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PhD in Pedagogical Sciences, Associate Professor, **LARYSA DUDIKOVA**
National Pirogov Memorial Medical University
Address: 3a/65 Pirogov St., Vinnytsia, 21018, Ukraine
E-mail: ldudikova@yahoo.com

TENDENCIES OF FUTURE DOCTORS' ETHICAL COMPETENCE FORMATION AT MEDICAL UNIVERSITIES IN EUROPE AND THE USA

ABSTRACT

The materials presented in this article are the result of a documentary-bibliographic study, which is based on the use of methods of analysis, synthesis, comparison and generalization. The results of the study have shown that the problem of professional ethics and culture of health care professionals is of significant interest. Problems of ethics, culture and deontology are the subject of consideration by scholars from the countries of Europe and the United States. There have been defined the main modern tendencies of training doctors for their professional activity in the leading countries of the world in the context of the professional and ethical competence formation. It has been found out that the development of higher medical education is carried out on the basis of the Bologna process principles, which involves introduction of two degrees (Bachelor and Master of Science), implementation of the ECTS system, introduction of the single diploma supplement, etc. It has been estimated that the educational programs for future doctors' training are aimed at the development of the students' analytical and critical thinking; behavioral and social sciences, medical ethics, bioethics, provide knowledge, skills and abilities in the field of communication, clinical decision making, application of ethical norms, work in the multi-staff teams etc. The integrated programs play an important role in the educational process. Over the last decades studying bioethics is a compulsory component of the medical education. However, not only bioethics is the basis for the formation of future doctors' professional and ethical competence at medical Universities abroad. The Oath of Hippocrates is of great significance for the students who devote themselves to medicine. In various countries it has been transformed into codes, oaths, etc., and now it is carried out by the students (future physicians) during their studies at higher medical educational institutions.

Keywords: professional and ethical competence, ethical norms, ethical culture of a doctor, professional ethics, future doctors, professional training, medical Universities, medical schools, the Oath of Hippocrates.

INTRODUCTION.

Progressive tendencies of the globalization of the European and world educational space affect the state of the higher medical school modernization in the context of the Bologna Declaration which has been signed by Ukraine. The main goal of reforming this educational field is the generation of new medical personnel. This can be achieved through the introduction of European educational and medical standards into the educational process, as well as by enhancing future doctors' cultural, intellectual, scientific, educational and professional levels. This leads to a revision of the content of the medical education, the construction of its standards that are based on the competence approach, on the grounds of the European experience. The EU-Ukraine Association Agreement stipulates the necessity

to reform the medical field according to the European Action Plan. In view of this, the importance of studying foreign experience is growing, especially now, when the health care reform is taking place in Ukraine.

THE AIM OF THE STUDY

The goal of the article is to highlight current tendencies in the formation of future doctors' ethical competence at medical Universities in Europe and the United States.

THEORETICAL FRAMEWORK AND RESEARCH METHODS

The materials presented in this article are the result of a documentary-bibliographic study, which is based on the use of methods of analysis, synthesis, comparison and generalization. The basis of the data obtaining is the critical-dialectical approach, which was aimed at studying the original texts of scientific articles and official documents on the research problem.

The results of the analysis and generalization of scientific sources on medical education in the countries of Europe and the United States (S. Curtoni et al. (1999), A. Dorofeyev et al. (2014), G. Klisch (2014), N. Kuchumova (2012), Medical Education in the World and Ukraine (2005)) suggest that the training process of the future physicians is quite lengthy in terms of studying duration in many countries of the world. The comparative analysis of the various national training systems for these specialists has shown that the full course of training future medical practitioners lasts about 6-8 years in the majority of countries in Europe, the USA, Central and South America and India (medical education in the UK lasts about 6 years, in Denmark – 6,5 years, and in Belgium – 7 years).

The results of the study suggest that the problem of the professional ethics and culture of the health care professionals is of significant interest. Moreover, the problems of ethics, culture and deontology are the subject of consideration by the scholars from the countries of Europe and the United States. This is, for example, the study of the ethical issues of psychiatry and mental health (Takahashi, 2002); ethical, social and legal issues related to medical research of groups and individuals (Soskolne, 1997); ethical and social problems associated with the study of genomes and cancer (Ellerin et al., 2005); ethical aspects of the use of the human biological material for the study (Jeffers, 2009) and others.

