

Reflection upon four versions of the ethics code for students of medicine

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Abstract

Based on documentary analysis, the way how ethics codes insert ethics in the medicine graduation is investigated, regarding the subject teaching and the compliance with requirements and restrictions part of training. Four Ethics Codes of the Medical Student were studied, reflected in the Code of Medical Ethics. Without references to the National Curricular Guidelines (which highlight the reflective education and the active construction of knowledge), the documents place the technique at the center of the future professional development, performing low critical limits regarding the ethical decision-making process. Since the codes do not provide assessments or sanctions about ethical rules being broken by the student, they reinforce the idea that professionalization arises exclusively from the technical aspect, thus minimizing the intrinsic ethical nature of professional practice. The difficulty of Councils to interfere in academia makes institutions responsible for elaborating documents and establishing discussion forums on ethics in education, under encouragement and assistance of the Councils.

Key words: Medical graduate education. Medical ethics. Bioethics.

Resumo

Reflexão sobre quatro versões do Código de Ética do Estudante de Medicina

Baseando-se em análise documental, investiga-se como os códigos inserem a ética na graduação em medicina, quanto ao ensino da temática e no cumprimento das prescrições e restrições pertinentes à formação. Foram estudados quatro Códigos de Ética do Estudante de Medicina, espelhados no Código de Ética Médica. Sem referências às Diretrizes Curriculares Nacionais (que destacam a formação reflexiva e a construção ativa do conhecimento), os documentos situam a técnica como centro do desenvolvimento do futuro profissional, reproduzindo limites pouco críticos quanto à tomada de decisões éticas. Como os códigos não trazem avaliações ou sanções relativas ao desrespeito de preceitos éticos pelo estudante, reforçam a ideia de a profissionalização decorrer exclusivamente da técnica, minimizando o aspecto ético intrínseco à prática profissional. A dificuldade da atuação de Conselhos nas academias responsabiliza as instituições a elaborar documentos e instituir fóruns de atuação, no âmbito da educação ética, sob incentivo e assessoria dos Conselhos.

Palavras-chave: Educação de graduação em medicina. Ética médica. Bioética.

Resumen

Reflexion sobre cuatro versiones del Código del Estudiante de Medicina

Basado en el análisis documental, se investiga cómo los códigos insertan la ética en la graduación en medicina, en relación a la enseñanza de la materia y en el cumplimiento de los requisitos y las restricciones relativas a la formación. Se estudiaron cuatro Códigos de Ética del Estudiante de Medicina, que se reflejan en el Código de Ética Médica. Sin hacer referencias a las Directrices Curriculares Nacionales (que destacan la formación reflexiva y la construcción activa del conocimiento), los documentos toman la técnica como centro del desarrollo del futuro profesional, presentando algunos límites poco críticos en la toma de decisiones éticas. Debido a que los códigos no proporcionan evaluaciones o sanciones para el incumplimiento de las normas éticas por parte del alumno, refuerzan la idea de que la profesionalización surge exclusivamente de los aspectos técnicos, reduciendo al mínimo el aspecto ético en la práctica profesional. La dificultad de la actuación de los Consejos en las instituciones académicas las hace responsables por la elaboración de documentos y por establecer foros de actuación en el ámbito de la educación, con estímulo y asesoramiento de los Consejos.

Palabras-clave: Educación de pregrado en medicina. Ética médica. Bioética.

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The hardest conviction to get into the mind of a beginner is that the education upon which he is engaged is not ... a medical course, but a life course, for which the work of a few years under teachers is but a preparation.

Sir William Osler, 1889 ¹

In the past decades the discussion on ethics in medicine has gone further beyond professional practice limits, reaching undergraduate students. This is justified, partially at least, by the fact that the degree in medicine, by exposing the student to various practical scenarios, by placing the need for setting conduct principles from the undergraduate's performance and relationship with their professors, peers, clinic team members and patients.

Some versions of the ethics code for students of medicine have been published, mainly the ones printed and distributed by regional councils of medicine of the Federal District (CRM/DF) ² and Sao Paulo (Cremesp) ³. Those documents explicitly mirror the current Code of Medical Ethics (CEM) enacted by the Federal Medical Council ⁴, in its 2009 version ⁵.

In this context, the questioning that leads this paper emerges: once CEM is applied to the standardization of medical professional conducts, in which way does the code of ethics for students of medicine incorporate to the matters related to ethics in the learning process? The study on the subject goes beyond the simple analysis of a number of documents, which may also trigger discussions between councils and students, with a view to elaborating future versions that are more current, in compliance to the profile that society demands from physicians.

