Student perspectives on a course on medical ethics in Saudi Arabia

Saud K. Aldughaiter, Mohammad A. Almazyiad, Saud A. Alsultan, Abdallah O. Al Masaud, Abdul Rahman S. Alldakkana, Badar M. Alyahya, Haitham A. Alhassan, Rakan S. Albalawi, Rakan A. Alammar, Majid S. Abaalkhail and Jamal S. Aljarallah, MRCGP

Abstract

Objective: Medical students face ethical issues as early as the first year of medical school. Teaching bioethics is challenging because medical students and some teachers make a distinction between hard science and so-called ‘soft’ ones like bioethics. Courses in ethics were taught in the first and third years at the College of Medicine at King Saud University, Riyadh, Saudi Arabia, at the time this study was conducted. The objective of this study was to determine the students’ perspectives of the courses and their attitudes towards teaching ethics.

Methods: A predesigned, self-administered, piloted questionnaire was administered to all students in the third year. The questions covered the curriculum, the methods of instruction and the content of the course.

Results: The response rate to 327 questionnaires distributed was 77%. Most students were satisfied with the course and its timing (84%), but more than 85% considered that the method of instruction should be changed to case-based teaching. A majority (89%) agreed that ethical issues based on Islamic fiqh (jurisprudence) should continue to be discussed, and they wished to discuss issues related to the doctor–patient relationship and professionalism. The students’ preferences for the topics to be covered were: brain death (76.8%), organ transplantation (72.4%), cosmetic surgery (68.8%), abortion (66.8%), terminal care (61.6%), reproduction (59.6%), doctors’ rights (56.4%), end-of-life issues (56%) and medical errors (45%).

Conclusions: The medical students were satisfied with the course and its content but were dissatisfied with the method of instruction. This was taken into consideration in subsequent years.

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* Corresponding author: Department of Family and Community Medicine, College of Medicine, King Saud University, P.O. Box 2925, Riyadh 11461, Kingdom of Saudi Arabia.
E-mail addresses: jaljarallah@gmail.com, jaljarallah@ksu.edu.sa (J.S. Aljarallah)

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Introduction

Teaching bioethics is challenging for medical teachers, ethicists and medical schools because medical students and some teachers make a distinction between hard science and so-called ‘soft’ ones like bioethics. Although this attitude has begun to be shaken and many medical schools include ethics in their medical curricula, certain questions remain. The questions proposed by Pellegrino1 two decades ago are still pertinent; Does teaching medical ethics make a difference? Should ethics be taught in medical schools? Can ethics be taught? Whose ethics is being taught? Who should teach ethics? In our opinion, the most challenging question is how to teach and assess a course in medical ethics.

Medical students face ethical issues in their careers, as early as the first year of medical school. It is therefore imperative that education in bioethics start early. Although medical students may acquire some of their ethics education passively through osmosis during their clerkships, this must be supported by formal teaching of ethics. Various methods have been used to teach ethics in medical schools in order to improve students’ understanding of ethics and to foster their critical thinking and ethical reasoning. Such teaching can take the form of didactic lectures, small group discussions, use of standardized patients or ethics rounds, supported by discussion of real cases. One study showed that small group discussions significantly increase moral reasoning skills. This finding was supported by a more recent study, which showed that students exposed to small group discussions did better in recognizing and assessing ethical issues. Other methods have been used, with varying degrees of success, including discussion of films and web-based discussion. Discussion of ethical dilemmas experienced by students themselves made the teaching more interesting.

Ethics can be taught either in one course or in several modules throughout the medical curriculum. The moral reasoning of medical students can erode as they progress through medical school, and they may run into ethical dilemmas, with a paradox between their background in ethics and what they observe in real life. Teaching ethics in a module format throughout the years of medical school might therefore improve their ethical understanding and their judgement and bridge the gap between theory and practice. Role models are important in ethics teaching.

The teaching of medical ethics at the College of Medicine, King Khalid University, started about two decades ago and has passed through various stages. Our aim was to evaluate the course from the students’ perspective.

Materials and Methods

Description of the course

At the time the study was conducted, there were two courses on ethics: one taught in the first year and the second in the third year of medical school; however, this was a transitional period, with plans for phasing out the first-year course. Both courses were based on Islamic principles, fiqh (jurisprudence) and general Islamic teachings.

