Teaching medical ethics: Ljubljana school of medicine, Yugoslavia

Janez Milčinski and Stefan Štražičar *Institute of Forensic Medicine, Ljubljana, Yugoslavia*

Editor's note

This paper was first presented at the 15th International Medical-Legal Seminar held in Ljubljana in June 1979. Drs Milčinski and Štražičar give some background to the development of teaching medical ethics in the school of medicine and show how gradually medical ethics has been assimilated into the programme of training for medical students. Dentists and pharmacists are presently in the initial stages of incorporating ethical topics into the training of their students.

The authors conclude that with these positive steps being taken towards having formal courses in medical ethics their physicians will have a good knowledge of ethical principles on which to base their decisions in difficult or delicate situations.

Introduction

An ever increasing number of new aids and methods of preventive treatment and rehabilitation provided by the present development of bio-medical sciences, as well as the more permissive and wide-spread application of medical services, unknown until now, all require profound ethical considerations, both in theoretical research, and even more so in practical work. In the course of his work with and for a patient a physician is nowadays confronted with complex situations for which he does not always have an established principle at hand. The circumstances grow into even more intricate ones when no medical indications are given for an interference with the integrity of the treated person.

On the other hand, modern times have reconfirmed the fact that medical skill that is not based on solid ethics is not medicine and, that the knowledge of biology, when applied without ethical rules and principles, represents a large potential for an action against man and against humanity.

In social practice the system of self-management socialism is being developed in Yugoslavia. We are convinced that there are enormous possibilities within the associated labour schemes and the system of self-management socialism for more humane relationships among people in general, and for humanisation of medicine in particular.

In his book *Ethics and Socialism* the Slovene philosopher Rus¹ says: 'As socialism entails essentially greater conscience in the popular masses than any other former social system, it also requires ethics that should become one of the nuclei of the mass conscience of the society'. Historically, socialism can be estab-

lished as a solid social system on condition that it brings qualitatively better relations than those prevailing in the former society and such relations cannot be introduced without a more active ethical theory than previously (no single system can be victorious in history unless it introduces at least some new values).

Professor Grmek² very clearly points to the extreme significance of ethical education for physicians. Let us briefly sum up his ideas: The aim of the physician's activity is very specific, human health and life. A physician's work cannot be regarded as craftsmanship, but rather a profession which is not linked to a labour contract; on the contrary, a physician is a member of the medical profession from his graduation until his death. In the course of his professional activity he assumes additional obligations which stem from the laws of ethics and legal regulations, regardless of whether he has a regular job or not, regardless of whether or not he is on duty.

In relation with the doctor a patient finds himself in an inferior position and must unconditionally trust the doctor both with regard to his skill and his good intentions. The patient confides his problems and many of his secrets which the physician must consider and keep as a professional secret.

It is very hard and sometimes impossible to control the physician's diagnostic and therapeutic actions. For this reason, control mechanisms have to be incorporated into his own conscience, by suitable ethical education.

The specific medical and the specific social substrates of ethics in medicine invest into professors of schools of medicine, in particular the professors of ethics in medicine, a great responsibility in the education and training of medical workers of all types, physicians in particular.

Development of medical ethics in Yugoslavia

Forensic medicine as a subject was introduced in the curriculum of the School of Medicine in Ljubljana only with the establishment of a full school of medicine in 1945. Later, topics related to ethics in medicine and to deontology were included in the curriculum which coincided in 1951 with the promulgation of a special part of the Penal Code which also covered some issues of the professional conduct of medical workers. Since then, questions related to the field of deontology have become a regular part of lectures and exams in forensic medicine, yet always based on the provisions of the

Penal Code. The foundations of the lectures in medical deontology have thus been initially legal provisions above all and/or even provisions of the Penal Code related to cases of the gravest violations of professional obligations.

