

HOW DO SAUDI MEDICAL COLLEGES TEACH MEDICAL ETHICS? CROSS-SECTIONAL QUESTIONNAIRE STUDY

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Name of the Authors:

Abdulaziz F AlKabba^{1*}
Ghaiath MA Hussein^{2,3}
Tariq Abdullah M Aldawqi,¹
Hamood Sulaiman A Alturaigi¹, (MBBS Student-5th yr)
Ahmed Emad M Alghamdi¹
Abdullah Abdulmohsen A Bin Matar¹

¹College of Medicine, Imam Mohammed Bin Saud University (IMSIU), PO Box 59046, 11525 Riyadh, Saudi Arabia

²Alfarabi Medical Colleges, Riyadh 13226, Saudi Arabia

³Doctoral Researcher, University of Birmingham, B15 2TT, UK

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ABSTRACT

Background: Despite the growing literature on teaching of medical ethics and professionalism globally. However, few studies have been reported from the Kingdom of Saudi Arabia (KSA) to assess the teaching of medical ethics to undergraduate medical students.

Aim: To study how the undergraduate medical schools in KSA teach medical ethics and professionalism (MEP) for their undergraduate students.

Methods: An online cross-sectional questionnaire study was done and involved both public and private undergraduate medical schools in KSA.

Results: Out of 18 targeted medical schools, 11 responded (61.1%). Ten schools (90.9%) had dedicated curriculum for ethics and professionalism. In most of them, the MEP course the course was 10-14 weeks (7; 63.6%), taught in third and 4th years (4; 36.6%, each), and in more than 15 contact hours (7; 63.6%). The most commonly used references were English textbooks (11; 100%), international (non-Saudi) ethical guidelines (7; 36.6%), and Saudi (ethics) Guidelines (4; 36.4%).

Conclusion: There seems to be a growing interest and commitment to teach ethics in the Saudi medical schools using various teaching methods, not only lectures. There are, however, few gaps that should be addressed, namely: 1) lack of national medical ethics reference, 2) lack of clarity on how to merge the Islamic teaching along the predominantly western secular approaches to bioethics, and 3) lack of consistency in the teaching and students' evaluation methods.

I. INTRODUCTION

Teaching medical ethics and professionalism (MEP) is growingly integrated worldwide and in the Saudi Arabia, among other Gulf countries, yet this integration was widely variable among regions and countries. For Brooks and Bell (2016) evaluated the UK undergraduate medical ethics curricula against the Institute of Medical Ethics (IME) recommendations and found that IME recommendations are not followed in all cases, and ethics teaching is not universally well integrated into clinical placement [1]. In the US, ethics education has become an integral part of medical education and training over the past three decades. Alongside, there was a development of standards, milestones, and competencies related to professionalism. Carresse et al. (2015) concluded that there is no consensus about the specific goals of medical ethics education, the essential knowledge and skills expected of learners, the best pedagogical methods and processes for implementation, and optimal strategies for assessment [2].

In the kingdom of Saudi Arabia (KSA), there is a remarkable progress in teaching MEP. For example, Alshehri (2001) indicated that there is lack of formal teaching of ethics in the Saudi medical colleges [3]. However, later studies showed that teaching MEP is increasingly implemented in the Saudi colleges [4-7].

Moreover, a national competence framework has been developed by medical schools in KSA, known as the 'Saudi Meds', which has seven domains – approach to daily Practice, Doctor and patient, Doctor and community, communication skills, professionalism, Doctor and information technology, and finally, Doctor and research [8]

As the Saudi Meds is increasingly considered the national benchmark against which the medical curricula should be developed and measured, there is a continuous need to assess whether its domains are effectively included in these curricula. This study aims at studying the ethics and professionalism aspects in the Saudi medical colleges.

II. METHODS:

A cross sectional study design was used to survey the teaching of ethics and professionalism in the Saudi undergraduate medical schools. A 100% sample was used aiming at reaching all the public and private medical schools in Saudi Arabia to which we could find means of contact. The names and addresses of deans of the schools were obtained from the official universities' directory and an email was sent to each of them explaining the objectives and procedures of the study as well as assurances of confidentiality. It was left to the deans to decide on who, in their respective institutions, was better situated to fill in the form.

