



Journal Homepage: -www.journalijar.com

INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI:10.21474/IJAR01/16657

DOI URL: <http://dx.doi.org/10.21474/IJAR01/16657>



RESEARCH ARTICLE

PERCEPTION OF MEDICAL POST GRADUATE STUDENTS ON LEARNING MEDICAL ETHICS IN THE CURRICULUM- A CROSS SECTIONAL STUDY IN A MEDICAL COLLEGE IN MAHARASHTRA

Dr. Mahitha M.C¹, Dr. Bina M. Kuril² and Dr. Mohan K. Doibale³

1. Final Year Post Graduate student, Department of Community Medicine, Govt Medical College, Aurangabad, Maharashtra.
2. Associate Professor, Department of Community Medicine, Govt Medical College, Aurangabad, Maharashtra.
3. Professor & Head, Department of Community Medicine, Govt Medical College, Aurangabad, Maharashtra.

Manuscript Info

Manuscript History

Received: 10 February 2023

Final Accepted: 14 March 2023

Published: April 2023

Key words:-

Medical Ethics, Perception Of Health Personnel, Curriculum

Abstract

Background: Ethical practice of medicine is an area of increasing public awareness and attack on doctors on breach of the same is a growing concern nowadays. Along with a medical post graduate degree, a health personnel is expected to know all about medical ethics and mold their clinical practice accordingly. But it has not been included as a part of curriculum in most of the institutions. Improving the perception of students towards medical ethics education is an essential task.

Objective: To assess medical post graduate students' perception regarding incorporation of medical ethics in medical curriculum in a teaching institute.

Method: A cross-sectional study including 300 post graduate medical students was conducted in a medical college in Maharashtra during October-November 2022, after obtaining informed consent from them. A self-administered questionnaire about awareness on medical ethics and their perception towards including the same in the curriculum was given to the participants. Result was entered in MS Excel and analyzed using SPSS trial version 29.

Results: Among 242 postgraduates who responded, 66.9% were females, 70.2% belonged to second year of course, 55.4% were from class I & II of Modified BG Prasad socioeconomic scale, 71.1% had place of residence as urban area. Adequate knowledge regarding medical ethics was seen among 54.1%, appropriate attitude was shown by 46.7% and practice by 33.1%. Statistically significant association was found between age, socioeconomic status, year of study and place of residence and knowledge about and practice of medical ethics ($p < 0.05$).

Conclusion: It is being concluded that even though there is adequate knowledge in medical ethics, future physicians are lacking appropriate perception on the same, which throws light towards need of improvement of awareness and also inclusion of medical ethics as an important part of postgraduate curriculum.

Copy Right, IJAR, 2023.. All rights reserved.

Corresponding Author:- Dr. Mahitha M.C

Address:- Final Year Post Graduate Student, Department of Community Medicine, Govt Medical College, Aurangabad, Maharashtra.

Introduction:-

Ethical practice of medicine is an area of increasing public awareness and attack on doctors on breach of the same is a growing concern nowadays. Along with a medical post graduate degree, a health personnel is expected to know in and out of medical ethics and mould their clinical practice accordingly. But it has not been included as a part of curriculum in most of the institutions. Improving the perception of students towards medical ethics education is an essential task.

In the field of medicine, the idea of including ethics into the curriculum at medical schools dates back to the final decade of the previous century. ⁽¹⁾ The World Medical Association passed a resolution “recommending to all medical schools that the learning of medical ethics and human rights be included as required courses in their curricula” at its 51st General Assembly in Tel Aviv, Israel. ⁽²⁾ In addition, the World Health Organization (WHO) suggested that the curriculum for medical ethics should give students the knowledge, abilities, and attitudes required to direct their behavior and decision-making as practicing doctors. ⁽³⁾

In addition to giving students the necessary tools to recognize and analyze ethical dilemmas that arise in clinical practice, teaching medical ethics will undoubtedly help students become more sensitive to and aware of the importance of the human side of medicine. This is related to curriculum content and delivery as well as appropriate assessment. ⁽⁴⁾

The AETCOM Module, part of the Competence Based Medical Education programme that the former Medical Council of India (MCI) launched for the 2019 admissions class, provides formal instruction in attitudes, ethics, and communications. ⁽⁵⁾ The goal of this was to create a curriculum that was “better aligned with health professional attributes that are locally relevant and globally adaptive.” ⁽⁶⁾ Similar to other nations, Indian medical schools currently differ in the length, breadth, and delivery of ethics teaching at the undergraduate (UG) and postgraduate (PG) level. ⁽⁷⁾

Since 2016, the MCI, the regulating authority, has held the Revised Basic Course Workshop on Medical Education to better prepare medical staff to teach the AETCOM module. This module’s successful implementation will be considerably aided by the methodical effort to ensure the proper training of faculty. Because students are the main recipients of instruction, using questionnaires based on their responses has become one of the most popular methods for assessing teaching. ⁽⁸⁾

Both students and professors must actively participate in the teaching-learning process. Training programmes and teaching techniques are effective when the student is satisfied with them. These must accurately reflect students’ knowledge, viewpoints, and attitudes towards receiving instruction in the subject.

