HANDBOOK FOR PERSONAL AND PROFESSIONAL DEVELOPMENT PROGRAM

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CONTENT

INTRODUCTION

The Personal and Professional Development Program (PPD) was introduced to promote personal and professional attributes in the undergraduates of the Faculty of Medicine, University of Sabaragamuwa.

The PPD will be guided by the Faculty's Vision, Mission, Values, and Aims. The Faculty will deliver the content using a blended learning approach that includes lectures, reading material, and online resources made available on the Faculty's Learning Management System (LMS). These are mainly appropriate to learn declarative knowledge (i.e. facts or information that is stored in memory such as descriptions, concepts or events). The more procedural knowledge (i.e. practical knowledge) will be through assignments, small group discussions (SGDs), simulation sessions, and seminars. These will be supplemented by activities in the context of a professional setting (e.g., wards or community). The Faculty of Medicine has also in the process of establishing a Department of Medical Humanities to support the activities of this program.

Learning Outcomes

The students will achieve the following outcomes on completion of the course:

1. Describe and apply the knowledge related to ethics, compassion, empathy, communication, sociocultural aspects and humanities in relation to health.
2. Demonstrate effective personal, inter-personal and learning skills.
3. Recognize patients' fears, beliefs and expectations, and respect their physical, social, psychological and spiritual needs, and cultural beliefs.
4. Communicate with patients, their families and with other health care workers in the hospital and the community in a professional manner.
5. Recognize, analyze and manage ethical issues appropriately.
6. Demonstrate effective professional skills.
7. Be an effective member of the healthcare team.
8. Demonstrate kindness, understanding, tolerance, compassion, empathy and humaneness.

This book outlines the contents and assignments of the PPD. We have followed the following chapter headings: Personal Development; Humaneness; Health Related Behaviors; Social and Cultural Determinants of Health-Related Behavior; Values and Ethics; Legislations, Human Rights, and Codes of Conduct. This book is a work in progress.

CHAPTER 01

PERSONAL DEVELOPMENT

In this chapter, the focus is on how you could adjust to a new environment and some study skills. Other than examinations, medical students face at least three major challenging life-events that need to be overcome: on entry to the Faculty, a new environment, beginning clinical work with exposure to the hospital environment, and the beginning of internship. These are all ‘new environments’ that students need to face, learn and thrive on.

Adjusting to a new environment

Described below are a few points to help students to adjust to a new environment.

a) ***Adjustment-related anxieties***: Shifting from an A-level student to university life is one of the biggest transitions you will face in life. Your familiar friends and family members may not be with you as you begin life in a hostel or with a large group of completely new faces. Being homesick is common. You may face other challenging situations during this transition. Learn to accept these difficulties as normal phenomena experienced by many students.

b) **Share your feelings:** Sharing your difficulties enables you to realize that they are not alone.

c) **Find new friends*:*** Meet other students and form new friendships. Students will be encouraged to meet others during social events and gatherings.

d) **Maintain contact with home:** It is important to keep in contact with family and friends using mobile phones, Zoom and other social media. This reduces anxieties we feel with separation (ie known as ‘separation anxiety’).

e) **Time management**: Living in a hostel or boarding requires the student to be responsible for time management. Use a diary or planner that notes the day’s work as well as advanced planning.

f) **Have a schedule to study:** Reserve time to study on your own. It may be alone in a room or a library.

g) Learn new Study Skills:

In the Faculty, you are responsible for your own learning. Unlike in schools, you are expected to find learning resources yourself. Some students may find it difficult to change their learning approaches! Your lecturers and clinical teachers will support your learning and explain the types of assessments you will face during your undergraduate career.

New Study Skills and tips on basics of learning

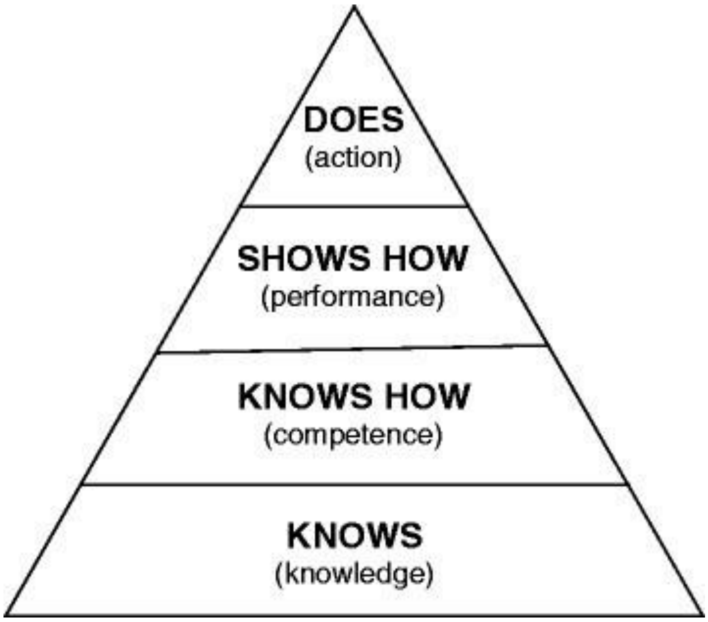
You will learn from lectures, during group discussions and 'practicals'. The latter are organized in the laboratories and the dissecting rooms. In the dissecting rooms, you will meet your silent teachers, ie. the cadavers that you dissect on. Individuals donate their bodies to be used for dissections and their relatives agree to arrange for this to be a reality.

- While in the faculty, wards and clinics, your patients will act as teachers! It is important to study, learn, and analyze the problems that arise when caring for your patients or while in the faculty. This is called 'learning in context' and promotes deeper understanding of the contents. For example, let us imagine that you saw a friend shivering before getting high fever. Ask yourself, the physiological basis of your observation. You can cover topics such as 'internal thermostat, temperature regulation, mechanisms of shivering to increase metabolic rate etc.

- Revise 'actively'. That is to recall what you learnt 'in your own head'. Let us assume you studied about temperature regulation today. After about one hour of finishing the topic, try to recall what you studied. You will remember only a proportion of what you studied. Quickly fill-in any areas you cannot recall by glancing the relevant pages of the book. After 24 hours, you repeat the same exercise (recall-check-glance). After 1 week you repeat it.

- Some students find it very easy to recall pictures or diagrams. Draw, copy, cut and paste from Google Images and use them in your studies

- Knowledge, you have in your mind (obtained by listening to lectures or reading etc and stored in the form of memories in the brain) is only ONE part of learning. As students you are asked to recall this knowledge in MCQs, SEQs and vivas etc. However, as medical students you need to learn SKILLS! Skills are ways of using your hands, eyes, listen, speak move etc. These are called psycho-motor skills because your mind and body movements have to work together. Skills are learnt by knowing what to do, observing the skill, doing the skill under supervision, and practicing it to perfection. The parallel is learning to ride a bicycle! You must know the basic mechanics, then watch another person cycle, try it under supervision and then practice. This is described in the 'Miller's Pyramid' to honor the person who described it graphically (Reference: Miller GE: The assessment of clinical skills/competence/performance. Academic Medicine. 1990, 65: S63-S67).



- Furthermore, you will be required to critically analyze problems and attempt at solving them. In other words, your learning will involve a lot of ‘critical thinking’, in addition to gathering knowledge or knowing facts. There are tools to think! One simple and popular tool is the ‘Six-Thinking Hats’ described by Edward de Bono. When faced with a problem, he recommends six ‘hats’ to wear and to discuss it. “The white hat focuses on facts and data, the red hat expresses feelings and emotions, the black hat looks for potential risks, the yellow hat looks for advantages and opportunities, the green hat encourages creativity and innovation, and the blue hat manages the thinking process”. This process can be followed alone or by a group of students. Try it!!

