EthxWeb Search Results

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Documents: 1 - 325 of 585

Document 1
Brewster, Luke P; Hall, Dan E; Joehl, Raymond J
Assessing residents in surgical ethics: we do it a lot; we only know a little.
The Journal of surgical research 2011 Dec; 171(2): 395-8
Abstract: PGY-1 year of surgical residency brings together many persons of disparate experiences and educational backgrounds, including their exposure to ethics. We hypothesized that surgical PGY-1s would have a similar exposure to ethical scenarios but lack the confidence in practice and understanding of ethical principles compared with more senior residents.
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Document 2
Cibulka, Nancy J
Educating nurses about research ethics and practices with a self-directed practice-based learning program.
Journal of continuing education in nursing 2011 Nov; 42(11): 516-21
Abstract: Learner-driven and practice-based education programs are recommended for integration of learning. A continuing education program on research ethics was introduced to five nurses in an ambulatory care setting at a Magnet® hospital, using a commercially available web-based course followed by a research practicum. The seasoned nurses reported little previous education in this area. Working with a nurse researcher, three nurses participated in a research project for improving clinic care delivery. The success of the continuing education program was determined by knowledge acquisition, satisfaction with learning activities, and perceived confidence in research participation. This continuing education program was effective in providing for knowledge and skill development in research ethics. The integrative learning format was well received.
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Document 3
Volpe, Rebecca L
Training currently practicing members of the ethics consultation service: one institution's experience.
The Journal of clinical ethics 2011 Fall; 22(3): 217-22
Abstract: Most hospitals and nursing homes have individuals who engage in ethics consultation, and most do so with very little, if any, training. The goal of this article is not to advance the scholarly literature on training clinical ethics consultants, but instead to provide a road map for individuals doing ethics consultation who would like more training. In this way, I hope to advance the field in some small way, by educating, empowering, and encouraging small- to medium-sized hospitals to train the members of their ethics committee who engage in ethics consultation.
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Document 4
Senchina, David S

**Video laboratories for the teaching and learning of professional ethics in exercise physiology curricula.**

Advances in physiology education 2011 Sep; 35(3): 264-9

**Abstract:** Student researchers in physiology courses often interact with human subjects in classroom research but may be unfamiliar with the professional ethics of experimenter-subject interactions. This communication describes experiences related to an interactive video used in exercise science and general biology courses to help students become aware of, sensitive to, and comfortable with implementing professional ethics into their own thinking and behavior as researchers before entering the laboratory. The activity consisted of a filmed exercise physiology experiment complemented with interactive question sheets followed by small- and large-group discussion and culminating with individual student reflections. Student written responses from multiple courses indicated that students were able to 1) identify and consider the ethics of experimenter-subject interactions from the movie, 2) generalize broader ideas of professional ethics from those observations, and 3) consider their observations in terms of future experiments they would be conducting personally and how they should interact with human subjects. A majority of students indicated a positive reaction to the video and identified specific aspects they appreciated. It is hoped that this report will encourage other instructors to consider the use of interactive videos in the teaching and learning of professional ethics related to their courses.

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Numminen, Olivia; Leino-Kilpi, Helena; van der Arend, Arie; Katajisto, Jouko

**Comparison of nurse educators' and nursing students' descriptions of teaching codes of ethics.**

Nursing ethics 2011 Sep; 18(5): 710-24

**Abstract:** This study analysed teaching of nurses' codes of ethics in basic nursing education in Finland. A total of 183 educators and 214 students responded to a structured questionnaire. The data was analysed by SPSS. Teaching of nurses' codes was rather extensive. The nurse-patient relationship was highlighted. Educators assessed their teaching statistically significantly more extensive than what students' perceptions were. The use of teaching and evaluation methods was conventional, but differences between the groups concerning the use of these methods were statistically significant. Students' knowledge of and their ability to apply the codes was mediocre. Most educators and students assessed educators' knowledge of the codes as adequate for teaching. These educators also taught the codes more extensively and these students perceived the teaching as more extensive. Otherwise educators' and students' socio-demographic variables had little association with the teaching. Research should focus on the organization and effectiveness of ethics education, and on educators' competence.

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Baerøe, Kristine; Norheim, Ole Frithjof

**Mapping out structural features in clinical care calling for ethical sensitivity: a theoretical approach to promote ethical competence in healthcare personnel and clinical ethical support services (CESS).**

Bioethics 2011 Sep; 25(7): 394-402

**Abstract:** Clinical ethical support services (CESS) represent a multifaceted field of aims, consultancy models, and methodologies. Nevertheless, the overall aim of CESS can be summed up as contributing to healthcare of high ethical standards by improving ethically competent decision-making in clinical healthcare. In order to support clinical care adequately, CESS must pay systematic attention to all real-life ethical issues, including those which do not fall within the ‘favourite’ ethical issues of the day. In this paper we attempt to capture a comprehensive overview of categories of ethical tensions in clinical care. We present an analytical exposition of ethical structural features in judgement-based clinical care predicated on the assumption of the moral equality of human beings and the assessment of where healthcare contexts pose a challenge to achieving moral equality. The account and the emerging overview is worked out so that it can be easily contextualized with regards to national healthcare systems and specific branches of healthcare, as well as local healthcare institutions. By considering how the account and the overview can be applied to i) improve the ethical competence of healthcare personnel and consultants by broadening their sensitivity to ethical tensions, ii) identify neglected areas for ethical research, and iii) clarify the ethical responsibility of healthcare institutions' leadership, as well as specifying required institutionalized administration, we conclude that the proposed account should be considered useful for CESS.
Erratt, Tamie D

Ethics education in undergraduate pre-health programs. The contribution of undergraduate colleges and universities to the ethical and moral development of future doctors in the medical and dental professions.


Abstract: There are many barriers to ethics education of students attending medical and dental schools. The question is asked, "Should more attention be given to addressing students' ethics education during their undergraduate years of preparation for professional healthcare programs?" This qualitative study utilizes digitally recorded personal interviews with two undergraduate pre-healthcare students, one medical student, one recently matriculated dental student, one undergraduate pre-healthcare faculty member, three dental school faculty members, and three medical school faculty members. Interview participants discuss areas of personal knowledge and experience concerning: the admissions process and screening of potential medical/dental students for ethical traits and behaviors, influences on student ethical development, undergraduate pre-healthcare ethics training, and preferred college major for pre-healthcare students. The study concludes that undergraduate pre-healthcare programs should take the initiative to be proactive and deliberate in strengthening the positive influences on students. Strategies include: 1) humanities curricula to broaden perspectives and increase non-prejudice; 2) mentoring and modeling by older students, faculty, and community and professional volunteers; 3) ethical case study discussions in class or extracurricular activities; and 4) volunteer/service learning activities. Additionally, curriculum learning is enhanced by the use of reflection and writing, discussions, and media.

Anshu,

Inclusion of ethics matters in the undergraduate medical curriculum.
Indian journal of medical ethics 2011 Jul-Sep; 8(3): 135-8

Seiler, Stephanie N; Brummel, Bradley J; Anderson, Kerri L; Kim, Kyoung Jin; Wee, Serena; Gunsalus, C K; Loui, Michael C

Outcomes assessment of role-play scenarios for teaching responsible conduct of research.

Abstract: We describe the summative assessment of role-play scenarios that we previously developed to teach central topics in the responsible conduct of research (RCR) to graduate students in science and engineering. Interviews with role-play participants, with participants in a case discussion training session, and with untrained students suggested that role-playing might promote a deeper appreciation of RCR by shifting the focus away from wanting to simply "know the rules." We also present the results of a think-aloud case analysis study and describe the development of a behaviorally-anchored rating scale (BARS) to assess participants' case analysis performance.

Taneri, Bahar

Is there room for ethics within bioinformatics education?

Abstract: When bioinformatics education is considered, several issues are addressed. At the undergraduate level,
the main issue revolves around conveying information from two main and different fields: biology and computer science. At the graduate level, the main issue is bridging the gap between biology students and computer science students. However, there is an educational component that is rarely addressed within the context of bioinformatics education: the ethics component. Here, a different perspective is provided on bioinformatics education, and the current status of ethics is analyzed within the existing bioinformatics programs. Analysis of the existing undergraduate and graduate programs, in both Europe and the United States, reveals the minimal attention given to ethics within bioinformatics education. Given that bioinformaticians speedily and effectively shape the biomedical sciences and hence their implications for society, here redesigning of the bioinformatics curricula is suggested in order to integrate the necessary ethics education. Unique ethical problems awaiting bioinformaticians and bioinformatics ethics as a separate field of study are discussed. In addition, a template for an "Ethics in Bioinformatics" course is provided.

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Document 11
Stoddard, Hugh A; Schonfeld, Toby
A comparison of student performance between two instructional delivery methods for a healthcare ethics course.
Abstract: Healthcare ethics has become part of the standard curriculum of students in the health professions. The goals of healthcare ethics education are to give students the skills they need to identify, assess, and address ethical issues in clinical practice and to develop virtuous practitioners. Incorporating the medical humanities into medical school, for example, is intended to foster empathy and professionalism among students and to provide mechanisms for enhanced physician well-being. Yet, despite the long-standing inclusion of the humanities in nursing curricula, increases in the amount and kinds of scientific knowledge essential for clinical practice has resulted in the erosion of the "humanistic arts" from nursing education. One potential solution to this challenge comes with the increase in inter-professional education, where students in a variety of healthcare professions programs come together to learn about issues common to all healthcare fields.

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Document 12
Caldicott, Catherine
Ethics lie in the situation and in the response.
Medical education 2011 Jul; 45(7): 658-60

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Document 13
Elit, Laurie; Hunt, Matthew; Redwood-Campbell, Lynda; Ranford, Jennifer; Adelson, Naomi; Schwartz, Lisa
Ethical issues encountered by medical students during international health electives.
Medical education 2011 Jul; 45(7): 704-11
Abstract: Medical students increasingly wish to participate in international health electives (IHEs). The authors undertook to understand from the students' perspective the ethical challenges encountered on IHEs in low-resource settings and how students respond to these issues.

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Document 14
Carrese, Joseph A; McDonald, Erin L; Moon, Margaret; Taylor, Holly A; Khaira, Kiran; Catherine Beach, Mary;
Everyday ethics in internal medicine resident clinic: an opportunity to teach.

Medical education 2011 Jul; 45(7): 712-21

Abstract: Being a good doctor requires competency in ethics. Accordingly, ethics education during residency training is important. We studied the everyday ethics-related issues (i.e. ordinary ethics issues commonly faced) that internal medical residents encounter in their out-patient clinic and determined whether teaching about these issues occurred during faculty preceptor-resident interactions.

Forgues, Mark

Hidden crisis: Ethics breakdown in Massachusetts.
EMS world 2011 Jun; 40(6): 31-6

Abstract: Ethics education is an essential component of graduate medical education in emergency medicine. A sound understanding of principles of bioethics and a rational approach to ethical decision-making are imperative.

Marco, Catherine A; Lu, Dave W; Stettner, Edward; Sokolove, Peter E; Ufberg, Jacob W; Noeller, Thomas P

Ethics curriculum for emergency medicine graduate medical education.
The Journal of emergency medicine 2011 May; 40(5): 550-6

Abstract: Ethics education is an essential component of graduate medical education in emergency medicine. A sound understanding of principles of bioethics and a rational approach to ethical decision-making are imperative.