Method

Documentary analysis of four issues were performed: *Ethics code for students of medicine* (Cremesp – National Directory of Medicine Students) ², *Ethics code for students of medicine* (CRM-DF) ³, *Ethics code proposal for students of medicine in Bahia* ⁶ and *Ethics code for students of medicine* (Academic center at the State University of Maringa – UEM) ⁷.

The documentary analysis is comprised of research strategy with scientific grounds, taking records in several different sorts of media as data source (from written texts to films, for instance), thus allowing concepts, realities and accomplishments to emerge, in the scope of expertise gathered on a specific subject ⁸. Common points in the afore-

mentioned documents were correlated as record units, highlighting the specifics of each publishing. Those items are constituted in core themes ⁹ for production of results and the following discussion, which is based on the dialogue between relevant national and international literature.

The investigated cores consist (a) of identifying a concept of health that leads ethics decisions correctly, (b) in critical discussion on the acceptance of competences and explicating those which are applicable to the ethics conduct for an undergraduate of medicine, in accordance to the Curricular Guidelines ¹⁰, (c) in discussion on methodologies that stimulate active building up of knowledge by the student and (d) in explicating applicable procedures, stages and sanctions for breaching ethics conducts by students. The analysis technique used the principles proposed by Franco ¹¹, searching for latent contents that might enable to perform interferences in the material studied.

Results and discussion

Despite they might have sourced from broad and profound conceptual discussions, the documents, as presented, share the feature that they do not explicitly stimulate the reflexive capacity of the student in their daily routine, especially as to what concerns the critical building of knowledge itself. There should be highlighted the inexistence of a reference concept for *health*, though next to it there is the responsibility with the health of subjects or communities. When it is stated that *choosing* the craft of medicine implicates in the *acceptance* of principles of ethic matters, ethics then becomes as though something previously established.

As far as the concept of *health* is concerned, the current reference literature is long, currently heading no longer towards the lack of illnesses or the perfect state of biopsychosocial well-being, but towards linking with one's *quality of life*, according to their own perception ¹². Thus, it would not be hard to include in the documents a definition that is able to lead critically ¹³ the student in their field of study whatever it would be as to what human health is (in single and group terms).

As to the term *acceptance*, it was considered in this analysis that it presumes consent, agreement, and compliance to precepts that already exist. Thus, it can denote an attempt to foster the student's passive nature in face of a reality that has already been established by others. Yet, the reflexive competence

is clearly valued in the profile wanted at the egress of courses in the field, in accordance to the National Curricular Guidelines of Graduate Courses on Medicine, which make clear the features a professional must develop so as to satisfy the need of the Brazilian Single Health System (SUS):

*Physician with general, humanist, critical and reflexive academic background. Capable to act, based on ethical principles, in the health-illness process in its different levels of care, with actions of promotion, prevention, recovery and rehabilitation to health, under the perspective of full assistance, with sense of social responsibility and commitment to citizenship, as a promoter of full health in the human being*¹⁰.

Documents examined also point out the centrality of practical activities (often named as *student's assignment*) as enabling factors for development (or *preparation*) of the future professional. However, the axis of practice as leading in the learning process, a legitimate and privileged fundament by some contemporary strategies of curricular outlining, is not theoretically-conceptually mentioned with accuracy, in spite of the strong ethical component implicitly involved. Among them, there are the *problematizing methodologies* of teaching and learning.

Although it has been used in medical learning for decades, problematization remains popular, given that it strengthens human inter-relations (with others and with institutions) by taking as learning object the work with health¹⁴. Experience with actual daily routine is valued and runs as one of the deflagrating factors of moments of theorization, or study, in the various sources available (mostly literary) selected by groups of students.

The constant conviviality with patients, relatives and the multi-professional health care team itself demands, more than any other mode of learning, attention to the extensive range of ethical matters of medical ethics, which might (and should) be resumed in codes, not in a normative way, but educative, privileging features and depth of the student's insertion in a relational dimension since the beginning of the course¹⁵. After all, this student, throughout his learning process, overreaching the academic physical limits, acts in diversified locations, such as basic health care units, performing follow-up from medical appointments to home visit of users.