Tips on preparing for exams

Prepare early for your exams. Do your day-to-day work regularly. Revise wisely. It is the best way to overcome stress.

Revision tips

- Aim to do a few hours of revision each day
- Do a few subjects everyday so that you will not get bored.
- Work out how much you have to do and the time you have to do it in. Then break it down into manageable chunks. Make a realistic revision schedule.
- No one in 100% prepared for an exam!
- Find your own style of revising: Maybe, studying alone in a quiet room with a few group discussions. Quiet music in the background helps some.
- Make your notes and use diagrams when needed. Use color code, notes on cards, diagrams stuck on walls, or whatever helps you learn your topic.
- Make sure you understand. Just memorizing it will not help you in your exam. Ask your teacher or a friend for help if you need it.
- Answer previous examination questions papers. Practice completing exam papers in the set time and do mock assessments.
- Take regular short breaks. A break every 45 to 60 minutes is about right.
- Reward yourself. For example, you could listen to a few songs, take a long bath or watch a good movie once you have finished your study session.
- Be physical. When you're not revising, use your spare time to get away from your books and exercise.
- Ask for help. If you are feeling stressed, talk to someone you trust.

CHAPTER 02

HUMANENESS

The theme of Humaneness begins during the first year when we discuss about silent mentors or silent teachers.

2.1 A Tribute to Our Silent Teachers (Silent Mentors)

Many people donate their bodies to medical faculties for the benefit of medical students in our country. They do so without expecting any rewards in return. These bodies are silent, yet teaching and guiding future generations of doctors, and therefore described as 'Silent Mentors' or 'Silent Teachers'.

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Medical students paying their final respects to late Professor Carlo Fonseka, before his body was donated to the Faculty of Medicine, University of Kelaniya.

Medical students have to respect and pay gratitude to the people who have donated bodies and their relatives. Some medical schools organize offerings of alms, religious activities and prayers to pay respect and gratitude to those who donated their bodies for the sake of learning. This was popularized in Singapore medical schools
https://www.singaporetech.edu.sg/digitalnewsroom/honouring-our-silent-mentors/

"I thank and respect the silent teacher who taught me.
I thank the silent teacher who donated his or her body for me to learn
So that I could be of benefit to people who fall ill and come to see me"

The picture below shows medical students in Singapore paying final respects to dead bodies donated for dissections

❖ **Assignment**

Each body group could write a letter of appreciation to the anonymous family of the dead person you dissected.

2.2 The person behind the patient

Students have an assignment to listen to the life stories of patients. This is to encourage you to

- view patients as human beings or persons who have developed an illness
- understand patient's problems better
- understand the patient's illness

It is no secret that we all like to listen to stories. It is through stories that we understand and make sense of the world. Narrative-based medicine is the application of these ideas about narrations to the practice of medicine, and this approach is called Narrative Based Learning. The approach requires students to listen to stories told by people, learn and understand behaviors of patient, and care for them based on their needs.

There are a few practical steps to take when you want to listen to stories patients have to say. These steps also help to build a rapport (or a connection) with your patient.

- Make eye contact
- Smile when you meet your patient
- Greet him or her in an appropriate manner
- Introduce yourself
- Ask if she/he feels okay to speak to you

- Ask open-ended questions
    - How are you today?
    - Did you have meals today?
    - Did you sleep well?
    - How do you feel today?
    - What is the work you do?
    - Where do you live?

Once you build a rapport, patients are more willing to share their life stories with you……

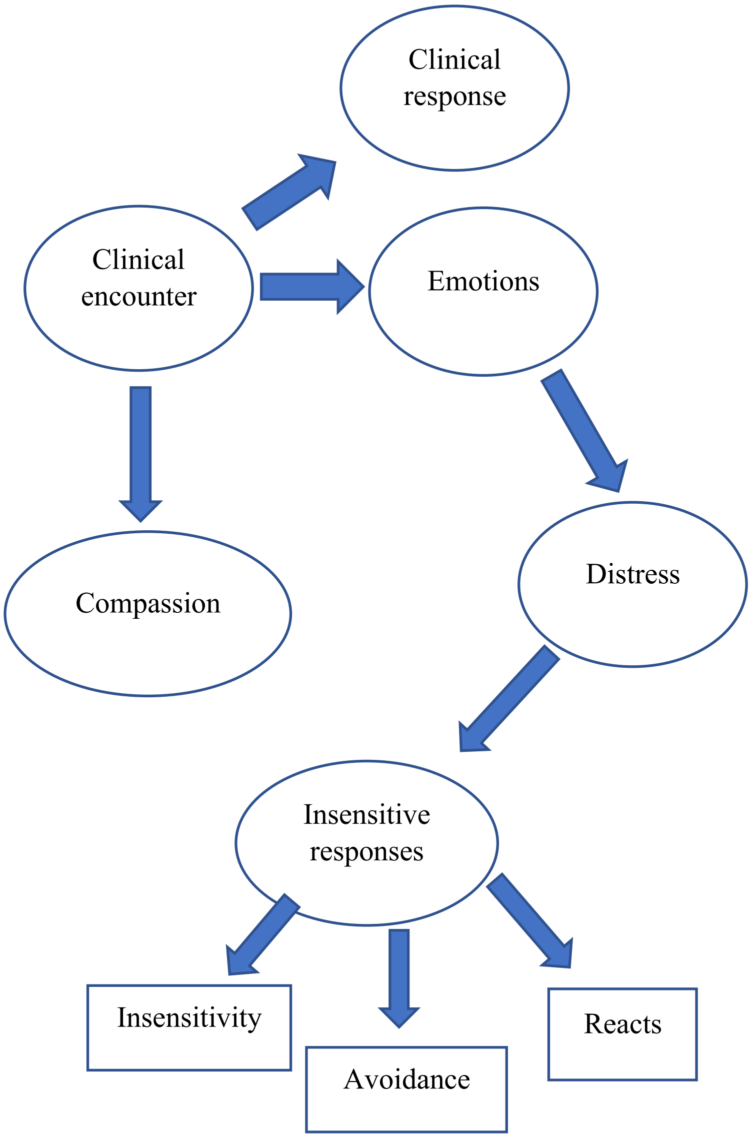
- Gently begin to ask his/her life story
- Ask from the very beginning
- Ask about siblings, parents, and childhood.
- Trace the story of the person's life until the current illness
- Ask about his or her family, and how they carry out their normal lives until the patient fell ill.
- When the patient is relating the story, imagine and try to visualize the events he or she describes.
- The objective is NOT to arrive at a diagnosis. Instead, the objective is to imagine the life story of the person who has unfortunately fallen ill.
- Reflect on what did you feel or the emotions you felt when listening to the story.

After listening to the patient's life story, document what you felt when you were listening to the story. Did you feel sad or happy or concerned? What were your emotions when you were reflecting on the story

2.3 Empathy and Compassion

Definitions

- Sympathy is more often an emotional reaction to another's pain and suffering. It has feelings of sorrow and concern.
- Theory of mind is an important social-cognitive skill that involves the ability to think about the mental states of others
- Empathy, is the emotion of experiencing another's feelings, pain, or happiness. Empathy is when you feel the same emotion you observe in another person.
- Compassion is a feeling that arises in an individual who witnesses another's suffering and is motivated to help.



- **Empathic distress**. This is the emotional distress you feel after experiencing empathy to a situation where the patient has emotional or physical pain (e.g. when you meet a person of your age who has lost his or her loved one). Repeated exposure to empathic distress is difficult to handle and doctors begin to become insensitive. The figure shows this process. Some begin to react, or avoid such situations. They also lead to fatigue and burnout (a state of physical or emotional exhaustion).

