

Comparison of Medical Ethics Education between China and Foreign Countries

Jie Sun^{1*}

¹ Hubei College of Chinese Medicine, Jingzhou, China

Email Address

842157636@qq.com (Jie Sun)

*Correspondence: 842157636@qq.com

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Abstract:

Based on the comparison in origins, guiding ideology of education, teaching mode and curriculum system of medical ethics education between China and foreign countries, inspirations and strengths of foreign medical ethics education were summarized and then the feasible measures were proposed to advance the medical ethics education in China.

Keywords:

China And Foreign Countries, Medical Ethics, Education, Inspiration

1. Comparison in Origins of Medical Ethics Education Between China and Foreign Countries

1.1. The origin of Japanese medical ethics

In the Kamakura period, the beginning of the Middle Ages, people had to seek relief from religious beliefs because of frequent wars and subsequent life insecurity. With the introduction of Chinese Neo Confucianism, ethics such as loyalty, filial piety, benevolence and righteousness, which catered to the feudal Ruling class, were formed. In the early days of the Meiji Restoration, the criticism of feudal morality was formed, advocating human desire against heavenly principles, fighting for human equality as well as western ethics ideologies such as utilitarianism, seeking pleasure and avoiding hardship, perceptual enjoyment and so on. Western theories of natural human rights and social contract were accepted. Firstly, came the theory of advocating Social Darwinism; Secondly, came the theory of advocating the supremacy of the state; and then evolved into Militarism. In the Edo period, the core of social ethics was Mercantilism, which suggested that Confucianism was an empty theory, and business was the basic principle of society. All relationships in the world were business relationships even including the relationship between monarchs and ministers.

Japanese medical ethics is deeply influenced by doctrines of the supremacy of the state and the supremacy of interests. For example, after World War II, Masaji Kitano, the second leader of Unit 731, was an important medical science researcher with his a lot of contributions in Japanese medical manufacturing. However, the fact that most of his academic achievements were based on human experiments with bacterial

weapons could not be ignored. After the war, many large regular pharmaceutical companies in Japan employed members of Unit 731 and placed them in the key leadership positions. These anti-human research activities were based on the medical ethics of supremacy of the state. Under the cover of national interests, they committed crimes without being condemned by conscience. [1]

1.2. The origin of Western medical ethics

Around the Renaissance of the 14th and 16th centuries, people were liberated from the shackles of Christian theology and enjoyed the freedom of thought for a short period. Capitalism began. Obtaining Wealth and self-indulgence became the only goal of people at that time, which resulted in that people occupied more social wealth by fair means or foul. Thus, social regulation system was broken. Between the 17th and 19th centuries, the social chaos caused by the extreme Egoism ethics threatened people's lives heavily. In order to avoid killing each other, people gradually realized that they should not harm the interests of others while benefiting themselves. In other words, people should gain interests reasonably. Between the 19th to 20th centuries, with the development of the social economy, people gradually realized that the nature of the market economy was a kind of socialized economic situation. In that situation, anyone who wanted to make the maximize benefits needed to benefit others, leaving little space for damaging others' interests. Only bringing benefits to others could get personal interests. Since the 1950s, there has been a rapid development in social economy and a rapid increase of social wealth. The social change and development made people deeper realize that in order to better make personal interests, providing high-quality services to others was a must by meeting their needs as well as making them feel satisfied. In other words, the premise of self-interest is altruism. [2]

The education idea of Western medical ethics are basically consistent with the development of social ethics. Nowadays, the essential medical ethics idea is providing high-quality services to patients, so the extremely strict requirements are set for recruitment of medical staff, professional ethics, and medical services.

1.3. The origin of Chinese medical ethics

The most important foundation of Chinese medical ethics is Confucianism, with the core of benevolence, which means a man with benevolence characteristic loves others in the world or means the universal love for others. The book "Medical Ethics" said "A man who could be called as a great doctor must have a calm mind and a strong will, with no desires or desires, and have great kindness and compassion to others, with a ambition to relieve others' pains. The great doctor makes every effort to help any patient he meets no matter rich or poor, old or young, intimate or hostile, smart or fool and treat him like family member." These words stand for the spirit of " the benevolence of doctors ". The other one is being indifferent to fortune, with a typical allusion " Xinglin". Dong Feng, a great doctor, did not charge fees for treating patients but required them to plant apricot trees after receiving the treatment. Five years later, over 100,000 apricot tress were planted and grew into a forest gradually. The money gotten by selling apricots every year was paid for food freely given to the poor. This is Chinese medical ethics idea of utter devotion to others without any thought of self.

