finally, the questionnaires were collected and the data were analyzed by SPSS.

A total of twenty two out of thirty two medical schools completed the questionnaire (68%). All of the medical universities offered formal ethics education as a two-unit course. A structured (separate and distinct) ethics department, especially devoted to learning and teaching ethics existed already in six universities (27.3%), the number of teachers was five and fewer in 18 universities. Four respondents described the existence of one or two full-time ethics teachers; one full-time teacher in three universities and two in one university.

The majority of medical ethics teachers tended to hold MDs, there were structured and distinct curriculum for teaching ethics in eleven medical faculties.

The whole findings showed good resources of ethics teaching in undergraduate ethics course in recent years, yet it is still major shortages. Efforts have to be done to establish specific departments for ethics to train qualified teachers and especially allocate enough funds for development of ethics education.

**Keyword:** Ethics; Iran; Medical Education

### INTRODUCTION

From the 1970s to the present time, a steady stream of literature has emphasized on the importance of ethics education and the need to establish an adequate ethics curriculum within medical schools.<sup>1,2</sup> Moreover in recent years, interest in understanding the ethical

environment confronting medical students has increased. Studies have shown that medical students move through different stages of ethical development, and that medical training is a process of moral enculturation.<sup>3</sup>

A variety of arguments for ethics education have been offered, however, Thomasma and Pellegrino summarized well the main points: the practice of medicine is an intrinsically ethical enterprise because patients are suffering and vulnerable and medical treatments are not merely technical, they often invade

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patients' bodies and engage their consciences.<sup>4</sup>

Arguments for ethics education have not fallen on deaf ears. The consensus that ethics education is an important element in the development of new physicians is reflected in the American Association of Medical Colleges (AAMC's) Curriculum Directory, where all medical colleges in the United States maintain that they require ethics education. AAMC insists that medical schools must ensure that before graduation, a student should have demonstrated knowledge of the theories and principles that govern ethical decision making. The AAMC's statement reflects a growing consensus among medical educators that ethics education should be a core component of medical schools' curricula.<sup>5</sup>

In 1987 the Pond report prompted discussions about opportunities for medical students to learn about ethics. In its 1993 document "Tomorrow's Doctors", the General Medical Council (GMC) subsequently recommended that the subject should be included in the core medical curriculum. Another document was the UK consensus statement which described a model core curriculum for teaching medical ethics and law and aimed to move the national situation forward in a co-ordinate way. The context represented the consensus of over 40 experts, including representatives of the GMC and the British Medical Association (BMA). The document provided clear recommendations on the topics to be covered and the organizing principle required for successful implementation. Specifically, it identified 12 topics for inclusion in the ethics curriculum and recommended at least one full-time senior academic in ethics and law with relevant professional and academic expertise to provide and co-ordinate this.<sup>6</sup>

In Iran, significant progresses and attention have been paid to ethics education in recent years and the medical faculties prompted to advance the medical students' knowledge of ethical dilemmas.

Despite the progresses, little is known about the state of undergraduate ethics education. Therefore, we undertook a study to assess the state of medical ethics education in medical faculties of Iran. The primary purpose of this study was to explore the content, timing, course format, faculty and curricular resources devoted to medical ethics.

## MATERIALS AND METHODS

A postal questionnaire concerning the state of medical ethics education was developed. In our questionnaire, we asked about the existence of ethics department, the number and professional background of teachers, the methods of teaching and the quantity of available ethics books, we also asked about the contents of ethics course and the teachers' priorities to alleviate the shortages in ethics education.

Then we telephoned the educational deputy of each faculty and we got information about the department responsible for medical ethics education. After informing the head of that department, we posted the questionnaire and an enclosed letter to each of the 32 Iran state medical universities in September 2006.

The enclosed letters were sent to justify the necessity of medical ethics education and the importance of the project. After one month we sent again the questionnaire to universities with no response and a letter reminding them the importance of the study.

