TEACHING AND LEARNING ETHICS

Teaching ethics in a Masters Program in Public Health in Lithuania

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This article aims to present 10 years of experience of teaching ethics in a Masters Program in Public Health in Lithuania, and to discuss the content, skills, teaching approach and tools of this programme. In addition, the article analyses the links between ethics and law, identifies the challenges of the teaching process and suggests future teaching strategies. The important role of teaching ethics in countries that are in transition owing to a radically changing value system is emphasised.

It is widely recognised that health policies should incorporate society's values, otherwise they may not be perceived as legitimate nor fulfil society's expectations of them. Ethics is the field that seeks to understand which values are worthy of our embrace and why.¹ Ethical judgment therefore should be part of any decision in healthcare and public health.

Teaching ethics is one way to contribute to making health policies and interventions legitimate. Nonetheless, ethics has been a relatively new subject in public health programmes worldwide, with increasing interest only since the 1990s. Moreover, literature in this field mostly refers to experience from the US and other industrialised countries, whereas this topic is highly underdeveloped in countries in transition. This article therefore aims to fill this gap and describe 10 years of experience of teaching ethics in a Masters Program in Public Health in Lithuania, a country in transition towards a democratic and market-oriented society.

Lithuania regained political independence in 1990 after almost 50 years under Soviet rule. Since then, there have been radical changes in Lithuanian society, including those of the educational system. In 1997, Kaunas University of Medicine created the Masters Program in Public Health. The design of this programme was a result of the European Union-financed Tempus project. The course entitled "Health, ethics and law" is one of nine mandatory courses in this programme. Teaching ethics in the Masters Program in Public Health in Lithuania has been an interesting experience, especially taking into account the limited experience in transition countries. To our knowledge, no other Central and Eastern European country has had a similar and as extensive experience with teaching ethics in public health. The Masters program in Public Health in Latvia, for example, does not include a course on ethics. Other countries, such as Estonia or Poland,

have only just recently begun to introduce courses on ethics. In addition, the analysis of teaching public health ethics in a transition country has not been carried out so far in these countries as it has been in Lithuania.

DEFINING AND UNDERSTANDING PUBLIC HEALTH ETHICS

The field of ethics, also known as moral philosophy, involves systematising, defending and recommending concepts of right and wrong behaviour. Applied ethics is a branch of ethics that consists of the analysis of specific, controversial, moral issues. Bioethics and public health ethics are two fields of applied ethics.² Bioethics mainly deals with the morality of medical treatment and technological innovations, and focuses on the interactions between a patient and a healthcare provider. Public health ethics focuses on population.

Four general categories of public health ethical issues can be distinguished: (1) health promotion and disease prevention; (2) risk reduction; (3) epidemiological and public health research; and (4) structural and socioeconomic disparities in health status.³ The contradictions between bioethics and public health ethics often occur because bioethics is preoccupied with the autonomy of individual patients whereas public health ethics address the issues of population and, in doing so, may have to overlook the interests of the individual. A recent work by Bayer and Fairchild⁴ provides an analysis of the origins of public health ethics. They argue that the charge to protect the common good is at the core of public health practice. An important and difficult ethical question in the context of contagious disease might be about how to strike a balance between the utilitarian aim of promoting public health, on the one hand, and the libertarian aims of protecting privacy and freedom of movement, on the other hand.⁵ The absence of boundaries to public health problems may also be worth mentioning. Health problems travel across borders because disease travels, and because the mirror image of a global configuration of social and economic power is that of ill health. Nevertheless, contemporary political philosophy has been preoccupied with the requirements for justice within states or societies and very little with those across borders.⁶

PUBLIC HEALTH ETHICS AND LAW

Public health ethics is strongly interlinked with other subject areas such as law, economics, management and politics. Public health is one of the few professions that is supported by legal

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power.³ It is important that public health law is seen broadly as the authority and responsibility of the government to assure healthy conditions for the population.⁷ The main purpose of public health law is to protect the population's health. This purpose may produce a conflict between the autonomy of an individual and the benefits of society. Examples include the laws of coercive treatment of dangerous mental or infectious diseases and prohibition of smoking in public places.

Another type of conflict between law and ethics may occur when the law is contradictory for specific cultural norms and values. For example, because of their religious beliefs, Jehovah's Witness-faith parents may choose to refuse a blood transfusion for their child, which may be in conflict with the belief and practice of the medical practitioner in charge of caring for the child.⁸ In conflicting situations between the law and cultural norms, decision making is not easy. It is important to ensure that ethical advice is morally consistent and justifiable in different contexts and that practical ethical advice must be consistent with the changing expectations of the society. One way to achieve this is by focusing on the individual circumstances of each case while taking into account the law, ethical theories and the requirement of medical decisions to be consistent, clinically sound and evidence based.⁹

Human rights and health are two other important aspects of applied ethics. According to Mann,¹⁰ the link between public health and human rights may be explored through the potential burden of public health policies, programmes and practices on human rights. As public health generally involves direct or indirect state actions, public health officials represent the state power, which traditionally addresses the concerns of classic human rights. Thus, public health officials have two fundamental responsibilities to the public: to protect and promote public health, and to protect and promote human rights.

