

Evaluation of Medical Ethics Education Based on a Film Wit: A Quantitative Content Analysis

Wit Filmi Üzerinden Tıp Etiği Eğitiminin Değerlendirilmesi: Nicel bir İçerik Analizi

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Abstract

Aim: Medical ethics education, emphasized in the Declaration on Medical Education of the World Medical Association, is an important component of the medical profession. The ultimate aim of medical ethics education is to train virtuous physicians who are aware of ethical dilemmas, who can analyze and solve them. Various training techniques such as small and large groups or real patient use and simulation can be used to achieve these goals. In this context, it is important to provide students with an education that will achieve these goals and to evaluate whether the ethical education given is effective. The purpose

of the study is to evaluate the effect of medical ethics education by comparing second and fifth year medical students' identification and evaluation of ethical issues in the film "Wit" (2001).

Methods: This is a quantitative content analysis study. The assignments submitted by the second year and fifth year medical students concerning ethical issues in the film were evaluated. Since the currently graded student assignments are obtained from the department archive with anonymously and analyzed for the purpose of evaluating the education, the ethics committee waived the requirement to obtain informed consent.

Results: The researchers independently analyzed the essays and determined three categories as "Respect for Patient As a Human Being (RPHB)", "Patient self-determination", and "Do no harm" and ten sub-categories, based on the codes obtained from the students' expressions. The number of subcategories indicated by more than half of the fifth years was

five. Among these, 'Violation of DNR', 'Invalid informed consent for the research', and 'Disrespect for privacy' were identified by fifth year students significantly more than the second year students. In contrast, the number of fifth year students referring to the subcategories 'Not establishing a good relationship' and 'Not seeing the patient as a human being' dropped dramatically compared to second years. The dramatic decrease in the two sub-categories of the "RPHB" category suggested that medical education caused erosion in the most important values.

Conclusions: There were differences between 2 nd year students, who hadn't received medical ethics education yet, and 5 th year students, who had completed their compulsory course load, in terms of their attitude towards medical ethics issues and their use of ethical terms. In this respect, it was concluded that medical ethics education is effective. It is suggested that students' awareness on ethics be raised and their ethical dilemma-solving skills be improved using different education strategies during their clinical

Keywords:

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Anahtar sözcükler:

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education. However, in order to reflect this education on attitude and behaviour, not only the teaching clinician – who is seen as a role model by students – but also the administration should support the process. The results of the research showed that the use of Wit as educational material, would be effective in attracting the attention of medical school students to the issues such as communication skills, physician's roles, professional values, patient rights, physician's responsibilities, patient-physician relationship.

Özet

Amaç: Dünya Tabipler Birliği'nin Tıp Eğitimi Bildirgesi'nde vurgulanan tıp etiği eğitimi, tıp mesleğinin önemli bir bileşenidir. Tıp etiği eğitiminin nihai amacı, etik ikilemlerin farkında olan, bunları analiz edip çözebilen erdemli hekimler yetiştirmektir. Bu hedeflere ulaşmak için küçük grup, büyük grup veya gerçek hasta kullanımı ve simülasyon gibi çeşitli eğitim teknikleri kullanılabilir. Bu bağlamda öğrencilere bu hedeflere ulaşacak bir eğitimin verilmesi ve verilen etik eğitimin etkili olup olmadığının değerlendirilmesi önemlidir. Bu çalışmanın amacı, ikinci ve beşinci sınıf tıp fakültesi öğrencilerinin "Wit" isimli 2001 yılı yapımı filmdeki etik sorunları tanımlama ve değerlendirmelerini karşılaştırarak tıp etiği eğitiminin etkisini değerlendirmektir.

