ORIGINAL ARTICLE

Familiarity Deficit, Knowledge and Related Bioethical Attributes of Nigerian University Final Year Public Health Students after Cancellation of Free-Standing Bioethics Course

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ABSTRACT

Background: Free-standing ethics course offered to Public Health students at Madonna University Elele Campus, Rivers State, Nigeria, was cancelled. The medical ethics course is considered inadequate for public health practice. Further, theoretical ethics knowledge was criticized as not being translated to expected high standard of ethical conduct. Ethics training was thus left to mentoring, insertions and case discussions across subjects.

Objective: To assess the extent of familiarity deficit with ethics related items and the level of knowledge in healthcare ethics of the affected final year students.

Methodology: Self administered structured questionnaire using modified past ethics questions was the instrument for data collection. Analysis was by use of electronic calculator with results presented in percentages and bar chart.

Result: Of a total of 1320 respondents the overall familiarity deficit was 380 (29%). The highest was in Evolution of Healthcare Ethics 205 (62%). Judgment of Actions in Healthcare had the least 12 (3.6%). The overall level of ethics knowledge was 284 (21.5%). The highest was in Judgment of Actions in Healthcare 126 (38%). The least was in Evolution of Healthcare Ethics 36 (11%).

Conclusion: Absence of free-standing course is associated with deficiency in ethics language, history, concepts and knowledge. Free–standing course, ethical insertions across domains, awareness of mutuality of benefits in good behaviour plus character training might improve informed ethical conduct.

Key words: *Hobbes, Butler, Harm, Mutuality, Benefits, Morality*.

INTRODUCTION

Free-standing bioethics course offered to public health students at Madonna University Elele Campus, South-South Nigeria, was cancelled starting with 2013 fresh students. Ethics training is traditionally done as a principle-driven free-standing course but is sometimes done by insertions with case discussions across domains.[1] Though ethics permeate every topic taught, accidental teaching method may lead to duplication and omissions resulting in inadequate knowledge delivery. It is further believed that patchy teaching methods result in lack of familiarity with the language and other items associated with ethics which impede discussions that lead to ethical solutions.[2] Free-standing option presents ethics as a necessary

healthcare subject, the imparted knowledge of which can easily be assessed.[3] However, theoretical ethics course has been criticized as too much education with knowledge that is not always translated to moral behaviour and hence blamed for series of cheatings, scandals and lack of morals among benefiting students and practitioners.[3,4] Yet it is believed that those who have sound knowledge of ethics can advice others how to behave and know the most appropriate action to take though they may fail in good personal conduct themselves.[5] Notwithstanding, the United States Public Health Services require that university training programmes in public health disciplines must include ethics teaching to qualify for federal funding.[6]

Morality can simply be understood as the action of someone who considers with sympathy the impact of his conduct on other people.[7] Moral behaviour is preoccupied with doing the right thing concerning others, aims at avoidance of harm and promotion of harmonious co-existence. In this perspective, Hobbes saw morality as not being in the best interest of the individual which even Kant did not dispute.[8] To expatiate, Hobbes emphasized that nearly all human actions are naturally motivated by self interest, to which Butler asserted that notwithstanding, man has inherent capacity for altruism.[9] Thus consistently doing the right thing, the way the right thing is presently perceived, is contrary to human nature. In absence of perceived mutual benefits or a good dose of altruistic character trait, disappointing breaches will continue in spite of knowledge. Enforced as a habit, behaving as ought to, may lead to perennial resentment against the beneficiaries, and this is a purveyor of depressive illness.[10]

For more than ten years, undergraduate public health students at Madonna University studied healthcare ethics in their third year. However this was in the form of bioethics emphasizing medical ethics which through its common morality theory, serves some purposes but not adequately in public health practice.

Statement of the Problem

Free-standing medical ethics course offered to Public Health students at Madonna University, being inadequate, was cancelled. Besides, theoretical ethics education generally has been variously criticized because of observed discrepancy between ethics knowledge and practical behaviour. How could good ethical behaviour be nudged to keep pace with the much desired knowledge, a necessary outcome of any useful revitalized healthcare ethics course?