The purpose of this study was to determine how medical postgraduate students felt about the inclusion of medical ethics in their curriculum . This will also make it easier to offer the curriculum as the MCI(NMC) has intended.

Methodology:-

A cross-sectional study including 300 post graduate medical students was conducted in a medical college in Maharashtra during October-November 2022, after obtaining informed consent from them. A pre-tested self-administered questionnaire about awareness on medical ethics and their perception towards including the same in the curriculum was given to the participants.

The questionnaire form was prepared by the author through literature review of several standardized questionnaire forms. A pilot study was done and the questionnaire was modified accordingly.

The questionnaire contained three main domains related to students' attitudes, opinions about medical ethics teaching, their confidence in relation to specific ethical issues in clinical settings, and their preferences for methods of teaching and assessment of medical ethics. The questionnaire form was distributed to all post graduate medical students (n=300).

The author visited the students to explain the study's goals, inform them participation was optional, and reassure them that there would be no repercussions for choosing not to participate. The pupils' responses were divided into three categories: agree, don't know, and disagree. Tables that were appropriate for the data were presented. Results were entered into MS Excel, and SPSS trial version 29 was used for analysis.

Result:-

Table 1:- Sociodemographic Profile Of Study Participants.

VARIABLE	FREQUENCY(n)	PERCENTAGE
AGE <30 YEARS	199	82.2
>30 YEARS	43	17.8
GENDER MALE	80	33.1
FEMALE	162	66.9
RELIGION HINDU	133	55
CHRISTIAN	21	8.7
BUDDHIST	51	21.1
MUSLIM	37	15.3
YEAR OF STUDY– 2 ND YEAR	170	70.2
FINAL YEAR	72	29.8
SE STATUS - CLASS I &II	134	55.4
CLASS III ,IV,V	108	44.6
RESIDENCE RURAL	70	28.9
URBAN	172	71.1

Table 1: Among 242 postgraduates who responded,82.2% were having age below 30 years.66.9% were females ,70.2% belonged to second year of course,55.4% were from class I &II of Modified BG Prasad socioeconomic scale,71.1% had place of residence as urban area.

Figure 1:- Knowledge Attitude and Practice on medical ethics.