Yöntem: Bu makalede nicel bir içerik analizi çalışması yapılmıştır. Filmdeki etik konularla ilgili 2. ve 5. sınıf tıp fakültesi öğrencilerinin hazırladıkları ödevler değerlendirilmiştir. Halihazırda not verilen öğrenci ödevleri bölüm arşivinden isimsiz olarak alındığı ve eğitimin değerlendirilmesi amacıyla incelendiği için etik kurul aydınlatılmış onam alınmaksızın ödevlerin anonim olarak analiz edilmesine izin vermiştir.

Bulgular: Araştırmacılar makaleleri bağımsız olarak incelemiş ve öğrencilerin ifadelerinden elde edilen kodlara dayalı olarak "Hastaya insan olarak saygı", "Hastanın kendi kaderini tayin etme" ve "Zarar vermeme" olmak üzere üç kategori ve on altı kategori belirlemiştir. Tıp Fakültesi beşinci sınıf öğrencilerinin yarısından fazlasının belirttiği alt kategori sayısı beştir. Bunlar arasında "Canlandırmayınız komutu (DNR) İhlali", "Araştırma için geçersiz aydınlatılmış onam" ve "mahremiyete saygısızlık" beşinci sınıf tıp fakültesi öğrencileri tarafından ikinci sınıf tıp fakültesi öğrencilerine göre anlamlı olarak daha fazla tespit edilmiştir. Buna karşılık, 'İyi ilişki kuramamak' ve 'Hastayı insan olarak görmemek' alt kategorilerine dahil olan beşinci sınıf tıp fakültesi öğrencilerinin sayısı, ikinci sınıf tıp fakültesi öğrencilerine göre önemli ölçüde düşmüştür. "Hastaya İnsan Olarak Saygı Gösterme" kategorisinin iki alt kategorisindeki çarpıcı düşüş, tıp eğitiminin en önemli değerlerde erozyona neden olduğunu düşündürmüştür.

Sonuç: Henüz tıp etiği eğitimi almamış Dönem II öğrencileri ile zorunlu ders yükünü tamamlamış Dönem V öğrencileri arasında tıp etiği sorunlarına yaklaşım ve etik terimlerini kullanma açısından farklılık vardır. Bu bağlamda tıp etiği eğitiminin etkili olduğunu düşünülmektedir. Klinik eğitimlerinde farklı eğitim stratejileri ile öğrencilerin etik farkındalıklarının artırılması, etik ikilem çözme becerilerinin geliştirilmesi önerilmektedir. Ancak bu eğitimin tutum ve davranışa dönüştürülmesi için hem rol model olan eğitici klinisyenlerin hem de idari yapının süreci desteklemesi gerekmektedir. Araştırma sonuçları, eğitim materyali olarak Wit kullanımının tıp fakültesi öğrencilerinin dikkatini iletişim becerileri, hekimin rolleri, mesleki değerler, hasta hakları, hekimin sorumlulukları, hasta-hekim ilişkisi gibi konulara çekmede etkili olacağını göstermiştir.

INTRODUCTION

Medical ethics education, highlighted in the World Medical Association's Declaration on Medical Education (2017), is a significant component of the medical profession. The ultimate aim of medical ethics education is to train virtuous physicians who are aware of

ethical dilemmas and capable of analyzing and resolving them. (1, 2) In order to attain these goals, a variety of educational techniques, including the use of small and large groups or real patients and simulation, could be used. (3) In this context, it is important to provide

students with an education that will achieve these goals and to evaluate whether the ethical education provided is effective.

Kavas et al pointed out that in recent years, significant efforts have been made around the world to standardize the main objectives and methods of medical ethics training programmes and educational approaches. (4) Souza and Vaswani, on the other hand, reported that there are a wide variety of methods used to teach medical ethics, and that there is no single approach to learning and evaluating both internationally and institutionally. (5) They concluded that more rigorous studies are needed to evaluate the ethics curriculum. There are few studies evaluating medical ethics education provided (6) and fewer studies evaluate the impact of ethics education provided during medical education. (7).