2.4 The person behind the illness

❖ **Assignment: The person's view of illness**

During your career as a medical student, there is a high chance that you could become less sensitive to the suffering and pain of others (i.e. decline in empathy and compassion). We try to prevent this decline in empathy by giving you opportunities to appreciate more about the person or the human being who has fallen ill. The patient is not a mere label of a disease. Instead, he is a person who has an illness. For example, we don't say. "Bed 14 is a diabetic.' Instead, we say, "Mr Siripala who has developed diabetes is on bed 14."

In this assignment, you will meet patients and try to find out the patient's ideas about the illness he or she has. The objective is to understand more about the way people view their illnesses. You will realize that patients have their own model about the illness they have. This is termed the 'Illness Model)

- Illness models are the mental model a person has about an illness.
- Reflect on the following comments which are based on illness models
  - "Illness has symptoms. If the symptoms improve it means I am cured. I need not take more of the antibiotic because I feel well"
  - "A disease has symptoms: Diabetes, hypertension, and hyperlipidemia do not have symptoms. So I need not take medicines"
  - What would a lay person mean when they use the terms "Sema", "Pitha", and "Waatha"?

"A patient's illness model' refers to the manner in which patients explain their health conditions and illnesses. An important part of evaluating an illness is making sense of it. Patients often search for causes to which they attribute the onset of an illness. As such, these "explanations" reflect patients' explanatory models of illness, in contrast with scientifically based models of illness."

2.5 Understanding the Person's View of Illness: The Role of the Arts and Humanities

2.5.1 Why study illness from the perspective of humanities?

Artists attempt to express their feelings, emotions and mental state through their paintings, photographs, short stories, dances and movies. We can use these creations to reflect and understand the feelings that the artists were trying to express.

2.5.2 Examples of the arts helping to Understand the Illness

- **Photography**

This picture shows an elderly hard-working laborer. The background suggests that he is in an urban area. You could note the tired face of an elderly person. He should be living a relaxed retired life. He is not so fortunate. He looks anxious, as he stares to an uncertain future. A future filled with hard work until he dies of exhaustion

Three deaths due to COVID in a hospital in USA. This photograph shows the horrors of Covid. They have placed three bodies on a single bed due to overcrowded mortuaries. They have probably died alone without their loved ones. Maybe three elderly persons from the same neighborhood who faced a lonely death.

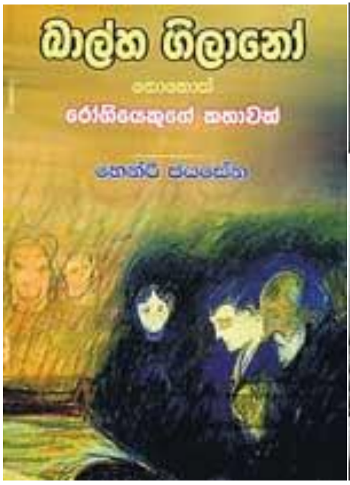
Two photographs showing a face of a patient when terminally ill and after death. The worried lines of her face have disappeared and the face appears to be calm and happy. The accompanying interview with the patient describes how sad she felt that she had to leave her children and die.

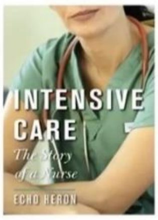
Art

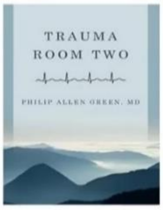
A painting on the tsunami by Sujith Rathnayake is an artist from southern Sri Lanka.

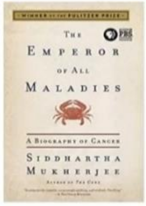
"His life was thrown into turmoil by the tsunami disaster of 26 December 2004. He developed a psychotic illness and had flashbacks of his home being submerged by the tsunami waves. This set of untitled paintings reflects his inner conflict, restlessness, anxiety, disillusionment and confusion"

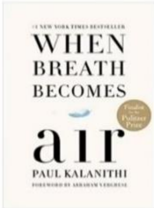
Novels

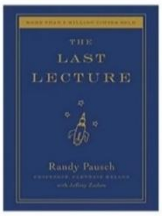












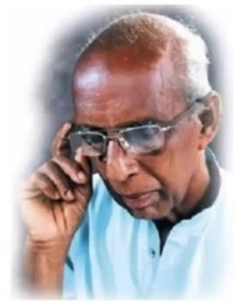
Humane "biography" of cancer—from its first documented appearances thousands of years ago to its cure, control, and conquest

"Balha Gilano-The story of a cancer patient" by Henry Jayasena. A poignant story describing the emotions felt by the author when he was struck by cancer of the colon.

"*It was devastating, like a thunder bolt. Someone one doesn't associate oneself with things like that. It is always the other person. But when you become the patient - your whole world crashes and mine did. I knew would have to be inactive for a long time. Then on 7 May 1999 began the unenviable pilgrimages to the Maharagama Cancer Hospital for chemotherapy and radiotherapy. They ended on 25th August 2000. It was a nasty experience*".

Other novels by overseas authors

Short Story ('Nangi' – Sister): A story about a young woman who decides to donate her kidney to her brother. The story highlights the desperation felt when families struggle to find donors and equally the challenges and emotions felt by potential donors. The author is Arawwala Nandimithra



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Poetry

"Her long illness "by Donald Hall describes the pain felt by a person sitting beside his loved one who is dying of a terminal illness.

Daybreak until nightfall,
he sat by his wife at the hospital
while chemotherapy dripped
through the catheter into her heart.

He drank coffee and read the Globe.
He paced; he worked
on poems; he rubbed her back
and read aloud

Overcome with dread,
they wept and affirmed
their love for each other, witlessly,
over and over again…

Films

"Premaya Nam" A film on Obsessive Compulsive Disorder co-directed by a person whom himself suffered immensely because of the illness

CHAPTER 03

HEALTH-RELATED BEHAVIORS

CONTENTS OF THIS CHAPTER ARE ALSO DISCUSSED UNDER PSYCHIATRY

3.1 Models of health

Advances in biomedical research has encouraged an excessively narrow biomedical focus in the practice of clinical medicine. This has led to clinicians regarding patients as objects and disregarding the subjective experiences such as emotions of the patient.

There are two main models of health:

a. **Biomedical model:**
   An individual is considered healthy if he or she is free from diseases. This concept is referred to as the biomedical concept or model

b. **Biopsychosocial model:**
   Emphasizes the interconnection between biological, psychological and socio-environmental factors and the importance of maintaining wellness in all aspects of our lives

The World Health Organization's (WHO) definition of health
WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. It is an example of a Biopsychosocial model

3.2 Health-related behaviours

Common examples of health-related behaviours are:

1. Smoking cessation
2. Reducing alcohol intake
3. Eating healthy
4. Exercising or physical activity
5. Practicing safe sex
6. Driving safely

3.3 Understanding behaviours related to Health and Illness

The models of health and illness influence the way patients and doctors think or behave towards illness.

	Biomedical model	Biopsychosocial model
Factors Considered in Health	Only takes account of the biological factors	Takes account of biological, psychosocial and social factors
Views on what causes illness	All physical factors- pathogens, injury, physiological change	Multiple factors-physical, social and psychological
Patients responsibility	No responsibility on the patient, because all factors are out of the patient's control	There is a patient responsibility because lifestyle has an influence
Treatment style	Bodily interventions only	Whole person: mind and body
Responsibility for treatments	Doctor only	Doctor and patient combined
Role of psychology	No relationship with physical illness	Cause, influence and consequence of physical illness

When a person falls ill, his or her behaviour changes. Some of these behaviours are aimed to reduce the severity of illness and return to health. These behaviours include

1. Health-seeking behaviour
2. Sick role
3. Adherence

Health Seeking Behavior

"Any action undertaken by people who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy."