Deeper considerations about the ethical aspects of medical practice emerged at a later time in our country. This transition from the legal to the ethical aspects of deontology in medicine is marked by an article by Milčinski³ entitled: 'The Crisis of One Medical Ethics' written after his visit to the Nazi concentration camp in Auschwitz. This article, however, did not appear out of the blue. Professor Milčinski who is the founder of the teaching of medical deontology at the School of Medicine in Ljubljana has mentioned two impetuses that decisively influenced a more intensive orientation toward the examination of ethical and deontological problems within the scope of medical education and training. One of them relates to his contacts with the late Dr Jože Potrč who held a series of lectures entitled 'Social Sciences' and 'Introduction Into Medicine' at the School of Medicine in Ljubljana from 1948 to 1961. These lectures provided a great opportunity for discussions in a small circle of people. The radiant personality of Dr Potrč and his profound humanistic attitude to a physician's dilemmas provided an initiative for considerations about morals in medicine. Among other things he revealed to us Maimonides' 'A Physician's Prayer' and many other sources and references of a physician's ethical principles.

The second initiative, also linked with the personality of Jože Potrč, is related to the preparations for the Code of Medical Ethics. The opportunity to work in the Committee of the Association of Medical Societies together with Potrč, Bulič, Forenbaher, Ravnikar, Mušič and other eminent physicians and social workers opened up a vast insight into the deontology of medicine, which was simultaneously reflected also in the lessons and lectures held at the School of Medicine. In this way the students were immediately informed of the discussions and opinions of the Committee; thus they were prepared for the promulgation of the Code at the Plenum of the Association of Medical Societies, on 26 December 1963. Indeed since 1960 the students had been attending lectures on a physician's rights and duties when practising medicine.

Thus, since 1965, besides such topics as euthanasia, abortion, medical experiments on man, the application of medical methods in the course of a legal investigation, the responsibilities of medical workers for errors made in treatment and others, students of medicine (to a lesser extent dentists, too) have followed a cycle of lectures on the general principles of ethics and deontology, the fundamentals of morals in medicine and its codes, the International Declaration on Human Rights, particularly the right to live, as well as about ethical problems of medical expertise.

Ethics during medical training

Today we are surprised that for so many years we were

unaware of a big shortcoming both at the School of Medicine and at other university schools with regard to the principles and concepts of the teaching of ethics in medicine and deontology. The entire instruction was focused on the future medical worker which our students or pupils were to become when – each in their respective schools – they had graduated. In conformity with the wording of the currently effective laws, as well as in accordance with our Code of Ethics, all known records of ethics and morals in medicine, the principles of obligations and responsibilities all applied to a member of a medical profession, *ie* a person with formal medical qualifications who was active in his profession. At the same time in medical institutions all workers without medical qualifications were freed formally of the obligation of professional moral standards, and beyond the reach of moral responsibility; this applied to a doorman, technician for heating, operator, cook, administration staff, manager – when he was not a physician – and to everyone who was being prepared to enter the profession of a medical worker, *ie* to students of medicine, dentistry, pharmacy and the students of secondary and the first-degree-university medical schools. Although the students had occasionally been reminded of the duty to respect confidentiality and of their responsibility for errors made in practical lessons, they became acquainted with ethical problems relating to their future profession only in the last year of their studies and on the basis of their own initiative, without any plans and control, following the examples they accidentally had contacts with in the course of their practical work in medical institutions. Since they had no knowledge about it and lacked an initiative for a discussion and examination of their own observations, there was no opportunity to distinguish, without any doubts, the good examples from the bad ones, or to notice the risk to which a patient, and through him also the medical worker himself, is exposed in the course of a treatment. In other words, the ethics and deontology lectures and instruction had been given to them on credit, for their future professional activities and not for their current needs.