Undergraduate Medical Ethics Education in Turkey

Kavas et al, in their study published in 2020 found that medical ethics education is mostly given by lecture, case discussion, and

interactive presentation methods and gains are mostly measured by multiple choice tests. The study of ethics in the curriculum of medical schools in Turkey has revealed some features. However, they concluded that they did not have sufficient insight into the benefits and disadvantages of continuing programs. (4).

Details of Medical Ethics Education at Hacettepe University Faculty of Medicine (HUFM)

One of the medical schools evaluated in Kavas et al study was HUFM. The aim of the present study was to perform an in-depth evaluation of the medical education program of HUFM with respect to medical ethics. The main objective of ethics education is to provide the students with sensitivity to ethical issues in order to recognize, analyze, and resolve ethical dilemmas. Medical ethics curriculum is given on the table 1. Multidisciplinary Ethics and Professional Values Education is given within the framework of the Program for Good Medicine Practices horizontal courses, which is conducted in the first three years of medical education (8).

Table 1. Ethics Lectures Given at HUFM

Compulsory Courses			
1st year	2nd Year	3th Year	5th Year
History of Medicine (1 hour): Oaths and identity of physician	Medical Ethics (9 hours): Ethics, bioethics, medical ethics and related concepts; Basic bioethics theories and principles; Principles of non-maleficence and beneficence; Principles of respect for autonomy and justice; Paternalism and informed consent; Privacy and medical confidentiality; Ethical dilemma, ethical resolution, clinical ethical decision-making processes; Physician’s identity in terms of virtues and good medicine; Physician-patient relationship and communication	Clinical Ethics (8 hours): Clinical ethics; Euthanasia; Reproduction technology and ethics; Ethics in medical researches and publications; Legal issues in medicine; Ethics in organ transplantation; Genetics and ethics; Patient rights	

Compulsory Courses			
1 st year	2 nd Year	3 th Year	5 th Year
Teaching method: Lecture	Teaching method: Lecture	Teaching method: Lecture	
Assessment method: Multiple choice test	Assessment method: Multiple choice test	Assessment method: Multiple choice test	
GMP-Program (8 hours): Ethics and professional values; Identity and limitations of medical student	GMP-Program (16 hours): Ethics and professional values; Informed consent	GMP-Program (8 hours): Ethics and professional values; Clinical ethical decision making process	
Teaching method: Small group activity	Teaching method: Small group activity	Teaching method: Small group activity	
Assessment method: Oral presentation	Assessment method: Simulated patient interview with Objective Structured Clinical Examinations (OSCEs)	Assessment method: Simulated patient interview with OSCEs	
Elective Courses			
1 st year	2 nd Year	3 th Year	5 th Year
Bioethics and Cinema (total 30 hours) Teaching method: Film-watching and follow-up discussions that allow for reflection. Assessment method: Reflective essay writing	Representation of Physicians in Cinema (total 30 hours) Teaching method: Film-watching and follow-up discussions that allow for reflection. Assessment method: Reflective essay writing		Research and Publication Ethics (total 60 hours) Teaching method: Small group activity, Film-watching and follow-up discussions that allow for reflection. Assessment method: Reflective essay writing Preparing application file for ethics committee

One of the methods to be used in ethics education was film screening. In this method, following the film screening, the audience's opinion on the film might be sought by addressing them questions such as "What have you seen?", "What have you heard?" or "What have you thought?" This is a frequently applied education strategy used for initiating a discussion (9). The film called "Wit", deals with a number of issues to be faced in a hospital, such as physician-patient, researcher-volunteer, nurse-patient and fellow-professor relationships, in addition to the fundamental subjects such as ethical issues on end-of-life and research in biomedicine (10). There are many studies in which this film is used in the education of healthcare students and professionals (11-13). In their second year, we have students watch the film, mainly in the context of roles related to the physician, to gain sensitivity to ethical issues in the context of what they see, hear and think. In the fifth year, we have them watch the film to gain sensitivity to the main issues related to research ethics, to recognize dilemmas, to analyze and solve them. After watching, we expect both groups to write a reflective essay on basic ethical issues. The aim of this study was to evaluate the ethical issues raised by the students and to reflect on the effectiveness of ethics education.

