

Why is it a case for ethics to come out of the closet of hidden curriculum?

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Abstract

Recent media reports and rising mistrust of the general population towards medical profession has brought the spotlight on ethics in medical profession. Along with many other issues it is imperative to look into the issue of ethics from education viewpoint. It is traditionally believed that ethics and ethical behaviour is inculcated by observing the role models in the formative years of our life as medical professionals. I argue here a counter view to present my contention that we need to bring ethics and professionalism into explicit curriculum for medical graduates.

Keywords: Ethics, Professionalism, Undergraduate Curriculum

“When your doctor prescribes a medicine saying it’s the best for you, are you sure it’s in your best interest, or was he taken on a luxury cruise last summer by the pharmaceutical company which sells that medication? If he refers you to a particular hospital or diagnostic facility, is it your best interest he has in mind? Or is he getting a “cut” or commission for it?”

The above is a sample taken from a newspaper article on ethics in medical practice in India.⁽¹⁾ Indeed biomedical ethics has come under spot light in recent times with heightened attention by the media and civic organizations. While a lot has been discussed about the issues of unethical practices in the medical profession and its remedies, the narrative is limited when it comes to addressing the issue at its core in medical education. The following is one viewpoint from a medical educator.

Coming back to the medical school, when it comes to ethics and professionalism, one school of thought suggests that (role) models work best compared to (learning) modules for ethics education. It is believed that students learn these attributes best by observing their seniors (role models).

I contend here that gone is the era where people used to learn good behaviors by silently observing how the elders do it. In today’s era, all expected behaviors are to be taught. When we put it in the ‘caught’ category, very conveniently we slip into the passive category saying that if the students were to learn about ethics they would do so only by observing their seniors do it and not by any other method. This leaves the issue to the ‘choice’ of the student. Thus the responsibility of learning is left with the student and the teacher becomes passive. Should we absolve ourselves of our responsibility as medical teachers to inculcate ethical behavior in our students?

Another strategy could be to prepare teaching staff to be role models for good ethical behavior. But even if we were to implement such program, it would take years for such ‘change’ to occur. Can we wait that long? I believe that we ought to start this change

process simultaneously by putting ethics in the explicit curriculum. When we put it in the explicit curriculum for medical students it will also give the medical teachers a chance to reflect on the individual and organizational behavior through an ‘ethical lens’. It would give them a platform to re-visit the topic of ethics every so often.

The first step in solving any problem is ‘recognizing’ that the problem exists! Unless the medical education system identifies the issue of unethical behavior and makes itself aware of it, no solution can be expected to occur. The ethical behavior, then, shall forever remain ‘hidden’ in the curriculum and in the practice. The famous story of Alice in wonderland, tells us that unless we are sure where we want to go, any road can lead us somewhere. Putting ethics in the explicit curriculum will help us define these learning objectives that can keep us on track to learning about ethics.

When it comes to learning all of us would agree that ‘assessment drives learning’. Why not take help of assessment as a driving force for learning ethics? But, for us to be able to do so, we would require ethics to be kept in ‘explicit’ curriculum.

Further, when something remains hidden it goes out of the ambit of scrutiny. Something which finds its explicit place in the curriculum can be scrutinized whether it is relevant, what is the best method to learn it, and what is the best method to assess its learning. On the other hand, when we keep ethics in the ‘hidden’ curriculum it skips this important step of scrutiny. Then everyone would just believe that good ethical behavior is being caught from good teachers and feel happy about it, whereas the ground realities may be different.

For example, let us take a situation where many doctors in an institute believe that it is okay to receive gifts from pharmaceutical representatives. Now, let’s imagine a scenario where ethics is in ‘hidden’ curriculum. The students observe the doctors receiving gifts from them. They are thus taken to believe that receiving such gifts is an accepted behavior. Now, if

ethics were in an explicit curriculum, the institute as a whole would be required to put its policy on receiving gifts from the pharmaceutical representatives on paper. It is quite unlikely that the institute would endorse receipt of such gifts as accepted behavior in the document. This is because this explicit curriculum can be put under scrutiny. This is the strength of the explicit curriculum.

Another advantage of having an explicit curriculum is that there is no confusion as to what the institute believes to be 'ethical'. Commonly there is this mistake of confusing 'ethics' with 'morality'. While 'ethics' is objective 'morality' is subjective. My view of moral behavior could differ from viewpoint of someone else. Thus, it becomes easy when the institute defines and puts on paper what constitutes ethical behavior so that there is no confusion in the minds of the students or teachers and everyone can speak the same language.

When ethics is put in the explicit curriculum it can also use the mechanism of feedback to the students. When ethics is taught and assessed, it facilitates the process of giving feedback to the students about their behavior on the ethical front. Which helps them to make corrections en-route their training to become doctors. When it is in hidden curriculum, the teachers may expect the ethical behavior to be caught, but there is no feedback to the students whether a student caught it or not.

Lately, considering the importance of this issue Medical Council India has woken up to include professionalism and ethics as one of the five roles of a basic doctor in its latest graduate medical education regulations.⁽²⁾ It has also earmarked certain hours for teaching learning of professionalism and ethics for each phase of the undergraduate study and it is one of the twelve identified priority elements. A recent paper by Modi et al has described methods for teaching and assessing professionalism and ethics in medical education in Indian set up.⁽³⁾ Recently curricula for teaching ethics in undergraduate medical education have also been prepared and made available in public domain.⁽⁴⁾

Looking at this we feel it is the time we bring ethics out of the closet of hidden curriculum and start addressing it in explicit curriculum and teaching learning practice.

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