From these beginnings grew an awareness of the need to consider as medical workers all personnel in medical institutions on whose work regular functioning of these institutions depends; above all students of medical schools from the very first day onward, once they crossed the threshold of a medical institution and came into contact with patients. From that day onward the Code of Ethics for Medical Workers applies to them, and from then onward they are bound by the moral principles of the medical profession *ie* by a humane and thoughtful attitude towards a patient, respect of the patient's mental and physical integrity, professional confidentiality, the awareness that it is not a patient's duty to tolerate practical exercises made on him and that, contrary to that, it is a service he voluntarily makes to medicine and thus deserves gratitude and respect. Further, there are many other principles, such as: those about the ethics of experiments on animals, the dignity and respect for corpses, the respect

for great predecessors of ancient medicine and the medicine practised during the National Liberation War. The principles of the Yugoslav Code of Ethics for Medical Workers have – since the promulgation of the Code in 1963 – remained a fundamental guideline for the teaching of deontology at the school of medicine in Ljubljana. Once the students are proclaimed medical workers, from their very first day at a hospital or an out-patient clinic, we have to be sure that they will be accepted as such also by the members of the working collectives in these institutions; in an atmosphere of comradeship and attention, accepted in the way in which any older and more experienced member of a working collective should accept a younger and a less experienced colleague.

Incorporating ethics in the medical course

On the basis of the recognition that students are medical workers is established the task for us, their teachers: the shaping of the moral principles of a student who is to become a physician or a nurse tomorrow; we should not leave them to any chance and unreliable examples.

Instead, a systematic education and training in the ethics of medicine should immediately be initiated at the beginning of their studies, which is by no means an easy task; only a few professors deal with these problems and their workload is large enough with the lectures they have at present. Yet the first steps have been made and the future course is clear. Within the framework of the subject 'Introduction to Medicine' the first hours at the beginning have been devoted to these questions. On their very first day at the Faculty the students are told that from then onward they are considered medical workers. They are given a copy of the Code of Ethics for medical workers and their attention is drawn to the provisions specifically relating to them. The next step has also been made already. Within the framework of lectures of anatomy in the first year a student of medicine listens to lectures about ethical problems related to the corpse: where the corpses used for exercises come from and what happens once they have been used as a teaching aid, the legal status of a dead person, and what attention has to be paid to the corpse as a symbol of a former person and personality, the respect that a student of medicine has to pay to the corpse which is also in the interest of an undisturbed functioning of his school.

For the time being, the future course remains a plan to be implemented and for the implementation of which many years will be needed but which, despite that, is a very realistic plan: in the introduction to exercises made in a biological and physiological laboratory the student of medicine will listen to lectures and a seminar about ethical problems related to experiments on animals. It is our wish to make him become aware of the need to respect life and protect nature; of the nature of the medical experiment in general, and of the rules that – though not legislatively regulated in our country – apply to experiments on animals. Clinical

propaedeutics is to be introduced with topics about professional confidentiality and the patient as the subject of treatment, and in relation to this, about the patient's right to know and make decisions. Before the interest of the student of medicine is overwhelmed by the technique of the intervention itself he will examine and think about the moral and legal problems of abortion made without medical indications. He should look for answers to permanently opened questions in the field of the right to live and euthanasia in a ward for disabled children or incurable psychiatric patients, etc. Thus, it may be possible to disseminate the main topics of moral education throughout the whole course, without adding more burden to the training programmes in individual years. At present these plans are implemented in introductory lectures when entering the faculty and with a course of 15 hours in the fourth term, *ie* at the transition from the theoretical to the clinical studies. Our long-term plan, however, is to examine within each individual subject the issues of ethics, specifically related to the subject. In this way it is possible to secure a congruent and parallel shaping of moral principles and professional progress. In the last year – at present within the framework of the subject of forensic medicine – besides discussions on ethical problems of medical technological skills the available time may be used for an analytical evaluation of ethical and deontological circumstances which the student has noticed during his practical work in medical institutions, and for a discussion about the application of moral standards and legal provisions to concrete situations with which a physician is bound to be confronted in the first month after graduation. Among such issues are the following: can an intern independently make decisions about a therapy; can an intern prescribe drugs; what is the sharing of responsibility between an intern and his mentor for errors made in treatment; can a nurse give injections, which and when; can a physician, upon the demand of the parents, release from hospital a patient when that might be harmful for his health; is it a duty of a physician to inform the parents of their juvenile daughter's pregnancy even against her own will; on what conditions is research on patients in hospital permissible; the problem of medical mistakes: is it allowed to treat a person who attempted to commit suicide against his own will, etc? There is a large number of such questions related to general and specialist practice; they were obtained from interns, post-graduate students and in the course of discussions held at the meetings of Specialist Sections of the Medical Society.