When facing an illness, a patient uses his or her health belief model and changes behaviours to prevent the disease or reduce its worsening or return to health (examples include, going to see a doctor; or taking medicines). These are known as health-seeking behaviours.

Sick role

An individual who has fallen ill is not only physically sick but is able to take a certain social role of being sick. 'Being sick' assumes the existence of a few rights and obligations based on the social norms
"Sick-role behaviour is an activity undertaken for the purposes of getting well by those who consider themselves ill. Taking leave and avoiding work are examples of a sick role."

Those who take a sick role have rights and obligations:

Rights
A sick person
- is exempt from normal social role
- is not responsible for his or her condition
- must be taken care of

Obligations
A sick person
- should try to get well
- should seek technically competent help
- cooperate with healthcare professionals

Adherence

Adherence is to commence and continue prescribed treatment or therapies or following the advice given by the healthcare team.
Poor adherence to treatment is seen due to
- High costs of drugs (eg. high prices of drugs make it unaffordable)
- Availability of drugs (eg scarcities of certain drugs in pharmacies)
- Patients preferring other systems of care (eg. wanting to take herbal medicine rather than tablets)
- Patients having different models of illness (eg. patients who consider hypertension as a normal variant and therefore does not need treatment)
- Cultural factors preventing adherence (eg. patient refusing to adhere to advice on restricting alcohol because its socially accepted culture to drink with friends during festive seasons)
- Religious beliefs preventing adherence (eg refusing to take vaccines because they contain animal products or declining transfusion)

Health belief model of a patient is a more comprehensive or overarching way of viewing health related actions or behaviors, including adherence to medicines.

Health Belief Model

The Health Belief Model states that people's beliefs influence their health-related actions or behaviours. According to the Health Belief Model, readiness to take action is based on a series of beliefs. It is more relevant to behaviours such as increasing physical exercise, though one can apply it to explain factors that influence adherence to medicines.

- **Perceived Susceptibility** An individual's assessment of their chances of getting a disease or condition ("I am susceptible to this health risk or problem")

- **Perceived Severity** An individual's judgment of the severity of the disease ("The threat to my health is serious")

- **Perceived Benefits** An individual's conclusion as to whether the new behavior is better than what they are already doing ("the benefits of the recommended action outweigh the barriers or costs").

- **Perceived Barriers** An individual's opinion as to what will stop them from adopting the new behavior ("I cannot change my behaviors as it is not effective")

- **Cues to Action** Factors that trigger behavior change ("Cues to action are present to remind me to take action")

- **Self-efficacy** Personal belief in the ability to do something ("I am confident I can carry out the action successfully").

Factors Influencing the Health Belief Model

There are demographic and socioeconomic factors that influence the health belief model that a person holds. These include the person's

- age
- gender
- education
- religion
- occupation

Clinical factors too have an impact on the health belief model

1. Duration of illness: Long-lasting illnesses affect the types of health belief models. A person who had a stroke will adjust to his illness and change the model of illness he has. For example, he may realise that it is a disorder affecting his brain, and not a disorder of his muscles.
2. Knowledge about illness modifies the health belief model. A person having diabetes may learn more by reading about the disease and thereby change his ideas about his illness.
3. Complications from an illness influence the health belief model. A person affected by high blood pressure could develop heart failure and begin to understand the seriousness of his illness.

3.4 Changing behaviours

There are two important models used to describe the process of changing a health-related behaviour

1. Stages of change theory
2. **Motivational interview**

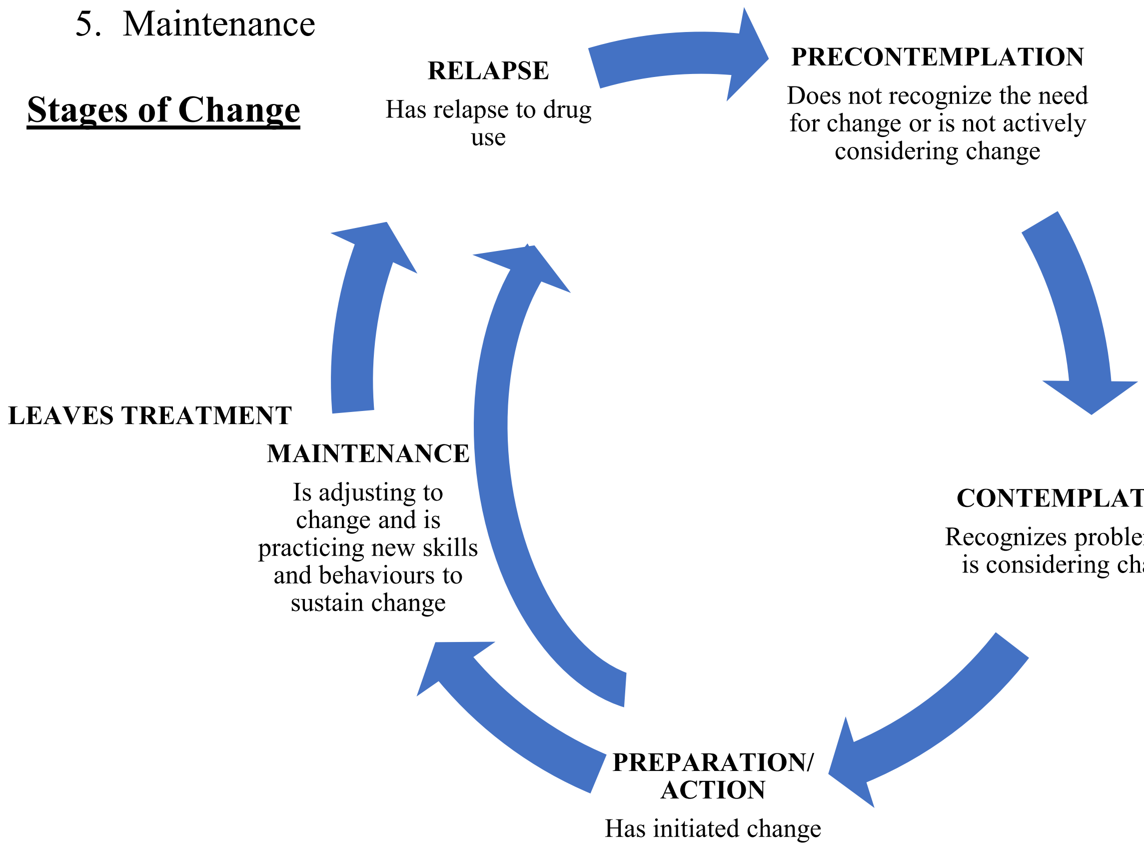
3.4.1 Stages of change theory

Transtheoretical model by Procheska and DiClemente

According to this model, there are five stages of change theory

1. Precontemplation
2. contemplation
3. Preparation
4. Action
5. Maintenance

<u>Stages of Change</u>



- *Precontemplation stage*: the individual usually doesn't think that they have a problem and they have no desire to change their behaviours.
- In the *contemplation stage*, the individual acknowledges that there is an issue but is not yet ready to make a change.
- In the *preparation stage:* the individual has committed to making a change.
- In the *action phase,* behavioural changes occur.
- During the *maintenance period* effort is made to sustain the behavioural change.

3.4.2 Motivational interviewing

"Motivational interviewing is *a counselling approach designed to help people find the motivation to make a positive behaviour change".*

Motivational interviewing used four micro-skills to engage with the individual. It helps to interact in an empathetic and supportive manner, and described using the mnemonic OARS.