Another aspect, among the previous ones, concerns the introduction of ethics as if not one of the competences to be developed in medical learning. Despite the multiple definitions of *competences* in

the pedagogical area, one of the common points regards *practical knowledge of doing*, and *practical intelligence*^{16,17}. Even more particularly, after extensive literary review published in the renowned *Jama*¹⁷, the ethical-moral dimension is pointed to as one of the six individualized dimensions in medical practice (along with cognitive/ technical; integrative; relational; contextual; of mental habits) to be developed and assessed by teaching institutions. It must be highlighted, however, the risk of a code that includes these aspects diverting to a behaviorist point of view¹⁸ of the student's conducts, limiting behaviors and conceptions to *right-wrong* judgment, in face of previously determined results.

At last, among the analysis of a number of other topics of high interest, attention was drawn by the fact that none of the researched documents mention any sort of assessment – and even less sanctions – in relation to disrespect, by the student, of recommendations or limitations expressed by the codes. As a matter of fact, although the aversive aspect of the term *assessment* itself, it constitutes an activity incorporated in our daily routine, as human beings¹⁹. Nevertheless, the same way that in the day-to-day life of every one of us, the assessment in the education field plays, above all, the role of qualifying performances and informing under criteria at which degree of accordance to the standards set by teaching institutions they are found, mirroring a set of goals, social expectations and expected developments from students for future professional practice.

There can be an understanding that class representatives (such as councils) have great difficulty interfering on the academic path taken by a student who is properly enrolled in a teaching institution and that, by not being professional yet, is not encompassed by a professional code, once responsibility flaws are detected in the preparation to professional practice, aspects related to several other professionals, patients and relatives, respect to human rights, among others. Councils' attributions, in these cases, consist of *assisting medical learning improvement*²⁰, being ethics subjected to a court whose actions may not reach directly students of medicine.

It is, therefore, in an educational process that councils can provide with subsidies to assess policies of the teaching institution for that determined professional area: firstly, by promoting activities that raise awareness and creating specific materials that present demand, expectations and limitations of users, individually or shared with other people that integrate the same culture, about the physician's role

and way of action. Afterwards, by promoting and debating the CEM, correlating professional actions to the learning of medicine.

Thus, ethical conduct (since its formulation until its assessment), in lieu of being *standardized* by a broad *legal* code, would be responsibility of institutions – except for aspects that, for their broadness and universality, must be common. In these broadly discussed and widespread documents there should be clear that, besides being submitted to ethical principles inherent to the future practice of medicine (the *professional* aspect of codes), the student has also his/her behavior prescribed by institutional standards (the *academic* aspect of codes). An experiment with such characteristics was reported by Athanazio et al.²¹ in the Federal University of Bahia Medical School, working as a strong inductor of the study of medical ethics, from philosophical fundamentals to decision making in situations of conflict that emerge on a daily basis, in society.

Final remarks

The conciliation between an ethics code for students of medicine mirrored on a professional code seems to be a complex initiative. The risk of *professionalizing* the learning process is present in all four codes examined, which constitute – though incomprehensively – more as prescriptive documents (legal) than educational. Thus, clearly ethical offenses from a institutional/academic perspective (frauds in assessment activities, insufficient study in face of the needs the course poses) are not mentioned in

the codes presented, which equally refrain from considering aspects that are essentially educational, oriented to prepare for future exercise of medical profession, which happens in multiple social scenarios.

Nonetheless, it is really unlikely for the codes coming from regulatory institutions to actually reach the learning process. This way, we believe that it falls on every school, after discussions with councils and academic community, the responsibility to produce their own general ethics and student code as a institutional standardizing document, but also – above all – educative. Schools are a level of hierarchy able to, in the scope of their own characteristics and attributions to teach, assess and eventually punish, via specific academic bodies, those who may have come to divert from disseminated ethical principles and legitimated in documents.

Councils would be accountable for the important functions, via periodic educative activities, as raising awareness of CEM and acting as consultants of schools in bioethics matters, contributing to the broader view enabled by their action. Along with that, ethics codes for students will be effectively educative documents, elaborated, developed, implemented and executed by the academic level, properly assisted by the professional regulatory sphere. This permanent search for what is present may be, despite controversy on the subject, submitted to oath taking along the course²², built up on commitments which students see as relevant for their professional learning and whose periodic systematization might originate coded documents.

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Reflection upon four versions of the ethics code for students of medicine

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Authors' participation in the paper

Ana Luiza Ract: assessment, data analysis and text elaboration. Jose Maia: conception of the article, methodological orientation and final text elaboration.

