



IFMSA

International Federation of
Medical Students' Associations

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IFMSA Policy Document Ethics and Healthcare

Proposed by Team of Officials

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Policy Commission

- Sanjana Taneja- MSAI India, sanjanataneja207@gmail.com
- Hanene Mankour- IFMSA-Québec, mankour.h@gmail.com
- Alaa Dafallah - Liaison Officer for Medical Education Issues, lme@ifmsa.org



Policy Statement

Introduction

Ethics, a branch of philosophy, is concerned with questions of how people ought to act, and the search for a definition of right conduct. There is an increasing awareness of the importance of ethics in the practice of healthcare: here, ethics provides a multi-disciplinary lens through which complex issues can be viewed, and supports decision-making by providing recommendations regarding acceptable courses of action. These recommendations are based on ethical frameworks that are context-sensitive and are built on logic, facts, and values. As advancements in medical knowledge and in medical technologies bring with them new and important moral issues, the deliberate and conscientious use of ethics stands out as a tool likely to qualitatively and quantitatively enhance the delivery of healthcare and promote patient safety, across the globe.

IFMSA position

IFMSA recognises the number and complexity of ethical issues relevant to the field of healthcare and acknowledges that these are likely to increase as health systems, and the interventions at their disposal, evolve. We affirm the need for intentional and context-sensitive implementation of ethical principles in healthcare, the adequate training of health workers on ethics in healthcare practice, as well as comprehensive and pluralistic training on ethical research. We call on all relevant stakeholders to adopt an active role in the holistic integration of ethics into all elements of healthcare – governance, practice, education and study – reflecting our belief that ethical healthcare is fundamental to improving the health outcomes of diverse patient populations.

Call to Action

1. IFMSA calls for **Governments** to:
 - Commit to agreements and resolutions of international forums focused on research ethics, healthcare and the defense of human rights;
 - Consider the ethical dimension of policies and decision making in any area of health, as well as its relation to human rights;
 - Support and encourage health institutions to promote ethics in healthcare, providing the necessary financial and infrastructural resources;
 - Develop strong monitoring and accountability systems that oversee the implementation of ethical principles across healthcare and research, and regulate breaches to ethical practice;
 - Allocate funds and technical resources to the national health professions education continuum, which have the capacity to empower healthcare workers on medical ethics.
2. IFMSA calls for **Healthcare institutions** to:
 - Communicate the institution's commitment to ethical decision making through mission statements and institutional codes of ethics;
 - Offer educational programs to managerial boards, physicians and healthcare workers on ethical standards of practice and ethical decision-making in healthcare;
 - Promote continuous professional development learning opportunities that will facilitate open discussions on ethical issues;
 - Ensure that institutional ethical codes of practice are culturally appropriate, address a broad range of ethical matters and concerns and prioritise patient safety;
 - Evaluate and continually refine the institutional processes for addressing ethical issues;
 - Ensure that the psychological, social, spiritual, and physical needs and cultural beliefs and practices of patients and their families are met, through promoting employee and medical staff sensitivity.
3. IFMSA calls for **Universities, academia and researchers** to:

- Acknowledge the role of medical ethics as a key component in improving the doctor-patient relationship and community health outcomes;
- Ensure the longitudinal integration of medical ethics and bioethics education through the continuum of healthcare professions education;
- Establish academic standards for medical ethics, research ethics and bioethics education in curricula;
- Improve the delivery of ethics education through educational strategies that follow a care-integrated approach in clinical scenarios and encourage critical thinking;
- Encourage an interprofessional approach in ethics education, promoting collaborative practice and teamwork when approaching ethical dilemmas;
- Promote and encourage global health exposure and intercultural experiences in ethics education;
- Ensure institutional boards have clear ethical frameworks to regulate the ethics of research;
- Keep up to date with advancements in medical technologies that come with ethical implications, develop up to date guidelines and train the medical staff accordingly;
- Engage in global networks that advance ethics training and education.