PUBLIC HEALTH ETHICS IN TRANSITION COUNTRIES

The understanding of ethics in Lithuania—and perhaps in other transition countries—has for a long time been a traditional one, with a focus on the problems of the right and wrong conduct of individuals. Traditional Christian moral and spiritual norms often conflict with and oppose the pragmatic and utilitarian goals and motives of human life. An example of this case may be the treatment of a patient with a terminal illness. The situation in Lithuania indicates a distortion of traditional ethics. There is a general lack of understanding among policy makers and decision makers that they should arrange favourable circumstances and conditions to elicit appropriate behaviour from their citizens. Assurance of favourable conditions increases citizens' motivation, which can have a stronger impact on moral behaviour than just behaviour encouragement. According to a survey of government officials, 25% of the respondents believed that one reason for the ethical problems in Lithuania during 1992–2002 was a shift to a market economy, which has brought about further inequalities. In addition, respondents perceived that among the reasons behind ethical problems in Lithuania is the lack of civil society initiatives.¹¹

In terms of health policy, it is important to note that public health priorities vary in different contexts. In addition, citizens of countries in transition may perceive public health differently from those in industrialised countries. For example, a recent survey on lifestyle in Russia and Ukraine showed that drinking and smoking is seen as a part of the normal way of life and deeply embedded in everyday practices.¹² These findings suggest different strategies for public health interventions in these countries in comparison with industrialised countries.

PUBLIC HEALTH LAW IN TRANSITION COUNTRIES

Public health law has some particularities in Lithuania and other transition economies. First, the traditions in democracy in these countries are weak and mistrust in the country's legal system is common. Newly adopted laws are not capable of changing the patterns of people's behaviour immediately, despite their rhetoric to do so. These changes take more time for their implementation. Second, a gap between the formal legal framework in society and its practical implementation may occur. For example, the Law on Patients' Rights was adopted in Lithuania in 1997. Nevertheless, this law has not yet been implemented. A sociological and qualitative study carried out in 2001 showed a lack of awareness of these rights among Lithuanian citizens and a lack of existing structures to assure these rights in healthcare institutions.¹³ This discrepancy between the formal legal regulation and practical implementation has implications for teaching public health law.

In some cases, legislative background is not sufficient—that is, with regard to the right to healthcare services free of charge. The Constitution of Lithuania stipulates that it is the responsibility of the government to determine the process of receiving medical services free of charge in publicly financed healthcare institutions. The Health System Law adopted in 1994, for example, outlines broad areas of medical services free of charge, and legislation on health services take place through the orders of the Minister of Health. Nevertheless, detailed legislations on economic guarantees in this area have not yet been developed.¹⁴ Therefore, it was suggested that legislation with the principles of medical care service provision free of charge be adopted in publicly financed medical institutions.¹⁵

TEACHING ETHICS: EXPERIENCE FROM LITHUANIA

Teaching objectives

The overall goals of the course are to develop moral competence and to introduce ethical reasoning while teaching issues of public health to students. Main teaching objectives of this course include identifying ethical issues and values in healthcare and public health, developing skills in ethical decision making, and encouraging ethical thinking and judgment at different levels—that is, individual, community, state and global levels.

The content of the course includes the following topics.

- *The main concepts of ethics:* Students are taught main ethical theories, such as consequence based-theory (utilitarianism), obligation based-theories (Kantianism, Rawls's justice theory), virtue-based theory, rights-based theory (libertarianism), community-based theory (communitarian ethics) and relationship-based theory (ethics of care). Emphasis is on the post-modern understanding of morality: the responsibility of individual actions and the results of conduct are the measurement units of modern morality. The goal of post-modern ethics is to help people make practical decisions.

The underlying approach to teaching the concepts of healthcare ethics includes a shift from individual ethics to social ethics. There are four levels of ethical issues: the microlevel (ethics of the doctor–patient relationship), the community level (ethics of individual and community health) and the macrolevel (ethics of health policy). Through this approach, healthcare issues are discussed in the context of social ethics—that is, in the context of institutions, organisations, social justice and legislation. This has been an innovative approach to presenting ethics in Lithuania.