Hsu, Li-Ling

Blended learning in ethics education: a survey of nursing students.
Nursing ethics 2011 May; 18(3): 418-30

Abstract: Nurses are experiencing new ethical issues as a result of global developments and changes in health care. With health care becoming increasingly sophisticated, and countries facing challenges of graying population, ethical issues involved in health care are bound to expand in quantity and in depth. Blended learning rather as a combination of multiple delivery media designed to promote meaningful learning. Specifically, this study was focused on two questions: (1) the students' satisfaction and attitudes as members of a scenario-based learning process in a blended learning environment; (2) the relationship between students' satisfaction ratings of nursing ethics course and their attitudes in the blended learning environment. In total, 99 senior undergraduate nursing students currently studying at a public nursing college in Taiwan were invited to participate in this study. A cross-sectional survey design was adopted in this study. The participants were asked to fill out two Likert-scale questionnaire surveys: CAAS (Case Analysis Attitude Scale), and BLSS (Blended Learning Satisfaction Scale). The results showed what students felt about their blended learning experiences - mostly items ranged from 3.27-3.76 (the highest score is 5). Another self-assessment of scenario analysis instrument revealed the mean scores ranged from 2.87-4.19. Nearly 57.8% of the participants rated the course 'extremely helpful' or 'very helpful.' This study showed statistically significant correlations (r=0.43) between students’ satisfaction with blended learning and case analysis attitudes. In addition, results testified to a potential of the blended learning model proposed in this study to bridge the gap between students and instructors and the one between students and their peers, which are typical of blended learning, and to create meaningful learning by employing blended pedagogical consideration in the course design. The use of scenario instruction enables students to develop critical analysis and problem solving skills through active learning and social exchange of ideas.
Document 18
Gabel, Stewart
Ethics and values in clinical practice: whom do they help?
Mayo Clinic proceedings. Mayo Clinic 2011 May; 86(5): 421-4
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Document 19
Braswell, Harold
In search of a wide-angle lens.
The Hastings Center report 2011 May-Jun; 41(3): 19-21
Georgetown users check Georgetown Journal Finder for access to full text

Document 20
Pessalacia, Juliana Dias Reis; Oliveira, Valéria Conceição de; Renô, Heloíza Maria Siqueira; Guimarães, Eliete Albano de Azevedo
[Perspectives for the teaching of bioethics in undergraduate nursing]. = Perspectivas do ensino de bioética na graduação em enfermagem.
Revista brasileira de enfermagem 2011 Apr; 64(2): 393-8
Abstract: The education of ethics and bioethics in schools of nursing in Brazil has presented strictly conceptual and deontological approaches, which often bear little relation to future professional practice. So the goal of this study was to present a proposal for teaching of ethics and bioethics in the integrated curriculum in undergraduate nursing Federal University of São João Del Rei, MG, Brazil. The results show that the content is provided in all units curriculum of the course covering the classical dilemma in the practice of care in all stages of the life cycle. Furthermore, this approach provides students with the development of autonomous and reflective attitudes, confronting culture and values with the biopsychosocial aspects.
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Document 21
Iglesias, Marta Elena Losa; Becerro de Bengoa Vallejo, Ricardo; Ceña, Domingo Palacios; Fuentes, Paloma Salvadores
Knowledge and positions on bioethical dilemmas in a sample of Spanish nursing students: a questionnaire study.
Abstract: This study, performed in Madrid, Spain, evaluates nursing students’ understanding and attitudes about bioethical dilemmas that they will likely confront as health care providers. We asked 86 juniors in the King Juan Carlos University Nursing baccalaureate program about their knowledge of and personal attitudes on five biomedical advances: eugenics, experimentation with unimplanted embryos, human cloning, abortion, and euthanasia. Students reported being most knowledgeable about abortion and euthanasia and least familiar with eugenics. Examining the data for a correlation between the two phenomenon (knowledge and position) with respect to each of these five biomedical issues, the students reported significantly Conversely, they held significantly neutral positions on eugenics, a virtually unfamiliar topic for them (r = 0.618, p < 0.0001). The data also revealed a significantly direct correlation between knowledge and position for experimentation with non-implanted embryos (correlation coefficient = 0.380, p < 0.0001), that is, little knowledge and neutral attitudes. The trend findings for abortion and cloning were not significant. Based on these data, we concluded that the nursing program would benefit from additional biomedical curriculum.
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Document 22
Aubry, Régis
[Interdisciplinary teaching of ethical questioning]. = Un enseignement interdisciplinaire sur le questionnement éthique.
Soins; la revue de référence infirmière 2011 Apr(754): 53-4
Abstract: Interdisciplinary teaching of ethics has been developed at the university hospital of Besançon for students in various healthcare fields. The aim is to give future healthcare professionals a better understanding of the collegiality required to undertake, in a work situation, good quality ethical reflection.

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Document 23
Hren, Darko; Maru?i?, Matko; Maru?i?, Ana
Regression of moral reasoning during medical education: combined design study to evaluate the effect of clinical study years.
PloS one 2011 March 30; 6(3): e17406
Abstract: Moral reasoning is important for developing medical professionalism but current evidence for the relationship between education and moral reasoning does not clearly apply to medical students. We used a combined study design to test the effect of clinical teaching on moral reasoning.

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Document 24
Griggins, Cynthia; Simon, Christian; Nakwagala, Frederick Nelson; Pentz, Rebecca D
Bioethics training in Uganda: report on research and clinical ethics workshops.
HEC forum : an interdisciplinary journal on hospitals' ethical and legal issues 2011 Mar; 23(1): 43-56
Abstract: This essay describes and critically evaluates a co-operative educational program to train Ugandan health care workers in bioethics. It describes one "bottom-up" effort, a week-long intensive workshop in bioethics provided by the authors to health care professionals in a developing country-Uganda. We will describe the background and circumstances that led to the organization of the workshop, and review its planning, design, curriculum, and outcome. We will focus especially on measures taken to make the workshop relevant for the audience of Ugandan professionals, and describe lessons learned after two presentations of the workshop. Finally, we will discuss the strengths and weaknesses of such a format, and its potential value in raising bioethical expertise in developing countries.

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Document 25
Rubin, Simon Shimshon
Ethics at Israeli universities: unlearned lessons from professional ethics.
Medicine and law 2011 Mar; 30(1): 65-78
Abstract: At the practical level, sustained attention to ethical issues in academia in Israel is inadequate. This paper suggests that professional models of ethics education and training present constructive alternatives. The author views this topic from the dual perspective of a professional clinical psychologist and a committed faculty member. After a brief introduction, the paper opens with a case vignette of ethical violations of trust in academia, its handling, and how a similar case 25 years later illustrates the lack of progress in preparing the academic community for such things. A discussion of normative actions and behavioral norms in academia follows. Three lessons from the professions are offered: 1) the importance of involving members in the process of identifying ethical violations; 2) the value of adopting for academia current practices preparing persons for work in research, (for example the standardization of online modules for training in ethics); and c) the significance of addressing self-interest and its limits. If silence around a code of ethics is being practiced, that silence should be broken.
Document 26
Magalhães, Susana; Araújo, Joana; Carvalho, Ana Sofia
Abstract: Since the focus of Bioethics is the bridge between Humanities and the Life Sciences and bearing in mind that this bridge is often difficult to build, those who believe that this dialogue is important in our days should promote it through Education. By educating in Bioethics it is possible to improve the participation of the citizens in debates on the ethical issues raised by new technologies and scientific research. It is our conviction that literary texts are laboratories of ethical judgment, where the ethical questions concerning specific scientific/technological issues are addressed in an imaginary world. Therefore our purpose is to present a framework for ethical deliberation through the use of literature. Fiction allows us to "practise" ethical decision making, by focusing on the particular cases of the characters of the story and by checking how the principles/theories working in the background apply to the narrated cases.

Document 27
Readout of U.S.-UK-Libya TSCC BIO subcommittee meeting, November 24-26. Summary point 5: U.S. and UK delegations visit Bioethics Workshop

http://www.telegraph.co.uk/ (link may be outdated)

Document 28
Pimentel, Déborah; Barbosa de Oliveira, Carla; Vieira, María Jésia
Teaching of medical ethics: students’ perception in different periods of the course.
Revista médica de Chile 2011 Jan; 139(1): 36-44
Abstract: Medical ethics is structured to guide doctors towards a better professional practice. However, its teaching in medical schools seems to be neglected.

Document 29
Rosoff, Philip M
Is medical ethics education effective?

Document 30
Arawi, Thalia
First Regional Conference on Biomedical Ethics in Medical Schools. Organized by the Salim El-Hoss
Bioethics and Professionalism Program at AUB-FM.

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**Document 31**

Urionabarrenetxea, K Martínez

*Education in bioethics, a way for professionalism*.

**Abstract**: One of the elements that have historically defined professions making them different from mere occupations is the fact that their responsibilities have been defined more in moral than juridical terms. Because it is not the due respect to the law but the tendency to moral excellence the fundamental characteristic of professions. Professionalism is the base of medicine's contract with society and it obliges to put patients' interests above the doctors' ones, supplying competence and integrity standards, and providing expert help to society in health matters. Education in bioethics is an appropriate instrument to reach this goal, as it promotes an interdisciplinary analysis of the problems created by the medical and biological progress and its correspondent technologies, to find what is most human in its practical application.

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**Document 32**

Chin, Jacqueline J L; Voo, Teck Chuan; Karim, Syahirah Abdul; Chan, Yiong Huak; Campbell, Alastair V

*Evaluating the effects of an integrated medical ethics curriculum on first-year students.*
Annals of the Academy of Medicine, Singapore 2011 Jan; 40(1): 4-15

**Abstract**: An integrated biomedical ethics track was implemented as part of the new medical undergraduate curriculum at the National University of Singapore Yong Loo Lin School of Medicine in academic year (AY) 2008/2009. This study analyses the effects of the new curriculum on first-year students' knowledge, confidence and opinions in relation to the subject.

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**Document 33**

A favorites reading list from the Cambridge Consortium for Bioethics Education.

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**Document 34**


*CASEBOOK ON BENEFIT AND HARM*

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**Document 35**

Document 36

Saito, Yukiko; Kudo, Yasushi; Shibuya, Akitaka; Satoh, Toshihiko; Higashihara, Masaaki; Aizawa, Yoshiharu

**Building medical ethics education to improve Japanese medical students' attitudes toward respecting patients' rights.**

The Tohoku journal of experimental medicine 2011; 224(4): 307-15

**Abstract:** In medical education, it is important for medical students to develop their ethics to respect patients' rights. Some physicians might make light of patients' rights, because the increased awareness of such rights might make it more difficult for them to conduct medical practice. In the present study, predictors significantly associated with "a sense of resistance to patients' rights" were examined using anonymous self-administered questionnaires. For these predictors, we produced original items with reference to the concept of ethical development and the teachings of Mencius. The subjects were medical students at the Kitasato University School of Medicine, a private university in Japan. A total of 518 students were analyzed (response rate, 78.4%). The average age of enrolled subjects was 22.5 ± 2.7 years (average age ± standard deviation). The average age of 308 male subjects was 22.7 ± 2.8 years, while that of 210 female subjects was 22.1 ± 2.5 years. The item, "Excessive measures to pass the national examination for medical practitioners," was significantly associated with "a sense of resistance to patients' rights." However, other items, including basic attributes such as age and gender, were not significant predictors. If students spent their school time only focusing on the national examination, they would lose the opportunity to receive the ethical education that would allow them to respect patients' rights. That ethical development cannot easily be evaluated with written exams. Thus, along with the acquisition of medical knowledge, educational programs to promote medical students' ethics should be developed.

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Document 37

Campbell, Alastair V

**The teaching of medical ethics.**

Medical teacher 2011; 33(5): 349-50

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Document 38

Pires, Jansen Ribeiro; Garrafa, Volnei

**[Education: new frontier of bioethics] = Educação: nova fronteira da bioética.**

Ciência & saúde coletiva 2011; 16 Suppl 1: 735-45

**Abstract:** This study analyses the opinion of teachers regarding the inclusion of contents on Bioethics in the curricular structure of high school. Six schools were selected: three public and three private in the main administrative region of Brasília. In a universe of 340 teachers, 150 joined the research. They were given a questionnaire with answers about the existence or not of curricular contents related to the construction of values in the students. The second phase counted with 140 teachers out of those who joined the first part of the research. These teachers received a text briefly explaining what Bioethics is with a closed space for answering if the inclusion of a new discipline on Bioethics would help creating values and ethics attitudes in the students. There was space for justifying this answer. Data analysis showed that: (a) the school has not carried out its role as an instrument of a critical vision; (b) according to the teachers, this is the result of the absence of a discipline focused on the approach to ethics questions; (c) 51% of the respondents took sides with the inclusion of a discipline that deals with Bioethics in the curricular structure of high school because they believe that it would help the construction of the students' moral values and affirmative attitudes.