METHODS

The aim of this study was to evaluate the ethical issues raised by the students and to reflect on the effectiveness of ethics education. At the end of the term, all the students are expected to write an essay discussing the issues dealt with in the film such as medical ethics, physician's role, and physician's identity by means of answering "Discuss the basic medical ethics issues covered in the film." This quantitative research was carried out by analyzing the assignments of the second (n=60) and fifth (n=74) year medical

students after watching the film Wit who took an elective ethics course between 2015-2016. The student papers were anonymized by means of deleting their names and student numbers and using a coding system in which II and V referred to the students' year of education, the numbers from 1 to 74 was used as students' number, and F and M stood for female and male, respectively (e.g. II-1F represented a second year female student, number 1). Neither the second nor fifth year students had watched Wit within the scope of a lesson before. The researchers identified the ethical issues, scene by scene, before reading the essays (Supplementary material).

The researchers independently analyzed the essays using content analysis method. They reread the ethical issues identified by the students and highlighted meaning units (The decontextualisation). During the evaluation process (re-contextualization), the researchers agreed on a code list and checked that all aspects of the content were appropriately covered. Afterwards, all codes were collected in sub-categories determined by the researchers based on the ethical issues observed in the film and the expressions of the students (Categorization) (14-16). Chi-square analysis was used to compare students from two different years in terms of the sub-categories they emphasized.

RESULTS

There were 134 essays from all terms which had been written by 67 female and 67 male students. In recontextualisation, researchers agreed upon 544 codes, then 10 sub-categories and three main categories in the categorization (Table 2).

Respect for Patient as a Human Being (RPHB)

Nearly half of the codes expressed by the second year students and one third of the statements of the fifth year students concerned 'RPHB'. However, they discussed this category while identifying different sub-categories.

Table 2. Categories, Sub-Categories and Codes

Categories	Sub-categories	Codes	
Respect for patient as a human being	‘Seeing the patient as a human being’ II-34 (%57) V-18 (%24)	- not a robot - not a model - not a cadaver - not a guinea pig - not a specimen jar - not a tissue	- not a machine - not an object - not a piece of meat - not a group of cell - not a tumor - a person
	II-99 code (%41) V-99 code (%32)	‘Establishing a good relationship’ II-54 (%90) V-43 (%58)	- paying attention and respect - communicate well - empathetic
Patient self determination	II-11 (%18) V-38 (%51)	‘Respect for privacy’	- in pelvic exam - in the grand round
	II-18 (%30) V-39 (%53)	‘Informed consent for the research’	- a valid consent (detailed information, voluntariness...) - not a valid consent (coercion, manipulation...)
	II-30 (%50) V-41 (%55)	‘Decision-making process in hospital’	- informing through the research process - informing before the pelvic examinations - informing before the abdominal examination in the grand round - USG refusal - consent for morphine use - consent for examination for educational purposes
	II-26 (%43) V-23 (%31)	‘DNR order process’	- a patient has a right to decide DNR - undecided about the patient’s right to decide DNR - the nurse gave information about DNR - the physicians should give information about DNR - the nurse directed the patient on DNR
Do no harm	II-23 (%38) V-54 (%73)	‘Violation of DNR’	- intervention despite the patient’s wishes - intervention because the research patient
	II-35 code (%15) V-44 code (%15)	‘harm by prioritizing the research over the patient’ II-25 (%42) V-32 (%43)	- seeing research results more important than the patient or her suffering, wellbeing, beneficence...
	II-10 (%17)	‘risk of harm due to negligence’ V-12 (%16)	- not noticing severe side effects, - non-intervention during neutropenic fever, - to enter the isolation room without precaution
		‘futile treatment’	- futile treatment at the end of life - causing painful death