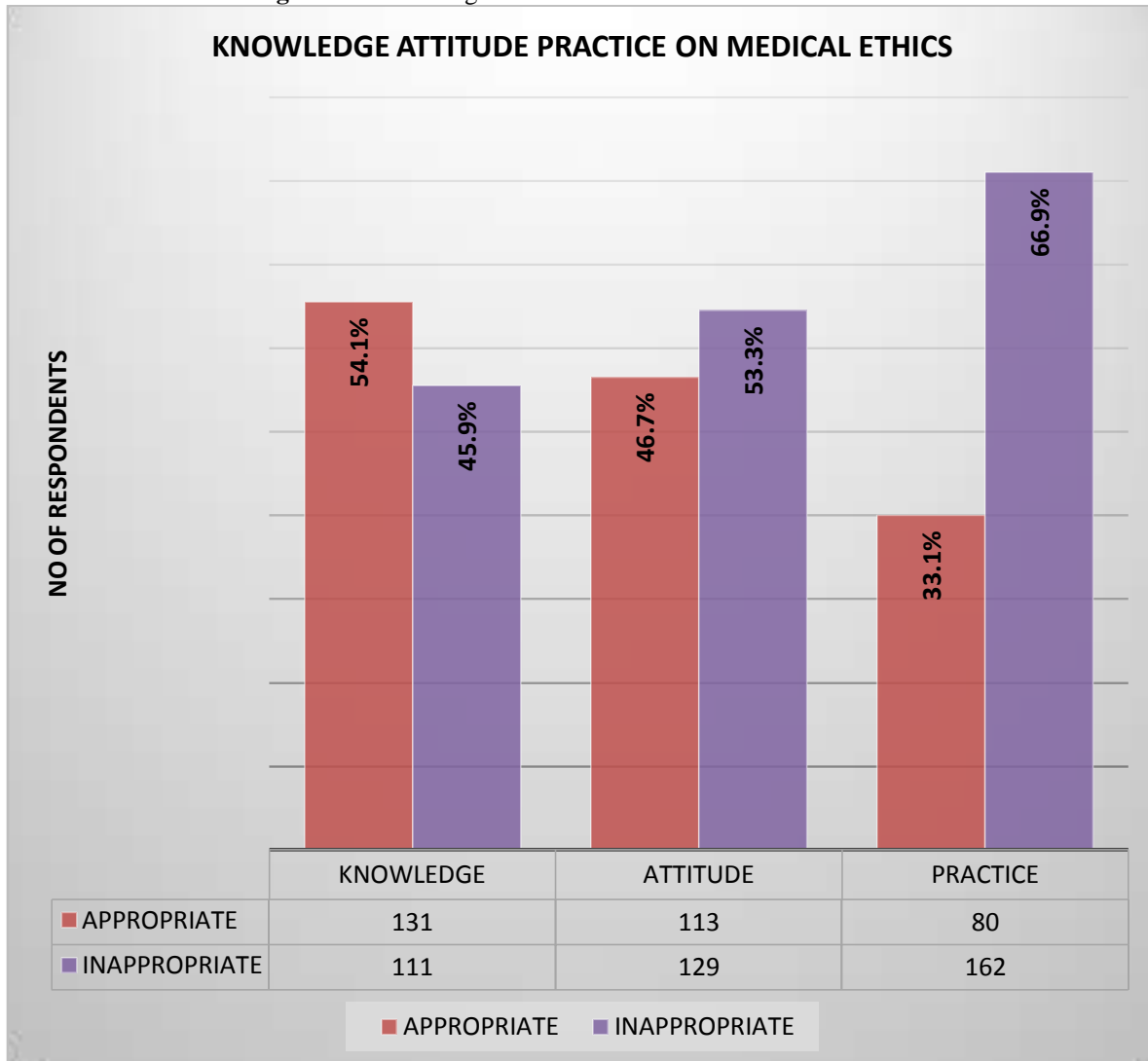


Fig.1:- Adequate knowledge regarding medical ethics was seen among 54.1%, appropriate attitude was shown by 46.7% and practice by 33.1%.

Table 2:- Sociodemographic factors and knowledge regarding medical ethics.

		Adequate Knowledge (n)	Inadequate knowledge (n)	χ^2	P value
Age	<30 years	121	78	20.078	0.00
	≥30years	10	33		
Gender	Male	44	36	0.036	0.849
	Female	87	75		
Socioeconomic class according to modified BG Prasad scale	Class I,II	65	69	3.826	0.05
	Class III,IV,V	66	42		

Year of Study	2 nd Year	100	70	5.065	0.024
	Final year	31	41		
Place of residence	Rural	30	40	5.043	0.025
	Urban	101	71		

*For calculating Chi Square, Class I and II had been grouped together and Class III and above had been taken as second group.

Table 2: Statistically significant association was found between age ($p=0.00$), year of study ($p=0.024$) and place of residence ($p=0.025$) and knowledge about medical ethics. Those with younger age (<30 years), lower year of study and from urban area were found to have better knowledge on medical ethics.

Table 3:- Sociodemographic factors and attitude towards medical ethics.

		Appropriate attitude	Inappropriate attitude	χ^2	P value
Age	<30 years	96	103	1.077	0.299
	≥ 30 years	17	26		
Gender	Male	32	48	2.152	0.142
	Female	81	81		
Socioeconomic class according to modified BG Prasad scale	Class I, II	55	79	3.850	0.05
	Class III, IV, V	58	50		
Year of Study	2 nd Year	81	89	0.208	0.648
	Final Year	32	40		
Place of residence	Rural	42	28	7.005	0.008
	Urban	71	101		

*For calculating Chi Square, Class I and II had been grouped together and Class III and above had been taken as second group.

Table 3: Regarding sociodemographic factors and attitude about medical ethics, those students from urban area were found to have better attitude towards medical ethics and the association was found to be statistically significant ($p=0.008$).

Table 4:- Sociodemographic factors and practice of medical ethics.

		Appropriate practice	Inappropriate practice	χ^2	P value
Age	<30 years	53	146	20.890	0.00
	≥ 30 years	27	16		
Gender	Male	6	74	35.375	0.00
	Female	74	88		
Socioeconomic class according to modified BG Prasad scale	Class I, II	69	65	46.11	0.00
	Class III, IV, V	11	97		
Year of Study	2 nd Year	47	123	7.559	0.006
	Final Year	33	39		
Place of residence	Rural	33	37	8.829	0.003
	Urban	47	125		

*For calculating Chi Square, Class I and II had been grouped together and Class III and above had been taken as second group.