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Document 39
Fan, A P; Su, T P; Chen, Y A; Chen, C H; Lee, C H; Tang, W; Chen, Q; Guo, L; Kosik, R O
Humanities and ethics education at Chinese medical schools.
Medical teacher 2011; 33(1): 87

Document 40
Donaldson, Thomas M; Fistein, Elizabeth; Dunn, Michael
Case-based seminars in medical ethics education: how medical students define and discuss moral problems.
Journal of medical ethics 2010 Dec; 36(12): 816-20
Abstract: Discussion of real cases encountered by medical students has been advocated as a component of medical ethics education. Suggested benefits include: a focus on the actual problems that medical students confront; active learner involvement; and facilitation of an exploration of the meaning of their own values in relation to professional behaviour. However, the approach may also carry risks: students may focus too narrowly on particular clinical topics or show a preference for discussing legal problems that may appear to have clearer solutions. Teaching may therefore omit areas generally considered to be important components of the curriculum. In this paper, the authors present an analysis of the moral problems raised by medical students in response to a request to describe ethically problematic cases they had encountered during two clinical attachments, for the purpose of educational discussion at case-based seminars. We discuss the problems raised and compare the content of the cases to the UK Consensus Statement on core content of learning. The authors also describe the approaches that the students used to undertake an initial analysis of the problems raised, and consider possible implications for the development of medical ethics education.

Document 41
Oberman, Anthony S; Brosh-Nissimov, Tal; Ash, Nachman
Medicine and the Holocaust: a visit to the Nazi death camps as a means of teaching medical ethics in the Israel Defense Forces Medical Corps.
Journal of medical ethics 2010 Dec; 36(12): 821-6
Abstract: A novel method of teaching military medical ethics, medical ethics and military ethics in the Israel Defense Force (IDF) Medical Corps, essential topics for all military medical personnel, is discussed. Very little time is devoted to medical ethics in medical curricula, and even less to military medical ethics. Ninety-five per cent of American students in eight medical schools had less than 1 h of military medical ethics teaching and few knew the basic tenets of the Geneva Convention. Medical ethics differs from military medical ethics: the former deals with the relationship between medical professional and patient, while in the latter military physicians have to balance between military necessity and their traditional priorities to their patients. The underlying principles, however, are the same in both: the right to life, autonomy, dignity and utility. The IDF maintains high moral and ethical standards. This stems from the preciousness of human life in Jewish history, tradition and religious law. Emphasis is placed on these qualities within the Israeli education system; the IDF teaches and enforces moral and ethical standards in all of its training programmes and units. One such programme is 'Witnesses in Uniform' in which the IDF takes groups of officers to visit Holocaust memorial sites and Nazi death camps. During these visits daily discussions touch on intricate medical and military ethical issues, and contemporary ethical dilemmas relevant to IDF officers during active missions.
Kinghorn, Warren A

Medical education as moral formation: an Aristotelian account of medical professionalism.
Perspectives in biology and medicine 2010 Winter; 53(1): 87-105

Abstract: The medical professionalism movement, bolstered by many influential medical organizations and institutions, has in the last decade produced a number of conceptual definitions of professionalism and a number of concrete proposals for its measurement and teaching. These projects, however laudable, are misguided when they treat professionalism as a unitary descriptive concept rather than as a contested and therefore primarily evaluative one; when they conceive professionalism as a domain of medical practice separable in principle from other domains; and when they treat professionalism as, in principle, a specifiable goal or product of sufficiently well designed educational curricula. The logic of professionalism-as-product corresponds to the logic of techne (art or practical skill) in Aristotle's Nicomachean Ethics. Aristotle provides a cogent argument, however, that the moral excellences denoted by "professionalism" cannot be "produced" or even prespecified in the concrete; rather, they must be acquired through long practice under the careful concrete guidance of teachers who themselves embody these moral excellences. Phronesis (practical wisdom) rather than techne must therefore be the guiding logic of educational initiatives in medical professional formation, with particular emphasis on close mentorship and on the moral character both of students and of those who teach them.

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Thirunavukarasu, Pragatheeshwar; Brewster, Luke P; Pecora, Stephanie M; Hall, Daniel E

Educational intervention is effective in improving knowledge and confidence in surgical ethics-a prospective study.

Abstract: Professionalism and ethics are Accreditation Council for Graduate Medical Education (ACGME) core competencies, but there is little evidence regarding the effectiveness of ethics education.

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Durcan, G

An evaluation of two ethical seminars.
Public health 2010 Nov; 124(11): 646-7

Abstract: The aims of two ethical seminars for prison staff are outlined and an evaluation of the impact on those attending is given. The possible future use of such seminars for prison staff and possibly for public health practitioners is mentioned.

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National Bioethics Conference - 3: Governance of healthcare - ethics, equity and justice
Indian Journal of Medical Ethics 2010 October-December; 7(4): 267-301

Abstract: Ethics in prison research: health and human rights issues affecting women in prisons in Maharashtra / Leni Chaudhuri, Reena Mary George -- Community engagement in global health research: the case of the Majengo observational cohort study, Nairobi, Kenya / Sunita V.S. Bandewar -- Ethical dilemmas in mental health research among internally displaced people / Chesmal Siripwardhana -- Is the notion of "human dignity" a sufficient basis for global bioethics? / Sridevi Seetharam -- Ethico-legal dilemmas in euthanasia / Sanjeev Sood -- The patient in question: is it only a one way relationship with regards to ethics, equity and justice / Anil Kumar -- Governance quo vadis: disguised private practice and the challenge of ensuring ethics / Biraj Swain, Manohar Agnami -- Addressing maternal and newborn health services by general practitioners for Mumbai's urban poor: a case of unregulated quality
Ethical issues in epidemiological studies / Prakash C. Gupta, Avinash U. Sonawane / Length of the consent process: lessons from field research on the use of helmets by motorised two-wheeler drivers / Nurani Subramanian Vishwanath – Surveillance versus research ethics / Michael Selgelid

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Document 46

Iqbal, Saima P; Khizar, Bushra

Faculty awareness and interest about bioethics in a private medical college of Islamabad, Pakistan

Indian Journal of Medical Ethics 2010 October-December; 7(4): 220-222

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Document 47

Lovy, Andrew; Paskhover, Boris; Trachtman, Howard

Teaching bioethics: the tale of a "soft" science in a hard world.

Teaching and learning in medicine 2010 Oct; 22(4): 319-22

Abstract: Although bioethics is considered essential to the practice of medicine, medical students often view it as a "soft" subject that is secondary in importance to the other courses in their basic science and clinical curriculum. This perspective may be a consequence of the heavy reliance on students' aptitude in the quantitative sciences as a criterion for entry into medical school and as a barometer of academic success after admission. It is exacerbated by the widespread impression that bioethics is imprecise and culturally relativistic.

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Document 48

Jones, Nancy L; Peiffer, Ann M; Lambros, Ann; Guthold, Martin; Johnson, A Daniel; Tytell, Michael; Ronca, April E; Eldridge, J Charles

Developing a problem-based learning (PBL) curriculum for professionalism and scientific integrity training for biomedical graduate students.


Abstract: A multidisciplinary faculty committee designed a curriculum to shape biomedical graduate students into researchers with a high commitment to professionalism and social responsibility and to provide students with tools to navigate complex, rapidly evolving academic and societal environments with a strong ethical commitment. The curriculum used problem-based learning (PBL), because it is active and learner-centred and focuses on skill and process development. Two courses were developed: Scientific Professionalism: Scientific Integrity addressed discipline-specific and broad professional norms and obligations for the ethical practice of science and responsible conduct of research (RCR). Scientific Professionalism: Bioethics and Social Responsibility focused on current ethical and bioethical issues within the scientific profession, and implications of research for society. Each small-group session examined case scenarios that included: (1) learning objectives for professional norms and obligations; (2) key ethical issues and philosophies within each topic area; (3) one or more of the RCR instructional areas; and (4) at least one type of moral reflection. Cases emphasised professional standards, obligations and underlying philosophies for the ethical practice of science, competing interests of stakeholders and oversight of science (internal and external). To our knowledge, this is the first use of a longitudinal, multi-semester PBL course to teach scientific integrity and professionalism. Both faculty and students endorsed the active learning approach for these topics, in contrast to a compliance-based approach that emphasises learning rules and regulations.

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Document 49

Saunders, Ben
How to teach moral theories in applied ethics.
Journal of medical ethics 2010 Oct; 36(10): 635-8

Abstract: Recent discussion has focused on whether or not to teach moral theories, and, if yes, to what extent. In this piece the author argues that the criticisms of teaching moral theories raised by Rob Lawlor should lead us to reconsider not whether but how to teach moral theories. It seems that most of the problems Lawlor identifies derive from an uncritical, theory-led approach to teaching. It is suggested that we might instead start by discussing practical cases or the desiderata of a successful moral theory, and then build up to comparing theories such as consequentialism, deontology, and so on. In this way, theories are taught but students do not take them to be the alpha and omega of moral thinking.

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Savitt, Todd L
Medical readers' theater as a teaching tool.
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Document 56
Fins, Joseph J
The humanities and the future of bioethics education.
Georgetown users check Georgetown Journal Finder for access to full text

Document 57
Anton, Bette
CQ sources/bibliography.
Georgetown users check Georgetown Journal Finder for access to full text

Document 58
Macneill, Paul Ulhas
Balancing ethical reasoning and emotional sensibility.
Medical education 2010 Sep; 44(9): 851-2
Georgetown users check Georgetown Journal Finder for access to full text

Document 59
Tsai, Tsuen-Chiuan; Harasym, Peter H
A medical ethical reasoning model and its contributions to medical education.
Medical education 2010 Sep; 44(9): 864-73
Abstract: Ethical reasoning in medicine is not well understood and medical educators often find it difficult to justify what and how they teach and assess in medical ethics. To facilitate the development of moral values and professional conduct, a model of ethical reasoning was created. The purposes of this paper are to describe the ethical reasoning model and to indicate how it can be used to foster moral and ethical behaviours.
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Document 60
Stirrat, Gordon M.
Teaching and learning medical ethics and law in UK medical schools
Clinical Ethics 2010 September; 5(3): 156-158
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Sutton, A
Ethics and law teaching and learning in undergraduate medicine.
Abstract: The updated consensus report on undergraduate medical education (1) provides an extensive framework for teaching ethics and law. However, there is a need for further research into the indicators of good progress towards sound moral reasoning and action to take into account personal and professional developmental trajectories. The report indicates competencies which should be demonstrable by students: additional consideration needs to be given to those competencies which institutions should be able to demonstrate in relation to the provision made for students and teachers.
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Serago, Christopher F; Burmeister, Jay W; Dunscombe, Peter B; Gale, Ashley A; Hendee, William R; Kry, Stephen F; Wuu, Cheng-Shie
Recommended ethics curriculum for medical physics graduate and residency programs: report of Task Group 159.
Medical physics 2010 Aug; 37(8): 4495-500
Abstract: The AAPM Professional Council approved the formation of a task group in 2007, whose purpose is to develop recommendations for an ethics curriculum for medical physics graduate and residency programs. Existing program's ethics curricula range in scope and content considerably. It is desirable to have a more uniform baseline curriculum for all programs. Recommended subjects areas, suggested ethics references, and a sample curriculum are included. This report recommends a reasonable ethics course time to be 15-30 h while allowing each program the flexibility to design their course.
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Collier, Roger
Dark days for medical profession in India.
CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne 2010 Jul 13; 182(10): 1023-4
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Khoury, Michael; Saab, Basem Roberto; Haidar, Lili
Autonomy and beneficence in an interactive theater.
Family medicine 2010 Jul-Aug; 42(7): 476-8
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Document 65

Park, Young-Joon; Kim, Sujin; Kim, Aeree; Ha, Seung-yeon; Lee, Young-Mee; Shin, Bong-Kyung; Lee, Hyun-Joo; Park, Soojin; Kim, Han-Kyeom

A study of bioethical knowledge and perceptions in Korea
Bioethics 2010 July; 24(6): 309-322

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Document 66

Yang, Wan-Ping; Chen, Ching-Huey; Chao, Co-Shi Chantal; Lai, Wei-Shu

Bioethics education for practicing nurses in Taiwan: Confucian-Western clash.
Nursing ethics 2010 Jul; 17(4): 511­21

Abstract: To understand the gaps between current bioethics education and the requirements of practicing nurses, a semistructured questionnaire was used to invite the directors of nursing departments at all 82 teaching hospitals in Taiwan to participate in this survey. The response rate was 64.6%. Through content analysis we obtained information about previous bioethical training, required themes and content, recommended teaching strategies, and difficulties with education and its application. The results suggest that Taiwanese nursing personnel need to be instilled with both self-cultivation of morality and mental cultivation to acquire nursing virtues and the right attitudes toward bioethical issues. Good communication skills to prevent damage to the harmonious relationships between patients, their families and medical team members, policies that support the provision of systematic formal knowledge of ethics, small group training, and clarification of values were also shown to be important in bioethics education.

