



ORIGINAL RESEARCH PAPER

Medical Education

MORAL BEHAVIOR IS THE SINE QUA NON OF MEDICAL EDUCATION

KEY WORDS:

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"Your ability to discipline yourself to set clear goals, and then to work toward them every day, will do more to guarantee your success than any other single factor."

Brian Tracy

Pellegrino terms de-professionalization of medicine ¹, as a process whereby the core values of medicine are gradually being undermined by forces both internal and external to the practice of medicine. ² Yet moral behavior is the sine qua non of medical practice. However, it is a learned behavior, not a genetic trait; and as already stated, many students do not begin medical school at the desired level of moral knowledge.

Moral could be defined as values that we attribute to a system of beliefs that help the individual define right versus wrong. These typically get their authority from something outside the individual- a higher being or higher authority (Medical Council of India, Vision of the University of Medical School).

Therefore the moral regulation of behavior has been necessary for their collective well-being and survival.⁴ For the same reasons, ethics, or core values, are just as important today as they were before.

Ethics in the current context can be considered as the decisions, choices, and actions (behaviors) we make that reflect and enact our values.

In other words, ethics helps to define what personal choice one makes in a particular situation.

The difference between ethics and morals can seem somewhat arbitrary to many, but there is a basic, albeit subtle, difference. Morals define personal character, while ethics stress a social system in which those morals are applied. In other words, ethics point to standards or codes of behavior expected by the group to which the individual belongs. These could be named medical ethics and professional ethics. So while a person's moral code is usually unchanging, the ethics he or she practices can be other-dependent.⁵

Therefore moral regulation of behavior has been necessary for physician well-being for "Moral Behavior is the sine qua non of Medical Practice and Medical Education."

In this context, it is better to remember the words

"Watch your thoughts; they become words. Watch your words; they become actions. Watch your actions; they become habits. Watch your habits; they become character. Watch your character; it becomes your destiny."

Thomas à Kempis, a 14th century German writer and monk wrote, "The highest and most profitable learning is the knowledge of ourselves." That sets the tone for medical practice and medical education.⁶⁻⁷ In this context, it is important to acknowledge that marked changes have taken place in the moral education of students at all levels during the past several decades.

1. The values clarification movement is based upon the notion

that none of us has the 'Right' set of values to pass along to other peoples' children, the role of the teacher is to help students discover their own feelings, their own ideas, their own beliefs, so that the choices and decisions that they make are conscious and deliberate, based upon their own value system."

2. The cognitive moral development movement championed by Kolberg and based on the premise that children possess certain cognitive structures that come into play in a predictable fashion as the individual develops. Not all children develop at the same rate, however, and not all persons attain the same level of moral maturity.⁸⁻⁹

The practice of medicine continues to be based upon virtues like - compassion, dedication, honesty, integrity, courage, wisdom, self - sacrifice - these are the virtues we continue to associate with the physician. And not just a good physician, but all physicians.

The human touch and loving care are still the tenets of a true physician-patient relationship.¹⁰

There are shifts in moral and ethical consequences followed by a growing absence of a shared understanding of the moral values essential for the students and practice of medicine. This is very true of universities and medical schools in the developing stage. Apart from buildings, and facilities, the real investment is the student community that adorns these campuses. The students selected come from different backgrounds of family values, religious beliefs, ethnic variations, and cultural confusion. In such a situation how do we amalgamate the student community into one united moral force that is going to serve and shape the concept of a true physician holding the torch that illuminates the motto "their lives (patients') in your hands (physicians)"?

With the fast development of eLearning and internet access education in general and medical education, in particular, have gained more with content and less with moral responsibility. Education without such responsibility may make one intelligent but not responsible. That responsibility comes only when a student imbibes the three most essential qualities which are important: discipline, dedication, and devotion. These virtues cannot be forced upon as they are considered learned behavior. The learned behavior needs a crucible where it is available for them to develop. That crucible is the medical institution whereby its institutional motto and prescribed core of values mold the student into a responsible, respectable, and responsive learner. A medical student learns how to respect human life by understanding the concept "Reverence for life" of Albert Schweitzer¹⁰

Within the fabric of medical professionalism the public has certain expectations of doctors which may be summarized as:

1. The doctor should be dedicated to serving the interests of the patient (the principle of primacy of patient welfare);
2. Patients wish to make up their own minds about their options for the management of their illness. To effectively enable these patients to expect their doctors to be honest with them and empower them to make informed decisions about their

treatment (the principle of patients' autonomy); 3. The medical profession must promote justice in the healthcare system, including the fair distribution of healthcare resources (the principle of social justice); 4.

Good communication is essential in medical consultation; 5. Patronizing or arrogant behavior is unacceptable; 6. The profession should show its determination to confront poor practice and end the secrecy that surrounds it; and 7. Doctors should be prepared to accept more accountability – individually and collectively.