Included in the message was an online self-administered questionnaire (<http://www.tfaforms.com/315693>) that

consisted of 7 sections: I. Demographic Information, II. Information about the Medical Ethics Department/Unit and staff, if present, III. Contents of the Medical Ethics Curriculum, IV. Teaching Methods, V. Students' evaluation, V. References and Resources, and finally a section on the VI. Challenges and Difficulties they face in teaching MEP.

Ethical considerations:

This study was ethically reviewed and approved by the Institutional Review Board at King Fahad Medical City in Riyadh, Saudi Arabia. The confidentiality of the given data was strictly preserved, as only two of the authors had access to the submitted questionnaires. Identifiable data (names and phones) was left optional to the participants to provide for future communications purposes, if they accepted to.

III. RESULTS:

Study response

Eleven out of 18 the invited medical schools (61.1%) responded. Their regional distribution in KSA corresponded to total population and number of medical schools and was as follows: five (45.5%) from Riyadh the most populous province, 3 (27.3%) of which are private colleges, 2 (18.2%) from Makkah the next most populous province and one (9.1%) from each of the smaller provinces of Al Qassim, Asir, Ha'il and Tabuk.

Responsible departments

The Departments of Community Medicine and Family medicine were reported as the departments responsible for the MEP courses in two colleges (18.2%), each. four colleges (27.3%) mentioned that MEP is taught under other clinical departments.

MEP courses

Table 1 summarizes the main characteristics of the MEP courses in the Saudi colleges. The vast majority (9; 90.9%) of the medical schools that responded had a separate curriculum for MEP. Only one school (9.1%) taught ethics and professionalism within its patient safety curriculum.

The duration of the MEP courses varied among the participating schools. In most of the schools (7; 63.6%), the duration of the MEP course was 10-14 weeks long. Two medical schools (18.2%) taught it in 5-9 weeks, while one school (9.1%) taught it in a course of 15-19 weeks long. The contact hours in the MEP course was more than 15 hours in most of the schools (7; 63.6%).

Almost two thirds of the participating schools (8; 72.7%) taught MEP in the third and fourth years (4; 36.4% each). The credit hours given to the course varied from two credit hours (4; 36.4%) to three credit hours (2; 18.2%), while one medical school (9.1%) gave the course one credit hour.

Table 1 Main features of the medical ethics courses in KSA (N=11)

Duration of the Course	Frequency	Percentage
10-14 weeks	7	63.60%
5-9 weeks	2	18.20%
15-19 weeks	1	9.10%
No answer	1	9.10%
Total	11	100.00%
Academic year(s) in which MEP is taught	Frequency	Percentage
1st year	1	9.10%
3rd year	4	36.40%
4th year	4	36.40%
5th year	1	9.10%
6th year	0	0.00%
no answer	1	9.10%
Total	11	100.00%
Contact hours for MEP courses	Frequency	Percentage
More than 15	7	63.60%
(no answer)	4	36.40%
Total	11	100.00%
Credit hours given	Responses	Percentage
(no answer)	4	36.40%
2	4	36.40%
3	2	18.20%
1	1	9.10%
0	0	0.00%
4	0	0.00%
5	0	0.00%
More than 5	0	0.00%
total	11	100.00%

4.1. Teaching method	Frequency	Percentage
Lectures	4	36.40%
PBL/Small Groups	4	36.40%
Self-learning	4	36.40%
Seminars	4	36.40%
Students presentations	3	27.30%
Tutorials	3	27.30%
Debates	2	18.20%
Other	2	18.20%
Role Play	1	9.10%
Students' Activities	1	9.10%

5.1. students' evaluation methods	Frequency	Percentage
Final Exam	10	90.90%
Mid-term Exam	7	63.60%
Other	7	63.60%
Assignments	5	45.50%
Attendance	3	27.30%
Practical Activities	3	27.30%
Quizzes	2	18.20%
Students' Presentations	2	18.20%
Research	1	9.10%

MEP curricula (contents and references)

The more commonly used teaching methods were lectures, small groups teaching, self-learning and seminars (4; 36.4% each), followed by students' presentations and tutorials (3; 27.3% each). Other teaching methods included using debates (2; 18.2%) and role-plays (1; 9.1%).

