

Ethics education during medical residency training and biopsychosocial approach

Tıpta uzmanlık eğitiminde etik eğitimi ve biyopsikososyal yaklaşım

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Abstract

While a rapid specialization process has started within the field of medicine along with the rapid advancement in technology, particularly for the last bicentenary, the significance of an integrated approach towards the patient in that process has been realized once again. Medical ethics and ethics education have appeared as two interconnected notions from ancient times to present that each new specialization area integrates idiosyncratic ethical priorities into the field of medicine with the advancement in information. Even if ethics courses given during basic medical education list the core values, it is not all that wrong to say that the ethical approach has kind of a perpetual structure shaped by the practices within the physician-patient relationships. Moreover, different notions and values exist in different specialties. However, the ideal approach in a physician-patient relationship which has been recognized in the world today is a patient-centered approach apart from the emergency cases in which patients have a risk of death.

Keywords: Ethics, Medical ethics, Residency training, Medical education, Biopsychosocial approach

Öz

Teknolojinin özellikle son iki yüzyıldır hızlı bir şekilde gelişmesiyle birlikte tıp alanında hızlı bir uzmanlaşma süreci başlamış olup bu süreçte hastaya bütüncül yaklaşımının önemi bir kez daha anlaşılmıştır. Antik çağlardan günümüze değin tıp etiği ve tıp eğitimi birbirinden ayrılmaz iki kavram olarak karşımıza çıkmaktadır ki bilginin artmasıyla karşımıza çakın her yeni uzmanlık alanı kendine özgü etik öncelikleri tıp alanına sokmaktadır. Temel tıp eğitimi esnasında alınan etik dersleri temel değerleri listelemekte olsa da etik yaklaşımın hasta-hekim ilişkisinde uygulamalar ile şekillenen süregelen bir yapıya sahip olduğunu söylemek pekte yanlış olmaz. Öyle ki farklı uzmanlık dallarında farklı kavramlar ve değerler göz önünde bulundurulmaktadır bununla birlikte günümüzde dünyada kabul gören hasta-hekim ilişkisinde ki ideal yaklaşım, hastanın hayatı tehlikesinin bulunduğu acil durumlar haricinde, hasta merkezli yaklaşımdır.

Anahtar kelimeler: Etik, Tıbbi etik, Uzmanlık eğitimi, Tıp eğitimi, Biyopsikososyal yaklaşım

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Introduction

Education of medical ethics in Turkey has been offered previously under the name of 'Vezaif-i Etibba, (The Science of Ethics and the Duties of Physicians) and then 'Deontology' [1]. Medical ethics keeps its actuality owing to technological innovations and alternations of organizational forms of healthcare, social perceptions and sources of finance, and leads new discussions [2]. Medical discipline is related to the bodies which are the basic means of self-actualization for the individuals in this world. However; human being makes sense not only with his/her body but also his/her values and that makes the human concept meaningful. Medical specialization is getting improved day by day, and sociocultural shifts and the rise in the accumulation of knowledge cause new disciplines and specialties to emerge. Herein, different perspectives and paths are followed in respect of approaches to patient and gaining patient's trust within different specialties, and different concepts are questioned by both the patient and the physician. Many different topics like values evolving out of gender, the authenticity of death concept or what has been changed actually when outer view changes are evaluated differently by various medical disciplines.

Respect for individuals

Medicine field has always remained on the agenda of humankind with its numerous different dimensions in its scope for ages. Although daily physician practices come to mind instantly, when the subject is medicine, a description of both an enormous accumulation of knowledge on the ground and a scientific activity area constructed on upper floors should be included under that head as well [3]. Medical ethics is always open to dispute with its content in consequence of technological and sociological improvements and alternations of civilization, and showing no similarity along with the perceptions and judgments of people from different socio-economical classes and varied cultures. On the other hand, diversified specialties have emerged associated with the increase in medical knowledge and development of medical technology since the beginning of 1900's, and so these specialties differ in their priorities and the populations they serve [4]. While ethical priorities vary by specialties, a patient-centered biopsychosocial approach applied in situations when there is no need for a physician-centered approach is effective in both true diagnoses made by physician owing to overall anamnesis and building trust between the patient and well-humored physician asking open-ended questions. The aim of this article is to touch upon the significance of biopsychosocial approach based on the establishment of patient's trust while evaluating approaches to ethics education in different residency training.