Table 4: In case of sociodemographic factors and practice of medical ethics, it had been found that younger age group ($p=0.00$), female gender ($P=0.00$), higher socioeconomic class ($p=0.00$), lower year of study ($p=0.006$) and those from urban area ($p=0.003$) were found to have better practice of medical ethics and the association was found to be statistically significant.

Discussion:-

In this study, 54 % of the respondents considered that medical ethics teaching is an important aspect of medical education. Out of which only 46.7% thought that teaching medical ethics would influence the attitude and behaviour of doctors and improve doctor-patient relationship. Unfortunately, less than half had general interest in learning more about medical ethics.

It is encouraging to see that all students agreed on the value of knowing about ethics, despite mixed opinions regarding how well ethics are now taught in undergraduate programmes. Positive relationships with medical students in the upcoming years are indicated by this.

It has been found out in study by Ravindran,⁽⁹⁾ Kalantri,⁽¹⁰⁾ Ravindran GD et al⁽¹¹⁾, formal ethics education must be included in medical curriculum

The fact that a sizable majority of respondents acknowledged that ethics knowledge would benefit their careers only serves to support this. The findings agreed with those of Rose et al.⁽¹²⁾

There are even studies ,like that by Ozan et al, which studied medical interns perception on medical ethics, found that most of them had opinion that they faced ethical issues “very often” between them and the physicians (41.6%) followed by physician and patients (39%) and least between physician and other health care professionals(23%). This itself implies the need to increase the awareness on need for ethical practice among doctors as they are lacking the same, as assessed by the fraternity itself.⁽¹³⁾

The lack of consensus regarding the effectiveness of the ethics education now provided may be in part due to the fact that informal curricula for ethics education are sometimes hidden and challenging for learners to identify as such.

In a study conducted by Laura Weiss Roberts et al⁽¹⁴⁾ it had been found that, 40% of the medical residents found that training on medical ethics via medical education is highly helpful in dealing with ethical issues in future practice. They also concluded that adequacy of training in medical ethics is positively correlated with better attitude towards medical ethics, which is in par with the finding of the current study.

In a study conducted by Anila Varghese and Monika Agarwal⁽¹⁵⁾ on perception of medical ethics by medical postgraduate students , it had been found that 64% of the post graduates had faced ethical issues during their practice, but unfortunately only 8.3% had so far received training on the same. 70% felt that there is a need to get training regarding medical ethics before they complete their course. This re-inforces the purpose of this study that inclusion of medical ethics is need of the hour.

In the current study, among 242 postgraduates who responded, 82.2% were having age below 30 years. 66.9% were females , 70.2% belonged to second year of course, 55.4% were from class I & II of Modified BG Prasad socioeconomic scale, 71.1% had place of residence as urban area.

Statistically significant association was found between age ($p=0.00$), year of study ($p=0.024$) and place of residence ($p=0.025$) and knowledge about medical ethics. Those with younger age (<30 years), lower year of study and from urban area were found to have better knowledge on medical ethics.

Regarding sociodemographic factors and attitude about medical ethics, those students from urban area were found to have better attitude towards medical ethics and the association was found to be statistically significant ($p=0.008$).

In case of sociodemographic factors and practice of medical ethics, it had been found that younger age group ($p=0.00$), female gender ($P=0.00$), higher socioeconomic class ($p=0.00$), lower year of study ($p=0.006$) and those

from urban area ($p=0.003$) were found to have better practice of medical ethics and the association was found to be statistically significant.

Some other interesting findings of the present study were: 76% believed that physician is free to choose whom he will treat, unless in emergency, which is in par with the study conducted by Unnikrishnan et al⁽¹⁶⁾, who found 79% believed they can deny treatment when a patient is unnecessarily violent in a non-emergency situation. 43.4% said ethical practice is time consuming, 88.4% had the opinion that inclusion of medical ethics in post graduate curriculum is beneficial. 55.3% opined physician can deny duty of care in fear of contracting the disease himself, 73% had the notion that prescribing generic drugs is not mandatory.

As research methodology training is mandated for post graduate medical education under NMC since 2019⁽¹⁷⁾, medical ethics can also be made mandatory especially in this context of rising violence against doctors and other medicolegal issues calling for ensuring quality training of doctors, especially post graduates.