The first was an introductory course, which included topics like patients’ rights, Islamic medical ethics and Islamic ethical principles. It also included general aspects of Islamic medicine, such as Prophet’s medicine and Islamic concepts of health and disease. One credit hour was allocated for this course, and teaching was mainly in the form of didactic lectures. Assessment of the course was based on short essays and short answer questions.

The second course covered two credit hours and included the principles of ethics and topics such as brain death, organ transplantation, abortion, end-of-life issues, the doctor–patient relationship, research ethics and medical errors (Table 1). The teaching methods for the second course were mainly interactive lectures, case-based lectures and large group discussions. As it is logistically difficult to form small groups and because of the large size of each class (100–120 students each), two groups of 50–60 students are formed. The teaching sessions are given to three separate groups: two male and one female. Each group discusses cases, which are usually presented by the teacher or a group of students. The discussion starts with guidance from the tutors, who give a summary and conclusions at the end of the session. Group of 8–10 students are given an assignment to prepare a short essay based on a review of the literature, draw conclusions about an ethical issue chosen by the students from a list of topics and to present the conclusions to their colleague. Assessment of the second course was based on problem-based multiple-choice questions.

The topics included in the courses were classified under: professionalism, ethical issues related to the patient’s performance of worship, ethical issues related to contemporary medical practice, and legal aspects of professional practice. During the transition, there was some overlap between the topics taught in the two courses.

The evaluation reported here was based on a self-administered questionnaire in Arabic distributed to third-year medical students. The questionnaires were handed to the students during clinical sessions, to be filled in and submitted to the group leader next day. The questions included the students’ preference for the first- or the third-year course and their reasons for this preference and their opinions on what topics should be included in an ethics course, the method of instruction and the stage in the curriculum at which ethics should be taught.

The data were coded and analysed with the SPSS-Win program as numbers and percentages.

Results

Of the 327 questionnaires distributed, 250 were returned (response rate, 77%); the response rate from female students (98%) was higher than that from male students (67.4%). Most of the students preferred the third-year course (77.2%), 9.6% preferred the first-year course, and 8% considered that both courses should continue. About 60% of the students considered that the third-year course was more relevant to their practice, and more than half (55.2%) considered that more important topics were discussed; more than one third of the students considered that this was because interactive teaching was used, and 20% found that the course fostered greater understanding of the topics.

With regard to the method of teaching, the majority of the students (87.8%) preferred case-based discussions presented
and guided by a tutor (50.1%), followed by case-based discussions run by a student with general guidance from a tutor (31.8%). Only 4.9% preferred both methods. Students were not in favour of didactic lectures.

With regard to the topics to be included in an ethics curriculum, about two thirds cited topics related to medical practice and contemporary ethical issues such as organ transplantation, brain death and abortion. These were followed by issues related to the patients’ performance of worship, such as praying and fasting during Ramadan (56.4%). Issues like interpersonal relationships and dealing with the other gender ranked third (39.6%). General fiqh issues were preferred by only 13.2% of the responding students.

Table 2 shows the top 20 topics suggested by medical students for inclusion in the ethics course. They are led by somewhat controversial topics in contemporary medical practice, including brain death, organ transplantation, cosmetic surgery, abortion and terminal care (>60%). Topics such as contraception, doctors’ rights, end-of-life issues, medical errors and doctor–patient relationships were also popular (>50% for each).

Discussion

In general, the students were satisfied with the timing of the course but had some reservations about the content and method of instruction. They preferred the third-year course, mainly because they found it relevant to their clinical attachment during this year and for future practice. When learners see the relevance of what they are taught to what they do or will do, they become more interested and involved in learning. Thus, they found the course in the first year less interesting and attractive, and the first-year course was ultimately phased out during limited reform of the medical school curriculum.

The students enjoyed the interactive teaching in the third-year course and became interested in the topics discussed, which they considered to be important for their future practice. The fact that these topics were not taught in other courses also affected their choice. Involving students in teaching by asking them to present topics to their colleagues added to their interest. Student-centred learning has been found to be effective in medical schools, as it engages students in the learning process. Students participate actively in defining what is to be learnt and take more responsibility for their learning when the teachers work mainly as facilitators. Our students enjoyed learning when they were actively involved in teaching their colleagues. Their interest and commitment to learning was evident from the quality of their presentations and the feedback from their colleagues. We learnt from our students that ethics courses should be more relevant to their future practice, as this will improve their uptake. Ethics teachers must therefore narrow the gap between theory and practice. Although we did not assess the students’ ethical sensitivity, we did try to determine whether they could recognize and deal with ethical problems. We found that they could recognize ethical issues, regardless of whether they correctly analysed and answered the questions. If these students are involved more in resolving ethical issues, their ability to analyse them might improve.