Origin of medical ethics

The basic reason of specialization in medicine is that scientific and technological innovations in medicine and medicine which is certain fields oriented in the 20th century were not learnable and applicable from the ground up by a single person. The argument supporting that the disease called as a mechanical model or biomedical model today arises from impairment of cells underlies the medicine model of industrial society in the 20th century. That model describes the disease by

grounding on cellular and chemical instabilities. However, it does not identify the roles of social and psychological processes in sickness. Being patient is not only a medical case but also includes a social dimension. Thereby, besides his/her perceptions and reactions towards the disease, treatment setting, and crew, approaches and the attitudes of the treatment crew towards the patient have a profound effect during the treatment procedure. Descartes prioritized the mind over the body in mind-body dualism. Thus, 'mankind' is defined with his mind which is capable of dominating the nature. Mind-body dualism has been handled and discussed in pretty different ways throughout the history of thought. This dualism has come up within divisions like soul-body, sometimes as mind-body or conscious-material. Yet the most distinct division was lived through in the 17th century when the Cartesian thinking was dominant. Cartesian system of thought by Descartes considerably influenced the field of medicine, and disease-oriented mechanical approach gained acceptance widely through industrialization [5-7]. However, the biopsychosocial model proposed by George Engel was a milestone in reaching the 'whole' in medicine [8]. The significance of interpersonal relationships for the recovery of the patient was verbalized even in the Archaic Age. By pointing out the importance of human concept within a patient-physician relationship in treatments, Hippocrates, who has been considered as the father of medicine, asserted that a patient pleased with the goodness of his/her doctor could recuperate [9,10]. Although ethical values are evaluated differently in different specialties and subjects during treatment processes, the significance of integrated biopsychosocial approach to the patient is incontrovertible.

Healthcare is constitutively a system which is in need of the guidance of ethos and values, and complex and unsteady, and characterized by dynamic interaction networks including figures and factors influencing one another. Behaviors of the professionals working in this system are under the influence of organizational and circumferential context directly or indirectly, and their behaviors affect the circumference as well [11]. Human being is so complete in himself with his environment, cultural values, and body that those concepts cannot be evaluated separately [12].

Biopsychosocial approach

Specialization in the field of medicine is increasing each day within the age of information and causes new specialties to emerge. Each specialty becomes different disciplines in itself with its sub-branches. While physicians who are getting residency training obtain new information related to their field, they reshape their relations with the patients within the context of their field. Within this context, the reality we have come across can bring different values and worries within the patient-physician relationships in various specialties, the scope of the patient-physician relationship can differ even in different disease types in the same medical discipline. Even if ethics courses given in the course of basic medical education list the core values, it is not all that wrong to say that the ethical approach has kind of a perpetual structure shaped by the practices within the physician-patient relationships. Moreover, different notions and values exist in different specialties [13,14].

To give examples from different specialties, an oncologist may need to probe the death concept while in an interaction with his/her patient who is on his/her end-stage and edit his/her relations with the patient and his/her relatives according to that reality. At the same time, s/he may need to consider the perceptions of the patients with malignant disease who will receive a long-term treatment at different stages that can change by way of the course of treatments of treatment and other factors. While a gynecologist needs to consider sociocultural values rooted in sex and social perceptions, a dermatologist may need to assess how various diseases can affect patient's social and individual relationships [15]. While physicians in the field of internal medicine may need to consider the concepts of living with the illness and accepting it, a plastic surgeon may need to consider how the surgeries s/he has done will change the patient's life later. It is an accepted truth that today's ideal approach in a patient-physician relationship is the patient-centered approach apart from acute clinical situations that the patient has a risk of death [16-18]. To make the patient-centered approach that evaluates the patient's worries along with a holistic view, identifies the main problem, improves treatment plans, and trains and motivates the patient [19]. Successful, trust building is compulsory, and at the same time ethical values cannot be ignored. It is known that two out of three diagnoses are still made by anamnesis. In addition to that, an effective anamnesis requires a lot of self-sacrifices. Studies have shown that doctors are not good listeners and interrupt the patients frequently during the first 18 seconds [7]. Within the scope of the patient-physician relationship, there are many interconnected components in an effective treatment and the significance of ethical approaches is quite extensive in point of identifying borders and priorities while providing a channel between patient and physician and confidence.

Conclusion

It is significant to give ethics education like the one given throughout the basic medical education by considering different approaches for different specialties during medical residency training. Besides being a different topic which is about how to carry out that kind of a study which will possibly be pretty extensive, it is surely beyond doubt that medical ethics form a part of the integrated and patient-centered approach. As Dr. Richard Cabot said in the 19th century, what makes a physician wise, sophisticated and to have a sensitive foresight is medical ethics education. Vocational competence does not only comprise scientific mastership but also personal and social needs of the patient. One of the important properties of a clinician is his or her interest and care towards the humanity since the secret of providing a good service to the patient is all about caring him/her. Humanitarian qualifications of a clinician are not just a decorative dimension of clinical skills, in fact, it's the entity underlying clinical skills [20,21].

In our age, information has never been as easily accessible as it used to be throughout history while interaction between different cultures and thoughts across the world has speeded up. This situation has resulted in unprecedented diversification of sociocultural segments and faiths. The biopsychosocial approaches of doctors in different specialties to

their patients should be diversified without ignoring the diverse human thoughts in this changing world.

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