

Code of conduct and ethical teaching in medical profession

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It is often a question raised, the wide-spread calls emanating from the general public and medical audiences alike to intensify the formal teaching of ethics within the medical college curriculum. In particular, they challenge a prevailing belief within the Islamic culture of medicine that while it may be possible to teach information about ethics in the course material — should it be included entirely in the curriculum? Even then it can by no way decisively influence a student's personality or ensure ethical conduct. To this day and age, several issues are explored inculcating the debate of whether medical ethics are best framed as a body of knowledge, skills and attitude. Arguably most of the critical determinants of physician identity operate not within the formal curriculum but in a more subtle, less officially recognized "hidden curriculum." (The Hidden curriculum is informal learning which the student engages and is unrelated to what is taught).¹ We, as teachers often focus on what we teach rather than on what our students learn.

The overall process of medical education is presented as a form of moral training of which formal instruction in ethics constitutes only one small piece. Therefore it is imperative that any attempt to develop a comprehensive ethics curriculum must acknowledge the broader cultural milieu within which that curriculum must function. The teaching of ethics is like a "magical bullet" for medical profession.² The emergence of patients as a consumer and the complex technological medicine have prompted a call for greater emphasis on formal teaching on ethical issues in Medical Universities and colleges. By and large the medical profession and training's root is a process of moral enculturation which is engraved in our Islamic society and it is unfortunate that formal instruction in ethics makes only a small contribution to our community; merely, because the critical determinants of physicians' identities purely depend on the subtle curriculum. Islam, being a comprehensive and elaborative guideline in all aspects of life, (it is not possible to describe all Islamic principles herewith). Yet, honesty, dedication, determination and motivation could bring us closer to the doors of ethical practice in medical science. The holocaust of World War II in their concentration camps with human atrocities is one of the worst examples of persecution and immorality. Ironically, malpractice in medical ethics can still draw parallels of the brutality faced back in 1944.³

Now is the time, to define to a code of conduct that ascertain and demarcates the coherent distinction between right and wrong, between 'shur' and 'khair.' The philosophy of mankind and free will is structured by Al Mighty Allah to dominate man's thought process. The moral values incorporated within the bounds of medicine, the horizon of religion and gulf of social responsibility are inseparable constituents of any faith.

A world renowned physician, Ali Ibne Rabban Al Tabri (838-870 A.D) wrote a famous book "Firdous ul Hikmat" which exemplified Kuliyyat-e-Tibb- a detailed overview of medical ethics.⁴ His main findings emphasized gratitude, generosity, contentment and the embodiment of good moral character. A physician though vested with the power of healing needs to maintain humility at all times and refrain from developing pride in his ability to heal the pain of others. The physicians should be cautious to prescribe trialed and tested medicine; and must adhere to strict earnest livelihood not just to his patients but also to himself. Within this context, Surah-e-Baqara yields an immaculate reference, Prophet Adam as superior to all creatures, which include angels, jinn's and animals. It is merely because the knowledge was bestowed upon Him to lead, educate and initiate the human race and encapsulate cultural harmony within the world.

Euthanasia^{5,6} presents a social debacle of controversy, subject to medical debate and religious opposition. Islamic code of conduct categorically denies such perceptions. However, active and passive euthanasia in relation to the sanctity of life is determined by the medical professionals. Long standing patients on the ventilator with multiple problems requires the urgent need of a final decision by the expertise of an experienced doctor.

The concept of test tube babies still remains a complex controversy within the jurisdiction of our culture.⁷ Some scholars have given a verdict about this topic and have actually welcomed its development while others remain skeptical and hesitant of its evolutionary nature. The moral dimension behind test tube babies, of course within the genes of husband and wife only still remains to be a dilemma.

Abortion;⁸ by the virtue of Islamic principles has no leeway unless and until some form of circumstantial impediments arise. However, there is some justification in

certain situations where the mother's life is in danger because of medical reasons. This includes the premature foetal death within the womb.⁹ The concept of saving the mother at the cost of the foetus may demand evacuation of the uterine contents. My perception about this issue till today remains unclear.