One month later the data were gathered and descriptive statistics were used to describe the data, we used windows SPSS 14 to analysis the data gathered from the questionnaires.

## RESULTS

### Response Rate

We sent the questionnaires to 32 state medical universities of Iran. A total of twenty two out of thirty two medical schools completed the questionnaire (68%).

We received responses from fifteen universities after the first postal sending; subsequently the reminding letter produced seven more responses within one month.

### Overview of Ethics Education

All of the medical universities offered formal ethics education as a two-unit course. Seventeen colleges (77%) reported teaching ethics in stageric period (during the 4<sup>th</sup> or 5<sup>th</sup> year of study) and 4 colleges (18%) in physiopathology period (during the third year of study).

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A structured (independent and distinct) ethics department, especially devoted to learning and teaching ethics existed in six universities (27.3%). In other universities different departments were responsible to teach medical ethics including forensic medicine department in 3 cases, the faculty of theology in 3 cases, clinical deputy of faculty of medicine, educational deputy of faculty of medicine and psychology department each scoring 1 case.

### Responsibility for Ethics Teaching

The number of ethics teachers is demonstrated in fig.1. As it is shown the number of teachers was five and fewer in eighteen universities (72%). Four respondents (18%) described the existence of one or two full-time ethics teachers; one full-time teacher in three colleges (13.6%) and two in one college (4.5%).

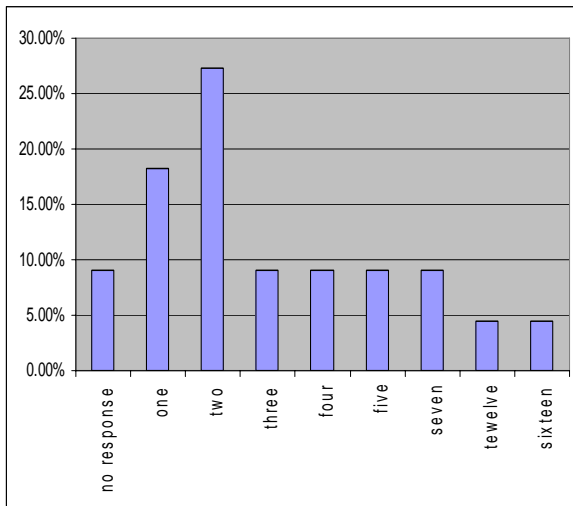


Figure 1. Distribution of the number of ethics teachers in 22 medical faculties of Iran.

The majority of medical ethics teachers happened to hold MDs. In 17 respondents (77%) medical doctors post graduated in different specialties in medicine were responsible for teaching medical ethics, while only two faculties (9%) offered education by an ethicist and one (4.5%) by a lawyer. The professional educational background is demonstrated in table.1.

### Educational Resources

There has been structured and distinct curriculum for teaching medical ethics in eleven medical faculties

Table 1. Professional educational backgrounds of teachers.

Professional educational background of teachers	Frequency	Professional educational background of teachers	Frequency
General physician	2	Jurisprudence	8
Specialist physician	17	Lawyer	1
PhD	4	Others	4
Ethicist	2		

(50%). The number of available books in the faculties which were surveyed is presented in table 2.

They were from fewer than 5 books in 7 respondents (32%) to more than hundred books in only one faculty (4.5%).

There were different methods of teaching medical ethics. Teachers reported that teaching this course is common by lecture in 20 colleges (90%); case discussion in 15 colleges (68%); case reports in 10 colleges (45%) and clinical rounds in one college (4.5%).

The teachers were also questioned about the availability of teaching assisting tools in the relevant faculty. A total of 14 (63%) mentioned the availability of slides and PowerPoints for teaching; 9 case reports; 5 educational CDs and 2 video cassettes.

### Course Content

Table 3 presents frequency of topics covered in medical ethics course in medical faculties. Seven content areas were taught in more than 80% of medical schools.

Table 2. Distribution of the number of ethics books available in 22 medical faculties of Iran.