More than half of the second year and one quarter of the fifth year students highlighted the importance of ‘seeing the patient as a human being’:

“It is obvious that our inexperienced physician (Posner) has locked the “professor of literature Vivian Bearing” in a corner of his mind as a person he respects, and he regards “cancer patient Vivian” as a guinea pig in an experiment

in which he can achieve great success.” (II-48F)

“... at the visit, the attitude of the students and the teacher towards the patient is no different from the treatment of a plastic model.” (V-70M)

The rate of students pointing to the codes grouped in this sub-category was statistically significantly lower in the fifth year (Table 3).

Table 3. The Top-Down Order of the Categories Pointed Out by the Students from the Second and Fifth Years

Category	Sub-category	Second year	Fifth year	Significance by χ^2 test
<i>Respect for patient as a human being</i>	‘Not establishing a good relationship’	54 (90) [‡]	43 (58)	↓ p<0.001
	‘Not seeing the patient as a human being’	34 (57)	18 (24)	↓ p<0.001
	‘Disrespect for privacy’	11 (18)	38 (51)	↑ p<0.001
<i>Patient self determination</i>	‘Violation of DNR’	23 (38)	54 (73)	↑ p<0.001
	‘Invalid informed consent for the research’	18 (30)	39 (53)	↑ p=0.009
	‘Decision-making process in hospital’	30 (50)	41 (55)	p=0.327
	‘DNR order process’	26 (43)	23 (31)	p=0.138
<i>Do no harm</i>	‘Harm by prioritizing the research over the patient’	25 (42)	32 (43)	p=0.420
	‘Risk of harm due to negligence’	0	12 (16)	NA*
	‘Futile treatment’	10 (17)	0	NA*

[‡] Results are given as n (%).

* Not applicable

Second sub-category of RPHB category was ‘establishing a good relationship’ and nearly all second year students and half of the fifth year identified this sub-category. In this sub-category the researchers grouped codes related to ‘paying attention and respect’, ‘communicate well’, and ‘empathy’.

“A patronizing physician, wearing a smile not at all benevolent, conveying to the woman the fact that she is about to die in the most practical way possible: Side effects diminished at maximum and no time for critical thinking.” (II-59F)

“At the first scene, I think that the way of explaining the disease to the patient is quite rude, far from empathy, completely irrelevant to the patient-doctor relationship that should be.” (V-8F)

The rate of students pointing to the codes grouped in ‘seeing the patient as a human being’ and ‘establishing a good relationship’ sub-categories were statistically significantly lower in the fifth year (Table 3).

The last sub-category of RPHB was ‘respect for privacy’ and one fifth of the second years and half of the fifth years identified this sub-category:

“The fact that the assistant who prepares to start the examination leaves the patient uncovered and goes to call the nurse without closing the door is beyond ethical factors. He wasn’t supposed to leave them uncovered like that and close the door.” (II-14M)

“Another ethical problem was disregarding the patient’s privacy. The stretcher that the patient lay on was seeing the door, and there were no curtains. The physician should have called the nurse beforehand, and thus

made sure that the patient felt more comfortable while positioning herself. What’s even worse was that he left the patient in that state and went out...” (V-45F)

Patient Self-Determination

In the first scene of the film, the physician obtains informed consent for a research trial, then, while in the hospital the patient is treated in various ways. We grouped almost all statements related to the decision-making process and consent in this category. Half of the statements of the fifth year students and almost half of the statements of the second year students were related to this category. Students’ statements were grouped into four sub-categories.

