



SHS/EEP/TAC/03

United Nations
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Cultural Organization

ADVISORY EXPERT COMMITTEE FOR THE TEACHING OF ETHICS

Report of the Third Meeting

*Division of Ethics of Science and Technology
Social and Human Sciences Sector
UNESCO*

2006

**ADVISORY EXPERT COMMITTEE FOR THE TEACHING OF ETHICS
DIVISION OF ETHICS OF SCIENCE AND TECHNOLOGY (SHS/EST)
UNESCO**

Meeting Minutes

Venue: UNESCO HQs, Bonvin Building
Room XVI
1, rue Miollis, 75015 Paris, France

Date: 19-20 June 2006

Attendance:

Members of Advisory Expert Committee:

- Professor Ruben Apressyan, Russia
- Professor D. Balasubramanian, India
- Professor Amnon Carmi, Israel
- Professor Leo de Castro, Philippines
- Professor Don Evans, New Zealand
- Professor Diego Gracia, Spain
- Professor Nouzha Guessous, Morocco
- Professor John Williams, WMA

Members of the Secretariat:

- Mr. Henk ten Have, Director SHS/EST
- Mr. Tee Wee Ang, SHS/EST

Discussion:

Mr. ten Have opened the meeting by welcoming the participants. It was then emphasized that this was a working meeting to continue and finalize as much as possible the process started during the previous meeting on the content of the proposed bioethics core curriculum. It was also pointed out that all comments made during and since the previous meeting have been incorporated into the bioethics core content document that was circulated prior to this meeting. In addition, written comments by Prof. Williams, Prof. Carmi, and Prof. Evans were also circulated to the committee. Within these comments, Prof. Williams presented suggestions on the reordering of current content items, while Prof. Carmi raised the question of the right balance between general and specific knowledge for the curriculum. Mr. ten Have elaborated that central to these two comments was the question of how to ensure that the proposed curriculum will be able to assist teachers in the teaching of ethics. If the core content is too general (consisting of only bullet points), then it will probably fail to provide sufficient guidance. However, if

the curriculum is too detailed, then it will probably prevent the teacher from exercising the freedom of innovation and self-learning.

Prof. Evans raised a concern about the usefulness of fitting an undergraduate medical ethics curriculum into the framework of the Universal Declaration on Bioethics and Human Rights. It was pointed out that although the declaration should form the foundation of the curriculum, it was nevertheless written for a very different purpose than ethics teaching. Consequently, gaps still exist within the curriculum in terms of the ethical issues arising during actual clinical practice of medicine. It was also stated that although issues like benefit sharing and protection of the biosphere are important, they are not necessarily useful or applicable for medical practice. Another reservation raised was whether it was feasible to effectively cover the question of what is ethics within the one hour currently slated in the proposed curriculum. Prof. Evans stressed that if the subject matter does not capture the attention of students at the early stage, it would be very difficult to regain their focus again.

In response to the concern about using the declaration as a template for the curriculum, Mr. ten Have pointed out that the primary rationale for developing a core curriculum is that there is now a consensus on bioethics that can be used for this purpose. UNESCO's authority in proposing a core curriculum in bioethics is firmly rooted in the fact that the declaration has been adopted by the Member States, and that the proposed content is a concrete method of implementation. If an alternate approach were to be adopted, it would call into question the legitimacy of the organization's authority in proposing such a curriculum. Since Member States could not achieve agreement on other issues important to medical ethics such as euthanasia, abortion, etc., a method of addressing these issues is by presenting them as examples that are pertinent to one or several of the declaration's principles within the current curriculum framework. In this way, UNESCO does not dictate how each of these issues is to be dealt with (which is often controversial), but instead provides the teacher the freedom of how to use the examples.

Prof. Carmi urged the committee to take into consideration that although there are a few medical schools where ethics is very deeply and successfully taught, the teaching of ethics is either absent or failing in most medical schools around the world. As such, in developing this curriculum, priority should be given to the latter as the primary target audience. Thus, the overall curriculum package must be able to inspire the teacher to review and consider it seriously. It was suggested that a method to ensure that the core content is attractive to the teacher is to put cases and topics in the beginning of each unit, together with annexes to the curriculum that provide more in depth materials for the teacher's interest and benefit. Furthermore, the committee should consider reviewing and adjusting the number of hours for each unit according to the content, instead of keeping to the 2-hour standard currently in place. In response to Prof. Evans' comment on the unit for the teaching of ethics, it was agreed that it would be impossible for a student with no background in ethics or philosophy to fully comprehend this unit within an hour, so the question is how to achieve this within the curriculum's current framework.

