

European Medical Students' Association

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Integrating Medical Ethics and Human Rights into the Medical Curriculum

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The European Medical Students' Association (EMSA) represents medical students across Europe. We envision a healthy and solidary Europe in which medical students actively promote health. EMSA empowers medical students to advocate health in all policies, excellence in medical research, interprofessional healthcare education and the protection of human rights across Europe.



Problem Statement

Human rights take influence in a sociopolitical sphere. They are rights, innate to every human, drawn up to protect minorities and the individual's well-being. Therefore, they place the state and healthcare workers in a duty to see to their rightful execution. Especially in the healthcare system, this is a thin rope to wander: Being allowed to perform invasive procedures and clinical tests or taking someone's freedom in a way to protect them. Therefore, learning how to view those acts of medicine in a human-respecting light is crucial in a physician's education.

Medical ethics, on the other hand, contemplate interpersonal relationships, more specifically between patients and healthcare workers. Their foundations are rooted in philosophies, not law, giving perspective on how to act in the best interests of patients (Peel, 2005).

Medical ethics sets out guidelines for medical professionals to practice medicine based on certain moral principles, allowing them to respond accordingly to ethical challenges faced in medical and professional practice. The foundation of this is built on understanding the effects of practising medicine in a diverse, multicultural society to provide crucial, optimised care and treatment for patients.

Human rights are the fundamental freedoms and power that allow individuals equal opportunity, autonomy, respect and worth. These rights are fundamental to social change and justice and benefit both doctors and patients by providing availability and ease of access to healthcare. Despite the importance of these topics, its implementation is quite inconsistent in medical curriculums. Human rights philosophy and law creates a supporting framework for the standardisation of applied ethical principles in medicine.

"There are noticeable discrepancies in the content of the courses and teaching in the methods of teaching of medical ethics and human rights in medical schools across Europe (Claudot et al 2006, Padilla et al 2016). Medical education focuses primarily on the teaching of physiology and the science that underpins medicine but often neglects the soft skills and ethics that are crucial in being a competent, trustworthy doctor. Despite the expansion and advances being made in the education of medical ethics and human rights in medicine, there is a lack of standardisation of the quality and quantity of medical ethics and human rights into the medical curriculum.







A recent study conducted by Associação Nacional de Estudantes de Medicina (ANEM) - Portugal in medical schools concluded that students had less knowledge in the relationship between medical ethics, human rights and health. The study also concluded that the students believed medical ethics and human rights were relevant to their profession, but the quantity and quality of medical ethics and human rights in the medical curriculum was insufficient. This issue has transpired into patient healthcare as a study into the number of deaths in maternity has shown that women of colour in England are four times as likely to die in childbirth than a white woman. The Office for National Statistics in the U.K and research has shown that women of colour have a poorer pregnancy outcome and poorer maternity care experience compared to white women (Raleigh et al., 2010), (Henderson et al., 2013). The UK Confidential Enquiry into Maternal Deaths attributed the outcomes to racial discrimination, stereotypes and cultural barriers (MBRRACE-UK, 2020). This highlights the need for more emphasis on medical ethics and human rights in the medical curriculum, so tomorrow's healthcare professionals are aware of these inequalities and how to address them.

The inclusion of medical ethics and human rights in the medical curriculum plays a key role in creating competent doctors who are able to utilise a patient-centred approach, react suitably to ethical, professional and legal dilemmas, respect patient boundaries, cultures and beliefs, and create trusting, honest patient-doctor relationships (Strat et al., 2009).

In education across Europe, it is the responsibility of the universities themselves to provide sufficient resources and allocated teaching time for students to gain adequate benefit from the content of medical ethics and human rights (Stirrat et al., 2009). This is an issue as it creates a disparity in the quantity and quality of ethics education across different medical schools and, therefore, all medical professionals' ability to provide good medical practice to an acceptable level.

It is important to understand and acknowledge that health is global, and the demographics of Europe are changing as further integration of cultures continues. This requires medical professionals to constantly integrate their knowledge of human rights not only in their routine interactions but also in international environments and within greater health care systems. It is an integral part of medicine to adequately protect and support at-risk patients through ethical and legal care as well as traditional medical treatment. It is, therefore, the responsibility of health professionals and medical educators to evolve and advance the medical curriculum into one that encompasses the fundamental values of medical ethics and human rights education (Fitchett et al., 2011).

Our View. Aim.







EMSA believes that healthcare is a right, and thus it is vital that medical doctors are of the utmost competence. This alone does not apply to the scientific application of knowledge for the healthcare of patients; rather health requires both a clinical and holistic approach to ensure the highest patient outcomes. Therefore, EMSA views the integration of Medical Ethics and Human Rights' standardised education into the medical curriculum, which is compulsory rather than elective, as crucial for ensuring that 'Doctors of the Future' can fully understand their ethical responsibility towards patients.

People are the centre of healthcare, and by delivering an education that allows medical doctors to recognise and acknowledge patients' rights, we are standing up for conscious, critical and humanised medical practice. Moreover, it is essential that undergoing Medical Ethics and Human Rights training, doctors and medical students will be able to address their own unconscious biases and prevent them from influencing patient interactions. This is imperative for the absence of damage to the manner in which vulnerable populations view the overall healthcare field, hindering their own health in the process through doubt and distrust. Finally, through an increased cultural competence, doctors will be better prepared to cope with legal liability, which is not achievable without a versatile and considered Medical Ethics and Human Rights education.