RESULTS

The results of the scientific sources analysis make it possible to conclude that in the EU countries the content of the future doctors' curriculum at the basic medical education stage is based on the standards developed by the World Medical Education Federation (S. Curtoni et al.(1999), A. Dorofeyev et al. (2014), G. Klisch (2014), N. Kuchumova (2012), Medical Education in the World and Ukraine (2005)). These standards define the main blocks of compulsory disciplines (the fundamental medical and biological disciplines, the behavioural and social sciences, clinical disciplines), among which the dominant position belongs to various aspects of medical ethics. These or similar blocks used to be in the previous educational process of doctors. The main differences are the content of the curricula of the academic disciplines and the training methods. The standards describe the models and methods that envisage the responsibility of students for their training, their preparation for lifelong learning (continuous professional development). The educational programs for future doctors are aimed at developing students' analytical and critical thinking. For example, behavioural and social sciences, medical ethics are focused in their content on the physicians' training and provide them with the knowledge, skills and abilities in the sphere of communication, clinical decision making, application of the ethical norms, work in multi-staff brigades, etc. The integrated programs also take an important role in the educational process.

It is noteworthy that over the past three decades, the study of the bioethics in the United States has been recognized as a compulsory component of the medical education, while in Australia, such disciplines have been studied relatively recently, not longer than for the last 18–20 years. To some degree, it is due to the conservatism of Australian medical schools and the sustainability of the medical curricula there (Mitchell, 1992).

However, it should be noted that not only bioethics is the basis for the formation of future doctors' professional and ethical competence at medical Universities abroad. The Oath of Hippocrates is of great significance for the students who devote themselves to medicine; in modern times it has been transformed into codes, oaths, etc., in various countries, and is carried out by the students – future physicians – during their studies at higher medical educational institutions.

For example, in the North America and Europe, in 2006 the text of the Oath was replaced by the “professional code”. According to the authors of the new document, the text proposed by the Greek physician Hippocrates two and a half thousand years ago, does not reflect the realities of the present time in the modern social conditions. “At the time of Hippocrates there were no such important principles of the physician's work as respect for other professionals and the right of the patients for their own choice. In addition, doctors of that time did not face persistent suspicions of unprofessionalism on the part of society, authorities and journalists” (Gerasymchuk, 2014). The new text eliminates the requirements for non-participation in abortion, surgical treatment of stone disease and the proper treatment of slaves.

The results of the scientific sources analysis suggest that in some countries the traditional Oath of Hippocrates, which is studied by the medical students at the Universities, contradicts the requirements of a part of the society or of some certain branches of the government, as well as moral and ethical convictions of medical practitioners. For example, the media is increasingly discussing the possibility of legitimizing euthanasia, which contradicts the traditional Oath of Hippocrates.

The above mentioned data also make it possible to conclude that in the process of applying new biomedical technologies there are many examples when the decision of moral dilemma becomes impossible within the framework of the traditional medical ethics. In view of this, in the 60s and 70s of the twentieth century a new interdisciplinary trend, the Bioethics, as the ethics of life, was emerging. Under the Bioethics, they mean “Systematic analysis of human actions in biology and medicine in the light of moral values and principles” (Mitchell, 1992). Fritz Jahr was the first who used the term in 1927. In 1969 it was used by an American oncologist and biochemist B. Potter to refer to ethical problems associated with the potential danger to humanity's survival in the modern world. The first mentioning of this term in the medical journal dates back to 1971 (Mitchell, 1992).

In this context, it should be noted that students from the US medical schools and Universities study a fairly wide range of the issues that are considered in Bioethics, such as about the relationship between a doctor and a patient, their rights and patterns of relationship, medical secret, abortion, sterilization problems, the use of new reproductive technologies, the right for death (active and passive euthanasia, suicide), medical and biological experiments on humans, genetic-engineering technologies, systems and organs transplantation, the rights of mentally ill people, the analysis of the concepts of social justice and the definition of the health policy, the moral aspects of conducting experiments on animals.