Purpose and significance of the study

This research was to determine the level of familiarity deficit with ethics associated items and the level of knowledge in healthcare ethics of the final year students affected by the cancellation

The study will be of interest to health workers but especially to practitioners, teachers, curriculum planners and students of public health, dental public health and community medicine at all levels.

METHODOLOGY

This was a descriptive survey research using self-administered structured questionnaire.

Study Area

Elele campus, one of the three campuses of Madonna University, Nigeria, offers mostly healthcare courses. Madonna University is one of the very few universities that offer undergraduate public health course in Nigeria. The 4 years Bachelor of Science degree course started at Elele campus in 2003.

Population of the Study

The population consisted of all the qualified 66 final year students who attended a Dental Health lecture towards the end of first half of 2016/2017 academic session.

Exclusion Criterion

All re-sit students were excluded from the study.

Instrument for Data Collection

The structured questionnaire sought any of these responses:

i. Yes/Right statement or action
ii. No/Wrong statement or action
iii. No idea: Never heard of this before

to each of the presented questions or statements.

The questionnaire contained twenty questions/statements modified from the past healthcare ethics objective test. Five items were from each of the four templates for assessment consisting of:

A. Evolution of healthcare ethics from antiquity.
B. Principles of healthcare ethics.
C. Ethics of medical research.
D. Some actions in healthcare practice prone to moral judgment.

Ethical Consideration

Free will acceptance by each qualified student after relevant explanations and appeal for co-operation, proper filling and return of the form to the researcher after about 30 minutes was taken as consent to participate.

Method of Data Analysis

Data were analyzed using simple calculation method, and results presented in percentages and bar chart. The normal departmental cut-off pass mark of 40% and above was taken as good, 30 – 39% fair, 20 – 29% poor and 19%and below as very poor knowledge of ethics.

RESULTS

In section A, of the 330 responses, 205 (62%) indicated lack of familiarity with corresponding items presented while 36 (11%) were correct answers. In section B, of the 330 responses, 79 (24%) claimed unfamiliarity while 50 (15%) were correct. In section C, of the 330 responses, 84 (25.5%) admitted lack of familiarity while 72 (22%) were correct responses. In section D, 12 (3.6%) of the 330 responses admitted lack of familiarity while 126 (38%) were correct responses. Of the total 1320 responses, 380 (29%) admitted unfamiliarity while 284 (21.5%) were correct responses. Thus the overall familiarity deficit was 29% while ethics knowledge was 21.5%.

Table 1. Number of and percentage of responses indicating familiarity deficits and those indicating correct ethics knowledge

Sections	**Responses Indicating Familiarity Deficit**		**Responses indicating correct Ethics knowledge**	
	N	**%**	**N**	**%**
A Evolution of Healthcare Ethics (n=330)	205	62	36	11
B Ethics of Medical Research (n=330)	79	24	50	15
C Principles of Healthcare Ethics (n=330)	84	25.5	72	22
D Judgment Of Actions In Healthcare (n=330)	12	3.6	126	38
Overall (n = 1320)	**380**	**29**	**284**	**21.5**