Number of ethics books	Distribution
0-5	7
5-10	2
10-20	5
20-40	3
40-100	1
>100	1
No response	3

**Table 3. The Contents of Ethics Courses Covered in 22 Medical Faculties of Iran**

Topic	Frequency [Percentage(%)]	Topic	Frequency [Percentage(%)]
Physician-patient relationship	21[95.5]	Transplantation	16[72.7]
confidentiality	21[95.5]	Truth telling	14[63.6]
Life termination	20[90.9]	Other topics	12[54.5]
Mother-fetus conflicts	18[81.8]	Genetics	11[50]
Informed consent	18[81.8]	Vulnerable groups	10[45.5]
Medical errors	18[81.8]	AIDS	9[40.9]
Ethics in research	18[81.8]	Assisted reproductive technologies	8[36.4]
Introduction to medical ethics	17[77.3]	Resource allocation	3[13.6]

### Necessities in Ethics Education

The teachers were asked about the priorities and needs of their faculty to be considered in order to improve the state of ethics education. The first priority that was mentioned by teachers was establishing educational ethics workshops for teachers who are responsible to teach the course, the second priority to be considered was qualified ethics teachers and the third was supplying adequate resources for books.

### DISCUSSION

We assessed the content of medical ethics education in medical faculties of Iran: how is it taught, who is teaching it, and with what resources. Our survey has provided some information on the current situation of education in medical ethics. Our findings suggest that both the intensity and frequency of educations in medical ethics vary widely among different faculties and this is similar to findings from two surveys done in Japan<sup>7</sup> and USA and Canada.<sup>5</sup>

Our findings showed the existence of a formal obligatory medical ethics course in all of the faculties, but a distinct structured ethics department was only seen in six faculties. The lack of distinct department was also found in a survey done in U.S. and Canadian

medical schools due to insufficient funding for education.<sup>5</sup>

Our findings showed that the number of teachers is few in majority of faculties and full-time teachers existed only in few colleges. The majority of teachers have professional backgrounds in specialties of medicine.

In other surveys done in Canada, USA and UK it has also been demonstrated that there appears to be a small number of dedicated ethics teachers<sup>8</sup> and despite the increase in the incidence of ethics education during the clinical years, a lack of full-time teachers and researchers persists.<sup>5</sup>

In many surveys conducted in medical schools of Canada, USA and Japan, the ethics teachers tended to hold MDs. Ethicists or philosophers were few who were involved in ethics education.<sup>7, 5, 9</sup>

Despite the shortages in teaching resources such as books, slides and CDs, significant changes have been made in some faculties.

Similar to other studies done in medical schools of Canada, USA and Japan<sup>7, 5, 9</sup> lectures were generally delivered for teaching and case discussion was used less frequently.

The results of content of ethics course revealed that physician patients relationship, confidentiality, end of life issues, consent, medical errors, mother and fetus

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conflicts and research ethics were covered in majority of faculties. A low percentage of faculties addressed ethical issues in relation to genetics, AIDS, assisted reproductive technologies, and vulnerable populations. Discoveries in new technologies such as genetics are translated into the clinical arena, therefore, physicians should understand their ethical and social implications.<sup>5,4</sup>

Our findings showed there was major lacks in teaching resources, qualified teachers and other aspects related to efficient ethics teaching. All faculties should provide an institutional structure for teaching ethics and should increase funds for supporting faculty and curricular developments, moreover topics that are covered suboptimally in course content could be subjected to new scrutiny and attempts have to be made to consider them in the course contents.

Efforts have to be done to establish specific departments for ethics, training qualified teachers and especially allocating enough fundings for development of ethics education; since further progress in ethics education may depend on institutions willingness to devote more time and funding to medical ethics. Without such action there is a danger that we will fail to ensure ethical behavior in our next generation of doctors.

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**Ethics:** The protocol for the research project has been approved by Ethics Committee of Tehran University of Medical Sciences and it conforms to the provisions of the declaration of Helsinki in 1995 (as revised in Edinburgh 2000).

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