It was believed that in the time of commodity economy, the ancient Chinese medical ethics would inevitably be challenged. At present, medical ethics education should be based on effectively integrating Eastern Confucianism, such as benevolence,

harmony, and trustworthiness with Western medical ethics, such as democracy, freedom, human rights, and legal system. However, although the market economy in China has been constantly developed and improved, most people have not yet understood that the premise for self-interest is altruism, which is considered as the principle reason for the current doctor-patient contradiction and the root cause for the undesirable phenomena in medical ethics. Therefore, the current ideological foundation of medical ethics education must be based on the balance between self-interest and altruism.

2. Comparison of Current Situations of Medical Ethics Education Between China and Foreign Countries

Chinese education and teaching was followed by the model of the Soviet Union and the medical ethics education was separated as an independent branch, which weakened its education attribute of humanities and sociology. In the end, Chinese medical ethics did not form a completed and excellent curriculum system. At present, medical ethics is the only compulsory course in humanities and sociology education system for health professionals prescribed by the Ministry of Education with no specific provision to other humanities courses. Secondly, there is no continuity in the process of medical ethics education in China. In China, the teaching of medical ethics is less than one semester not running through the whole education for health professionals as some foreign countries do. Classroom teaching is the main teaching mode in the course teaching process without effectively combining with professional education, which easily leads to empty preaching. The theoretical knowledge learning and test score evaluation are attached much more importance while the importance of social practice in the cultivation of medical ethics is underestimated. The above are the drawbacks of Chinese medical ethics education at present.

Another important reason for the poor effectiveness of medical ethics education in China is the lack of the effective evaluation and encouragement system for the moral education. Medical colleges emphasize on the evaluation of students' ideological and political qualities, with little emphasis on the evaluation and rewards in terms of health professional ethics. This evaluation system could not embody the particularity and importance of medical ethics education for health professionals.

Compared with Chinese medical ethics education, there are two main advantages of medical ethics education in foreign countries. The first one is that there is a comprehensive humanistic curriculum system for medical ethics education. The American and British Medical College Associations require that the curriculum of humanities teaching in medical schools include psychology, social medicine, behavioral medicine, ethics, medical law and sociology. The second is that there is a relatively coherent teaching process in medical ethics education. In the United States, the education and teaching system not only strengthens humanities education during the preparatory stage, but also highlights its importance when students have education in medical schools. The doctor-patient course in medical college at Harvard University starts in the second academic year and runs through four academic years. In the UK, medical ethics should run through the whole stage of medical education, and in the clinical education stage, and experts should be invited to give lessons on medical ethics education on time. In Japan, the course "Introduction to Medicine" is conducted in medical schools in the first two years, covering the medical humanities ideologies, and in the fifth year, "Continued Introduction to Medicine" is conducted to help students understand the relationship among medicine, ethics, law and social

economy. Even in some western countries, medical ethics education is regarded as an important part of medical students' continuing education after graduation.

3. Inspirations from Foreign Medical Ethics Education

3.1. Participation should be emphasized

In order to achieve the teaching goals of medical ethics education, various teaching methods are adopted to improve students' participation in foreign countries, such as ethical evaluation and discussion and role play, etc. These methods take the case as the lead and the problem as the center, creating opportunities for students and encouraging them to talk about their feelings, so as to improve students' critical abilities on medical ethics matters. In America, medical schools send ethics teachers to the hospitals conducting interns make the rounds of the wards from the medical ethics perspective and guiding them to solve practical ethical problems. Harvard University strengthens the teaching effect of ethics course through doing extra-curricular activities, and establishes the Editorial Department of Ethics Journal of Harvard Medical School, provided with guidance and financial supported by the university with the purpose of providing chances for students to make further and deeper discussion on medical ethics matters. In Canada, medical schools have established "Moral Education Community", which release various medical moral events regularly and "Moral Chat Room", which makes the exchange of moral views authentic and timely. By these open and interactive communications, the effect of medical ethics education is greatly enhanced.