In such a socially stressful atmosphere the development of medical professionalism among physicians is crucial and could pave the way to dispel and develop a trustworthy image of the profession among the medical community. How do we know that institution of medical professional code of conduct has benefitted the physician or created an image of trustworthiness among the public. How do we know moral responsibilities have been instilled in the learner's mind during their tenure of medical education? We need to have a system of positive feedback to assess the outcome of such endeavors undertaken by an authority like the medical council of India. The feedback system needs to be wholesome and must come from all involved in the medical profession, the public, and the patients.

Every decision, and every action, has implications not only out there in the world but in our innermost beings. It's like throwing a stone into a pond. It never just sinks but creates ripples. In the same way, anything you do, however small, creates ripples in your character. It makes it a little more likely that you'll act in the same way again. Patterns are formed, however subtly. Habits of mind and of conduct begin to take root. And you change, however slightly, from what you previously were. In everything we do, however large or small, we should always be asking ourselves: "In doing this, am I becoming the kind of person I want to be?" One of the greatest dangers in life is the ever-present threat of self-deception. We often believe we can do something, "just this one time," without it having any implications for who we are. But there are no exceptions to this process. We can never take a holiday away from moral significance. Everything we do forms us, molds us, and shapes us into the people we are becoming.¹¹⁻¹²

Excellence in everything we do focuses on the moral outcome and quality of performance. One must understand "the immediate and the long-term consequences of an act, the direct and indirect consequences, and the intended and the unintended consequences. The moral outcome is simply what happens to persons because of the moral agent's act." So, the important question is, "What results ought to be attained and what results ought to be avoided?" Additionally, the pursuit of excellence requires that "we develop a sustained passion for continuous improvement and innovation that will propel the field of medicine into a long-term, upward spiral of accomplishment and performance." Therefore, self-awareness of one's ethical behavior and actions is insufficient in and of itself. Physicians must also gain an understanding of the expectations of others in terms of which results are needed and which ones ought to be avoided. Therefore a feedback system like 360-degree feedback provides an excellent means of obtaining this information in the pursuit of continuous improvement and excellence.¹²

According to Myers, all morality concerns persons doing things that affect others. He states: The three dimensions of any ethical issue are thus: (1) the someone who does something [Agent], (2) the something that person does [Act], and (3) the outcome of that act for someone. In particular cases, the lines dividing these dimensions will be blurred because the three dimensions are inextricably linked together. A person performs acts, but those acts in turn help define who the person is. Acts produce outcomes, but acts are

in part defined by their outcomes. And outcomes affect persons, but it is those persons who say what the outcomes mean for themselves and others. Still, one can discern these three dimensions—agent, act, and outcome—in every ethical issue. They are the logic or grammar of moral reasoning—the subject, verb, and object.¹²

Since outcomes of peoples' actions affect others, it makes sense that individuals affected by the actions are usually in the best position to help define "who the person really is" by providing feedback regarding the ethical implications of his or her actions in the context of Medicine's values. For this reason, the Medical Council needs to expand its performance feedback program to encompass 360-degree feedback. This change would permit physicians to benefit from receiving meaningful feedback from individuals most impacted by a physician's actions who are in the best position to provide it—such as subordinates, peers, patients, pharmaceuticals, and medical suppliers.¹³

Such a system is well developed and will improve the standards of our medical education and profession. With so much attention these days on medical professionalism and medical regulation, it is no wonder that doctors are feeling increasingly under siege. However, it must be stressed that the majority of practicing doctors (in India and worldwide) consistently uphold excellent standards of healthcare. The purpose of renewed interest in medical professionalism is to ensure that the highest possible standards of healthcare are maintained across the field and that a strong trust is preserved between doctors and the public.¹⁴⁻¹⁵

Therefore the seeds of a value system need to be sown in the formative years of medical students in medical school. Their intellectual hunger must be quenched with standard knowledge. The road to learning and medical knowledge is hard and long. It cannot be compromised with easier shortcuts.

Therefore the initial grooming is the most vital part of an education which is going to qualify a medical student to handle human life.

The well-being of a patient depends upon his/her autonomy. The autonomous patient needs to ask questions, make choices, get a second opinion and finally select a trustworthy physician. The character of a physician includes the element of trust, honesty, and moral sensitivity. The moral attributes of honesty and trust play a very vital role in the process of healing and the physician-patient relationship. Therefore apart from the academic excellence of a student, the personality of the physician-student plays a vital role, particularly in a mechanized world of medicine. It is taken for granted that a student who studies Medicine must be academically brilliant and morally more sensitive. With greater commercialization of education, the amalgamation of merit-based and money-oriented students warrant greater consideration of the moral dimension of the personality of the medical student.

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