4. IFMSA calls for **IFMSA National Member Organizations (NMOs) and medical students** to:

- Plan and implement advocacy initiatives and campaigns that contribute to the establishment and implementation of ethical frameworks nationally and locally;
- Engage in efforts to assess the effectiveness of the ethics curriculum in their medical schools and advocate for its improvement;
- Provide opportunities, educational activities and workshops on Ethics in Healthcare and encourage members to attend them;
- Strengthen the collaboration with other students' organizations and all relevant stakeholders e.g.: ethical units in universities in the implementation of initiatives that promote ethics in healthcare.

5. IFMSA calls for **Non-governmental organisations** to:

- Engage on local and national levels to advocate for ethical practices in healthcare;
- Consistently and actively contribute to the advocacy process for the establishment and/or implementation of ethical frameworks nationally and locally;
- Continue representing and raising the voices of patients/beneficiaries to advocate for ethics in healthcare;
- Offer platforms for global discussions on ethics, education and human rights;
- Carry out public awareness and educational programs to educate the public on their rights and duties in healthcare settings.

Position Paper

Subheadings to explain more on the Position of IFMSA (e.g. background, education, healthcare etc.; or by SDG Targets; or come up a different set of subheadings)

Background information:

Ethics is a branch of philosophy that examines the concepts of right and wrong behaviours^{1,2,3}; what should or ought to be done at a given time, in a given culture^{2,3}. As such, questions of morality – i.e., principles concerning the distinction between right and wrong, or good and bad behaviour – are central to ethics^{2,4}. Indeed, medical ethics has been defined as “the obligations of moral nature which govern the practice of medicine.”⁵ Unwell patients engage with healthcare professionals in order to try and improve their health, and those professionals claim to be “morally committed and technically competent” to help them². Medical professionals vow to serve ethically, the moment they step into service, by taking the Hippocratic Oath, which ensures that the accountability of healthcare services remains with the physician. However, with changing perspectives, the onus is slowly shifting to each link in the healthcare system. With patient-centred caretaking precedence, the conversation regarding ethics is gaining momentum rampantly and there is an increasing focus on training and delivery of healthcare in terms of the major principles governing medical ethics:

Autonomy: Patients basically have the right to determine their own healthcare.

Justice: Distributing the benefits and burdens of care across society.

Benevolence: Doing good for the patient.

Non-maleficence: Making sure you are not harming the patient.

Ethics is often seen as a proscriptive activity, setting limits on what one can not do, but more importantly guides what one can do. It has the ability to affirm the “correctness” of a situation. When we talk about ethics, it becomes important to realise the dynamic nature of the concept. More often than not, ethical solutions compel us to make decisions that do not fit into the confines of right and wrong, but may be regarded as the most correct or the least wrong. The patient becomes central in this decision making and “healing” takes precedence over “treatment”.

Discussion:

Ethical Frameworks - the global landscape

Health ethics is the multidisciplinary field of study and practice that seeks specifically to understand the values underlying decisions and actions in health care, health research, and health policy, and to provide guidance for action when these values conflict. The content of health ethics can be viewed as the sets of principles and standards that provide medical and healthcare practitioners with guidelines to make decisions throughout their careers.

Ethical choices confront healthcare professionals every day^{7,8}, particularly in the provision of healthcare for persons with diverse beliefs and values⁶. In this context, there are considerable variations in medical ethics from one country to another, insofar as ethics is grounded in philosophy, religion and political ideology, all of which differ across contexts^{6,9,10,11}. The World Medical Association attempts to provide a fundamental framework for medical ethics, and its ethical policies have been widely accepted^{6,12}. In addition, Beauchamp and Childress’ principles-based approach constitutes one example of a general guideline for considering ethically difficult cases^{13,14,15}. It encourages healthcare professionals to consider what would do good, avoid harm, or at least do more good than harm for the patient concerned; whether the patient’s wishes are being considered; and what may be the most equitable option, not always for one patient or group of patients, but sometimes also in the context of others in society^{13,14}. These principles, summarized as beneficence, non-maleficence, autonomy and justice¹³, have been largely accepted in the Anglophone scholarship^{16,17}. More research to assess their suitability in non-Anglophone, non-Western contexts is essential.