OARS skills

- O-open ended questions
- A-affirmations-to confirm
- R-reflective listening (when the patient says something have to reflect)
- S-summarizing listening (summarize things for the patient)

Open ended questions

A question that invites a person to think a bit before responding

Affirmation

To recognize and acknowledge that which is good to support and encourage

Reflective listening

Designed to clarify your understanding and convey this understanding

Summarizing

Reflections that pull together several things that person has told to you

CHAPTER 04

SOCIAL AND CULTURAL DETERMINANTS OF HEALTH-RELATED BEHAVIOR

Behaviours are also determined by social factors. For example, the increase in the price of tobacco from taxes is well known to discourage people from buying and smoking cigarettes.

4.1 Lifestyles

Lifestyle is the opinions, behaviours and behavioural orientations of an individual or group.

Examples

- increase food intake
- inadequate physical activity (or being sedentary)

Lifestyle is determined by social factors, for example, lifestyles changed dramatically during the recent lockdowns to control COVID-19.
Determinants of lifestyle

1. Influence of parents
2. Home environment
3. Education and school environment
4. Group behaviour
5. Influence of media and advertising
6. Price of goods
7. Social environment

Food advertising directly affects the health of the people and it will cause many health-related issues. Evidence suggests that advertising can increase overall consumption of unhealthy food categories

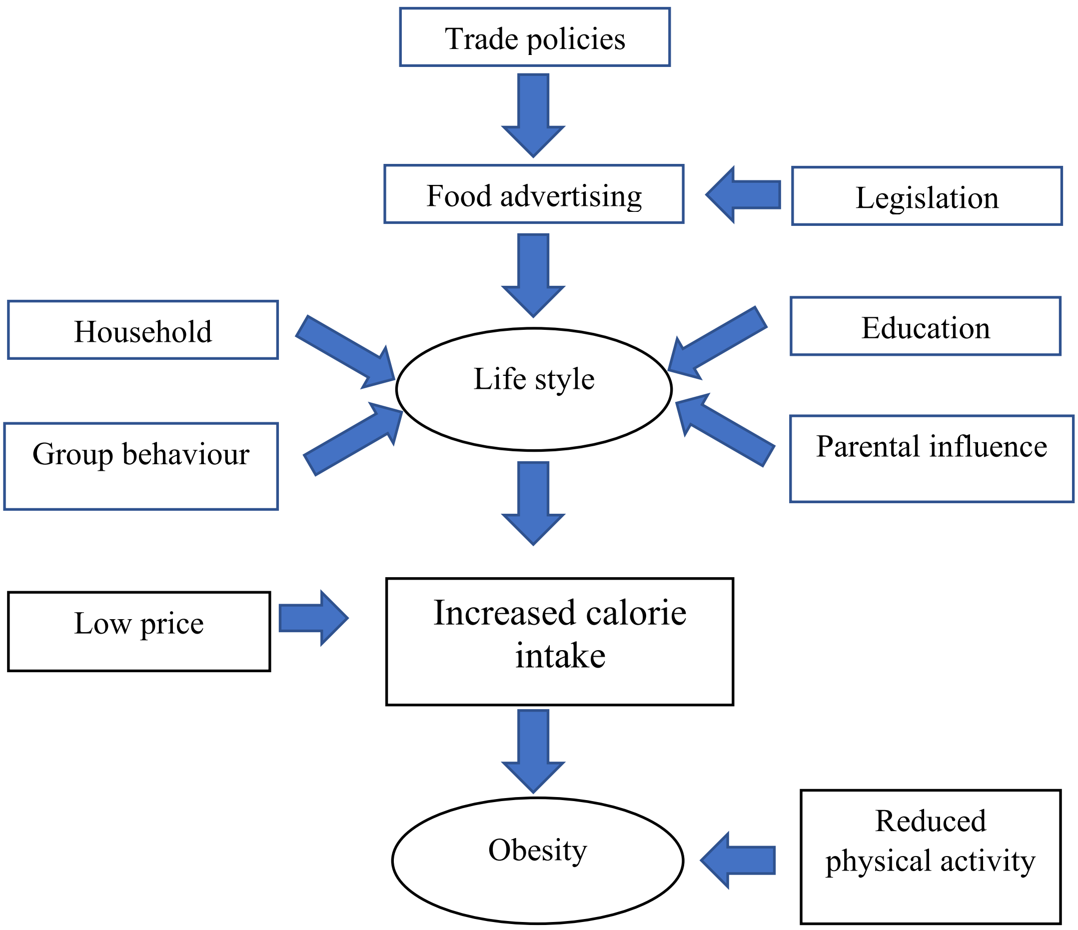
Examples:

- Sri Lanka has introduced traffic light colours to denote sugar levels in food. This encourages consumers to buy healthier foods.

4.2 Social Determinants of Health, behaviours and Lifestyles

Individual behaviours and lifestyles that promote risks to health are socially determined or determined by the social environment. The WHO states that the social determinants of health (SDH) are "*the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems*". Other determinants include, socioeconomic status, education, neighborhood and physical environment, employment status, and social support. networks, as well as access to health care.

The flowchart below outlines the factors that influence lifestyle related to increased calorie intake, and in turn, promote obesity.



4.3 Politics and Health

- Politics is a major determinant of the health system in the country. Read this example from Sri Lanka showing how politics impacted patterns of intake in sugary aerated drinks.
- Sugar tax led to a 33% increase in the price of carbonated soft drinks.
- As a result of the sugar tax, sales volumes declined by 16% in 2017/2018 and by 25% in 2018/2019. (Annual Reports of the Ceylon Cold Stores)
- During the political crisis in 2018, the newly appointed finance minister reduced the tax with immediate effect.
- This led to an increase in the consumption of carbonated soft drinks

CHAPTER 05

VALUES, ETHICS, LAWS, HUMAN RIGHTS, AND CODES OF CONDUCT

When treating a patient, doctors have to consider five factors. These are:

1. Is the decision clinically correct (i.e. based on scientific knowledge, guidelines, protocols)
2. Are there adequate resources? (i.e. costs and availability. On occasion. the recommended treatment cannot be carried out due to high cost)
3. Does the patient agree to undergo the treatment? (ie communicate the plan, obtain agreement and consent to proceed)
4. Is the treatment ethical and legal? Does the profession have a code of conduct or guideline on the matter?

Students need to appreciate that textbooks on clinical disciplines mostly emphasize the first factor. Resource limitations and availability are administrative factors. Obtaining consent involves communication skills.

Ethics, legality and codes of conduct are more related to values (or understanding right from wrong). Not violating human rights is a more recent addition to this cluster.

Moral Values and Ethics
Moral values are the principles and ideals on which people make judgements. Values are linked to beliefs, culture, attitudes we learn and religion. Examples include honesty, compassion, kindness, respect, fairness etc.

Ethical decision-making often involves weighing values against each other and choosing which values to be higher. Ethics is related to asking a moral question, "Is my action good or bad?". Generally speaking, a good action is ethically correct.

Legislations - Laws of the country express what its people consider is acceptable or unacceptable behaviors,

- An example is the legislations on abortion. It is legal in some countries but illegal in Sri Lanka unless done to save the life of the mother.
- Laws can be challenged.

Codes of conduct - (often delivered by regulatory authorities)

A code of conduct is a set of values and rules outlining what a profession expects from its own members within an organization. Examples include:

- Sri Lanka Medical Council which states how the members of the profession should function
- Hippocratic Oath descried how doctors should behave

Human rights

- This is a concept related to laws. Rights are often written in a constitution and guaranteed by the state. These are "rights available to every person". For example, "*the right to non-discrimination on grounds of race, religion, language, caste, sex, political opinion or place of birth"*
- There are other agreements we have signed as a nation E.g.- The Universal Declaration on Human Rights was proclaimed by the United Nations General Assembly in Paris on the 10th of December 1948. An example is Article 1 which states:
  "All human beings are born free and equal in dignity and rights.