Table 2 shows the commonly taught topics.

Taught topics	Frequency per topic	Percentage
Research ethics	8	72.70%
Confidentiality & Privacy;	7	63.60%
Consent to treatment		
Medical Malpractice, scientific misconduct;	6	54.50%
Truth telling;		
Ethical theory and principles		
Introduction to bio(ethics);	5	45.50%
Resource allocation in		
Consent to research;	4	36.40%
Patients' rights;		
Professionalism;		
Terminally Incurable Diseases;		
Islamic medical ethics		

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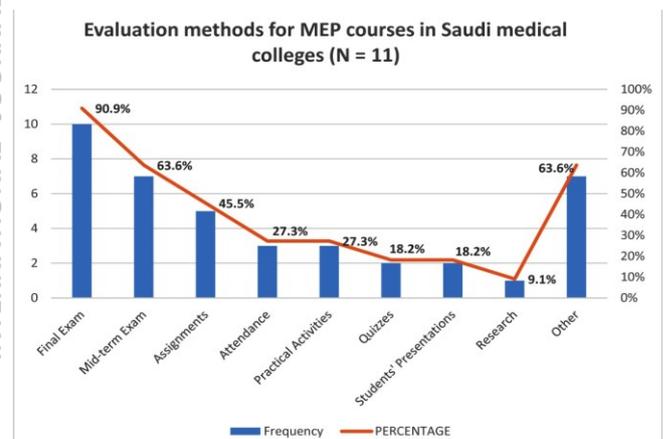


Figure 1- Evaluation methods for MEP courses in Saudi medical colleges (N = 11)

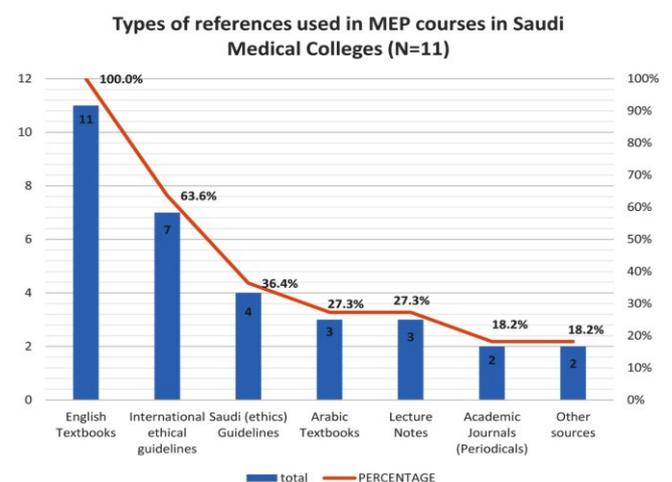


Figure 2 - Types of references used in MEP courses in Saudi Medical Colleges (N=11)

References used in teaching MEP

Table 2- List of references used in the MEP courses in Saudi medical colleges

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Epstein RM, Hundert EM. (2002). Defining and assessing professional competence, *Journal of American Medical Association* 287(2): 226-35.

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IRB: Ethics & Human Research

Emanuel LL. (2004). Deriving professionalism from its roots, *American Journal of Bioethics*. 4(2): e17

Eubios Journal of Asian and International Bioethics (EJAIB)

Journal of Medical Ethics Online

Parker M, Hope T. (1998). Approaches to ethics: ways of thinking about ethics. *Psychiatry* 3(3): 33-35.

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Babra's Fathums Book on Behavioral Sciences.

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Islamic code of medical and health ethics: Regional Committee for the Eastern

Mediterranean. Publisher: WHO, regional office for the East Mediterranean, September 2005 (Fifty-second Session)

Hill TE. (2010). How clinicians make (or avoid) moral judgments of patients: implications of the evidence for relationships and research. <http://www.annals.org/ia/9175E83A76A34CBFA1AFD4775A0B108A.ashx>

Plos Medical Ethics:

http://www.plosone.org/browse/medical_ethics;jsessionid=CD7D96A8C57E85CC73E7C663331EFF3E

Electronic resources (websites)

ABC of patient safety. Edited By John Sandars & Gary Cook. 2007 by Blackwell Publishing Ltd, Chapter 9 © Michael Jones (and Gary Cook).