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Nairn, Thomas

Teaching in Africa: medical ethics Zimbabwe-style.
Health progress (Saint Louis, Mo.) 2010 Jul-Aug; 91(4): 50-4

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Document 68

Jafarey, Aamir M.; Moazam, Farhat

"Indigenizing" bioethics: the first center for bioethics in Pakistan.

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Document 69

Liras, Antonio; Arenas, Alicia

Bioethics in biomedicine in the context of a global higher education area.
International archives of medicine 2010 June 11; 3: 10

Abstract: ABSTRACT: The University is tasked with drawing together, transmitting and maintaining knowledge, while creating an area where the ethical "sense" required for working in the field of Biology and Biomedicine can be provided. Although scientific knowledge is present on an overwhelming scale in nature and, therefore, its discovery is unceasing, this does not mean that, as a human being, the researcher has no limitations. It is Bioethics that sets this limit. The successful spreading of knowledge, therefore, which is proclaimed with the creation of a Global Higher Education Area, should also pursue the establishment of the bioethical principles necessary for the credibility of
science and its progress so that the society that it promotes and sustains becomes a reality.

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### Document 70

**Epstein, Miran**

**How will the economic downturn affect academic bioethics?**

*Bioethics* 2010 June; 24(5): 226-233

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### Document 71

**Howard, Frazer; McKneally, Martin F; Levin, Alex V**

**Integrating bioethics into postgraduate medical education: the University of Toronto model.**


**Abstract:** Bioethics training is a vital component of postgraduate medical education and required by accreditation organizations in Canada and the United States. Residency program ethics curricula should ensure trainees develop core knowledge, skills, and competencies, and should encourage lifelong learning and teaching of bioethics. Many physician-teachers, however, feel unprepared to teach bioethics and face challenges in developing and implementing specialty-specific bioethics curricula. The authors present, as one model, the innovative strategies employed by the University of Toronto Joint Centre for Bioethics. They postulate that centralized support is a key component to ensure the success of specialty-specific bioethics teaching, to reinforce the importance of ethics in medical training, and to ensure it is not overshadowed by other educational concerns.

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### Document 72

**Matsui, Miho;**

**Effectiveness of end-of-life education among community-dwelling older adults.**

*Nursing ethics* 2010 May ; 17(3): 363-72

**Abstract:** The purpose of this study was to evaluate the effectiveness of an educational intervention regarding end-of-life discussion directed at older Japanese adults and their attitude to and acceptance of this intervention. A quasi-experimental design was used. A total of 121 older adults, aged 65 years and over, consented to participate. Data from 55 intervention and 57 control participants were used for the analysis. The intervention consisted of an education program comprising a video, a lecture using a handout, and discussion among participants. The control group received only the handout. Both groups were followed up after one month. The intervention group's attitude became more favorable towards advance directives, especially living wills ($P = 0.024$). In addition, their expression of preference for life-sustaining treatment by means of artificial nutrition was less at follow up, demonstrating that these older adults had become more autonomous ($P = 0.008$). There was greater acceptance of the intervention as a whole by the intervention group compared with the control group ($P = 0.011$). Although few participants overall completed living wills, at follow up twice as many in the intervention group had discussed end-of-life matters with family members and/or their physician.

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### Document 73

**Lin, Chiou-Fen; Lu, Meei-Shiow; Chung, Chun-Chih; Yang, Che-Ming;**

**A comparison of problem-based learning and conventional teaching in nursing ethics education.**

*Nursing ethics* 2010 May ; 17(3): 373-82

**Abstract:** The aim of this study was to compare the learning effectiveness of peer tutored problem-based learning and conventional teaching of nursing ethics in Taiwan. The study adopted an experimental design. The peer tutored
problem-based learning method was applied to an experimental group and the conventional teaching method to a control group. The study sample consisted of 142 senior nursing students who were randomly assigned to the two groups. All the students were tested for their nursing ethical discrimination ability both before and after the educational intervention. A learning satisfaction survey was also administered to both groups at the end of each course. After the intervention, both groups showed a significant increase in ethical discrimination ability. There was a statistically significant difference between the ethical discrimination scores of the two groups (P < 0.05), with the experimental group on average scoring higher than the control group. There were significant differences in satisfaction with self-motivated learning and critical thinking between the groups. Peer tutored problem-based learning and lecture-type conventional teaching were both effective for nursing ethics education, but problem-based learning was shown to be more effective. Peer tutored problem-based learning has the potential to enhance the efficacy of teaching nursing ethics in situations in which there are personnel and resource constraints.

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Cartmill, John; Morgan, Michael; Eyers, Anthony; Butt, David
Ethical dilemma for surgical educators.
ANZ journal of surgery 2010 Apr; 80(4): 207-9

Document 75
Hardcastle, Timothy C
Medical electives in South Africa.
South African medical journal = Suid-Afrikaanse tydskrif vir geneeskunde 2010 Apr; 100(4): 194

Document 76
Goldim, José Roberto; Fleck, Marcelo P
[Ethics and publication of single case reports]. = Etica e publicação de relatos de caso individuais.

Document 77
Wallner, J.
How do we care for our future caregivers? Rethinking education in bioethics with regard to professionalism and institutions

Document 78
Byk, Christian
Does the continuing importance of bioethics teaching sacrifice the need to create a new academic humanism?
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Le Coz, Pierre
[The teaching of bioethics]. = L'enseignement de l'éthique en France.
Journal international de bioéthique = International journal of bioethics 2010 Mar; 21(1): 71-81
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Teboul, Gérard
[The teaching of the international law of bioethics]. = L'enseignement du droit international de la bioéthique. Quelques breves remarques.
Georgetown users check Georgetown Journal Finder for access to full text

Document 81
Ransohoff, Paul M
Ethics education in psychoanalytic training: a survey.
Abstract: Didactic education in psychoanalytic ethics is a relatively new phenomenon. Ethics courses were offered by few institutes before they were mandated and before publication of the first Ethics Case Book in 2001. As institutes have developed ethics training, the solutions they have arrived at-formats, length and placement of courses, and preferred readings- remain unknown to other educators and analysts. This survey was undertaken to gain an overview of the current state of ethics education. Twenty-nine of the thirty-one training institutes of the American Psychoanalytic Association (93%) responded to inquiries. Most institutes (79%) offered one course, and the average number of class sessions was 6.3. Of 258 different readings used, 61 (23.6%) were used by more than one institute and 37 (14.3%) by more than two. The most frequent topics were boundaries, confidentiality, and illness, and Dewald and Clark's Case Book (2008) and Gabbard and Lester (1995) were the most common readings. These findings should be useful to instructors, curriculum committees, and ethics committees in their ethics education planning, as well as to practicing analysts in their ethical self-education. This study may also serve as a model for analogous investigations into other areas of analytic education and as an impetus to further research and educational innovation.
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Sokol, Daniel K.
Searching for medical rumpoles [commentary]
BMJ: British Medical Journal 2010 January 9; 340(7737): 78
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Document 83
Jain, Shaili; Hoop, Jinger G.; Dunn, Laura B.; Roberts, Laura Weiss

**Psychiatry residents' attitudes on ethics and professionalism: multisite survey results**

Ethics & Behavior 2010 January-February; 20(1): 10-20

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Haberey-Knuessi, Véronique

**[Ethics education. A major challenge for being creative] = L'enseignement de l'éthique. Un défi majeur pour les formateurs.**

Krankenpflege. Soins infirmiers 2010 103(4): 48-50

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Mills, S.; Bryden, D.C.

**A practical approach to teaching medical ethics.**

Journal of Medical Ethics 2010 January; 36(1): 50-4

**Abstract:** Teaching medical ethics and law has become much more prominent in medical student education, largely as a result of a 1998 consensus statement on such teaching. Ethics is commonly taught at undergraduate level using lectures and small group tutorials, but there is no recognised method for transferring this theoretical knowledge into practice and ward-based learning. This reflective article by a Sheffield university undergraduate medical student describes the value of using a student-selected component to study practical clinical ethics and the use of a clinical ethics checklist. The ethical checklist was proposed by Sokol as a tool for use by medical staff during the ward round to prompt the consideration of important ethical principles in relation to care. This paper describes additional uses for the checklist as a tool for teaching and learning about the practical application of ethical principles and for observing professional behaviours within a critical care and acute care environment. Evidence suggests that putting ethical behaviour into practice offers a far greater challenge to a newly qualified doctor than has been appreciated, and that more needs to be done at an undergraduate level to help combat this. This paper argues from a personal standpoint of an individual student experience that this can best be done in a clinical medical setting.

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Document 87
Hoole, Stephen; Fry, Andrew; Hodson, Daniel; and Davies, Rachel
CASES FOR PACES
Call number: RC66.H646 2010

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Dickenson, Donna; Huxtable, Richard; and Parker, Michael
THE CAMBRIDGE MEDICAL ETHICS WORKBOOK
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Document 89
Al Sayyari, Abdulla; Yateem, Thamer; Ashour, Tareef
Bioethics statements agreement levels among medical students - comparison between problem-based and traditional medical curricula.
Medical teacher 2010; 32(6): 535-6
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Document 90
Ghias, Kulsoom; Ahmer, Syed
Guarding the guardians: Bioethics curricula for psychiatrists-in-training in developing countries.
International review of psychiatry (Abingdon, England) 2010; 22(3): 294-300
Abstract: A good physician must be both clinically and ethically competent. High ethical standards are especially important in psychiatry in which several unique challenges present due to a vulnerable patient population, intimate physician-patient relationships, diagnoses made on signs and symptoms rather than irrefutable laboratory investigations, and therapeutic options directed at altering thinking and behaviour. It is critical that psychiatric training equip practitioners with the ability to identify ethical dilemmas in clinical practice and research and respond appropriately. Despite a call to action and the development of guidelines for ethical practice by several regulatory bodies, formal ethics teaching in psychiatry training programmes is still in embryonic stages in the developed world and virtually non-existent in the developing world. Here we highlight the current status of bioethics teaching in psychiatry residency programmes in Pakistan, an example of a developing country where such training is vital, as unethical practices abound in resource-poor settings where clinical and research practices are non-transparent and there are no effective regulatory, legal and accountability bodies. It is critical and urgent that needs-responsive bioethics curricula are developed, institutionalized and implemented in medical schools and post-graduate training programs across the developing world. [Box: see text] [Box: see text].
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Document 91
Ju, Young-Su
Evaluation of a team-based learning tutor training workshop on research and publication ethics by faculty and staff participants.
Journal of educational evaluation for health professions 2009 December 20; 6: 5
Abstract: A team-based Learning (TBL) tutor training workshop on research and publication ethics was offered to 8 faculty members and 3 staff at Hallym University in 2009. To investigate the effect of the workshop and any attitude changes, a questionnaire survey was performed after the 8-hr course. Questions in four categories-general course content, change in attitudes toward research and publication ethics, the TBL format, and an open-ended question
about the course—were included. Participants responded positively to all items on general course content. There was a positive change in attitude on research and publication ethics. Participants also responded positively to six items on team-based learning. The overall positive response to the workshop on research and publication ethics suggested the effectiveness of this kind of TBL tutor training course for university faculty and staff.

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**Document 92**

*d'Oronzio, Joseph C*

**Remedial ethics programs for physicians and dentists.**

**Abstract:** Both Bebeau's program for ethics remediation of dentists in Minnesota and ProBE, a nationwide ethics remediation program for physicians and other health professions, grew out of society's concern in the 1960s for responsibility and accountability of those in authority, including professionals. The ProBE program is described, and differences between it and Bebeau's program are highlighted. The ProBE program is a bit shorter in duration and focused on specific, individual ethical violations. It uses tensions--such as the contract between knowing what is right and doing what is wrong--to develop personal insights. A multidisciplinary team of several coaches is used in the ProBE model, and it does not depend on pre- and post-course gain scores. Bebeau's approach may be more readily adapted to predoctoral education, since it is more generic and theoretically based in the Rest model, whereas ProBE is grounded in the real and specific ethical violations of individual practitioners.