Ethics and Health

Basis of the ethics is discussed under the ethical theory
As medical students, you need to be aware of two main branches of ethics.

1. Medical ethics: related to clinical scenarios
2. Research ethics: related to research

The Four Principals of Medical Ethics is an approach, developed by Beauchamp and Childress in the United States in the 1970s. It is based on four common, basic moral commitments - respect for autonomy, beneficence, non-maleficence, and justice. These principles help doctors to make decisions when reflecting on issues that arise at work.

1. Respect for autonomy
2. Beneficence
3. Non-maleficence
4. Justice

Respect for autonomy
Respect the person as an individual. The autonomous person may freely choose. Here are two examples.

- Obtaining consent for investigations or treatment, after informing about the risks and benefits to the patient.
- A patient may refuse treatment. In a life-threatening situation when treatment is required to save the life of the patient, the patient must be so informed of the consequences of refusing treatment must be made clear to the patient.

Beneficence - Decide and do things that benefit the patient.

- When the patient is unconscious from an accident we presume that the reasonable person would want to be treated aggressively and we rush to and give emergency treatment.

Non-maleficence - Do no harm to your patients

- Not to do unnecessary therapies. Is it ethically correct to do a caesarian section on the request by a mother who does so in order to avoid labor pains?

- Another example, is that of a patient dying from a painful intestinal carcinoma. The surgical team may choose not to offer kidney dialysis for his associated renal failure. The reason for such a choice is based on the belief that prolonging life is worse than death. In this instance, we are comparing one option against another and choosing one to cause greater harm.

Justice - Be fair when deciding what to do

- Treat the patients according to the severity of their illness, not because of the patient's economic or financial status or social status.
- Allocate meagre resources in a fair manner

Are there ethical principles unique to Sri Lanka?

Though we have not described principles of ethics specific to Sri Lanka, there are a few areas to consider. One relates to autonomy. In Sri Lanka, and most Asian countries, individuals share their concerns, information about illnesses and ideas with family and friends. This is called 'shared autonomy'. Navigating this issue can be difficult. For example, a patient may have cancer, and the relatives do not want the patient to be informed about the illness. In such instances try to convince the relatives that it is important for the patient to trust the doctors and relatives. Breaking the trust would mean that the patient feels that he or she is alone in the battle against cancer.

The other area relates to life after death. Most Buddhist patients feel that the current life is only one in a 'samsara'. Those of other faiths may think that their fate is God's decision or that they will be reaching heaven after death.

Sri Lanka Medical Council

The Hippocratic Oath is an ethical code attributed to the ancient Greek Physician Hippocrates (460-370 B.C). It is included in the SLMC documents together with the SLMC's oath taken prior to the full registration. The latter is adapted from the

World Medical Association’s Geneva Declaration (1948) amended in 1968 and 1983. It could be considered a modem version of the Hippocratic Oath. It is NOT necessary to memorize these oaths. It is more important to understand their contents and follow them!

THE HIPPOCRATIC OATH

I swear by Apollo the healer, by Aescalapius, by Hygieia, Panacea and by all the gods and goddesses, making them my witness that I may keep this oath, and promise to carry out to the best of my ability and judgement this indenture. To reckon him who taught this art equally dear to me as my parents; to make him partner in my livelihood; when he is in need of money to share mine with him.

I will regard his sons as my brothers and teach them the science, if they desire to learn it, without fee or contract.

I will impart precepts, lectures and all other learning to my own sons, and to those of my master, and to those pupils duly apprenticed and sworn, and to none other.

I will use my power to help the sick to the best of my ability and judgment; I will abstain from harming or wrongdoing any man by it.

I will give no deadly medicine to anyone if asked, nor suggest any such counsel. Similarly, I will not give to a woman a pessary to cause an abortion.

I will be chaste and religious in my life and in my practice.

I will not use the knife, not even, verily in sufferers from stone, but I will give place to such as are craftsmen therein.

Into whatsoever house I enter, I will enter to help the sick, and I will abstain from all intentional wrong doing and harm, especially from abusing the bodies of man or woman, bond or free.

And whatsoever I shall see or hear in the course of my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets.

Now if I carry out this oath, and break it not, may gain forever reputation among all men for my life and for my art: but if I transgress it and forswear myself may the opposite befall me.

MEDICAL PRACTITIONER'S OATH (of the SLMC)

I, Dr……. of …………(Address). At the time of being admitted as a member of the medical profession,

I solemnly pledge myself to dedicate my life to the service of humanity;

The health of my patient will be my primary consideration and I will not use my profession for exploitation and abuse of my patient;

I will practise my profession with conscience, dignity, integrity and honesty;

I will respect the secrets which are confided in me, even after the patient has died;

I will give to my teachers the respect and gratitude, which is their due;

I will maintain by all the means in my power, the honour and noble traditions of the medical profession;

I will not permit considerations of religion, nationality, race, party politics, caste or social standing to intervene between my duty and my patient;
I will maintain the utmost respect for human life from its beginning even under threat and I will not use my medical knowledge contrary to the laws of humanity;
I make this promise solemnly, freely and upon my honour.

……………………. ………………..
Signature Date

The oath was administered by the Registrar/Asst. Registrar/President/ Vice President or Designated Member of the Sri Lanka Medical Council.

……………………………….. Signature of Registrar / Assistant Registrar/ President / Vice President / Designated Member

Now consider the following examples and see how you would apply knowledge of the law and Four Principles Ethics.

Patient A

36 years old mother of 3 children (10,6 and 2 years) is admitted to Castle Street Maternity Hospital (CSMH). She is pregnant for 28 weeks. P/H/O eclampsia.
Her BP has recently increased to 190/110 and it is resistant to treatment. There is an indication to immediately deliver the fetus to save the mother's life.

- Removing the fetus will save the mother's life but it will harm the fetus.
- There is no added risk to the health of the mother
- Is it ethical to terminate her pregnancy?
- Is it legal to terminate her pregnancy?
- Does she have a right to decide on her pregnancy or does the fetus have a right to live?

Patient B

Contrast to A, Patient B is younger and has similar medical problems. Miss B is a 16-year-old who is admitted to CSMH. She is unmarried and pregnant for 28 weeks.
Her BP has recently increased to 190/110 and it is resistant to treatment. There is an indication to immediately deliver the fetus to save the mother's life.

- Who ought to give consent for the?
- Is it ethical to terminate her pregnancy?
- Is it legal to terminate her pregnancy?
- Does she have a right to decide on her pregnancy or does the fetus have a right to live?

CHAPTER 06

MEDICAL ETHICS

6.1 Ethical Issues Related to Ventilation

- Autonomy – Respecting the patient's wishes
- Non-Maleficence – Do no harm to the patient
- Beneficence – Do things that are in the best interest of the patient
- Justice – Be fair and treat all equally

E.g.: 50-year-old male Mr. Perera, Bank of Ceylon from Kuruwita was admitted with severe SOB. He was diagnosed to have a severe pneumonia. He is conscious but breathless. Central cyanosis (+). He had underlying, DM+ and severe pulmonary fibrosis. He has 2 children (12 & 16 years) and his wife is a teacher at a National School.