Indeed, as things stand now, “high-income countries voices dominate the English language conversation¹⁸” on health ethics. Whilst the data on ethical frameworks that these voices provide are of course important, their domination of the field is morally problematic, since it reflects the very inequities that Global Health scholars are trying to address. There is a need for more research, data production and qualitative accounts of ethics in healthcare settings beyond anglophone high-income countries. This is the only way that we are likely to understand the variety of ethical frameworks applied in healthcare across the world, and the merits of each. Exploring alternative ways of 'thinking' and 'doing' ethics might support different kind(s) of engagement with ethically difficult problems, which are likely to prove beneficial – particularly since ‘Western’ bioethics is not universal, and is unlikely to provide the ‘best’ solutions for all healthcare problems.

Medical ethics and practice:

Medical ethics guides clinical practice by providing standards of behaviour and decision-making that inform healthcare professionals in their relationships with patients, colleagues and society at large^{3, 6}. These relationships often involve ethical conflicts between two or more interests⁶, which healthcare professionals attempt to “recognise and resolve⁶”. Central ethical aspects of modern medical practice – that is, ethical considerations that arise from the healthcare professionals’ relationship with patients⁶ – include clinical competence, respect for patients and the healthcare decisions that they make, as well as prioritising overall the need(s) of patients, in spite of external pressures resulting from constantly changing social, economic and political contexts^{2,3,6}. Medical ethics can also help to shed light upon social issues that affect the practice of medicine, including debates about organ transplantation, abortion, and medicine’s role in the end of life⁶, though an in depth discussion of these topics is beyond the scope of this policy document.

There are a number of ongoing developments for medical ethics in practice that are worth considering. Firstly, new ethical issues are continuously arising in medical practice, owing to – for example – the expanding areas of palliative care, reproductive biology, and medical technologies, including artificial intelligence and genetic engineering^{2,6}. These are important to highlight, as each will require in depth consideration as the discipline develops. Secondly, biomedical ethics to date has focused largely on the individual patient^{2,19,20}. The perspective of prevention and public health medicine is becoming increasingly important, and is likely to continue to do so over the coming years^{19,20,21,22}. Finally, as the awareness of the importance of ethics in clinical practice grows, some healthcare institutions are choosing to create clinical ethics committees²³, or to employ bioethicists²³, in order to help healthcare professionals resolve ethical dilemmas in everyday practice^{7,8,23}. Though few in number, empirical studies have shown that ethics consultations can be associated with reductions in days spent in hospital, and that healthcare professionals have found these useful^{24,25}. However, much of this data has been collected in the USA^{24,25}, and therefore more inclusive, multi-national research on the utility of bioethics committees and professionals is a priority.

Ethics & patient safety

In the Institute of Medicine report, “To Err Is Human: Building a Safer Health System in 2000,” patient safety and medical errors were noted to play a significant role in patient injury and death²⁶. As many as 1 in 10 patients is harmed while receiving hospital care in high-income countries²⁷. As a result, patient safety and error reduction have become paramount for healthcare professionals and health care systems. The Institute of Medicine defines patient safety as “Freedom from accidental injury, ensuring patient safety, involves the establishment of operational systems and processes that minimize the likelihood of errors and maximize the likelihood of intercepting them when they occur”.

Patient safety and ethics are interrelated concepts.²⁸ To make progress in matters relating to patient’s safety, a change in the way physicians practice medicine is required, which poses many practical and theoretical challenges. There are also ethical challenges at hand that represent the most acute challenge to improve patients’ safety.. Some of the challenges faced are²⁹ :

- Adequate response and accountability when things go wrong to researching new methods preventing the of errors;
- The necessity of honesty and transparency when communicating with patients if mistakes occurred during their care;
- The imperative of taking responsibility to ensure future healthcare professionals' safety and competency.