DISCUSSION

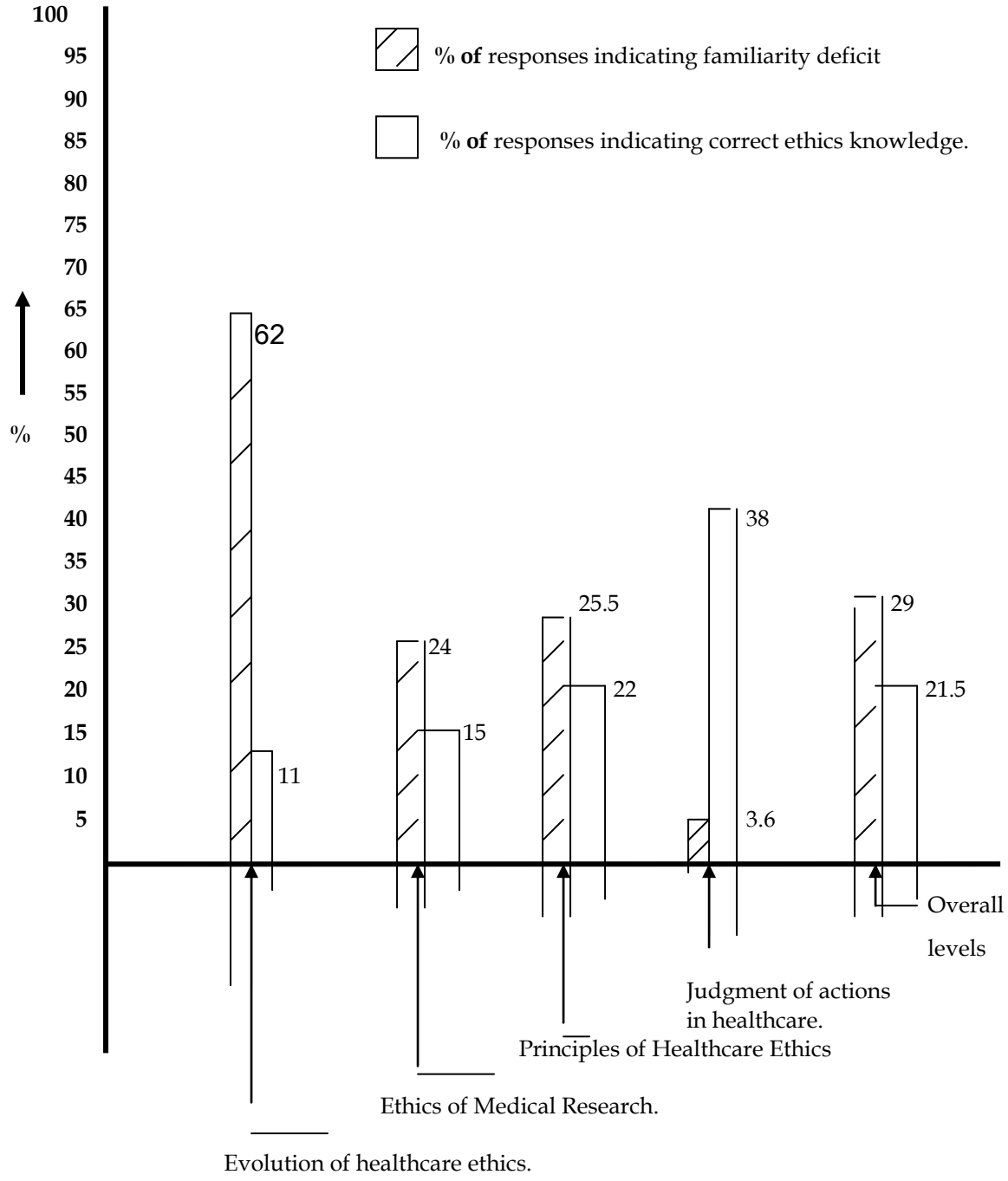
The students exhibited 29% familiarity deficit of the healthcare ethics items generally. Fortunately, the most unfamiliar section was the Evolution of Healthcare Ethics from Antiquity (62%). Though not needed in professional practice, the section introduces the immortal document of healthcare ethics – Hippocratic Oath.

Their familiarity deficit of 24, 25.5 and 3.6% in Research Ethics, Principles of Healthcare Ethics and Judgment of Actions in Healthcare were not comparatively too disappointing. In a related study involving staff (including doctors) of 2 tertiary healthcare facilities in

Northern Nigeria, varying range of the respondents could only give 'no answer' to most of the questions.[11] This apparently indicated greater familiarity deficits than the students.

Another study in Nepal showed that 33% of doctors and 51% of nurses suffered familiarity deficits with regard to Hippocratic Oath.[12] Disappointingly also, 85% of the doctors and 88% of the nurses were ignorant of Helsinki Declaration. Further, 90% of both groups were ignorant of Nuremberg Code.