Around half of the fifth year and one-third of the second year students expressed a negative opinion regarding the scene about obtaining informed consent (Table 3):

“It’s questionable how ethical it is for the physician to take advantage of the patient’s soft spot – which was her willingness to contribute to research and science – and try the drugs on her. Although he didn’t insist on it at first, in my opinion, showing this treatment as the only way and not suggesting any other option is unethical. It would be more ethically correct to offer alternatives to patients and helping them make a decision rather than manipulating them in their decision-making.” (II-16M)

“In the first scene, only consent was obtained from the patient. This is not informed consent... the information provided to the patient is extremely incomplete and the patient gave her consent without fully knowing about the study. The patient was therefore unaware of her rights and alternative treatment methods and was thus manipulated to

agree to participate in the research.” (V-48M)

Another sub-category related to the patient's self-determination was the ‘decision-making process in hospital’. Around half of both the second and fifth year students pointed out ethical problems related to the decision-making process. However, they focused on different scenes. For example, one-fourth of both years addressed this category mentioning pelvic examination:

“...Another significant mistake Dr. Jason makes is that he neither informs the patient about the practices he'll perform nor gets their permission to perform them.” (II-33F)

“...He conducted the procedures without informing the patient and didn't make any preparations for the practices he performed...” (V-14M)

One-tenth of them emphasized the grand round:

“...While using the patient's body for educational purposes in university hospitals, the patient should be respected, their approval should be obtained...” (II-19E)

“...On Friday visits, more than one doctor examines her body without informing the patient and asking her permission.” (V-48M)

Ten of the fifth year students pointed to the USG refusal while only one second year student identified this:

“...the woman said she did not want to go... but it was said that it would take a short time, she went by force...” (II-10M)

“In another scene related to ethics, when the patient is called to the wheelchair for examination, the answer is "not now" from the patient, however, the patient is taken for examination with persistence and pressure, ignoring her decision. This situation is also against patient autonomy.” (V-24F)

Three of the fifth year students identified the decision making process for morphine use, while only one second year student did:

“...the patient's feeling of being safe by the feeling of pain ... morphine supplementation, which completely relieves her of her pain, is a good practice according to the doctor, but it is against the ethical rules as it is not the wish of the patient.” (II-55F)

“During severe pain, the patient is started with 10 mg iv instead of alternatives such as auto-controlled morphine administration, treatment options are not explained to the patient.” (V-68M)

Lastly, while three of the second year students highlighted the consent process for educational examinations, no student mentioned this issue in the fifth year.

“... Of course, the patient knows that it is a university hospital and that the residents are there to learn. But this does not change the fact that the patient has the right not to allow the examination. The doctor doesn't give any information to the patient or ask for permission...” (II-33F)

We gathered the statements of the students regarding the decision process under ‘DNR order process’ title. Nearly half of the second and one third of the fifth year students argued

that DNR order is a patient's right and physicians should inform the patient about this right, but in the film the nurse gave this information:

"... If the nurse had not talked to the patient, the patient would not even be aware of the DNR, this is very painful." (II-42F)

"The patient was not informed about the DNR by the responsible doctors and if the nurse was not there, maybe the patient would not have been aware of the DNR. (V-30M)

However, several students in both the second and fifth years thought the nurse directed the patient concerning DNR orders:

"In terms of ethics, what's the difference between the doctors trying to keep the patient alive at any cost and a nurse who manipulates a patient by telling her 'I think what matters is not how long you live your life, but how you live it' and persuading her to request a DNR order? The only difference is that they are two different propositions to the same problem, both of which are based more or less on the same ethical grounds. It's the patient who makes the decision, yes, but when we examine the process that leads her to make this decision, we can see that the doctors who try to keep the patient alive for the sake of their research and the nurse who manipulate the patient in accordance with her moral sentiment have the same impact." (II-37M)

"...nurse telling the patient about her medical condition and explaining the DNR. While the nurse summarizes the medical condition of the patient and explains the codes, she does not provide

impartial information, insists on DNR. The moment the patient thinks about the full code option in her conversation with the patient, she says, "Okay, let's get the full code". When the patient says to get DNR, she is happy as if she has won a victory." (V-55M)

Another sub-category related to the patient self-determination was 'Violation of DNR'. This was the ethical issue that three-quarters of fifth year students but less than half of the second year students identified.