Recommendations

EMSA calls upon Global organisations involved in health care to:

- Support the implementation of medical ethics and human rights as part of the primary medical education
- Influence on the relevant authorities in medical education community and university faculties to create evidence-based curriculum
- Constitute flexible multidisciplinary teams of work to issue these topics, including Human Rights and Medical Ethics and Medical Education representatives of Student's Associations, experts in these areas and researchers
- Elaborate papers that may be used as a guide by national and local student's organisations for advocacy

EMSA calls upon Global organisations involved in medical education (World Federation for Medical Education, AMEE or International Association for Medical Education) to:

- Issue-specific themes/objectives/standards and guidelines that are to be included in the medical curriculum accordingly to the most recent research
- Constitute flexible multidisciplinary teams of work to issue these topics, including Human Rights and Medical Ethics and Medical Education representatives of Student's Associations, Medical Education experts and researchers
- Elaborate papers that may be used as a guide by national and local student's organisations for advocacy
- Evaluate with a regular periodicity the development/improvement of Medical Education

EMSA calls upon European institutions to:

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- Implement regulations that ensure medical ethics and human rights are included as a mandatory part of the basic medical training (described in directive 2005/36/EC, section 2, article 24)
- Ensure that all accredited European medical schools will follow the implemented regulations
- Supervise and enforce auditing and external assessment regarding the quality of teaching medical ethics and human rights in medical universities
- Consult the appropriate authorities (ethics committees) for the evaluation of the module/course content

EMSA calls upon European faculties of medicine to:

- Create and implement a standardised course regarding medical ethics and human rights into the medical curriculum, accordingly to international standards and multidisciplinary feedback
- Reduce the discrepancies in content between different universities and set standards on what
 the course may entail, in addition customising the content to the pertinent local social and
 demographic situations
- Ensure the quality of teaching and allocate adequate resources in teaching medical students about the issues surrounding medical ethics and human rights
- Utilise the feedback of the medical students to optimise the content of the course
- Provide obligatory courses regarding several themes that should include, but not be limited to: the relationship between human rights and health, medical jurisprudence, discrimination, autonomy and patient consent

EMSA calls upon Youth NGOs to:

- Raise awareness of the importance of human rights and medical ethics via local campaigns or through social media
- Negotiate and discuss with the deanery or the educational board of the university of the importance of appropriate resources and attention to this topic
- Encourage medical students to give regular feedback through official channels to improve the quality of the education
- Work in concert with different institutions and instances based on the conclusions taken from the feedback, on guidelines for the integration of this theme on the Medical Curriculum
- Present the feedback obtained, as well as the related conclusions and solutions, to stakeholders that are previously identified as important - i.e. Faculties of Medicine (Head of the faculty, Medical Education Committee, Curriculum Heads), national structures relevant to Medical Education, patients organisations
- Raise concerns if something in the course content goes unaddressed or includes questionable content that does not support the current knowledge in medical ethics and human rights





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References

- Claudot, F., Van Baaren-Baudin, A. & Chastonay, P. (2006). Enseignement de l'éthique et des Droits de l'Homme en Europe. Santé Publique, 18, 85-90. https://doi.org/10.3917/spub.061.0085
- Directive 2005/36/EC. On the recognition of professional qualification. Section 2, article 24. Basic medical training. European Parliament, Council of the European Union. https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32005L0036&qid=162808671 2996&from=FI#d1e1626-22-1
- Ferreira-Padilla G, Ferrández-Antón T, Lolas-Stepke F, Almeida-Cabrera R, Brunet J, Bosch-Barrera J. Ethics competences in the undergraduate medical education curriculum: the Spanish experience. Croatian Medical Journal. 2016, 57(5), 493-503. doi: 10.3325/cmj.2016.57.493."
- Fitchett, J. R., Ferran, E., Footer, K., & Ahmed, N. (2011). Health and human rights: an area of neglect in the core curriculum? *Journal of Medical Ethics*, 37(4), 258-260. https://doi.org/10.1136/jme.2010.037556
- Henderson, J., Gao, H., & Redshaw, M. (2013). Experiencing maternity care: the care received and perceptions of women from different ethnic groups. *BMC Pregnancy and Childbirth*, 13(1). https://doi.org/10.1186/1471-2393-13-196
- MBRRACE-UK. (2020, December). Saving Lives, Improving Mothers' Care. https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2020/MBRR ACE-UK_Maternal_Report_Dec_2020_v10_ONLINE_VERSION_1404.pdf
- Peel, M. (2005). Human rights and medical ethics. *Journal of the Royal Society of Medicine*, 98(4), 171-173. https://doi.org/10.1258/jrsm.98.4.171
- Raleigh, V., Hussey, D., Seccombe, I., & Hallt, K. (2010). Ethnic and social inequalities in women's experience of maternity care in England: results of a national survey. *Journal of the Royal Society of Medicine*, 103(5), 188-198. https://doi.org/10.1258/jrsm.2010.090460
- Stirrat, G. M., Johnston, C., Gillon, R., & Boyd, K. (2009). Medical ethics and law for doctors of tomorrow: the 1998 Consensus Statement updated. *Journal of Medical Ethics*, 36(1), 55-60. https://doi.org/10.1136/jme.2009.034660