Prof. Guessous reinforced the rationale that since the curriculum is part of the implementation of the declaration, it is necessary to design it around the declaration. However, it was also agreed that for undergraduate medical teaching purposes, it is necessary to reconsider the distribution of hours amongst the units in terms of relative importance to a future doctor. Prof. Guessous also pointed out that through the curriculum, the committee is proposing a minimum time for each unit, and it will then be up to each medical school to design additional hours into their implementation. It was also emphasized that no units should be omitted in the final core as they are all linked to each other.

Prof. Williams clarified that since the curriculum is based on the declaration, the reordering suggested maintained all the declaration's principles and sought to group these principles into a unit when it was logical to do so for the purposes of ethics teaching in a medical context. Therefore, the suggestion was an attempt to design a curriculum that was pertinent for medical students in particular and to ensure that the declaration provides a basis for the curriculum. The suggested order and number of hours could be further discussed and refined. It was also pointed out that although a sound ethics-teaching programme should require about 20 to 30 hours, it is foreseeable that there will be a lot of opposition from medical schools, as this will take time away from some other medical teaching. In terms of including issues that are not specifically addressed in the declaration, it was argued that this would not be tantamount to UNESCO taking a stance on these issues, but would rather be stating that medical students should be aware of these issues, as they will arise in their clinical practice. Another concern raised is that although it is relatively easy to define topics of the curriculum, it will be much more difficult and time consuming to prepare a package that will provide practical and sufficient guidance to teachers with no background or knowledge in ethics. In such a case, the final product must include teaching strategies, background materials, and teaching resources (it was suggested here that internet materials will be cheaper to obtain), but would require additional time from the committee in between meetings.

Prof. Apressyan suggested that perhaps the curriculum should be primarily designed to target teachers, who will then decide which units they will implement according to the students they have. As such, perhaps it would be better to provide as much information as possible (especially with regards to the philosophical units) and allow the teacher to decide what to use or otherwise. It was further observed that there was probably a need to ensure consistency amongst the units as it stood because some of them seemed to be too simple, without addressing the topic at the level it needed to.

At this point, Prof. Williams sought clarification on whether the curriculum is intended to be a stand-alone course, or a set of units that will be covered over a period of time. Prof. Balasubramanian pointed out that in countries where there are no ethics teaching available, it would be more desirable to have the curriculum packaged as a single course. Mr. ten Have pointed out that the committee had previously agreed that the curriculum should not be cannibalized, and should be maintained as one course to ensure coherence, but depending on the setting, the medical school will decide when the course would be offered.

Prof. de Castro expressed his support for adjusting the presentation of the units of the curriculum to better reflect the practical questions or issues that medical students will face. For example, the principle related to human dignity should be clearly shown in relation to concrete problems within clinical practice, perhaps in the form of cases. It was also observed that since ethical principles elaborated by the declaration are couched within the human rights perspective, it suggests that these principles are duty-based. As such, in addition to explanations about what is ethics and bioethics, the curriculum might also need to relate ethics directly to human rights. With regards to examples and cases, it was observed that perhaps only a few full-length cases are needed for the curriculum since medical doctors will have many more examples that they will be able to draw from their practice.