"The main ethical problem in the film was the patient's wish to DNR at a time when she thought she was coming close to death. I have to admit that neither had I ever heard of DNR option before, nor I had thought about whether such an option should be offered. What I deduce from DNR is that patients declare in a document that they refuse to receive any help when their respiratory and heart functions stop. I think it's really tactful to leave such a decision to the patient. However, the patient must be emotionally healthy enough to elaborate on it and make a sound decision. It was obvious that the woman in the film was a sensible adult; therefore, she was free to refuse cardiopulmonary resuscitation or advanced life support. I suppose I haven't fully comprehended why this situation constitutes an ethical problem. Or why can't the patients in our country choose DNR? Physicians swear in the Hippocratic Oath that they will do no harm no matter what the circumstances, don't they? I think resuscitating a patient who believes he/she is finished with life means turning his/her life into a torture rather than giving her a new chance. I wish, with all my heart, physicians would think about it and change things by means

of prioritizing their patients' desires." (II-23F)

"It's against human rights to call out for resuscitation team if the patient has a DNR code because DNR order of a patient with a chronic disease is the expression of her own right to make a choice about her life, and no physician can violate this right by prolonging the patient's suffering and dying process by means of disregarding it." (V-24F)

Only in this subcategory the rate of second and fifth-year students identifying ethical issues was statistically significant difference. Fifth grade students were significantly more likely to identify the violation of DNR.

Do No Harm

We used three sub-categories, which were 'harm by prioritizing the research over the patient', 'risk of harm due to negligence', 'and 'futile treatment'.

Less than half of both the second and fifth year students expressed discomfort about the attitudes of physicians harming the patient by giving priority to the research:

"In addition, I do not find it ethical for the doctor to use the patient as a subject in line with the goals he wants to achieve for research purposes and to mercilessly push her mental and physical limits." (II-15M)

"... It is the desire of doctors to see this as normal and complete the 8 courses of chemotherapy that they have determined for their research, despite all the suffering for a research that will not benefit the patient. However, all research should be based on the benefit of the individual. Here, we see that physicians often put the information they will obtain from the

research before the benefit of the patient... Although it is known that drugs will lead the patient to kidney failure, drugs have continued to be given persistently." (V-6F)

One-fifth of the fifth year students mentioned the 'risk of harm due to negligence' while none of the second year students did:

"When the patient was taken to the isolation room, the doctor in charge entered the isolation room without taking precautions and therefore did not pay attention to the principle of do-no-harm." (V-9F)

However one fifth of the second year students mentioned 'futile treatment' while none of the fifth years did:

"... They continued the treatments in the same way, ignoring whether or not the treatment was appropriate for her, and without evaluating whether or not a result could be obtained from the treatment. Is there any logical explanation for causing the patient to suffer for nothing if the treatment is not working, if there really is no chance of recovery? Of course not." (II-11F)

DISCUSSION

In this study, not all medical faculty students, but only the portion of the students who took elective courses filled these assignments. There is a possibility that they focused on course topics, especially in research ethics, as they were followed in different course contexts. Within these limitations we expected that all fifth year students would mention all the ethical issues related to Wit. As for the second year students we expected to obtain a "non-sensitized profile of the medical student." However, the overall evaluation of ten

subcategories, identified by the researchers based on the ideas of the students, showed five sub-categories mentioned by more than half of the fifth year students. The ratios of students who mentioned 'Disrespect for privacy', 'Violation of DNR', and 'Invalid informed consent for the research' by the fifth years were significantly higher than among the second year students (Table 3).