- *Ethics of rational allocation and priorities in healthcare:* In this section, the theories of resource allocation are discussed (ie, the theory of social contract and the theory of liberty), as

well as the levels of resource allocation (ie, macrolevel, according to priorities established by government, and microlevel, when health workers establish criteria while allocating resources to their patients). In addition, it is important to emphasise that the cultural context has an effect on how a specific ethical theory is accepted or used. The theory of social contract, for example, is more acceptable for Lithuanians, as they are most familiar with the aim of improving everyone's position and providing compensation for those who are in the least favourable situation and are the most vulnerable.

- *Ethics of reproductive technology and genomics*: The development of technology in medicine and healthcare is reflected in contemporary ethics. Students are taught ethical issues in relation to technology in healthcare, such as the use of information systems, genomics, cloning, reproductive technology and others.
- *Ethics of biomedical research*: This section includes a short introduction to the history of biomedical ethics, national and international legislation, a description of interpersonal, institutional and professional responsibilities of human participation in research, and an assessment of the possible implications for public health.

Part of the ethics curriculum consists of teaching skills. In our programme, the following skills are taught:

- To identify ethical issues at individual, community, society and global levels. Critical thinking is crucial for the development of this skill. Without critical thinking, it is impossible to train morally responsible and sensitive healthcare professionals who are capable of comprehending health policy, making responsive decisions and competing under market circumstances.
- To make ethical decisions, which include recognising the problem, listing alternatives, potential consequences and personal values, comparing consequences with values, and making the choice and a valid ethical statement. The analysis of ethical issues consists of two parts: intuitive moral reflections, and reasoned analysis and argumentation. In our teaching, we focus on reasoned argumentation where theory and practice are interlinked and equally important. According to Churchill,¹ theories are tools that can be used with greater or lesser skill, and skill only comes with practice. Therefore, the flourishing of ethics, both for the individual and for societies, depends on the dialectic between careful theoretical deliberation and practical experience.
- To articulate ethical, legal, social and political applications for vulnerable groups of populations. Students are taught to recognise ethical priorities and prevalent tensions between the community's health and the rights of the individual, and to advocate for public health programmes and resources.
- To create a culture of ethical standards within organisations and communities while creating certain infrastructure. Important components of this structure are codes of ethics. A public health code of ethics has not been adopted yet in Lithuania.

Among the teaching tools are recommended literature for students (eg, textbooks, online sources), case studies and so on. One problem is the limited amount of information available in Lithuanian. Most of the literature on public health ethics is published in the English language. As a consequence, students with a poor command of the English language find it even more difficult to study the subject. Another important teaching tool is the use of case studies. Teachers compile a set of case materials

for ethics discussions and teaching. Students also prepare case studies for further ethical analysis. Students enrolled in the programme and simultaneously working in the health sector usually present case studies from their own professional environment. This practice is encouraged because it helps students to identify ethical issues in their daily work. Role-play simulation is used to illustrate the work of ethical commissions. Recently, decision-making frameworks, such as the Ethical Matrix and Delphi, have been used in teaching as well. The Ethical Matrix method, for example, is based on three "vertical" principles—well-being, autonomy and fairness—which intercross with "horizontal" aspects, referring to stakeholders. These arrangements of principles and interest groups facilitate easy cross referencing in ethical deliberation, and help students to identify ethical issues but do not prescribe any particular decisions.

An important factor in a postgraduate programme is for students' entering the programme to have a background in public health. Kaunas University of Medicine offers a bachelors programme in public health for this purpose. During 2001–5, almost 40% of the students in the Public Health Management Masters Program and 54% of the students in the Public Health Masters Program graduated from the Public Health Bachelors Program at Kaunas University of Medicine.¹⁶ The Bachelors Program includes courses on philosophy, sociology and ethics. For example, there is a course entitled "Philosophy & ethics", where ethics is taught as a practical philosophy and, during other courses, students are familiarised with healthcare infrastructure, institutional values and changes taking place under the impact of healthcare reform. Equally important are the studies of economics and management. Therefore, those students coming from the Bachelors Program have a strong background for the study of both ethics and law in healthcare and public health. Besides a public health background, students entering the Masters Program generally have a medical or nursing background as well. Those students who enter the Masters Program in Public Health from other institutions are offered additional readings and additional courses if needed.

Some feedback information about the masters studies is available. A survey aiming to obtain students' perception about the quality of the masters programme was carried out: 85% of 2004 graduates and 80% of 2005 graduates participated. The majority of the respondents (73%) evaluated the knowledge obtained during a masters programme as good and also perceived it as a way through which they could obtain more professional opportunities.