Mr. ten Have emphasized that since this is the first time that governments have agreed upon a concept of principles in this field, in order to move the declaration from paper to implementation, the curriculum must be designed to bring these principles to a young generation of doctors and scientists, to inform them that there is now a common framework of principles. Additionally, the committee should keep in mind that ethics teaching is absent or is a very vulnerable, fragile, and isolated activity in most Member States, and thus, the curriculum should be designed for such a setting. In many schools, ethics is taught due to the interest and efforts of the responsible professor, and if that professor was to retire or die, the ethics programme will essentially cease to exist. Currently, these concerned professors are not in a very strong position to convince their institutions to incorporate ethics into a medical programme's core curriculum. With the proposed bioethics core curriculum, UNESCO (as a neutral international organization) will at least be able to provide a point of reference for many people around the world to argue for the incorporation of a bioethics core, with a minimum number of hours, into the overall medical teaching. Even though UNESCO is not prescribing that medical schools must implement this core, it can provide incentives such as certification or fellowships for schools that decide to implement the core. In essence, UNESCO will function as an international standard and reference for the implementation of bioethics teaching in undergraduate medical programmes. As such, the committee should keep in mind that the curriculum will be distributed to people everywhere in the world, and will be used by people who are not professional ethics teachers but are interested to use it as a means to introduce ethics teachings within their programmes.

It is also important to note that the task of the committee is to identify the content and minimum number of hours for the curriculum, and not so much how it should be taught. Once the content has been identified, another team led by Prof. Benyakar will develop strategies and materials in support of the proposed content. Building upon Prof. Carmi's idea of a teacher-training course, once the proposed curriculum and supporting resources are ready, a more extensive system of training courses for teachers will be implemented to teach teachers how to work with the package provided. Therefore, the committee should bear in mind that its final product is the start of several different elements that will be utilized to assist people around the world to start teaching ethics.

With regards to the concern of building the framework of the curriculum on the declaration, Mr. ten Have was of the opinion that the conventional method of structuring medical ethics teaching (centered around issues such as beginning of life, end of life, etc.) is less innovative than what the declaration is trying to achieve. The declaration approaches bioethics by going beyond the usual individualistic perspective of ethics, and focuses on social and community issues. It was argued that medical students should be made more socially aware of important issues in ethics that are beyond the usual doctor-patient perspective, and the current framework allows for innovation in this sense. More specific issues such as those related to beginning and end of life can be included in the content as examples, and teachers are free to focus much more on these issues by building around the core units the committee is proposing, bearing in mind that all core units will have to be covered in the recommended minimum time in order to qualify for incentives from UNESCO.

In terms of the foreseeable opposition to a large ethics curriculum in medical programmes (due to competition for time), Mr. ten Have observed from his experience that medical programmes tend to be overloaded with details in specialization that are often useless by the time students graduate. Therefore, it can be argued that ethics teaching provides medical students with a general framework to reflect and analyze evolving situations, and will be relevant throughout a doctor's career. Furthermore, it was emphasized that the committee should not build the anticipation of such resistance into the core curriculum by weakening its requirements. It was pointed out that there will be an inevitable tendency to water down the core proposed, so a better strategy would be for the committee to argue that the units and time recommended in the core are absolute minimums in order to qualify for UNESCO certification and fellowships. Therefore, the committee was urged to preserve the innovative structure of the curriculum as it stands. However, the committee should be open to the idea of redistributing the order and relative proportion of the units to adjust the core for medical teaching purposes if deemed necessary, noting that medical schools are free to develop a better programme by adding different topics to the core.

Prof. Guessous clarified that since how the curriculum is innovated for teaching purposes will be up to the teacher, the work of the committee at the moment should be focused on filling in the content of the core's structure. Mr. ten Have pointed out that filling in the content of the structure should take priority during this meeting. The order and relative proportion of the units should be concerns for later meetings.

Prof. Gracia proposed that a statement be introduced at the beginning of the curriculum package clarifying that the product represents a set of core bioethics principles, and should not be treated as a comprehensive curriculum in bioethics. It should be noted that the curriculum could be used in different ways, one of which is as a set of materials within a wider course with other topics, such as the beginning or end of life issues. In essence, the end product is meant to be a tool that can be evolved uniquely in different parts of the world. Prof. Carmi concurred and added that users should be made aware in this statement that the proposed order of units could and should be adjusted according to the teaching style of the teacher. Prof. Williams emphasized that the clarification note

should also state that the core proposed is not only a minimum, but that it should not be deemed sufficient. The committee should argue that although a bioethics course is important and a prerequisite, ethics need to be taught as much as possible throughout the entire medical curriculum. Mr. ten Have further added that users should also be invited to expand upon the core by building modules around the content, and perhaps at later stages, provide examples of such expansion modules. In essence, it should be stressed that the core is a minimum, and not a maximum.