3.2. Medical social practice should be paid attention

In order to realize the integration of theory and practice, part of the content of medical ethics course should be carried out in the medical practice. Understanding the content of medical ethics is only the first step and experience and practice are the key ones. In Germany, students at the University of Munich who want to study in medical school need to spend half a year first providing care for patients' activities of daily living such as wiping and cutting the hair. The aim of this policy is to enable students to truly understand the needs and feelings of patients, further learn how to respect life, and cultivate the right attitude as health care workers. Medical colleges and universities in the United States and Germany pay great attention to the application of what students have learned in the classroom into practice. The schools allow medical students to go to hospitals and contact with patients carrying out volunteer activities such as "caring for life", providing some basic nursing care for patients. Do what patients need to improve students' sense of medical ethics.

3.3. Medical ethics education should be integrated into professional courses

In Toronto Medical University, 50 hours of ethics education and teaching are factored into medical students' professional course learning and practice in the internship. Putting ethics education into important professional courses is helpful for cultivating graduates' skills and medical ethics sense as doctors. When giving classes like medical diagnosis or nursing courses, teachers can integrate some knowledge or ideas on the doctor-patient relationship, such as protecting patients' right to be informed, keeping patients' medical confidentiality and other ethical matters, which will surely make good effects.

3.4. Evaluation and encouragement system should be scientific and rational

The University of Utah sets giving speeches on medical ethics as an important indicator in the evaluation of medical ethics. If their lectures gain the acceptance of the medical schools and the Committee on Clinical Ethics, students will receive one credit correspondingly. As for evaluation forms, besides self-evaluation, teacher evaluation and student mutual evaluation, parents evaluation and social evaluation are also play important parts in the evaluation system. And in America, in order to stimulate students' interest in medical ethics, medical colleges and universities set up "Medical Ethics Scholarship" to reward those who have contributed to the development of medical ethics. [3]

4. Solutions

4.1. Improve the curriculum system

It suggests that enlarge the proportion of the course closely relating to medical ethics in humanities curriculum and set them as compulsory courses to make sure these courses be taught seriously and effectively. Humanities curriculum should be implemented continuously, not only in the first semester, but through the whole process of teaching. Teaching methods should be more diversified instead of single classroom teaching and practice should be emphasized combining the professional education and humanistic education effectively. On the other side, we should also pay much attention on subtle impact on medical ethics education by teaching and learning medical professional courses, which make students acquire knowledge and skills to solve the conflicts on medical ethics events so as to improve the critical ability on moral matters.

4.2. Improve social practice system of medical ethics education

After entering the school, the freshmen should be sent to the hospital for a certain period to gain some experience of health care work. Medical ethics teachers should give guidance to the students from medical ethics perspective. The medical ethics groups should be established in the teaching hospital to provide students chances to regularly discuss the moral problems encountered in the process of diagnosis and treatment. The medical students are encouraged to take participate in the volunteer activities taken in the hospital for example "Care for Life". Furthermore, enrich the carriers of medical ethics education such as, opening the medical ethics column in the school newspaper journal and establishing "Medical Ethics Consultation Room" for students to submit papers, discuss and exchange ideas.

4.3. Improve the evaluation and encouragement system for students

It is necessary to advance the diversification of evaluation methods and evaluation subjects and set up special scholarships for medical professional ethics.

There are commons in the contradictions between Chinese and foreign countries in medical professional ethics education. Therefore, medical schools in China can learn from foreign countries in evaluation system such as, students' humanistic quality, professional ethics and social practice in education. However, medical schools can not copy the mode of foreign countries completely, since there are also specificity in the contradictions, which requires each medical college in China learn from others, improve its teaching mode and innovate its medical ethics education system based on

its own features of each specialty construction.

Conflicts of Interest

The authors declare that there is no conflict of interest regarding the publication of this article.

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