Concerning the professional and ethical competence formation, it is noteworthy that nowadays in the majority of the US medical schools there is a common systematic

teaching method. Its essence is that medical students study not separate disciplines (Anatomy, Histology, Physiology, Pathology, Bioethics, Biochemistry, Propedeutics, and others), but separate organs and functional systems of an organism complex in morphofunctional and semiotic aspects in normal and pathological conditions (Rexect, 2004). In many medical schools instead of chairs there have been created interdisciplinary training groups within one specialty, the so-called “Academic Society of Teachers and Students” (Armstrong et al., 1989). Unlike the University chair structure, whereby it is difficult to achieve a true integration, within the framework of an academic society the future doctors’ training is carried out by teachers of various disciplines that are a part of one group. At the same time the whole range of disciplines is oriented to master a particular specialty. The introduction of the systematic teaching method has led to important changes in the organization of the educational process and to the development of fundamentally new, integrated educational programs. That is why there is no single training program in the US higher educational institutions. Various medical schools differ not only in the number of disciplines to be studied, but also in the ratio of compulsory and optional disciplines, the number of the academic hours and the forms of training.

The problematic training is of great significance for the formation of future doctors’ ethical competence at the US medical school. It is facilitated by its individualization and active self-education (independent work) of the students. The way of conducting exams is also of interest, because it differs at some medical schools and at the stages of study. For example, during pre-clinical training, written exams often take place, sometimes they are conducted in the form of multiple choice tests. Such tests are aimed at revealing the degree of mastering the basic professional knowledge and skills. At the same time, each test has a device that allows students to make sure the evaluation is correct. At some medical schools such exams are supplemented by testing the practical skills of the students to work in laboratories. During the clinical training period at the majority of medical schools, along with the conduction of formal written or oral examinations, the leading role in assessing the mastery of disciplines belongs to the teachers’ feedback about the results of students’ daily work in clinics directly at the patient’s bed.

Regarding the medical education in some European countries, the comparison of different approaches and different structures of medical education there allows us to distinguish three main phases or cycles of study – preclinical, theoretical-clinical, and practical. On the average, in the European countries the duration of the basic medical education is 6 years, which ends with the initial qualification. For example, medical education in the UK lasts for 6 years, in Denmark – 6,5, and in Belgium – 7 years. In Sweden and Ireland, primary registration is required for undergraduate qualifications (Curtoni et al., 1999). However, the structure of the medical education in Germany can be considered the most typical of the European countries. In this country in 2010 they accounted 36 medical faculties, that mostly are a part of the Universities.

The results of the scientific sources analysis on the research problem suggest that the formation of the students’ ability to be engaged in the professional activities on the basis of their ethical behavior while studying at medical faculties of Universities in the UK is carried out using various methods, including the method of PBL (small group teaching method). It involves discussions and other forms of active critical adoption of knowledge. Group learning assists not only the process of memorization but also the acquisition of communicative skills, the ability to work in a team, the ability to solve specific practical problems and carry personal responsibility for the process and learning outcomes, the ability to communicate the necessary information to each other, respect for others, etc.

(Willis et al., 2002). Presentation of the clinical material as an incentive for learning enables students to understand the meaning of basic academic knowledge and principles of clinical practice, together with the rules of medical ethics. In general, it should be noted that the method of PBL (small group teaching method) is traditional for the British educational system as the basis for tuition education (involves the work of a tutor with a group of 6 to 8 students). To improve efficiency the method of problem learning is used in combination with the other methods that are typical for the lecture and seminar form of education. This approach is defined by the British scientists as mixed teaching methods. Having such organization of the educational process the number of lectures is reduced to a minimum, and the preference is given to those forms of knowledge adoption that students' learning activity is able to reach the maximum. Problem-based learning involves a high level of basic training, high motivation for the medical students and, accordingly, a competent modern teacher who has proper knowledge of the theory and practice of medicine, as well as a high level of pedagogical training. While applying such methods of problem-based teaching in the future doctors' professional training process puts forward new requirements for tutors and makes them not simply transmitters of information, but the ones who are able to teach. The academic work of students in small groups is a team training that involves staff development, formation of the ability to work as a group. At the same time, it is the duty of tutors to explain to the students of medical faculties at the Universities the educational strategy and the peculiarities of the educational program in the corresponding specialty, the methods and criteria of evaluation, etc.