The College of Medicine has adopted a problem-based, student-centred curriculum during the past 2 years, which is being applied gradually. This will affect all courses, including the ethics course. In the transition to a completely problem-based curriculum, we made some changes in the course format, which include more emphasis on formative assessment, giving the students a chance to think about ethical dilemmas that they face themselves, analysing them and presenting them to their colleagues. In addition, more practical sessions will be held on ethical case analysis on an electronic website, on which students can do an assignment and upload it. This has created greater involvement and engagement. We believe that the
course will be further strengthened by adopting a more problem-based approach and small group discussions.

The course on ethics in our medical school is based on Islamic principles and Islamic fiqh (jurisprudence). Initially, the students had some doubt about discussing fiqh topics during the course because they considered that they were addressed in general courses on Islam (students are required to take three courses on Islamic culture during their university studies). About 10 years ago, a colleague at King Abdul-Aziz University conducted a survey on medical students and teaching staff to determine whether to teach fiqh to medical students. About 90% of students answered that they would like to be taught this subject, and a similar percentage of teaching staff recommended teaching it to medical students.14 We believe that these results could be generalized to other medical schools in the Kingdom. Our experience has shown that, when the subject is put in the appropriate context, it is well accepted by students. In our study, more than 60% of the students agreed to add fiqh issues to the course. One of the reasons they considered that ethical issues based on Islamic fiqh should be included is that Islam is a comprehensive religion and fiqh is a social need. This deserves further explanation. There are two main material sources of Islamic teaching: the Holy Quran and the Sunnah (the saying, doings and approvals of the Prophet, Peace Be Upon Him). The formal sources are produced by Muslim scholars, who find laws based on certain principles in Islamic teaching (sharia law) and include analogy and consideration of public welfare or interest (maslaha). Islamic bioethics is an extension of sharia law and intimately linked to the two sources of this law and its principles. These sources emphasize and maintain many of the moral and ethical principles prevailing in today’s ethics, such as the sacredness of human life (saving life is a duty, and unwarranted taking of life is a sin), saving resources, beneficence, non-maleficence, and justice.15 Islam gives moral guidance for profound effects on the human character. In Islam, individual righteousness depends on moral rectitude.

It is not surprising that our students placed importance on topics related to contemporary ethical issues in daily practice and the ethical dilemmas that physicians are currently facing. Our fuqaha (sharia scholars), informed by medical experts, have contributed to contemporary ethical issues by passing several resolutions based on sharia law (fatwas). Over the past two decades, many issues have been discussed during regular conferences at which emerging issues are explored and consensus is sought. Their resolutions and those from individual scholars are considered important sources for teachers and students of bioethics.

The contemporary ethical issues and dilemmas that our students considered should be included in the bioethics course are challenges for practising physicians, health care institutions, families and the whole community. Giving students ideas, teaching them how to think about these issues and helping them to understand the ethical aspects are thus very important, and their exposure to cases and life scenarios will improve their decision-making ability. We hope that our new course will allow more flexible timing and more time for small group discussions. We also consider that a well-graded, longitudinal course will be more effective. The list of topics chosen by the students indicates that they are interested in specific and problematic issues. For example, topics such as the principles of ethics, general physician characteristics and the history of medicine were given less priority. This is understandable, as students are more interested in the relevance to their daily practice. Alkabba et al.16 identified 10 ethical issues facing the Saudi community from the point of view of health care professionals. Although they include some of the topics in our course, they also include equity in resources, patient safety and ethics of privatization, and we should consider including these topics.

Conclusions and recommendations

The third-year ethics course should be maintained, as the students found it appealing, interesting and relevant.

The teaching methods should be made more attractive to students by making them more interactive, more student-centred and more relevant to their future practice.

Teaching applied ethics is more important than theory and has a greater impact on students’ understanding, possibly resulting in a change of behaviour.

Topics that are applicable to future practice should be given higher priority, especially if they are not discussed in other courses. Topics identified as priorities by experts in health care should be considered.

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