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**Document 93**

*Martin, Jean*

**La Bioéthique entre théorie et pratique, entre doctrines et contextes**

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**Document 94**

*Kallenberg, Brad J.*

**Teaching engineering ethics by conceptual design: the somatic marker hypothesis.**

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[http://www.springerlink.com/content/120482/](http://www.springerlink.com/content/120482/) (link may be outdated)

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*Passino, Kevin M.*

**Educating the humanitarian engineer.**

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Document 96
Hamadani, Fadi; Saciragic, Lana; McCarthy, Anne
Ethics in global health: the need for evidence-based curricula.
McGill journal of medicine : MJM : an international forum for the advancement of medical sciences by students 2009 November 16; 12(2): 120
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Document 97
Bioethics course launches for middle and high school students

Document 98
Lakhan, Shaheen E; Hamlat, Elissa; McNamee, Turi; Laird, Cyndi
Time for a unified approach to medical ethics.
Philosophy, ethics, and humanities in medicine : PEHM 2009 September 8; 4: 13
Abstract: A code of ethics is used by individuals to justify their actions within an environment. Medical professionals require a keen understanding of specific ethical codes due to the potential consequences of their actions. Over the past thirty years there has been an increase in the scope and depth of ethics instruction in the medical profession; however the teaching of these codes is still highly variable. This inconsistency in implementation is problematic both for the medical practitioner and for the patient; without standardized training, neither party can be assured of the practitioner's overall depth of knowledge. Within the field of ethics certain principles have reached a consensus of importance. Incorporation of these concepts in meaningful ways via a consistent curriculum would provide students with an appropriate skill set for navigating their ethical environment. Moreover, this curriculum should also be extended to residents and professionals who may have missed formal ethical training. This would provide a consistent framework of knowledge for practitioners, creating a basis for clear judgment of complex issues.
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Hayase, Yukitoshi
[Present status and the future issues of the ethics education in the department of pharmacy]
Yakugaku zasshi 2009 July; 129(7): 785-792
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Document 100
Bercovitch, Lionel; Long, Thomas P.
Ethics education for dermatology residents.
Clinics in Dermatology 2009 July-August; 27(4): 405-410
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**Document 101**

Benari, Gili

**Teaching ethics in religious or cultural conflict situations: a personal perspective**

Nursing Ethics 2009 July; 16(4): 429-435

**Abstract:** This article portrays the unique aspects of ethics education in a multicultural, multireligious and conflict-based atmosphere among Jewish and Arab nursing students in Jerusalem, Israel. It discusses the principles and the methods used for rising above this tension and dealing with this complicated situation, based on Yoder's 'bridging' method. An example is used of Jewish and Arab students together implementing two projects in 2008, when the faculty decided to co-operate with communities in East Jerusalem, the Arab side of the city. The students took it upon themselves to chaperon the teachers who came to watch them at work, translate, and facilitate interaction with a guarded and suspicious community. This approach could also be relevant to less extreme conditions in any inter-religious environment when trying to produce graduates with a strong ethical awareness.

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Chung, Christopher A; Alfred, Michael

**Design, development, and evaluation of an interactive simulator for engineering ethics education (SEEE).**

Science and Engineering Ethics 2009 June; 15(2): 189-199

[View the full text link](http://www.springerlink.com/content/120482/) (link may be outdated)

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**Document 103**

Benatar, D.

**Teaching moral theories is an option: reply to Rob Lawlor.**

Journal of Medical Ethics 2009 June; 35(6): 395-396

**Abstract:** In his response to my earlier criticism, Rob Lawlor argues that the benefits I suggest can be derived from teaching moral theories in applied ethics courses can be obtained in other ways. In my reply, I note that because I never claimed the benefits could be obtained only from teaching moral theories, Dr Lawlor's response fails to refute my earlier argument that some attention to moral theories is an option in applied ethics courses.

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[View the full text link](http://jme.bmj.com) (link may be outdated)

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**Document 104**

Chattopadhyay, Subrata

**Teaching ethics in an unethical setting: "doing nothing" is neither good nor right**

Indian Journal of Medical Ethics 2009 April-June; 6(2): 93-96

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**Document 105**

Miksanek, Tony

**Bioethics at the Movies, edited by Sandra Shapshay [book review]**

JAMA: The Journal of the American Medical Association 2009 March 18; 301(11): 1180- 1181
Ogundiran, T O; Omotade, O O

**Bioethics in the medical curriculum in Africa.**

**Abstract:** Many new innovations and advances are introduced into life and the sciences at a pace faster than any single individual can keep up with but human beings adjust to these changes at a much slower pace. Development is at snail speed in many developing countries and supersonic in the developed world and yet these have to interrelate. The introduction of medical technology and advances into developing countries is sometimes done haphazardly and often without prior appropriate education and decision making process. This has the potential to create dilemmas among stakeholders and engender conflicts with culture, religion and societal norms. A good grounding in the study of bioethical principles and theories is relevant to addressing current and evolving issues with changing biotechnology and shifting landmarks in today's highly technical clinical medicine. The knowledge and utilization of these principles should limit the occurrence of many scandals in the form and magnitude already recorded in the history of biomedical research and practice. While the debate as to whether ethics can be taught will continue, bioethics education provides the requisite knowledge and skill that are applicable at the bedside and in biomedical research. Some evidence has shown that formal teaching of ethics impacts positively on physicians and medical students’ attitudes in the care of patients. In this paper we propose that bioethics as a distinct course should be incorporated into medical curriculum in Africa. The integration of bioethics as a required subject in the medical curriculum would have a positive impact on all aspects of health care and research. Real or assumed obstacles are not justifiable reasons for further delay in implementing this initiative.

Saab, Basem-Roberto; Sidani, Nisrine; Merheb, Marie; Mahmassani, Dina; Ghaddar, Fatima; Hamadeh, Ghassen

**Zooming in to health ethics: an action to promote ethics.**
Family Medicine 2009 January; 41(1): 17-21

Berbari, Adel E.

**Retraction: "Current trends in medical ethics education".**
Le Journal médical libanais = The Lebanese Medical Journal 2009 January-March; 57(1): 1

Minicozzi, Alessia

**DOCTORS IN TRANSITION: THE SOCIALIZATION AND BIOETHICS OF THE FIRST-YEAR ATTENDING**

Green, Stuart A
Let's teach moral reasoning to the next generation of doctors.

Medscape journal of medicine 2009; 11(1): 11

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National Institutes of Health [NIH] (United States); Education Development Center [EDC]
Exploring Bioethics. NIH Curriculum Supplement Series. Grades 9-12
Bethesda, MD: National Institutes of Health [NIH], 2009: [multiple pages]

http://science.education.nih.gov/StateStandards/ (link may be outdated)

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Gillam, Lynn
Teaching ethics in health professions
Call number: R724 .C616 2009

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Goldberg, Judah L.
The moral education of medical students
Call number: QH332 .P46 2009

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Bioethical Issues - Educational Fact Sheets

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Asghari, Fariba; Samadi, Aniseh; Dormohammadi, Taraneh
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Document 116

Naqvi, Rubina
Teaching bioethics to medical technology students in Pakistan
October 15

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http://journals.tums.ac.ir/ (link may be outdated)

Document 117

Wajahat, Yasmin

**Biomedical ethics teachings to postgraduate doctors**


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http://journals.tums.ac.ir/ (link may be outdated)

Document 118

Saeed, Nausheen

**An innovative method of self-education through a bioethics group: the Ziauddin experience, Karachi, Pakistan**


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http://journals.tums.ac.ir/ (link may be outdated)

Document 119

Öztürk Türkmen, Hafize

**Medical ethics education and the Turkish experience: medical education = Tıp Etigi Egitimi ve Türkiye Deneyimi**


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http://tipbilimleri.turkiyeklinikleri.com/download_pdf.php?id=53461 (link may be outdated)

Document 120

Gibson, Pamela A.

**Teaching Ethical Decision Making: Designing a Personal Value Portrait to Ignite Creativity and Promote Personal Engagement in Case Method Analysis**

Ethics and Behavior 2008 December; 18(4): 340-352

**Abstract:** The case method approach to introducing ethical issues is a traditional tool for applying critical thinking skills to a specific dilemma (Beauchamp & Childress, 2001). It allows for personal reflection and clarification of an individual's conceptual framework for deciding what is and is not ethical behavior. However, it also affords the student distance from the story line and may, through providing a retrospective critique, prevent sufficient challenge to the student to articulate and defend personal value assessments in addressing the ethical dynamics reflected in the case. Providing teaching exercises that encourage the creation of language to form that conceptual framework
and a comfort in using that language allows the student to not only identify ethical issues but also recognize and more effectively communicate the struggles with molding a personal values portrait to apply to such cases.

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http://www.informaworld.com/smpp/title-db=all-content=g906017633 (link may be outdated)

* Article Document 121
Mumford, Michael D.; Connelly, Shane; Brown, Ryan P.; Murphy, Stephen T.; Hill, Jason H.; Antes, Alison L.; Waples, Ethan P.; Devenport, Lynn D.
**A Sensemaking Approach to Ethics Training for Scientists: Preliminary Evidence of Training Effectiveness**
Ethics and Behavior 2008 December; 18(4): 315-339
**Abstract:** In recent years, we have seen a new concern with ethics training for research and development professionals. Although ethics training has become more common, the effectiveness of the training being provided is open to question. In the present effort, a new ethics training course was developed that stresses the importance of the strategies people apply to make sense of ethical problems. The effectiveness of this training was assessed in a sample of 59 doctoral students working in the biological and social sciences using a pre-post design with follow-up and a series of ethical decision-making measures serving as the outcome variable. Results showed not only that this training led to sizable gains in ethical decision making but also that these gains were maintained over time. The implications of these findings for ethics training in the sciences are discussed.

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http://www.informaworld.com/smpp/title-db=all-content=g906017633 (link may be outdated)

* Article Document 122
Berthélemy, Jean-Claude; Gros, François
**Avant-propos. Twenty-third Academy of Ethical and Political Sciences, Quay of Conti, 75006 Paris, France**
Comptes Rendus Biologies 2008 December; 331(12): 901-902

Georgetown users check [Georgetown Journal Finder](http://www.informaworld.com/smpp/title-db=all-content=g906017633) for access to full text

* Article Document 123
Hagemeister, Dirk
**“Erasmus mundus master in bioethics” der Universitäten Löwen, Nimwegen und Padua**
Ethik in der Medizin 2008 December; 20(4): 336-338

Georgetown users check [Georgetown Journal Finder](http://www.informaworld.com/smpp/title-db=all-content=g906017633) for access to full text

* Article Document 124
Dunn, Michael C.; Gurtin-Broadbent, Zeynep; Wheeler, Jessica R.; Ives, Jonathan
**Jack of all trades, master of none? Challenges facing junior academic researchers in bioethics [editorial]**
Clinical Ethics 2008 December; 3(4): 160-163

Georgetown users check [Georgetown Journal Finder](http://www.informaworld.com/smpp/title-db=all-content=g906017633) for access to full text

* Article Document 125
Lawlor, R.
Against moral theories: reply to Benatar
Journal of Medical Ethics 2008 November; 34(11): 826-828

Abstract: D Benatar argues that in the author's recent article Moral theories in teaching applied ethics, the author overlooked important roles that could be played by moral theories in such teaching. In this reply, the cases that Benatar suggests are considered and for each an alternative approach is suggested that will avoid the costs discussed in the original paper and will also be a more effective response to that particular issue.

http://www.jmedethics.com (link may be outdated)

* Document 126
Miller, Greg
Students learn how, not what, to think about difficult issues. A novel bioethics program trains teachers to help students confront challenges in the classroom -- and in their lives.
Science 2008 October 10; 322(5899): 186-187

http://www.sciencemag.org (link may be outdated)

* Document 127
Correa, Francisco Javier León
Enseñar bioética: cómo trasmitir conocimientos, actitudes y valores [Teaching bioethics: how to transmit knowledge, attitudes, values]
Revista Selecciones de Bioética 2008 October; (14): 77-86

http://www.javeriana.edu.co/bioetica (link may be outdated)

* Document 128
Sokol, Daniel K.
Argus and the cyclops in the clinic: improving moral vision should be the first step in teaching ethics in medicine
BMJ: British Medical Journal 2008 September 13; 337(7670): 607

http://www.bmj.com (link may be outdated)

* Document 129
Pastor García, Luis Miguel
Creencias religiosas y quehacer bioético. = Religious beliefs and the bioethical job
Cuadernos de Bioética 2008 September-December; 19(67): 485-494

http://www.javeriana.edu.co/bioetica (link may be outdated)
**Document 130**
Lloyd, Peter; van de Poel, Ibo

**Designing games to teach ethics.**

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**Document 131**
Brock, Meagan E.; Vert, Andrew; Kligyte, Vykinta; Waples, Ethan P.; Sevier, Sydney T.; Mumford, Michael D.