Figure 1. Bar chart showing percentages of responses indicating unfamiliarity together with those indicating correct knowledge by sections and the overall values



On principles of Healthcare Ethics, 22% of responses from the students were correct, lower than the 44% of hospital staff members in the Northern Nigeria study who exhibited knowledge of patients' autonomy. Better still, in a South-Western Nigeria study, 66.8% of medical doctors had some general knowledge of these principles.[13] The students were not formally taught ethics. Yet, based on comparative consideration of the familiarity deficits above plus fair knowledge (38%) concerning ethical judgment of healthcare actions, the students' performance was not very poor.

So far, their mediocre but dignified performance might be partially a result of practical associated experiences including their recent internship mentoring exposure or the insertions of ethical considerations across subjects. However, relying on these options, students knew that dating even an enthusiastic patient is unethical; but they could not explain why. They could not also link the predatory disruptive dual relationship and exploitation of patient's trust or emotional vulnerability to violations of specific principle or professional boundary limitation. Real knowledge can only result when information is fully underpinned by an understanding of the principles leading to proper comprehension and internalization.[14] As in other fields, e.g. nutrition, where disconnect between theoretical knowledge and practice is also high, knowledge is highly associated with and is even a prerequisite for appropriate behavior, though not a guarantee since other factors including motivation are involved.[15, 16]

However, the students' ethics knowledge score of 21.5% when compared with their formally informed predecessors whose average score was 50% during the last free-standing course examination justifies the morality of reintroducing free-standing course, specifically public health ethics. This alone will ensure adroit yet emotion-free execution of controversial measures characteristic of public health. The challenges include greater academic complexity of the course, local lack of relevant teachers and congested curriculum thus necessitating a simple short course. In this respect, the idea of selecting as litmus tests for moral actions, only seven ethical principles for public health, is a welcome development.[17] Briefly, teaching the very short course introduced by Schroder-Back, Duncan, Sherlaw, Brail and Czabanowska may start with an introduction to the basic philosophical ethical theories especially deontology and consequentialism for their connections with the selected principles.[17] The principles are autonomy, non-malfeficence, beneficence, justice, health maximization, efficiency and proportionality. Additional justification principles are subsequently indispensable. The lectures are supported with case studies.

Recalling Hobbes and Butler, motivations may be required to translate into practical behaviour the above ethical knowledge when acquired. The nudge is expected, first, from free-standing course which will provide the platform to cleverly unearth and expound the potential mutual and professional benefits accruing from ethical behaviour and implant them into the minds of the students. These benefits are generally disregarded because of distracting immediacy and selfish priorities that harm others. The envisaged perception of morality as a mutually benefiting standard of conduct endorsed to avoid selfishness that leads to harm agrees with the consequentialist-utilitarianism which considers a moral act as that which balance of effects is beneficial to all. Students should thus see ethical behaviour as an obligation not just to benefiting others, but also to themselves, their families, groups or professions. The aim is to reduce ethical knowledge/ behaviour discrepancy, not to eliminate it altogether in man since Hartshorne and May have established that not even among children is any one free from situation specific morality lapses.[16]

Since virtue can be taught when conceived as a type of knowledge or skill, another likely nudge for informed moral behaviour stems from character training.[18] Healthcare students especially those in public health need this programme to ensure proper use of the

enormous powers soon at their disposal. The morality would flourish simply because it is the right thing to do.

CONCLUSION

Professional ethics training in absence of free-standing course resulted in high familiarity deficit of ethical language and concepts, together with poor knowledge of ethics. Theory provides the underpinning principles behind and for justification of actions resulting in their executions unbridled by emotion. Academic exposition leading to perception of reciprocal benefits inherent in good ethical behavior together with character training might favor putting ethical knowledge into practice.

RECOMMENDATIONS

The short free-standing ethics course produced by Schroder-Back, Duncan, Sherlaw, Brail and Czabanowska and the suggested motivation sections are recommended for local implementation.[17] Besides, academic work should be supported with mentoring and ethics instructions integrated into other public health courses.

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