- Chest Radiograph, Blood tests and arterial blood gases are done
- He is on intravenous ceftriaxone, insulin and salbutamol nebulization
- The consultant physician sees the patient and advices elective ventilation to overcome the acute respiratory failure.
- You are the intern medical officer

6.2 When to commence ventilation?

Steps you would take before he is commenced on ventilation

- Arrange for an ICU bed
- Inform the ICU on-call team
- Obtain consent
- Request transfer on a bed to ICU

Apply the principles of ethics

- Autonomy - Respect for the patient's desire
- Non-Maleficence – Do no harm
- Beneficence – The best interest of the patient
- Justice – Be fair

Obtain informed **consent** from the patient **(Autonomy).**

- Autonomy is the right of competent adults to make informed decisions about their medical care.
- The principal underlies the requirement to seek the consent/ informed agreement of the patient before any investigation/ treatment takes place.
- Maintain confidentiality

When obtaining consent should consider about,

- Mental capacity (confused/not) – If a patient's mental capacity is lacking, the decision should be made on their behalf (legally, the person who handovers the patient) but the healthcare decision made by the consultant and he should inform the relatives. For children, decisions are made by parents and caregivers.
- Truthful
- Communicate
- Document

6.3 Who should be ventilated first?

- Fair distribution of health resources based on medical needs, not based on social or personal factors.
- No discrimination
- Fairness
- Treat equally **(Justice)**

E.g.: 50-year-old male Mr. Perera, Bank of Ceylon from Kuruwita was admitted with severe SOB. He was diagnosed to have a severe pneumonia. He is confused and breathless. Central cyanosis (+). He had underlying, DM+ and severe pulmonary fibrosis. He has 2 children (12 & 16 years) and his wife is a teacher at a National School. He is on the ventilator for 3 weeks. He is deeply unconscious. During this period, he suffered 3 cardiac arrests and was resuscitated.

The consultants in the ICU decide not to give CPR in case he suffers another cardiac arrest and review the condition daily

6.4 When do we decide to state "Do Not CPR"?

Apply the principles of ethics

- **Autonomy** – respect for the autonomy of the patient (There is no mental capacity issue because the patient is unconscious).
- **Non-maleficence** – Do no harm
- **Beneficence**- The best interest of the patient (Decide on behalf of the patient)
- **Justice** – Be fair

6.5 When to remove the ventilator support?

E.g.: 50-year-old male Mr. Perera, Bank of Ceylon from Kuruwita was admitted with severe SOB. He was diagnosed to have a severe pneumonia. He is confused and breathless. Central cyanosis (+). He had underlying, DM+ and severe pulmonary fibrosis. He has 2 children (12 & 16 years) and his wife is a teacher at a National School. He is on the ventilator for 3 weeks. He is deeply unconscious. During this period, he suffered 3 cardiac arrests and was resuscitated.

- On the 10th December, you note that the patient has no brain stem reflexes
- The consultant confirms your findings and says that Mr. Perera is 'brain dead'
- The consultants in the ICU decide not to continue ventilation. What are the ethical issues?

Apply the principles of ethics

- **Autonomy** – respect for the autonomy of the patient (mental capacity)
- **Non-maleficence** – Do no harm
- **Beneficence**- The best interest of the patient
- **Justice** – Be fair

- Agree and document what was discussed (with next-of-kin or relatives on behalf of the patient)
- If relatives insist on continuing ventilation, against the advice of doctors, then the courts may have to decide. This has never happened in Sri Lanka, though there are several instances in the US.
- Advance directing (patients document their wishes well before they fall ill may play a vital role. Unfortunately, there is no law in Sri Lanka to accept such documents.

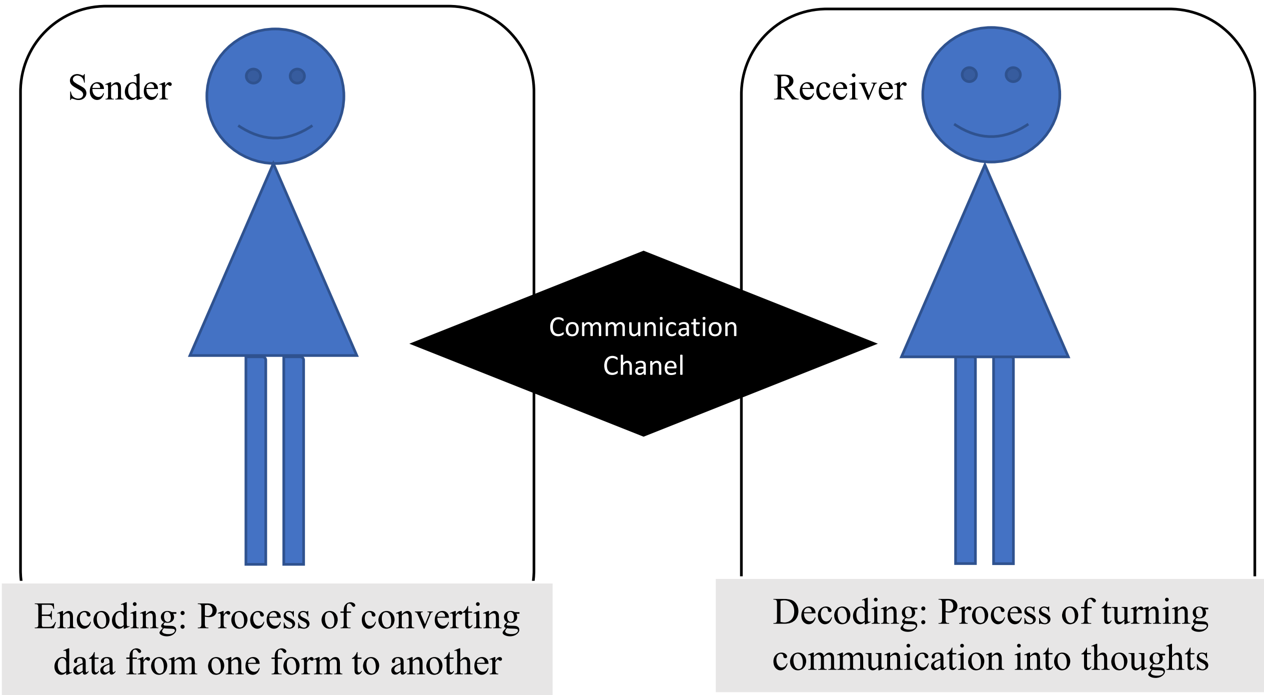
* **Withhold of the treatment also face the same ethical issues as in withdrawal of ventilation**

CHAPTER 07

PRINCIPLES OF COMMUNICATION

7.1 Principles of Communication

Communication process diagram



Elements of Communication

- Context
  - ✓ Place- People/Home
  - ✓ Time
- Sender and Receiver
  - ✓ Communication with people
  - ✓ Communication aimed at the public
  - ✓ Communication-related to institutions

Modes of Communication

- One-to-one verbal
- Electronic media
- Written
- Social media
- Conventional media

Objective or intention

- E.g. Share news

7.2 Professional Communication

Professional Communication is about Health Communication

- The science and art of using communication to advance the health and well-being of people and populations

Elements of communication

- Context
  - ✓ Place: Hospital/Clinic/ Community/ Home
  - ✓ Time

- Sender and receiver
  - ✓ Communication with patients and carers
  - ✓ Health communication aimed at the public
  - ✓ Communication between colleagues
  - ✓ Communication-related to institutions

The modes of health communication

- In-person consultations (e.g. in a clinic)
- Electronic consultations (e.g. telemedicine and video consultations available in Sri Lanka)
- Written (e.g. a referral letter)
- Social media (e.g. a text message or FB post)
- Conventional print media (e.g articles in newspapers)
- Conventional electronic media (e.g. a TV or radio interview)

Objective or intention of a communication is to exchange information

Process of exchanging information has two main categories:

- To <u>gather</u> information from a patient
- To <u>share</u> information related to an illness with a patient (Another area is educating the public on health matters)

What is given below is applicable to most modes, especially the in- person consultations when communication is required to <u>gather</u> information

Gathering information (e.g. History Taking and Examination in the ward)

When a student sees a patient in a clinic or ward, he/she will go through several stages of a communication process. The following is a guide.