**Mental models: an alternative evaluation of a sensemaking approach to ethics instruction.**
Science and Engineering Ethics 2008 September; 14(3): 449-472

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**Document 132**
Buyx, Alena M.; Maxwell, Bruce; Schöne-Seifert, Bettina

**Challenges of educating for medical professionalism: who should step up to the line?**
Medical Education 2008 August; 42(8): 758-764

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**Document 133**
Cruess, Sylvia R.; Cruess, Richard L.

**Understanding medical professionalism: a plea for an inclusive and integrated approach**
Medical Education 2008 August; 42(8): 755-757

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**Document 134**
Kligyte, Vykinta; Marcy, Richard T.; Waples, Ethan P.; Sevier, Sydney T.; Godfrey, Elaine S.; Mumford, Michael D.; Hougen, Dean F.

**Application of a sensemaking approach to ethics training in the physical sciences and engineering**
Science and Engineering Ethics 2008 June; 14(2): 251-278

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**Document 135**
Salerno, Judith A.

**Restoring trust through bioethics education?**
Academic Medicine 2008 June; 83(6): 532-534

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http://www.academicmedicine.org/ (link may be outdated)
Document 136
Chadwick, Ruth; Schüklek, Udo
Attend the 9th World Congress of Bioethics!
Bioethics 2008 May; 22(4): ii
Georgetown users check Georgetown Journal Finder for access to full text

* Document 137
Wocial, Lucia D.; Grady, Christine; Danis, Marion; Soeken, Karen L.; O'Donnell, Patricia; Taylor, Carol; Farrar, Adrienne; Ulrich, Connie M.
An urgent call for ethics education
Georgetown users check Georgetown Journal Finder for access to full text
http://bioethics.net (link may be outdated)

* Document 138
Brodwin, Paul; Grady, Christine; Danis, Marion; Soeken, Karen L.; O'Donnell, Patricia; Taylor, Carol; Farrar, Adrienne; Ulrich, Connie M.
Mixed methods and bioethics pedagogy: suggestions for future research
Georgetown users check Georgetown Journal Finder for access to full text
http://bioethics.net (link may be outdated)

* Document 139
White, Karolyn Leslea; Carey, Michael; Kerridge, Ian; Grady, Christine; Danis, Marion; Soeken, Karen L.; O'Donnell, Patricia; Taylor, Carol; Farrar, Adrienne; Ulrich, Connie M.
Seeking proof where the subject is ill-defined and the outcomes limited
Georgetown users check Georgetown Journal Finder for access to full text
http://bioethics.net (link may be outdated)

* Document 140
Jotkowitz, A.; Gesundheit, B.; Grady, Christine; Danis, Marion; Soeken, Karen L.; O'Donnell, Patricia; Taylor, Carol; Farrar, Adrienne; Ulrich, Connie M.
Comforting presence: the role of nurses and social workers in clinical ethics
Georgetown users check Georgetown Journal Finder for access to full text
http://bioethics.net (link may be outdated)
The challenge of research on ethics education

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http://bioethics.net (link may be outdated)

Does ethics education influence the moral action of practicing nurses and social workers?
American Journal of Bioethics 2008 April; 8(4): 4-11

Abstract: PURPOSE/METHODS: This study investigated the relationship between ethics education and training, and the use and usefulness of ethics resources, confidence in moral decisions, and moral action/activism through a survey of practicing nurses and social workers from four United States (US) census regions. FINDINGS: The sample (n = 1215) was primarily Caucasian (83%), female (85%), well educated (57% with a master's degree). no ethics education at all was reported by 14% of study participants (8% of social workers had no ethics education, versus 23% of nurses), and only 57% of participants had ethics education in their professional educational program. Those with both professional ethics education and in-service or continuing education were more confident in their moral judgments and more likely to use ethics resources and to take moral action. Social workers had more overall education, more ethics education, and higher confidence and moral action scores, and were more likely to use ethics resources than nurses. CONCLUSION: Ethics education has a significant positive influence on moral confidence, moral action, and use of ethics resources by nurses and social workers.

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http://bioethics.net (link may be outdated)

Die entwicklung emotionaler Kompetenz in einzelfallbezogenen Lernarrangements = Development of emotional competence in medical ethics training

Georgetown users check Georgetown Journal Finder for access to full text

On using ethical theories to teach engineering ethics
Science and Engineering Ethics 2008 March; 14(1): 111-120

Georgetown users check Georgetown Journal Finder for access to full text

Using cases with contrary facts to illustrate and facilitate ethical analysis

Molewijk, A.C.; Abma, T.; Stolper, M.; Widdershoven, G.

Teaching ethics in the clinic. The theory and practice of moral case deliberation
Journal of Medical Ethics 2008 February; 34(2): 120-124

Abstract: A traditional approach to teaching medical ethics aims to provide knowledge about ethics. This is in line with an epistemological view on ethics in which moral expertise is assumed to be located in theoretical knowledge and not in the moral experience of healthcare professionals. The aim of this paper is to present an alternative, contextual approach to teaching ethics, which is grounded in a pragmatic-hermeneutical and dialogical ethics. This approach is called moral case deliberation. Within moral case deliberation, healthcare professionals bring in their actual moral questions during a structured dialogue. The ethicist facilitates the learning process by using various conversation methods in order to find answers to the case and to develop moral competencies. The case deliberations are not unique events, but are a structural part of the professional training on the work floor within healthcare institutions. This article presents the underlying theory on (teaching) ethics and illustrates this approach with an example of a moral case deliberation project in a Dutch psychiatric hospital. The project was evaluated using the method of responsive evaluation. This method provided us with rich information about the implementation process and effects the research process itself also lent support to the process of implementation.

http://www.jmedethics.com (link may be outdated)

Hunter, David, L.

Using the community of inquiry methodology in teaching bioethics: a focus on skills development

Unesco's Ethics Education Programme
Journal of Medical Ethics 2008 January; 34(1): 57-59

Abstract: Unesco initiated the Ethics Education Programme in 2004 at the request of member states to reinforce and increase the capacities in the area of ethics teaching. The programme is focused on providing detailed information about existing teaching programmes. It also develops and promotes teaching through proposals for core curricula, through a training course for ethics teachers and by distributing educational resources to support programmes.

http://www.jmedethics.com (link may be outdated)

Provincial Health Ethics Network (PHEN)

Abstract: Dr. Michael Stingl "features interviews with the series' speakers on topics such as the role of moral theory in practice." [description from PHEN site]
Document 150
**Issues at the End of Life: Caring Ethically: Peter A. Singer (2008)**
Provincial Health Ethics Network (PHEN)
**Abstract:** Dr. Peter Singer "introduces end-of-life issues such as withholding versus withdrawing care, nutrition and hydration, euthanasia, and advance directives." [description from PHEN site]

Document 151
**In Need of a Map! Concepts and Frameworks in Ethical Decision Making: Patricia Rodney & Michael McDonald (2008)**
Provincial Health Ethics Network (PHEN)
**Abstract:** Dr. Paddy Rodney and Dr. Michael McDonald "discuss the concepts of group dynamics, deliberation and decision-making as they relate to clinical care." [description from PHEN site]

Document 152
**More Sides to the Story: Faith Based Perspectives: Mary Lou Cranston (2008)**
Provincial Health Ethics Network (PHEN)
**Abstract:** [description from PHEN site]

Document 153
**Ethics in a World of Difference: Challenges of Human Diversity: Alice Dreger (2008)**
Provincial Health Ethics Network (PHEN)
**Abstract:** Dr. Alice Dreger "explores how particular groups in our society have been subjugated, and how we might respond to their claims." [description from PHEN site]

Document 154
Provincial Health Ethics Network (PHEN)
**Abstract:** Dr. Edmund D. Pellegrino "explains the history and nature of virtue ethics and its role in patient care decisions." [description from PHEN site]
Document 155
Provincial Health Ethics Network (PHEN)
Abstract: Dr. James Childress "explores autonomy, the hallmark principle of bioethics in Western societies, with a view to gaining a deeper understanding of its role." [description from PHEN site]

http://www.phen.ca/publications/ (link may be outdated)

Document 156
Provincial Health Ethics Network (PHEN)
Abstract: Dr. Robert Veatch "examines the principles of autonomy, beneficence, non-maleficence and justice and discusses their strengths and limitations." [description from PHEN site]

http://www.phen.ca/publications/ (link may be outdated)

Document 157
Duties or Consequences: Foundational Ideas: Alister Browne (2008)
Provincial Health Ethics Network (PHEN)
Abstract: Dr. Alister Browne "explores the differences between duty-based and utilitarian normative theories and where these fit within the broader context of ethics" [description from PHEN site]

http://www.phen.ca/publications/ (link may be outdated)

Document 158
Macer, Darryl R.J.
MORAL GAMES FOR TEACHING BIOETHICS
Call number: QH332 .M332 2008

Document 159
Leinhos, Mary R.
THE LOGIC AND LEGITIMACY OF AMERICAN BIOETHICS
Call number: R724 .L415 2008

Document 160
Esfahani, Mohamed Mehdi
Öärurat-e baznegari dar nezame olume pezeshgi bar payeh fegh-e Īslai = Reasons to review the current medical education system and adapt it with Fiqh and Islam
Abstract: The speaker presented the new challenges in the system of medical education and suggested new methods of education considering Fiqh and Islamic ethics.
Sachedina, Abdulaziz

Defining the pedagogical parameters of Islamic bioethics
Call number: R725.59 .M87 2008

Bella, Hassan

Islamic medical ethics: what and how to teach
Call number: R725.59 .M87 2008

Fornasier, Dianna

Teaching ethical leadership through the use of critical incident analysis.
Creative Nursing 2008; 14(3): 116-121

Ellaway, Rachel

eMedical teacher
Medical Teacher 2008; 30(6): 648-649

McKneally, Martin F.; Singer, Peter A.

Teaching bioethics to medical students and postgraduate trainees in the clinical setting
Call number: QH332 .C36 2008

Sokol, Daniel K.

A perforated education
BMJ:British Medical Journal 2007 December 8; 335(7631): 1186

http://www.bmj.com (link may be outdated)
Ravindran, G. D.

**Bioethics Education in India. Presentation at National Bioethics Conference-2**

Bangalore, 2007 December 6-8: 45 slides. [Online]. Accessed:
http://nbc.ijme.in/nbcpdfs/RAVINDRAN%20BIOETHICS%20EDUCATION.pdf [2010 September 21]

http://nbc.ijme.in/nbcpdfs/RAVINDRAN%20BIOETHICS%20EDUCATION.pdf (link may be outdated)

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Sokol, Daniel K.