May we also be allowed to mention that within the framework of a 15-day course on forensic medicine for interns some 30 hours are devoted to questions of morals in medicine, deontology and legal medicine; 30 to 40 hours are devoted to these questions in post-graduate courses, and at the school of medicine they are in the foreground within the subject of forensic medicine in the course of the entire summer term. In addition, some 10 hours are devoted to a discussion of these problems with MA students.

Dentistry and pharmacy

As for the School of Dentistry the plans are at the very beginning. In view of the very few hours that have been available in the scope of regular training programmes, it was possible to have only some minor and selected lectures about ethical and deontological problems.

There is also no time for ethical and deontological topics in the internship time of dentists since forensic medicine is not part of the curriculum. Lately, however, in post-graduate courses dentists attend approximately 30 hours of lectures on deontology entitled: 'Selected Professional Questions'. Yet these courses are attended only by a small percentage of dentists, and as a rule, by older ones. Beside rare and occasional lectures at the Faculty and the Professional Section, no proper training has been developed for students and young dentists. But the situation is better now; since 1978 dentists have attended the same programme of deontology as medical students.

The pharmacists attend another faculty, therefore we know nothing about their lectures on deontology. In future, the teaching of deontology should be coordinated between both faculties, thus securing at least a few hours in the curriculum of pharmacists for selected questions of their profession which should be prepared by professors who are pharmacists themselves.

Organisational aspects

Lastly, may we finish with the following question: how is it possible to secure a proper place for the issues of ethics and deontology in the curricula? Should it be done within the framework of the existing subjects, such as forensic medicine, social medicine, the history of medicine, social sciences, philosophy and so on, or should we rather advocate the introduction of a special subject and the setting up of a special Chair to be called *eg.* deontology and medical law? The latter solution seems to be the most appropriate and would provide teaching from a settled basis, having a single task, a determined field of activity and specific responsibility for the entrusted task. We fear, however that such a special Chair might lead away from the burning problems of everyday medicine. From this viewpoint we are closer to a link with forensic medicine which offers the greatest opportunity to have an insight into the glory and misery of medicine. However, we think that the organisational aspect is not so important. Regardless of

the formal solution the decisive question is probably the following: will it be possible to entrust this subject to capable and ardent professors and assistant professors, and will there be enough interest among the students in this aspect of medical education. Within the new self-managing organisation of the University the students as the subjects of the process of education and training have every opportunity and duty to support proposals and demand their implementation, and this is the desire of us, the teachers, too.

Conclusions

May we, at the end, briefly outline the principal steps made by our Chair within the teaching of deontology in medicine?

Firstly, the beginning is important! Then, the recognition is also significant that provisions of the Penal Code cannot be the principal guideline of deontological education. On the contrary, traditional and contemporary principles of ethics in medicine should be the guiding principles. A student of the school of medicine should master these ethical principles as soon as possible in his studies, and there should be an obligation for him to do so during his course. Deontological education should be permanently present in the medical student's course. In his last study year or post-graduate studies the student should be prepared for a profound examination of ethical and deontological situations in practice, which should provide a superstructure of theoretical and practical observations based on his fundamental studies.

One might, finally, expect that our physicians will thus have a solid grounding in ethics, that their guiding principle will be respect for life and the well being of man – the patient – and that in the end in delicate situations they will be able to find a solution based on ethical principles, even such that may not be contained in the Code of Ethics.

References

- ¹Rus, V (1976). *Etika in socializem*. Ljubljana, Mladinska knjiga.
- ²Grmek, M D (1971). *Uvod u medicinu*. Beograd-Zagreb, Medicinska knjiga.
- ³Milčinski, J (1961). Kriza neke zdravniške etike. *Medicinski razgledi*, 2, 147–157.