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Canadian Medical Association Code of Ethics (Update 2004) Available at: <http://www.cma.ca/inside/policybase/1996/10-15.htm>
WWW.EMRO.ORG (Islamic Medical Charter) www.fimaweb.net

WWW.Imana.org (Islamic Medial Association of North America) www.islamset.com www.islamtopsites.com
WWW.themwl.org (Islamic League)

WWW.WMA.net (World Medial Association) WHO (patient safety). <http://www.who.int/patientsafety/en/>

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Royal Decree No. M/59 Dated 14/9/1431H – 24/8/2010

Saudi Digital Library (SDL)

Saudi law Atlas and American, UK or any European country law.

Saudi Commission for Health Specialties (<http://scfhs.org.sa>) Ethics of Medical Profession, Published by SCFHS, available at: http://english.scfhs.org.sa/Book/EN-scfhs_2007_p1.pdf

Implementing Regulations of the Law of Ethics of Research on Living Creatures
The National Bioethics site

National Committee of BioEthics (NCBE) Implementing Regulations of the Law of Ethics of Research on Living Creatures. King Abdul Aziz City for Science and Technology

Other Resources

AAMC Medical School Objectives Project (MSOP) 1999

The New Doctor 1997, 2005-2007

CanMEDS 2000

General Medical Council- Tomorrow's Doctors 1993, 2002

Arabic Resources

حكam التداوي -د. محمد علي البار.

حكam الجراحة الطبية والأثر المترتبة عليها -د. محمد بن المختار الشنقيطي.

حكam المريض في الفقه الإسلامي -د. أبو بكر إسماعيل ميفأ.

خلاق الممارس الصحي -الهيئة السعودية للتخصصات الصحية
خلاقيات الطبيب المسلم- د. سعد بن ناصر الشثري.

خلاقيات الممارس الصحي. صادر من الهيئة السعودية للتخصصات الصحية-ادارة التعليم الطبي والدراسات العليا الطبعة الثالثة 4141
خلاقيات مهنة الطب: دليل إرشادي للممارسين الصحيين - صادر عن الهيئة السعودية للتخصصات الصحية.

خلق الطبيب المسلم

علمان الطبيب -د. محمد علي البار

لطبيب: أدبه وفقهه -د. محمد علي البار، أ.د. زهير السباعي.

لغة الطبي. اعداد الجمعية العلمية السعودية للدراسات الطبية الفقهية. جامعة الامام محمد بن سعود الإسلامية. مكتبة الملك فهد الوطنية للنشر 6341هـ-

مذكرة الأخلاقيات الإسلامية للممارسة الطبية للدكتور الجار الله - جامعة الملك سعود

شكلة الإجهاض -د. محمد علي البار.

ظام مزاولة المهنة الصحية في المملكة العربية السعودية

DISCUSSION

Responsible departments

The findings of this study is similar to what AlKabba et al. (2013) found [4] found that 5 colleges taught ethics as part of another department mostly family medicine or community medicine. However, none of the participating medical schools stated they have independent ethics department. This absence of the mention of ethics department could be attributed to the lower participation level, as their study included 16 medical colleges[4]. It could be also attributed to the possibility of structural changes within the Saudi medical schools, where ethics departments may have been discontinued, resolved, substituted, or merged with other existing departments, like Community Medicine or Family Medicine. This possibility could be supported by the findings of their study, which found that all the separate departments were new (at that time). Nevertheless, we could not confirm the actual reason for the lack of mentioning ethics department given the limitations of our study.

The MEP courses

Overall, the duration of the MEP course was relatively long, and the credit hours were relatively high. Most of the medical schools (8; 72.7%) had a course duration of 15 weeks or more. This could be seen in two ways. As an advantage, this means that there will be more time for more topics and more variation in the teaching methods. In contrast, it could be also seen as a diastase when coupled with the fact that number of academic staff qualified in ethics is low in KSA. This means more load on the available staff for a longer period, even if few of these weeks are given to student-led activities (like seminars).