**William Osler and the jubjub of ethics; or how to teach medical ethics in the 21st century**

Journal of the Royal Society of Medicine 2007 December; 100(12): 544-546

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Donchin, Anne

**Moving toward gender justice [editorial]**

Bioethics 2007 November; 21(9): ii-iii

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Oguz, N. Yasemin; Kavas, M. Volkan; Aksu, Murat

**Teaching thanatology: a qualitative and quantitative study**

Eubios Journal of Asian and International Bioethics 2007 November; 17(6): 172-177

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http://www.unescobkk.org/index.php?id=2434 (link may be outdated)

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Verma, K. K.; Saxena, Rashmi

**Bioethics education: a response to Viveka [response]**


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http://www.unescobkk.org/index.php?id=2434 (link may be outdated)

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Volandes, Angelo

**Medical ethics on film: towards a reconstruction of the teaching of healthcare professionals**

Journal of Medical Ethics 2007 November; 33(11): 678-680

**Abstract:** The clinical vignette remains the standard means by which medical ethics are taught to students in the healthcare professions. Although written or verbal vignettes are useful as a pedagogic tool for teaching ethics and introducing students to real cases, they are limited, since students must imagine the clinical scenario. Medical
ethics are almost universally taught during the early years of training, when students are unfamiliar with the clinical reality in which ethics issues arise. Film vignettes fill in that imaginative leap. By providing vivid details with images, film vignettes offer rich and textured details of cases, including the patient's perspective and the clinical reality. Film vignettes provide a detailed ethnography that allows for a more complete discussion of the ethical issues. Film can serve as an additional tool for teaching medical ethics to members of the healthcare professions.

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* Document 173
Moodley, Keymanthri

Teaching medical ethics to undergraduate students in post-apartheid South Africa, 2003-2006
Journal of Medical Ethics 2007 November; 33(11): 673-677

Abstract: The apartheid ideology in South Africa had a pervasive influence on all levels of education including medical undergraduate training. The role of the health sector in human rights abuses during the apartheid era was highlighted in 1997 during the Truth and Reconciliation Commission hearings. The Health Professions Council of South Africa (HPCSA) subsequently realised the importance of medical ethics education and encouraged the introduction of such teaching in all medical schools in the country. Curricular reform at the University of Stellenbosch in 1999 presented an unparalleled opportunity to formally introduce ethics teaching to undergraduate students. This paper outlines the introduction of a medical ethics programme at the Faculty of Health Sciences from 2003 to 2006, with special emphasis on the challenges encountered. It remains one of the most comprehensive undergraduate medical ethics programmes in South Africa. However, there is scope for expanding the curricular time allocated to medical ethics. Integrating the curriculum both horizontally and vertically is imperative. Implementing a core curriculum for all medical schools in South Africa would significantly enhance the goals of medical education in the country.

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http://www.jmedethics.com (link may be outdated)

* Document 174
Benatar, D.

Moral theories may have some role in teaching applied ethics
Journal of Medical Ethics 2007 November; 33(11): 671-672

Abstract: In a recent paper, Rob Lawlor argues that moral theories should not be taught in courses on applied ethics. The author contends that Dr Lawlor's arguments overlook at least two important roles that some attention to ethical theories may play in practical ethics courses. The conclusion is not that moral theory must be taught, but rather that there is more to be said for it than Dr Lawlor's arguments reveal.

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* Document 175
Leget, Carlo; Olthuis, Gert

Compassion as a basis for ethics in medical education
Journal of Medical Ethics 2007 October; 33(10): 617-620

Abstract: The idea that ethics is a matter of personal feeling is a dogma widespread among medical students. Because emotivism is firmly rooted in contemporary culture, the authors think that focusing on personal feeling can be an important point of departure for moral education. In this contribution, they clarify how personal feelings can be a solid basis for moral education by focusing on the analysis of compassion by the French phenomenologist Emmanuel Housset. This leads to three important issues regarding ethics education: (1) the necessity of a
continuous attention for and interpretation of the meaning of language, (2) the importance of examining what aspect of "the other" touches one and what it is that evokes the urge to act morally and (3) the need to relate oneself to the community, both to the medical community and to collectively formulated rules and laws. These issues can have a place in medical education by means of an ethical portfolio that supports students in their moral development. First, keeping a portfolio will improve their expression of the moral dimension of medical practice. Second, the effects of self-knowledge and language mastery will limit the pitfalls of emotivism and ethical subjectivism and will stimulate the inclination to really encounter the other. Third, it will show medical students from the start that their moral responsibility is more than following rules and that they are involved personally.

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**Document 176**

Claudot, Frédérique; Alla, François; Ducrocq, Xavier; Coudane, Henry

**Teaching ethics in Europe**

Journal of Medical Ethics 2007 August; 33(8): 491-495

**Abstract:** AIM: To carry out an appropriate overview and inventory of the teaching of ethics within the European Union Schools of Medicine. METHODS: A questionnaire was sent by email to 45 randomly selected medical schools from each of 23 countries in the European Union in February 2006. RESULTS: 25 schools of medicine from 18 European countries were included (response rate = 56%). In 21 of 25 medical schools, there was at least one ethics module. In 11 of 25 medical schools, the teaching of ethics was transversal. Only one of the responding schools did not teach ethics. The mean time invested in ethics teaching was 44 h during the overall curriculum. CONCLUSIONS: Ethics now has an established place within the medical curriculum throughout the European Union. However, there is a notable disparity in programme characteristics among schools of medicine.

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**Document 177**

**Case study: Cross-cultural bioethics training program helps fight African brain drain [press release]**


**Document 178**

Viveka, Daphne

**Towards a philosophical framework for bioethics education in India – the role of religion and spirituality**


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**Document 179**

Macer, Darryl

**Bioethics education and discourse [editorial]**
Document 180
Buelens, Herman; Totté, Nicole; Deketelaere, Ann; Dierickx, Kris
Electronic discussion forums in medical ethics education: the impact of didactic guidelines and netiquette
Medical Education 2007 July; 41(7): 711-717
Georgetown users check Georgetown Journal Finder for access to full text

Document 181
Gunn, Thelma M.; Grigg, Lance M.; Pomahac, Guy A.
Critical thinking in science education: can bioethical issues and questioning strategies increase scientific understandings?
University of Calgary, [2007 June]: 27 p. [Online]. Accessed:

Document 182
Campbell, Alastair V.; Chin, Jacqueline; Voo, Teck-Chuan
How can we know that ethics education produces ethical doctors?
Medical Teacher 2007 June; 29(5): 431-436
Georgetown users check Georgetown Journal Finder for access to full text

Document 183
Lawlor, Rob
Moral theories in teaching applied ethics
Journal of Medical Ethics 2007 June; 33(6): 370-372
Abstract: It is argued, in this paper, that moral theories should not be discussed extensively when teaching applied ethics. First, it is argued that, students are either presented with a large amount of information regarding the various subtle distinctions and the nuances of the theory and, as a result, the students simply fail to take it in or, alternatively, the students are presented with a simplified caricature of the theory, in which case the students may understand the information they are given, but what they have understood is of little or no value because it is merely a caricature of a theory. Second, there is a methodological problem with appealing to moral theories to solve particular issues in applied ethics. An analogy with science is appealed to. In physics there is a hope that we could discover a unified theory of everything. But this is, of course, a hugely ambitious project, and much harder than, for example, finding a theory of motion. If the physicist wants to understand motion, he should try to do so directly. We would think he was particularly misguided if he thought that, to answer this question, he first needed to construct a unified theory of everything.

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http://www.jmedethics.com (link may be outdated)
Document 184
Macer, Darryl
UNESCO led initiatives in bioethics education in the region [abstract]
Eubios Journal of Asian and International Bioethics 2007 May; 17(3): 92
Georgetown users check Georgetown Journal Finder for access to full text
http://www.eubios.info/EJAIB52007.pdf (link may be outdated)

Document 185
Nechadi, Naadege; Plasai, Valaikanya
Drama and bioethics [abstract]
Eubios Journal of Asian and International Bioethics 2007 May; 17(3): 91
Georgetown users check Georgetown Journal Finder for access to full text
http://www.eubios.info/EJAIB52007.pdf (link may be outdated)

Document 186
Rajan, M. A. Jothi; Thaddeua, Arockiam; Mathavan, T.; Kumaran, P. Senthil
Perception of modern medical ethical issues by non-medical science graduates [abstract]
Eubios Journal of Asian and International Bioethics 2007 May; 17(3): 89-90
Georgetown users check Georgetown Journal Finder for access to full text
http://www.eubios.info/EJAIB52007.pdf (link may be outdated)

Document 187
Bazrafkan, L.; Tabei, S. Z.
The effectiveness of medical ethics workshop on different level of cognitive domain in dental students [poster presentation]
Eubios Journal of Asian and International Bioethics 2007 May; 17(3): 86
Georgetown users check Georgetown Journal Finder for access to full text
http://www.eubios.info/EJAIB52007.pdf (link may be outdated)

Document 188
Thaddeus, Arockiam; Rajan, M. A. Jothi; Mathavan, T.; Kumaran, P. Senthil
Bioethics clubs in schools and colleges: challenges, prospects and benefits [poster presentation]
Eubios Journal of Asian and International Bioethics 2007 May; 17(3): 86
Georgetown users check Georgetown Journal Finder for access to full text
http://www.eubios.info/EJAIB52007.pdf (link may be outdated)
Pa, Chanroeun

A Buddhist model in promoting bioethics education in Cambodia [abstract]
Eubios Journal of Asian and International Bioethics 2007 May; 17(3): 79

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http://www.eubios.info/EJAIB52007.pdf (link may be outdated)

McGee, Glenn

Can bioethics be taught on the Internet? [editorial]
Scientist 2007 April; 21(4): 30

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Molewijk, Bert; Widdershoven, Guy

Report of the Maastricht meeting of the Europen Clinical Ethics Network
Clinical Ethics 2007 March; 2(1): 45

Georgetown users check Georgetown Journal Finder for access to full text

Slowther, Anne

UK clinical Ethics Network 6th Annual Conference: Ethics and the vulnerable patient
Clinical Ethics 2007 March; 2(1): 44-45

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Pegoraro, Renzo; Putoto, Giovanni

Findings from a European survey on current bioethics training activities in hospitals
Medicine, Health Care and Philosophy 2007 March; 10(1): 91-96

Abstract: While much work has been done on improving undergraduate education in bioethics, particularly in medicine, less has been said about continuing education of health care workers, particularly non-medical and nursing personnel. Hospitals bring together a variety of professional and non-professional groups in the place where clinical dilemmas are daily events, and would seem ideal places to conduct ongoing bioethics dialogue. Yet evidence that this is being achieved is sparse. The European Hospital (Based) Bioethics Program (EHBP) brings together both current and aspirant members of the EU as partners in a project that aims to assess the current situation with regard to bioethics education in hospitals, identify shortfalls, and address these. In order to achieve the first objective of the EHBP a survey of the current training activities (focused on activities in hospitals) in clinical bioethics in Europe was carried out. The results are presented in this paper, along with a discussion about the implications for the EHBP to address these issues.

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Shaping medical students’ attitudes toward ethically important aspects of clinical research: results of a randomized, controlled educational intervention

Ethics and Behavior 2007; 17(1): 19-50

Abstract: The effects of research ethics training on medical students' attitudes about clinical research are examined. A preliminary randomized controlled trial evaluated 2 didactic approaches to ethics training compared to a no-intervention control. The participant-oriented intervention emphasized subjective experiences of research participants (empathy focused). The criteria-oriented intervention emphasized specific ethical criteria for analyzing protocols (analytic focused). Compared to controls, those in the participant-oriented intervention group exhibited greater attunement to research participants' attitudes related to altruism, trust, quality of relationships with researchers, desire for information, hopes about participation and possible therapeutic misconception, importance of consent forms, and deciding quickly about participation. The participant-oriented group also agreed more strongly that seriously ill people are capable of making their own research participation decisions. The criteria-oriented intervention did not affect learners' attitudes about clinical research, ethical duties of investigators, or research participants' decision making. An empathy-focused approach affected medical students' attunement to research volunteer perspectives, preferences, and attributes, but an analytically oriented approach had no influence. These findings underscore the need to further examine the differential effects of empathy-versus analytic-focused approaches to the teaching of ethics. [ABSTRACT FROM AUTHOR]

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In: Bowman, Deborah; Spicer, John, eds. Primary Care Ethics. Oxford; New York: Radcliffe Pub., 2007: 172-191
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**Introducing the primer of medical ethics**

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**Critique of the "tragic case" method in ethics education**

*Journal of Medical Ethics* 2006 November; 32(11): 672-677

**Abstract:** It is time for the noon conference. Your job is to impart a career-changing experience in ethics to a group of students and interns gathered from four different schools with varying curriculums in ethics. They have just finished 1 1/2 h of didactic sessions and lunch. One third of them were on call last night. Your first job is to keep them awake. The authors argue that this "tragic case" approach to ethics education is of limited value because it limits understanding of moral problems to dilemmas; negates the moral agency of the student; encourages solutions that are merely intellectual; and suggests that ethical encounters are a matter for experts. The authors propose an alternative that focuses on three issues: the provider-patient relationship, the relationships between providers in the everyday world of health work and, the social position of healthcare providers in society. In this approach, teachers are not experts but more like guides on a journey who help students to learn that much of ethical practice comprises living through difficult situations of caring for vulnerable others and who help students to navigate some of these difficulties.