Build a rapport

- It is important to build rapport and a personal connection with the patient. Though difficult to describe, a few points that help to build rapport or a connection with the patient is
- Smile
- Culturally appropriate greetings
- Ask the how you should address the patient
- Show respect
- Talk softly and in an appropriate tone
- Begin with open-ended questions (eg. how are you feeling today?)
- Maintain eye contact

Initiate

- Initiate the history taking and examination (introduction, explaining what you want to do, asking for patient's name, obtaining consent)
- Listen to whatever the patient says without interrupting
- Silence is useful to allow patients to tell their stories.

Gather information

- Gather the historical information
- Explain that you would examine and expose appropriately
- Examine gently, always explaining each step
- Explain what you found or your opinion

Concluding

- Explain the plan for caring (tests, treatments etc)
- Thank the patient

Other points

- In addition to verbal communication there are non-verbal cues or suggestion that are important. An angry facial expression of a doctor can frighten the patient. In contrast a smiling doctor is welcomed by patients.
- In a majority of situations, language-concordant care improves outcomes. Studies in the US have shown that outcomes are better if the patient and doctor are from the same 'race'. For example, patients of Afro-American origin (also called 'Black patients') do better when their specialist is also an Afro-American. The same results are seen with Caucasians (i.e. 'Whites'). The same may be true in Sri Lanka. Competency in Sinhala and Tamil is essential for doctors.
- Jargon should not be used. The words must be simple and appropriate to the education level of the patient.

- Words can have many interpretations. For example, 'sema' could mean sneezing, clearing of throat, cough, or wheezing!
- Time pressures: Mean time spent in OPDs is estimated as 5.5 mins per consultation. Patients in the private sector receive more time from their doctor, and are more likely to be given advice about their condition.
- Periods of silence by the student (or clinician) can be used to get more information or to share emotions!!
    - *Silence to invite patients to give more information*: Wanting to give the patient a moment (or longer) to think about or feel what is happening, often after an empathic response
    - *Silence to show compassion:* Recognizing sadness or emotion of a patient and a period of silence to demonstrate empathy
- When communicating with patients avoid blindly following the practice of communication used by some senior students and doctors
- Barriers to understanding information due to different models of disease. Here are a few examples of 'different' models of disease
- Diabetes is a disease and therefore with treatment will get completely cured.
- Mental illness is due to spirits

  Cleaning the bowels with laxatives help to be healthy

  ✓ There are two questions for students to debate about:
    - Should students document history in the patient's own language?
    - Should communication skills be assessed in Sinhala or Tamil?

Explaining an illness, a treatment plan or investigations to a patient

Another common situation that requires communication skills is when explaining a treatment or investigation or about a disease to a patient. The following gives the key elements in such a communication.

- Introduction and explanation. Puts the patient at ease. Gives the reasons for the discussion
- Explores present understanding of the condition
- Explanation in simple language the <u>correct information</u> (avoidance or adequate explanation of medical terms/jargon). Checks understanding (chunking of information).
- Give information in chunks. After each chunk of information, obtain feedback whether the patient understood.
- Tone of voice, non-verbal cues. Pauses and pace of the interviews
- Checks understanding, explores and addresses patient's concerns adequately and empathy

- Arranges for follow up and hanks the patient when concluding

7.3 Effective Communication with Colleagues and Patients

With whom will you communicate?

- ✓ Patients
- ✓ Peers
- ✓ Staff in the clinic or hospital
- ✓ Care giver ('bystander')
- ✓ Relatives or guardians

- The different categories of staff are:

  - ✓ Consultant- Sir/Madam
  - ✓ Sister/ ward Master- Sister
  - ✓ Staff nurses
  - ✓ Junior Staff
  - ✓ Senior Registrars (Have passed a postgraduate exam)
  - ✓ Registrars (Have passed the first part of a postgraduate exam)
  - ✓ Senior House officers
  - ✓ Intern House officers (recently qualified)

- Caregivers are often relatives of patients or a friend or paid carers
- Guardian is the person who hands over the patient to the hospital. They are required to bring their NIC and give their contact details and sign the admission form in the BHT.
- In Sri Lanka guardians are often relatives of the patient. Examples of guardians
- Spouse
- Parent
- Child
- Sibling
- Other relatives: cousins, grandchildren, aunts, uncles, nieces, nephews
- Friend

CHAPTER 08

PROFESSIONAL DEVELOPMENT

8.1 Who is a professional?

The term professional carries diverse meaning. Society recognizes doctors, lawyers, engineers, architects, accountants, university academics, judges, police and military officers as professionals. A few features noted in a 'professional' are given below.

A professional

- undergoes a special period of training
- acquires and has specialized body of knowledge and skills
- has the ability to charge fees for service
- is usually considered to be of a higher social status
- has the interest of the patient/person (ie. consumer/ client in other fields) above that of their own self-interest. As an example, let us reflect on the role of a doctor working in his private clinic. When a doctor treats a patient, the main aim should be to use his or her expertise to help the patient get cured or relieved of distress as quickly as possible. Sometimes, this might not make the doctor a lot of money right away. But, as a professional, the doctor should always focus on doing their best to help the patient, rather than just thinking about making money for themselves.

➢ **Definition of health professionals**

- Health professionals maintain health in humans through the application of the principles and procedures of evidence-based medicine and caring.
- Health professionals study, diagnose, treat and prevent human illness, injury and other physical and mental impairments in accordance with the needs of the populations they serve.
- They advise on or apply preventive and curative measures, and promote health with the ultimate goal of meeting the health needs and expectations of individuals and populations and improving population health outcomes.
- They also conduct research and improve or develop concepts, theories and operational methods to advance evidence-based health care.
- Their duties may include the supervision of other health workers.

8.2 What is professionalism?

- Professionalism is to use your special knowledge, communication, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served.

Professionalism in Medicine
"The practice of medicine is not a business and can never be one.. our fellow creatures cannot be dealt with as a man deals in corn and coal; the human heart by which we live must control our professional relations". William Osler, 1903

Foundational elements of a medical professionalism

- Clinical competence and knowledge
- Well-developed communication skills
- Understanding of the ethical underpinnings (autonomy, beneficence, nonmaleficence, and justice)
- Legal influences that bear on the practice of medicine
- Other principles include excellence, humanism, accountability, and altruism.

Roles of a doctor are many:

- The professional role as a doctor
- As a communicator of knowledge
- A collaborator with others to work collectively towards better health of individuals and the population
- As a leader of a health care team
- A health advocate, who advocates for health and to promote health
- As a scholar who learns, accumulates and synthesizes knowledge and does research to create new knowledge

8.3 Continuing professional development (CPD)

There are several activities that provide CPD

- Formal Activities
    - Structured courses
    - Seminars
    - Technical training
    - Relevant qualifications
- Informal Activities
    - Workshops

- Reading
- Audio/Video content

➢ Peer and Professional
- Mentoring or being mentored
- Demonstrating a technical application
- Discussion groups
- Structured meetings

➢ Contribution to Research
- Presenting research
- Design and/ or presenting a course
- Writing articles/ papers

In Sri Lanka, the process of CPD is not well-developed/

✓ Registration with the SLMC signals the beginning of professional life and its developments.

✓ PG training program by the Postgraduate Institute of Medicine is the formal way to develop one's professional career. It conducts professional courses in several disciplines that culminate in the award of a postgraduate degree or diploma or certificate.

✓ CPD points are offered and certificates of attendance in meetings are awarded by professional organizations such as the SLMA, and Professional Colleges e.g Sri Lanka College of Surgeons. These are useful records of CPD activities that you can include in your curriculum vitae.

✓ Revalidation- The process through which all doctors must demonstrate that they process up-to-date clinical knowledge and skills and are fit to practice. This is a process usually done by a council (e.g. SLMC). This system has not been established due to opposition from trade unions.