LESSONS LEARNED

The main teaching objectives of our course are congruent with teaching objectives outlined by other scholars.^{17 18}

The content of the programme reflects our teaching viewpoint: the role of theoretical and conceptual material on ethical issues is emphasised. As noticed by Thomas,¹⁹ "familiarity with theories infuses the more practical principles with deeper meaning and gives students a more informed basis for ethical reasoning". In addition, ethics is presented as a multilevel and multifacet issue, which is embedded in the social context. Debates about the approach on how to start teaching ethics have taken place: is it better to start teaching ethics from theories or from the analysis of practical problems? We have started from theoretical questions and, in parallel, we have been analysing changes that take place in the healthcare system, with the overall context of main ethical concepts. We believe that development of moral judgment is impossible without the awareness of the main concepts and theories.

The skills for the ethical practice of public health include identifying an ethical issue, making an ethical decision,

understanding determinants of health, and building and maintaining public trust.¹⁸ From the Lithuanian experience, strengthening these skills to make morally appropriate decisions and ethical analysis are among the most important concerns in teaching ethics in transition countries. A cross-sectional study on human values and professional competency carried out in 2004 involved >500 students (including medical students) from four universities in Kaunas, Lithuania. Results showed that 66.3% of the respondents expressed that knowledge is the most important for them, whereas only 25% of respondents believed that development of moral competency is an important issue in their professional career. In general, the students believed that they are capable of making ethical analysis of real situations without additional theoretical training because moral competency is based on intuitive reflection.²⁰

Teaching ethics is challenging owing to the high level of uncertainty in healthcare and public health. For instance, the mismatch between the research methods and practice for three methods in epidemiology (meta-analysis, causal inference and systematic reviews) was reported.²¹ In terms of teaching public health and ethics, we think it essential to present this ambiguity in making ethical decisions or carrying out analysis.

During the process of developing the course, "Health, ethics and law", its content was discussed together with issues of other disciplines, such as human resources, finances and management. We agree with the idea that "sometimes ethics teaching is best received when it is not billed as ethics".¹⁹ To integrate better healthcare ethics with other specialised topics, we should think whether it would be meaningful shifting from subject-oriented teaching (teaching of individual disciplines) to problem-oriented teaching (teaching of the ethical issues during various specialised courses). Examples of problem-oriented teaching include discussing ethical problems associated with epidemiological research during the course on epidemiology, or ethical issues related to limited resource allocation during the course on health policy, and the ethics of death and dying during the intensive care course. The value of problem-oriented teaching is that students receive integrated and relevant-to-practice material. The major challenge lies in preparing teachers. Teachers of ethics might not be competent to deliver specialty courses whereas teachers of specific disciplines are not trained to present their material in the light of ethical theories. One way to tackle this issue is to arrange special training sessions.

The ethics course for the Masters Program in Public Health students in Kaunas University of Medicine is strongly inter-linked with law. Ethics and law are different systems of rule making and rule application, but they constantly interact with each other. Law tends to address what may be done, what must be done and what does not have to be done, whereas ethics tends to address what should be done. Law often creates legitimate discretions, when what may be done is optional, so that both performing and not performing an act are legal choices. The grounds on which that legal choice should be made are governed by ethical considerations.²² Despite the important challenges of the legal issues mentioned earlier, teaching law in relation to ethics in countries in transition is crucial. It illustrates the reality of legal regulation and the importance of ethical consideration in healthcare and public health. In addition, the links between law and ethics helps in the understanding that some actions and decisions might be legal but not ethical or that some actions might be ethical but illegal. Therefore, the strong links between these dimensions are useful.

A number of issues regarding the teaching of public health ethics have been reported in other countries. A survey in the UK

showed that the content and nature of public health ethics courses in postgraduate education was patchy and often minimal.²³ Thomas¹⁹ identified a number of problems with regard to the dominance of medical ethics over public health ethics, the shortage of teachers and/or the nature of ethics as a controversial subject. Bennett-Woods²⁴ emphasised the complexity of the content and the necessity to bridge the gap between the highly theoretical nature of ethics and its specific application in practice. We recognise similar challenges in our work.

CONCLUDING REMARKS

The field of ethics seeks to understand which values are worthy of our embrace, and why.¹ Through describing the ethical foundation for applying that knowledge, we will be rewarded with a better understanding and justification for the difficult decisions we make in the practice of public health.²⁵

Transition countries experience a radical change of values during a short time and, therefore, are exposed to more severe and more prominent ethical problems. We believe that teaching ethics to health professionals could contribute to a higher morality. Our experience shows a number of challenges for teaching ethics in Lithuania; however, it also proves to be a necessary subject in training healthcare professionals. According to Kavolis,²⁶ "in order to perceive obligations legitimate it is necessary to construct them collectively. Moral values cannot be inherited or taken from someone else. Moral values can only be brought about from mutual obligations accepted voluntarily". We believe that teaching ethics in public health may help to improve health workers' capabilities for making the best ethical decision in their complex professional situations.

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