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**Educational advantage**

*Journal of Empirical Research on Human Research Ethics* 2006 September; 1(3): 5-8

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Abstract: In this paper, the author examines a style of teaching for a medical ethics course designed for medical students in their clinical years, a style that some believe conflicts with a commitment to analytic philosophy. The author discusses (1) why some find a conflict, (2) why there really is no conflict, and (3) the approach to medical ethics through narratives. The author will also argue that basing medical ethics on the use of narratives has problems and dangers not fully discussed in the literature.
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Family Medicine 2006 May; 38(5): 323-325

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Itai, K.; Asai, A.; Tsuchiya, Y.; Onishi, M.; Kosugi, S.
How do bioethics teachers in Japan cope with ethical disagreement among healthcare university students in the classroom? A survey on educators in charge
Journal of Medical Ethics 2006 May; 32(5): 303-308

Abstract: OBJECTIVE: The purpose of this study was to demonstrate how educators involved in the teaching of bioethics to healthcare university students in Japan would cope with ethical disagreement in the classroom, and to identify factors influencing them. METHODS: A cross sectional survey was conducted using self administered questionnaires mailed to a sample of university faculty in charge of bioethics curriculum for university healthcare students. RESULTS: A total of 107 usable questionnaires were returned: a response rate of 61.5%. When facing ethical disagreement in the classroom, coping behaviour differed depending on the topic of discussion, was influenced by educators' individual clear ethical attitudes regarding the topic of discussion, and was independent of many respondents' individual and social backgrounds. Among educators, it was commonly recognised that the purpose of bioethics education was to raise the level of awareness of ethical problems, to provide information about and knowledge of those issues, to raise students' sensitivity to ethical problems, and to teach students methods of reasoning and logical argument. Yet, despite this, several respondents considered the purpose of bioethics education to be to influence students about normative ethical judgments. There was no clear relationship, however, between ways of coping with ethical disagreement and educators' sense of the purpose of bioethics education. CONCLUSIONS: This descriptive study suggests that educators involved in bioethics education for healthcare university students in Japan coped in various ways with ethical disagreement. Further research concerning ethical disagreement in educational settings is needed to provide better bioethics education for healthcare students.

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Abstract: To characterise UK undergraduate medical ethics curricula and to identify opportunities and threats to teaching and learning. DESIGN: Postal questionnaire survey of UK medical schools enquiring about teaching and assessment, including future perspectives. PARTICIPANTS: The lead for teaching and learning at each medical school was invited to complete a questionnaire. RESULTS: Completed responses were received from 22/28 schools (79%). Seventeen respondents deemed their aims for ethics teaching to be successful. Twenty felt ethics should be learnt throughout the course and 13 said ethics teaching and learning should be fully integrated horizontally. Twenty felt variety in assessment was important and three tools was the preferred number. A shortfall in ethics core competencies did not preclude graduation in 15 schools. The most successful aspects of courses were perceived to be their integrated nature and the small group teaching; weaknesses were described as a need for still greater integration and the heavily theoretical aspects of ethics. The major concerns about how ethics would be taught in the future related to staffing and staff development. CONCLUSIONS: This study describes how ethics was taught and assessed in 2004. The findings show that, although ethics now has an accepted place in the curriculum, more can be done to ensure that the recommended content is taught and assessed optimally.  
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Abstract: Bioethics education in Poland has progressively incorporated the main bioethics principles: a spirit of dialogue, pluralism and multi-disciplinarity as well as the search for a consensus on the main social issues. However these characteristics are still very fragile because of specific Polish elements: the influence of the medical profession and its traditional and dogmatic ethics, the post-Communist heritage, cultural values and historic reasons.

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resulted in great transformations in the concepts of health and disease, health systems and healthcare organisation and practices. Those changes have been accompanied by the emergence of a broad range of ethical dilemmas that confront health professionals more frequently. The classical Hippocratic ethical principles, though still retaining their relevance and validity, have become insufficiently adequate in an increasing range of problems and situations. Healthcare that has been practised for centuries on the basis of a direct doctor-patient relationship has been increasingly transformed into a more complex process integrating the health-team, the patient (healthcare seeker) and the community. Systematic review of the specialised literatures revealed that Healthcare Ethics education has become a basic requirement for any training programme for health professionals, and should cover the different stages of undergraduate, postgraduate and continuing education. Both theoretical foundations and practical skills are required for the appropriate ethical reasoning, ethical attitude and decision-making abilities. There is growing evidence that physicians' professional and moral development is not only determined by the formal curriculum of ethics; rather more, it is determined by the moral environment of the professional practice, the 'hidden curriculum' which deserves serious consideration by medical education.

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Abstract: Beginning with an exemplary case study, this paper diagnoses and analyses some important strategies of evasion and factors of hindrance that are met in the teaching of medical ethics to undergraduate medical students. Some of these inhibitions are inherent to ethical theories; others are connected with the nature of medicine or cultural trends. It is argued that in order to avoid an attitude of evasion in medical ethics teaching, a philosophical theory of emotions is needed that is able to clarify on a conceptual level the ethical importance of emotions. An approach is proposed with the help of the emotion theory Martha Nussbaum works out in her book Upheavals of Thought. The paper ends with some practical recommendations.
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Abstract: The paper describes a two week course that has been offered as a special study module to intermediate level (second and third year) undergraduate medical students at Dundee University Medical School for the past five years. The course requires students to research the various aspects of ethical dilemmas that they have identified themselves, and to "teach" these issues to their colleagues in a short PowerPoint presentation as well as to prepare an extended 3000 word essay discussion. The course specifically asks students not to disclose their own ethical positions, as these are probably still in formation and the objective is to promote critical thinking capacity in ethical and moral issues as a prelude to the development of practical skills in dealing with clinical problems. The course is easy to resource for the school and has received universally high evaluations from the students since its inception.

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**Is bioethical training useful in preparing doctors to take decisions in the emergency room?**


**Abstract:** We study the decisions taken in five real cases by 178 doctors working in hospital emergency services and compare their decisions with those proposed a reference group composed of professionals with a master's degree in bioethics. The findings of our study point to an increased ability to take difficult decisions in critical situations involving the use of life-support measures in the emergency room. The group of professionals chosen as "gold standard", despite lacking the training and clinical preparation of emergency doctors, made decisions that were technically very close to the most suitable. In this respect, an adequate ethical training facilitated the taking of decisions that required the involvement of personally held values, underlining the need for such training in the case of professionals who will work in hospital emergency services.

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Abstract: We live in a world with enormous disparities in health. The life expectancy in Japan is 80 years; in Malawi, 40 years. The under-five mortality in Norway is 4/1000; in Sierra Leone, 316/1000. The situation is actually worse than these figures suggest because average rates tend to mask inequalities within a country. Several presidents of the IAB have urged bioethicists to attend to global disparities and to broaden the scope of bioethics. For the last six years I have tried to do just that. In this paper, I report and reflect on my attempts to teach bioethics in ways that address global health and justice. I then discuss ways to address key ethical issues in global health: the problem of inequalities; the nature of the duty to assist; the importance of the duty not to harm; the difference between a cosmopolitan and a political view of justice. I also discuss how teaching about global health may help to shift the emphasis in bioethics—from sensational cases to everyday matters, from autonomy and justice, and from access to healthcare to the social determinants of health. At the end of my paper, I reflect on questions that I have not resolved: how to delineate the scope of bioethics, whether my approach over-politicises bioethics, and how to understand the responsibilities of bioethicists.
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**Education, practice and bioethics: growing barriers to ethical practice**

**Abstract:** While Bioethics is now taught at all medical colleges in the United States as well as in other nations, and while discussions about Bioethics have become frequent in most medical journals there are increasing barriers to teaching and incorporating what has been taught into daily practice. I shall discuss some of these barriers and suggest that integrating the teaching of Bioethics throughout the curriculum after presenting some of the basic theory and methodology is the most effective way of teaching this vital subject. Furthermore, courses in health care ethics are often taught as something distinct and distinguishable from one's medical practice. I shall emphasize what I consider to be the failure of Bioethics to participate effectively in creating a context whereby what has been taught can be put into praxis. In this brief article I will discuss such barriers and suggest several approaches and remedies.

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Two concepts of medical ethics and their implications for medical ethics education


Abstract: People who discuss medical ethics or bioethics come to very different conclusions about the levels of agreement in the field and the implications of consensus among health care professionals. In this paper I argue that these disagreements turn on a confusion of two distinct senses of medical ethics. I differentiate (1) medical ethics as a subject in applied ethics from (2) medical ethics as the professional moral commitments of health care professions. I then use the distinction to explain its significant implications for medical ethics education. Drawing on the recent work of John Rawls, I also show the centrality of philosophy in medical ethics by illustrating how contemporary philosophy can be used to construct an ethical framework for the medical professions.

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Kelley, Maureen

The meanings of professional life: teaching across the health professions

Journal of Medicine and Philosophy 2002 August; 27(4): 475-491

Abstract: Most of professional ethics is grounded on the assumption that we can speak meaningfully about particular, insulated professions with aims and goals, that conceptually there exists a clear "inside and outside" to any given profession. Professional ethics has also inherited the two-part assumption from mainstream moral philosophy that we can speak meaningfully about agent-relative versus agent-neutral moral perspectives, and further, that it is only from the agent-neutral perspective that we can truly evaluate our professional moral aims, rules, and practices. Several important changes that have occurred, or are currently taking place, in the structure of the health care professions, challenge those assumptions and signal the need for teachers of professional ethics to rethink the content of what we teach as well as our teaching methods. The changes include: influences and critique from other professions and from those who are served by the health professions, and influences and critique from professionals themselves, including increased activism and dissent from within the professions. The discussion focuses on changes that have occurred in the health-related fields, but insofar as similar changes are occurring in other professions such as law and business, these arguments will have broader conceptual implications for the way we ought to think about professional ethics more generally.

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Wear, Stephen

Teaching bioethics at (or near) the bedside

Abstract: Many teachers of bioethics often express concern, in their writings and otherwise, about the theoretical basis (or lack of it) of bioethics and the allied issue of relativism. The companion articles by Tong and Momeyer are in this vein and rightly address such issues within the context of a liberal arts education. This article addresses such issues in a different venue, i.e., bioethics teaching in the clinical sphere of health care institutions. It presumes to suggest that many of these theoretical concerns, as well as the threat of relativism, seldom arise in this sphere. Rather, a broad based, well accepted body of moral truth has been fashioned over the last quarter century and it is this that clinical bioethics regularly keys to and to which most moral dilemmas are referred for resolution. The various forms of this pedagogy, e.g., case consultations or institutional policy statements, are charted out in this regard, as well as the often tactical character of much of this teaching, i.e., not "what should we do?", but "how might we best do it?". The article then goes on to conclude with a reflection on the use and abuse of power in clinical bioethics teaching and consultation.

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Tong, Rosemarie

Teaching bioethics in the new millennium: holding theories accountable to actual practices and real people

Abstract: Teaching bioethics in the new millennium requires its practitioners to confront a wide area of methodological alternatives. This essay chronicles the author's journey from the principlism of Beauchamp and Childress, through narrative and postmodern bioethics, to a complex feminist critique of postmodern bioethics that emphasizes functional human capabilities and the creation of structures that can facilitate free discussion of those capabilities and how best to realize them. Teaching bioethics concerns not only the acknowledgement of differences but also reminding ourselves of our samenesses. Sustained Habermasian democratic conversations might help us to escape the narrow confines of a postmodern bioethics of moral strangers for a richer world of moral friends.

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