Medical ethics curriculum comprises "RPHB" and also one of the skills to be gained during the third year GMP patient interview program. Additionally, this issue is a component of the "Female Genitalia Systemic Examination" guideline. Although it is expected that all fifth years would mention this obvious privacy disrespect, the scene was identified by just 51% of the fifth year students. The significant difference between around half of the fifth years and the second year students was due to the very low identification rate among the second years. This finding suggests that, as educators, we should augment the privacy disrespect awareness of our graduates.

Although most of the fifth year students identified the "not establishing a good relationship" subcategory, the second year students (90%) were significantly more disturbed by this issue. In both Turkish and worldwide medical ethics literature, deterioration of communication skills has been frequently mentioned by several authors. Similar deterioration was observed in 'Not seeing the patient as a human being' subcategory. In a study from the UK, all the patients and relatives talked about the importance of the patient being 'seen as a person' (17). Thus, this study shows that the naive public perspective of the second year students, as reported in a 2010 Turkish study (18), diminishes during medical education.

'Violation of DNR' and 'Invalid informed consent' are the two subcategories more frequently mentioned by the fifth year students compared with the second year students. These two are the components of 'Patient self

determination', which is stressed during medical ethics education (Table 1). Nevertheless, the greater recognition of 'Violation of DNR' than the informed consent issue by the fifth year students is intriguing. We cannot explain this finding by the way the subject is presented in the movie, as second-year students do not care much about this issue. A possible interpretation may be the lectures about patient autonomy, though not covered in research ethics curriculum. Another reason why the fifth years were more likely to identify 'Violation of DNR' may be the focus on tragic cases that are often cited and criticized during ethics education (19, 20). Focus on "tragic cases" may trivialize more frequent, daily ethical matters. There is naturally an emphasis on difficult or tragic cases during ethical education but accentuating these cases is ineffective in improving students' moral agency.

The first principle of medicine, "primum non nocere", was mentioned to the same degree by both groups. Clinical education takes a lead from Western medicine, in which aggressive treatment is at the forefront and comfort care is ignored (21-23). We believe that the fact that fifth years did not tend to identify futile treatment supports this suggestion. Considering that the fifth year students, especially, watched the film during their two-week research ethics internship, it is thought-provoking that they point out "do no harm" in general and "harm by prioritizing the research over the patient" at the same rate as the second year students. However, it was also thought that sufficient clinical education resulted in the fifth years identify the "Risk of harm due to negligence" that second year students universally missed.

During preclinical years, theoretical and practical education on establishing a good relationship and communication skills, informed consent and confidentiality is covered in depth. The educational materials of these sessions are standardized but vary by faculty and by simulated patient.

CONCLUSION

The results of the study demonstrated that, using the film *Wit* for the issues such as communication skills, physician's roles, professional values, patient rights, physician's liabilities, and patient-physician relationship, will be effective in terms of drawing undergraduate medical students' attention to these issues.

Fifth year students discussed physician's role in the scene related to end-of-life decisions. Second year students, on the other hand, focused more on the process of decision-making than on health professionals' roles in it, which implied that students become less attentive to the patient in the course of their education process. Although there are courses, such as patient-physician relationship and communication, physician's virtues in medical ethics education in HUFM, the teaching techniques of these courses are lectures and the fact that teaching techniques, such as reflection and simulated patient, are not used may be the reason for this decline.

For these reasons, we suggest that in order to develop a patient-oriented perspective in medical ethics, education on self-awareness and reflection, which have an important place in education on professionalism, be provided to students through techniques such as film screening or gamification. However, in order to reflect this education on attitude and behaviour, not only the teaching clinician – who is seen as a role model by students – but also the administration should support the process.

The same students' reflection on the movie "*Wit*" can help us understand how second-year students' ethical sensitivities are affected by medical education and how fifth-year students' ethical sensitivities are affected by graduate education and experience.

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Ethical Approval

Non-interventional Clinical Research Ethics Committee of Hacettepe University, decision number: GO 16/655-22.

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