Organ transplantation¹⁰ on the other hand, is a refreshing change that eases the tension between the thin lines of adherence to religion and a commonality of medicine. In reference to this issue, a related Hadith by the Prophet Muhammad (PBUH) calls upon an incident when one of the Sahab- a- Ikrams' had a severely injured nose and upon this instance, the Prophet Muhammad (PBUH) denounced a nose transplant to be done with another material to heal the Sahaba's wound and relieve him of his pain. With this Hadith, one can easily validate the organ transplantation of any part of the body.

- ◆ It is my personal belief and conviction that those teachers, students, faculty members and all other professionals affiliated to the field of medicine, need to learn and become aware of the perceptions of medical ethics particularly from a rural background or those in their initial traineeship or those in their clerkship experience.¹¹
- ◆ The content and subtle curriculum is best identified within the consortium of faculty and experts outside observers. External observers are basically social scientist and their goal is to address training process in the broadest sense. This job cannot solely be contemplated by insiders only.
- ◆ All faculty members having interactive contact with the students must be willing and be able to identify ethical issues whenever, wherever they encounter; whether it involves patients with bedside manners, laboratory, radiology procedures or surgical intervention. Words do not account for as much as behaviour and the reasoning that leads to decision making and ultimately, becoming

beneficial to the vital role of medical ethics.

- ◆ Do we need to teach the professors how to instruct and teach? The realities that both basic science teachers and clinical teachers should follow the path of medical ethics. In the present era, the students are given the opportunities to have self reliance and follow the ethical code of medicine. Much to our regret, medical institutions such as hospitals clinics, laboratories and medical universities are not often thought of as ethical entities.¹² This benign neglect is compounded by the fact that the matter of ethics is all structured at individual levels.
- ◆ Finally, it is proposed that any attempt to develop a comprehensive ethics curriculum must acknowledge the broader cultural milieu within which a medical dimension must function and become more fruitfully structured.

References

1. Hidden Curriculum. A practical guide for Medical Teachers. John A. Dent, Ronald H Harden 2002. pp 12.
2. Frederic W. Hafferty, PhD, and Ronald Frank, MD. The Hidden Curriculum, Ethics in Teaching and the structure of Medical Education. University of Minnesota, Dutch School of Medicine. pp 872-907.
3. Bosk, C. Forgive and remember; Managing Medical Failure. Chicago, Illinois; University of Chicago Press, 1979.
4. Hakim Abdul Hameed. Medical Ethics in Medical Islam. Hamdard Medicus. 1978; XXI: 7-12.
5. Fischer, D.S. Observation on ethical problems and terminal care. Yale J. Bio Med 1992; 65: 1105-20.
6. Foot, P. Euthanasia; In 'Ethical issues relating to life and death'. Ed John Ladd, Pub; Oxford Univ Press, Oxford, UK 1979; pp 14-40.
7. Semon, Saying of Imam Ali ibne Talib; derived from Nahjul Balagha. Translated by Askari Jafri. Pub; Islamic Seminary Publication.
8. Marriage and Morals in Islam. Chapter 4: contraceptives and Abortion. Sayed Muhammad Rizvi, Pub. By Islamic Education and Information Center, Scarborough, Ont. Canada 1990.
9. Moiz Amjad. Understanding Islam; terminating pregnancy under special circumstances. (Online) (Cited 2004 Jan 15). Available from URL: www.understanding-Islam.com.
10. The Holy Quran Sureh Al Anbiya; 21-31.
11. Bickel, J. Integrating Human Values Teaching Program into Medical Students' Clinical Education. Washington, D.C.: association of American Medical Colleges, 1986; pp 1-37.
12. Glover, J. Ozar, D., and Thomasma, D. Teaching ethics on rounds: The Ethicist as Teacher, Consultant and Decision makers. Theo Med 1986; 7: 13-32.