Another significant finding is the overall tendency to teach MEP in the preclinical phase (years 1, 3 and 4). Only one medical school teaches it in the final (6th) year. This was found to pose an educational challenge due to two main reasons. First, most of the MEP topics are clinically-oriented, i.e. related to doctor-patient relationships or doctor-team relationships. If the students are not exposed to clinical teaching at the time of studying ethics, this may lead them to deal with the course as a theoretical subject that does not relate to their lives. Second, when they enter the clerkship phase (usually the last two years), they would have forgotten most of the main ethical issues they were taught. Kaldjian et al. (2013) found that though the majority of clinical

students were able to recall the four ethical principles, and appreciated the relevance of preclinical ethics education, they were less able to recall other (non-principle) sources of ethical value and infrequently used ethical terms spontaneously in written reflections about ethically or professionally challenging issues [9]. Studies have shown that exposure to patient care enhances the development of professionalism (Del Pozo & Finns 2005).

In terms of credit hours, six medical schools (54.5%) gave the MEP course 2 or 3 credit hours. These findings are generally higher than what AlKabba et al. (2013) found that 9 schools (64.3%) allocated 2 or less credit hours to the teaching of ethics [4]. This finding could be either explained in mere academic terms, where longer courses are usually given more credit hours. It can also be interpreted (along with the longer MEP courses, stated above) as a good sign of acknowledgment of the importance of MEP for the medical education.

It was particularly significant to find that there is more variation in the teaching methods. Interestingly, despite the reliance on lectures as main teaching methods, almost all the participating medical schools used student-led and student-centred teaching methods like seminars, and students' presentations. It is believed that more involvement of the students is more likely to make them more enthusiastic and engaged in the learning aspects. Del Pozo and Finns (2005) found that a seminar-based course, built around seven thematic areas was an example how the concepts borrowed from the western concepts can be successfully incorporated in the Islamic world by means of broadening student inquiry rather than engaging in indoctrination) (Del Pozo & Finns 2005). Such engagement was previously called for a decade ago to overcome the inadequate formal instruction on medical ethics [10].

The MEP curricula and topics

Carresse et al. (2015) stated that "despite the development of standards, milestones, and competencies related to professionalism, there is no consensus about the specific goals of medical ethics education, the essential knowledge and skills expected of learners, the best pedagogical methods and processes for implementation, and optimal strategies for assessment." [2] this statement reflects quite precisely the wide variation in the MEP topics covered by various Saudi medical schools.

The Islamic approach to ethical issues was understandably dominant in almost all the participating medical schools. Nevertheless, most of the topics as listed by the participants were typically 'international' and global topics. This could be interpreted in many ways. First, there is lack of enough and comprehensive references that can be used to teach the students. Second, it could reflect the growing interest in unifying the western and the Islamic approaches to bioethics[4;6]. Third, this finding can be interpreted as a 'copy and paste' approach, where the list of topics are copied from a given resource (mostly western) and taught as such. This assumption is supported by another finding, which is the dominance of English western resources (books,

journals, and websites) listed as the references for the MEP courses. Such 'copy and paste' approach is not necessarily a bad practice, per se.

Contrarily, it could be defended given on two bases. First, there is clear lack of those qualified to teach ethics in the KSA and, second, the previous studies that showed that such merging of western and Islamic ethics is possible and useful[4;11-13]. For example, Al-Eraky and Chandratilake (2012) confirmed the appropriateness of the six

ABIM domains to the Arabian context[13].

CONCLUSION

There are few conclusions that could be driven from this study. First, there is lack of national standardized curriculum for MEP, which leads to heterogeneous approach to teaching of ethics and professionalism in the KSA. Second, the interest in teaching ethics seems to be growing in the KSA represented by courses of longer durations and more credit hours. However, to avoid a negative perception by the students to the course as a 'gift of free credit hours', these courses should be designed to convince and engage the students.

We could also confirm that there is a positive direction in terms of using innovative, non-traditional, and student-led teaching methods. This direction should be encouraged and supported by proper preparation of the MEP courses by the available experts.

Following Adkoli et al. (2011), we call for the need to define the contour of professional values and identify the ways and means in which professionalism can be taught and assessed. [7] We add to this call the need to develop a national Saudi curriculum that not only merges the western and Islamic approaches to bioethics, but also endorses the Saudi moral values, and reflects the regulatory structure in the KSA.

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