One of the distinguishing features of the British medical education is the invitation for the educational activities of the renowned scholars, theorists and leading practitioners who work in the medical and related fields (lectures, practical classes, academic discussions, etc.). Such a way of conducting educational activities contributes to the development of students' creative professional thinking, since experienced scientists, practitioners or theorists can act as experts or consultants for students' independent work.

The Austrian higher education system also deserves our attention. In this country, as in other European Union countries, this system includes three consecutive, inextricably linked stages, each of which serves as the basis for the next one, and provides a qualitatively new level of training of the medical personnel; they are pre-medical education, postgraduate medical education and continuous professional education (Kuchumova, 2012). The curricula for undergraduate medical education at Austrian Medical Universities are comprised of 360 credits ECTS. They envisage the discipline structuring according to the modular system, taking into account the principle of interdisciplinary integration, which is especially important for the formation of the future doctors' professional and ethical competence, since this competence implies not only the student's knowledge about the human body as an integral system, its normal and pathological functional states, but also a comprehensive study of the moral and ethical aspects of the doctor's activities. The peculiarities of the organization of the educational process at medical educational institutions are also related to the specifics of the structure of the medical science as a system of knowledge about the human body in a state of norm and pathology (Kuchumova, 2012). In view of this about 40 specialized branches of medical science are classified into three groups of disciplines: pre-clinical (theoretical), clinical-theoretical and clinical.

The results of the analysis of the scientific sources on the research problem suggest that the content of the preparation for future doctors' professional activity in the leading countries of the world in the context of the formation of their professional and ethical

competence is influenced by scientific social and medical research of the public health. By the number of such studies the leadership is held by the United States. There are various national health institutes, medical schools at Universities, which include special units for the study of social medicine, ethical issues of the doctor's activities, management and organization of the medical institutions functioning. Scientific research is carried out by numerous scientific societies and associations (American Medical Association, American Association for Public Health).

In the UK there is Research Center on communal medicine and health services, Center for Epidemiology and Medical Care, the Institute for Biometrics and Public Health, Center for the Study of Hospital Affairs, Public Service Center, and Center for the Study of Modern Bioethical Problems.

In France it is the National Institute for Health and Medical Research that deals with bioethics, epidemiology, statistics, operations research, healthcare economics, maternity and childhood protection, and gerontology.

CONCLUSIONS

At the current stage in the leading countries of the world among the main tendencies in the future doctors' professional training in the context of their professional and ethical competence formation there should be mentioned the duration of training, which in the majority of countries in Europe and the United States is about 6-7 years. The reform of the higher medical education is taking place on the principles set out in the Bologna Declaration and other documents of the Bologna Process, that envisages the introduction of two degrees (Bachelor and Master degrees), the implementation of the ECTS system, the introduction of the single diploma supplement, etc. Among the main requirements of the Bologna process that have been implemented in practice there is the duration of future doctors' professional training for 6 years and the academic load of at least 5500 hours in the curriculum. The introduction of the European Credit Transfer System (ECTS) has been reflected in the educational programs of the medical faculties in the European countries.

The educational programs for future doctors' professional training are oriented towards the students' analytical and critical thinking development; the behavioral and social sciences, medical ethics, bioethics provide them with the necessary knowledge, skills and abilities in the field of communication, clinical decisions making, implementation of ethical norms, work in multi-staff teams, etc. The integrated programs play an important role in the educational process. Over the past decades, the study of Bioethics has been recognized as a compulsory component of the medical education. However, at the medical Universities abroad not only Bioethics is the basis for the formation of future doctors' professional and ethical competence. The Oath of Hippocrates is of great significance for the students who devote themselves to medicine. Nowadays, in various countries it has been transformed into codes, oaths etc., and is carried out by the students (future physicians) during their studies at higher medical educational institutions.

The perspectives for further research in this sphere are the development of the scientific and methodological recommendations concerning the application of the foreign experience of forming the future doctors' professional and ethical competence for the students and pedagogical scientific staff at the higher medical educational institutions of Ukraine.

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