Conclusion:-

Although future doctors have a sufficient understanding of medical ethics, they lack the proper perspective. This highlights the need for increased awareness and the inclusion of medical ethics as a significant component of postgraduate curricula.

Students realize the importance of obtaining knowledge on medical ethics, accept deliberate teaching as a source of information, and prefer interactive methods of teaching.

To improve the transmission of information and skills, some assumptions about the requirement for clinical practice to understand ethics and about ethics as a self-taught subject need to be addressed. Through its module beginning in 2019, India's medical regulating board has definitively addressed the issue of the medical school curriculum's inconsistently adequate ethics teaching. The significance of role models in ethics education can be explored, and there is a pressing need for more research and self-reflection on the subject.

Limitations

The degree of generalization in this investigation is constrained by the sample size.

References:-

1. Raanan G. Thinking about a medical school core curriculum for medical ethics and law. *J Med Ethics*. 1996;22:323-4. [PMC free article] [PubMed] [Google Scholar] [Ref list]
2. Miyasaka M, Akabayashi A, Kai I, Ohi G. An international survey of medical ethics curricula in Asia. *J Med Ethics*. 1999;25:514-21. [PMC free article] [PubMed] [Google Scholar] [Ref list]
3. WHO, Regional Office for South-East Asia. Module for teaching medical ethics to undergraduates. 2009:1
4. Johnston C, Haughton P. Medical students' perception of their ethics teaching. *JME* 2007;33(7):418422.
5. Carey GB, Curlin FA, Yoon JD, Carey GB, Curlin FA, Yoon JD. Medical student opinions on character development in medical education: a national survey. *BMC Res Notes*. 2015;8:455. <https://doi.org/10.1186/s13104-015-1434-z>. [PMC free article] [PubMed] [Google Scholar]
6. AlMahmoud T, Hashim MJ, Elzubeir MA, Branicki F, AlMahmoud T, Hashim MJ, Elzubeir MA, Branicki F. Ethics teaching in a medical education environment: preferences for diversity of learning and assessment methods. *Med Educ Online*. 2017;22(1):1328257. doi: 10.1080/10872981.2017.1328257. [PMC free article] [PubMed] [Google Scholar]
7. Saad TC, Riley S, Hain R. A medical curriculum in transition: Audit and student perspective of undergraduate teaching of ethics and professionalism. *J Med Ethics*. 2017;43:766. [PubMed] [Google Scholar]
8. Valle R, Alaminos I, Contreras E, Salas L E, Tomasini P and Varela M. Student questionnaire to evaluate basic medical science teaching (METEO-B). *Rev Med I MSS* 2004; 42(5):405-411.
9. Ravindran GD. Medical ethics education in India. *Indian J Med Ethics*. 2008; Jan-Mar; 5 (1): 18-9.
10. Kalantri SP. Ethics in medical education. *Indian J Anaesth*. 2003; 47 (6): 435-6.
11. Ravindran GD, Kalam T, Lewin S, Pais P. Teaching medical ethics in a medical college in India. *Natl Med J India*. 1997; 10: 288-9

12. Rose A, George K, T AD, Pulimood AB, Rose A, Kuryan G, Dhas AT, Pulimood AB, Kang G. Survey of ethical issues reported by Indian medical students: Basis for design of a new curriculum. *Indian J Med Ethics*. 2014;11:25–8. <https://doi.org/10.20529/IJME0.2014.007>. [PubMed] [Google Scholar]
13. Ozan S, Timbil S, Semin S, Musal B. Interns' perceptions on medical ethics education and ethical issues at the Dokuz Eylul University School of Medicine in Turkey. *Education for Health* 2010; 23(3): 1-11.
14. Roberts LW, Hammond KG, Geppert CM, Warner TD. The positive role of professionalism and ethics training in medical education: A comparison of medical student and resident perspectives. *Academic Psychiatry J* 2004;28:170-180.
15. Varghese A., Agarwal M., Perceptions and Practices regarding Clinical Ethics by Postgraduate Medical Students in a Tertiary care Hospital in Lucknow. *Int.J.Med.Sci.Educ* 2020;7(4):10-17
16. Unnikrishnan B, Kanchan T, Kulkarni V, Kumar N, Papanna MK, Rekha T et al. Perceptions and practices of medical practitioners towards ethics in medical practice-A study from coastal South India. *J Forensic Leg Med* 2014;21:51-6.
17. Nie.gov.in [Internet]. India: Basic Course in Biomedical Research. Available from: <http://nie.gov.in/niecer/bcbr/index.htm>. Last accessed on October 06,2020.