For Thunder, Maliheh and al.³⁰, to ensure quality and safety for patients, there needs to be structured policies and processes that can foster welfare settings promoting mutual trust. Such policies and processes can be facilitated through multidisciplinary collaboration as a way to ensure transparency when reporting medical errors as well as the active participation of patients and their entourage when identifying medical mistakes. An emphasis on the professional code of ethics can help deepen the understanding and faith in moral foundations of patient safety.

Ethics in Public Health

Public Health has the highest degree of public service at its core. The moral foundation of public health remains to be social justice. The four characteristics that public health focuses on are :

1. The public or collective good;
2. The importance of focus on prevention;
3. Governmental action;
4. Intrinsic outcome-orientation.”³¹

This raises a particular set of justificatory challenges public health ethics has to address: Who is public health good for? Whose health are we concerned with, and what sacrifices are acceptable to ask of individuals in order to achieve it? Is there a difference between public health and population health? And why is public health worth promoting?³¹

It is becoming³² increasingly difficult to define the reach of public health:, with blurring of international borders, and a contracting world, it becomes necessary for us to address international relations and policies while addressing matters of public health concern. Communicable diseases have a way of ignoring national boundaries, and preventative measures in one country may differ from other countries. Economic disparities, quality of life and other determinants of social health raise a further question of standardising principles of ethics globally.

What many have debated over, across the years, is the relevance of having a separate consideration for public health ethics, but with the intricate differences in principles that govern patient care and public health, it is crucial to address health beyond the confines of the hospital. The Hippocratic Oath, which focuses on the individual doctor-patient relationship, is not the most accommodating vehicle for the idea of social health. Extrapolating the principles of medical ethics beyond the hospital may not be the right strategy while combating public health concerns. Rather, a discussion on the interrelation of the universal code of ethical practice, human rights and health and law is essential.

Ethics education and training (including ethics in exchanges)

Ethics education and training represents an imperative and cornerstone for the development of future healthcare professionals for all societies, providing them with tools and skills that allow them to practice in cultures that may be different from their own. This education is included in some health training institutes in the formal curricula and in some others, is in the process of inclusion. However, there's no doubt that ethical education and training must be a process and not only a signature from health training institutes, this means that we need ethical professionals, not only professionals with ethical acts.³³

Recently, in some countries of the world, the development of bioethics has been promoted with greater interest as a discipline that supports medical situations, but also has other areas

of study beyond clinical practice and research.³⁴ Additionally, the development of some committees of bioethics and medical ethics within hospitals has a strong impact on everyday interactions in healthcare. Health Workers are able to resolve ethical dilemmas in a broader way with experts in the area. Nonetheless, it may also cause some health workers to lack of confidence in the ethical resolution process when faced with conflicts in daily practice, leading to moral distress.³⁴

It is for this reason that education and training in ethics is more crucial than ever in order to allow health professionals to have an adequate knowledge base of the topics reviewed during their preclinical, and clinical development through an ethical lens. The same applies for cross-cultural interactions in global health such as international exchanges and research, thus achieving greater confidence, providing a better service and reducing the moral distress that they could face today.^{34, 35}

Some main reasons why it is recommended to include ethics education and training in the formal curriculum in terms of people-centred care and community health outcomes are:

- Development of healthcare professionals who improve and promote the health and well-being of people, respecting their dignity, autonomy and human rights;^{33, 36,}
- The ability to examine and confront their own beliefs and values, as well as those related to patients and the local and international medical environment;^{33,}
- Help to recognize the human and ethical aspects of their daily practice;^{33,}
- Provide healthcare professionals with knowledge and practice related to philosophy, sociology and law, as well as other areas to establish a broader and interdisciplinary treatment;^{3,}
- Develop clinical and ethical reasoning based on the application of skills and cultural competence to serve in your profession beyond borders;^{33, 37, 38}
- Generate a sense of responsibility and advocacy for patients, for their own professional development and for colleagues, recognizing not only as a professional but as a social entity.³⁵
- Achieve professionals with fundamental values such as honesty, responsibility, compassion, service, industry, dedication, integrity and inter-professional respect;

Those are some of the recognized reasons for ethics training and education, but they are not the only ones. The primary interest is not the accumulation of knowledge, instead, it is the understanding of health care ethics as a set of skills to develop and acquire habits that allow people to respond more easily and proactively to improve situations of interpersonal difficulty, whether the difficulty is related to conflicting values or personal or professional goals.

Finally, there is an extensive literature on the topics that can be addressed in the curriculum of each of the ethics courses in health institutions, as well as the people who should teach the classes and whether it should be during the preclinical or clinical phases. However, there are some international recommendations and consensus that propose at least the following ones:^{33, 39}

- Ethics education and training in the formal curriculum for at least 20 hours, divided into single subjects or in a horizontal process of education that is initially carried out in the preclinical and later continues in the clinic.^{33,39}
- Pre-clinical and theoretical teachers are recommended whether they are philosophers or ethicists.
- Clinical and practice teachers are recommended to be physicians with training in ethics.
- Teaching practices are recommended to be in discussion groups and not in written material to encourage debate and reflection (do not use extraordinary cases to provide useful tools in their daily practice).^{33, 32}
- Base the content of the curricular material according to the dilemmas most encountered in their clinical practice, addressing them from their local context, but at the same time, understanding the ethics to achieve cultural competence.^{38, 40}
- The study of ethics must reinforce the objectives that are considered in medical schools.

Ethics in learning environments

The hidden curriculum (refers to a socialization process that consciously or unconsciously transmits norms and values to future health professionals, who may go beyond the formal messages of the formal curriculum; it is implicitly taught by example day by day) has a very important influence on medical students by having an impact on the development of ethical attitudes, even beyond the formal curriculum. Pellegrino and Thomasma argue that medicine is inherently a moral profession and that virtue can be taught “by practice, by example, and even by the study of ethics”.^{41, 42, 43, 44}

Due to its historical global development, medical education is a profession that is learned through the conscious or unconscious imitation of the behaviors of teaching doctors, even more teachers in medicine regularly do not have the educational training to teach, therefore, the teaching they provide to students comes mostly from their own experience, their aptitudes in confronted situations and their personal ways of developing their profession.⁴⁴ Therefore, students will meet doctors who act ethically and others who do not have ethics as a cornerstone in their clinical practice.⁴⁶

One of the historical characteristics of the medical environment is its hierarchical structures (not only in knowledge, which is very important, but also power structures) that can be used erroneously, affecting those in a position of less power, including students. The attitudes of omnipotence and tyranny of some teachers lead to feelings of shame, fear and humiliation for the student, which results in small abuses or jokes that violate certain rights, ending in the naturalization of these hierarchies.⁴⁷

The teacher has a double responsibility, with their patients and with the students as he is supposed to be a role model. Empirical evidence has shown us that students are more deeply affected by role models than by the formal teaching provided in the classroom. The image, behaviors, values and ethics practiced by the doctor will be replicated in many cases by his students. Professional knowledge is not separated from that of ethical teaching and teachers are active entities of the quality of medical education.⁴⁸

One of the consequences that have led to bad practices related to ethics have made bioethics now more publicized than ever, mainly due to the increase in the number of professionals and the number of violations of ethical principles. That is why the introduction of ethics as an exercise and method to obtain a balance between theory, practice, rationality and sensitivity is a necessary code for the teacher and future doctors.^{35, 44, 45}

Some of the failures that medical teachers can commit with their students and society are⁴⁶:

- Harboring inappropriate relationships with students.
- Violation of related educational policies and procedures.
- Failure to observe and respect adequate duties necessary for required behaviour or teaching
- Impose personal views on students (f.e. religious and political).
- Use of shame or ridicule when interacting with students (emotional or psychological abuse).
- Engaging students in unethical behaviours.
- Receiving gifts and favors from learners.
- Disrespectful and unprofessional behaviours impeding with work and learning environments.
- Loss of stability impeding with quality and safety of the learning environment (yelling, throwing objects, or other manifestations).
- Discrimination based on age, gender, race, religion, disability or sexual orientation or some other human rights violation.

Some documented analysis has revealed that the school environment in medical schools allows doctors and medical students to develop feelings of intellectual superiority, selfishness, and excessive competitiveness.⁶ In addition to the inability to see patients as a complete entity and even reproduce attitudes of lack of respect, discrimination and violence. This is one reason why it is necessary from the teaching stages to identify these attitudes and apply

ethics as a basis for the abolition of those bad practices that could be promoted in medical institutions.^{47, 48}

Schools can develop a policy for medical educators regarding academic honesty and rewarding morally sound character. For this reason, ethical principles for educators can be mentioned:

- Recognizing the unique and privileged relationship between students and teachers as well as its importance in the future practice of doctors.
- Caring for the safety and well-being of students through respect for diversity and the pursuit of their human rights.
- Respecting the confidential information of students and patients.
- Maintaining professional limitations, as well as the reputation and position of the teacher.
- Respecting students, parents, colleagues and other health professionals.

The teacher is mainly an ethical person, with central moral virtues such as fairness, respect, reliability, honesty and kindness that is observable in teaching and clinical practice. The care of their language, gestures, attitudes and interest in promoting ethics in their students is essential to achieve ethical coherence.^{48, 49}

Ethics in Research:

Ethics is an essential dimension of human research, particularly that related to health. Health research plays a crucial role in addressing health issues and human development, but has historically been subverted to the benefit of certain groups, whilst others have suffered as a consequence. Indeed, the dark history of unregulated, ethically unacceptable research^{50, 51} has been part of the impetus for the formulation of ethical codes and declarations, including in the field of medical research.⁵² The Nuremberg Code, established in 1948, highlighted that 'the voluntary consent of the human subject is absolutely essential.' Whilst not applicable by force of law, this code was the first international document to advocate for voluntary participation in research, and the primacy of participant consent.⁵³ The World Medical Association's Declaration of Helsinki, produced in 1964, further elaborated on the principles of ethical action in medical research involving human subjects, and this declaration remains to date a key international document on research ethics.⁵⁴ Indeed, in the 21st century, research ethics – dictated by both international and local guidelines⁵³ – definitively governs the standards of conduct for scientific researchers.

When do ethical principles in human research apply? The WHO defines research with human subjects as any activity that "entails systematic collection or analysis of data with the intent to generate new knowledge"⁵⁵ in which human beings are either "exposed to manipulation, intervention, observation" or other interactions with investigators, or become individually identifiable through the investigator's study of them.⁵⁵ This therefore includes the use of solely personal data, as well as direct interaction with an individual, within the scope of human research. In all of these cases, the research proposals should be reviewed by an ethics committee to ensure that ethical standards are being upheld. In particular, the ethical principles of beneficence, justice and autonomy are considered to be particularly important to ethical review⁵⁶.

Ethical issues pertinent to human research are in a continuous development, in synchrony with the advancement of new technologies, the wide range of research activities taking place, and the globalisation of medical research. These changes are likely to require not only guidelines, but the further establishment of clear regulations and laws related to ethical conduct in research, which progress over time in order to reflect its changing landscape.

Overall, it is of utmost importance that ethical principles are adhered to, in order to protect the dignity, rights and welfare of patients in the face of the risks posed by much of human research. A proactive approach to research ethics is likely to be needed as the remit and capacities of research evolve.

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