Prof. de Castro suggested that in order to capture issues such as doctor-patient relationship that are not evidently reflected in the curriculum's current structure, the final package should be supplemented by an explanation that identifies such issues as well as the units within which they are or could be addressed. Prof. Evans supported this idea and emphasized that such an explanation will also be able to demonstrate how the principles interact in support of or antagonize each other. Prof. Williams further proposed that this explanation should be included in the introduction statement above, instead of as an appendix at the end of the package.

The committee then engaged in a detailed discussion of each unit within the core curriculum. The results of this discussion are reflected in the *EEP Bioethics Core Content* document, and will not be covered extensively in this report.

From the discussion, the following learning objectives were identified for the core curriculum:

- **Overall Course Learning Objectives**
 - Learn how to recognize an ethical issue
 - Learn how to reason about ethical issues
 - Learn how to make ethical decisions
 - Learn how to identify ethical dilemmas
- **Unit 1: What is ethics?**
 - Recognize ethical issue (how to distinguish ethical from other – e.g. medical, technical – issues?)
 - Learn how to reason about ethical issues
- **Unit 2: What is bioethics?**
 - Explain the historical evolution from medical ethics to bioethics
 - Differentiate bioethics, law, culture, and religion
 - Explain what are bioethics principles and how to balance these principles in practice
- **Unit 3: Human Dignity and Human Rights (Article 3)**

- Explain the significance of human dignity and human rights in the context of bioethics
- Relate human dignity and human rights to the evolution of the healthcare provider - patient relationship
- **Unit 4: Benefit and Harm (Article 4)**
 - Explain what are implications of harm
 - Explain what are implications of benefit
 - Be able to balance harm and benefit
- **Unit 5: Autonomy and Individual Responsibility (Article 5)**
 - Explain the concept of autonomy and individual responsibility, and their relationship
 - Be able to relate these notions to the different models of the health care provider-patient relationship
 - Describe what is included in the responsibilities of persons
 - Understand how to determine the capacity of exercising autonomy
- **Unit 6: Consent (Article 6)**
 - Explain what the process of consent requires
 - Explain how the principle of consent is applied in different interventions, research, and teaching
 - Explain how exceptions to the principle can be justified
- **Unit 9: Privacy and Confidentiality (Article 9)**
 - To be able to explain the justification for patient privacy and confidentiality
 - To be able to recognize legitimate exceptions to confidentiality
- **Unit 10: Equality, Justice and Equity (Article 10)**
 - To be able to identify and deal with the ethical issues involved in allocating scarce health care resources
 - To be able to recognize conflicts between the health care professional's obligations to patients and to society and identify the reasons for the conflicts

Learning objectives for the other units are to be defined by the respective members of the committee by the next meeting.

The next meeting for the committee was also fixed on August 30-31 2006, at the same venue. Mr. ten Have stressed that the next meeting should be used to finalize the content

of the core curriculum. Each member on the committee was requested to provide the following information by the next meeting for the units they are responsible for:

- Learning objectives
- Syllabus
- 2-page description of the content
- Suggested study materials
- Suggested resources for the teacher manual

If the content of the curriculum can be finalized by the end of August 2006, the next step of process would be to submit the document to another group of external experts to test the product. Prof. Balasubramanian, as President of TWAS, has invited members of the organization's inter-academy medical panel to suggest people from the developing world for this purpose. Mr. ten Have stated that the idea is to invite 20 teachers (4 from each of the 5 regions) to test the core curriculum. The proposed core will be provided in English and French, and the teachers will be requested to provide feedback on whether it is suitable for their purposes, taking into consideration their background and context. Suggestions for additional examples and topics will also be solicited. The committee will then hold a meeting from 22-24 January 2007 with the teachers. The idea is that for the first 2 days, the committee will consult with the teachers, and in the final day, the committee will meet to reformulate and revise the core curriculum based on the results of the consultation. Mr. ten Have also suggested that perhaps Prof. Benyakar's team (who will be developing teaching materials in support of the curriculum) would also be invited to the consultation.

Prof. Williams also requested the Secretariat prepare the first draft of the introductory statement proposed by Prof. Gracia by the August meeting.

It was finally pointed out that any reordering of the units and redistribution of hours should be discussed and finalized in the August meeting.