Approaches to medical ethics

A workshop on medical ethics at the College of Medicine, Lagos University

Dr A A Olukoya  Institute of Child Health and Primary Care, College of Medicine, Lagos, Nigeria

Author’s abstract

As part of an effort to improve the teaching of medical ethics in the College of Medicine, Lagos University two-day workshops were organised. Participants included people from various walks of life, for example politicians, lawyers, doctors, and patients.

The workshops were quite successful, and have led to more extensive teaching of medical ethics in the college.

Introduction

There is growing concern in the medical community and among the public in general as to the quality of doctors trained in medical schools, with regard to their sensitivity to ethical issues. To this end many medical schools all over the world have tried various ways of incorporating medical ethics into their curriculum (1,2,3,4).

This concern for ethics and human values is also shared by institutions in the developing countries of Latin America (5,6) and Africa (7). The College of Medicine of Lagos University is one of the twelve medical schools in Nigeria. In the past, the teaching of medical ethics had not been formalised, even though a study showed that medical students were interested in medical ethics (8). Students got some exposure during their forensic medicine rotation. However, the college is now in the fifth year of a new curriculum that has placed more emphasis on the teaching of medical ethics.

The workshops

In 1982 and 1983, two-day workshops were held for the final year students who had been taught on the old curriculum; in 1983 the last set of these graduated. The workshops consisted of lectures, panel discussions involving the audience, and group work. Lectures were delivered by: people from the government; from the Nigeria Medical Council; the Churches (a Roman Catholic priest and a representative of the Jehovah’s Witnesses took part); from private medical practices from the nursing profession, and from the staff of various departments in the university, including clinical psychology and pathology.

The lecture topics were chosen with an eye to ethical problems encountered here in Nigeria. Examples of such topics are: Religion and ethics – Jehovah’s Witnesses and blood transfusion (they normally refuse it); Should blood be bought or sold? (the avenues for maintaining constant blood supply in Nigerian blood banks are often inadequate, therefore patient’s families often resort to the purchase of blood, by scouting around for donors who are paid in cash); Communication behaviours and ethics (because of the cost in Nigeria, patients complain of the way doctors address them and treat them in general).

At each workshop there was a fairly extensive session on the doctor and the law, covering topics such as negligence, improper conduct, incompetence, malpractice etc. Because of the predominance of private medical practice, especially in an urban area like Lagos, topics covering Doctors, business connections and contracts were extensively dealt with. Practitioners in private practice were invited to lead the discussions. Other topics included: Doctors and strikes (there have been quite a few in Nigeria in recent years); Ethics of the examination and care of women, and The dying patient.

On the second day of each workshop, the students broke up into groups to discuss specific problems in depth. The discussions were supervised by faculty members. After the discussions students presented probable answers to the problems discussed; this was followed by a discussion in which patients brought from the wards participated.

It was interesting to note that one of the patients (not a Jehovah’s Witness) said that Jehovah’s Witnesses should have blood forced on them when necessary. Also, another patient did not see much wrong with doctors going on strike as long as patients already admitted into the hospital were catered for, and emergency services maintained. The proceedings from the first workshop were published (9) and used in preparing for the second workshop in 1983, and will also form part of tests set during such workshops in the future.

Key words

Medical ethics education.
The initial test

At the start of the 1983 workshop students were given a test; the paper consisted of multiple-choice questions and case-management problems. The multiple-choice section of the test was mainly to check: i) basic factual knowledge about medical ethics, for example the history of medical ethics, and the different oaths – Hippocratic, Geneva, Helsinki etc and, ii) knowledge about the scope of ethical problems in Nigeria, for example what types of cases had ended up before the Disciplinary Committee of the Nigeria Medical Council etc.

The multiple choice section was followed by case histories that involved ethical problems and a series of questions regarding possible management of the cases. The initial test and the students’ answers were reviewed by two faculty members before being administered to students again at the end of the workshop.

One of the case histories, for example, was that of a salesman who came back from a trip and saw a doctor for urethral discharge which was confirmed to be gonorrhoea. Good medical practice demands that the wife should be treated, especially since she has been exposed. How does the doctor proceed? Should he call the wife and treat her on the flimsiest of excuses? Should he tell the husband to bring the wife for a chat? Why?

Another example was that of a doctor working alone in a very remote rural area who had a ‘difficult’ patient in terms of behaviour and poor relationship between doctor and patient. Is the doctor to transfer that patient to another doctor? Is he to tolerate things and ask for himself to be transferred to another post? Is he to call the patient’s wife and see what help she could render? etc. At the end of the workshop the students had improved on their mean score and the t-test showed changes in the score to be statistically significant (P<0.01).

The probable future of medical ethics teaching in this college

Because of the success of these two workshops, a week has been set aside for such a workshop each year for final year students. Also, the annual workshop on Educational Methods in Health Sciences, which is organised for the faculty to ‘teach them how to teach’, has been putting more emphasis on the inclusion of medical ethics in all the various aspects of the students’ courses in the medical school, on the wards, grand rounds, etc.

It is hoped that by these efforts, the College of Medicine of Lagos University will be graduating students who will be both competent and more humane.

References

(6) See reference (5) 124.
(8) Olukoya A A. Attitudes of medical students to medical ethics in their curriculum. Medical education 1983; 17: 83–86.

News and notes

LMG annual conference: Sexuality in evolution

The twenty-second annual conference of the London Medical Group, in conjunction with the Institute of Medical Ethics, will be held in London at the Royal College of Surgeons on Friday and Saturday February 15 and 16 1985.

The conference will examine clinical, social and moral aspects of developments in understanding sexuality, and the implications of these for the evolution of the species. Sessions will be devoted to ‘Sexuality in evolution’; ‘The search for sexual identity’; ‘The divorce of sex from procreation’; ‘Human sexuality: The aberrant and the abhorrent’; ‘Assisted procreation: A conflict of moral claims’. Further information and application forms from the Conference Secretary, London Medical Group, Tavistock House North, Tavistock Square, London WC1H 9LG. Please enclose a SAE. Closing date for applications 6 February 1985. Conference fee £25 (students £7).