




# **SPECIAL EDITION BULLETIN**

(FORMERLY NEWSLETTER) ON

# **MEDICAL EDUCATION & MEDICAL ETHICS**

**World Medical Association  
Junior Doctors' Network**

**2025**

[www.wma.net/junior-doctors/](http://www.wma.net/junior-doctors/) 

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# About Us

## What is the JDN?

The Junior Doctors Network (JDN) serves as an international platform for junior doctors to facilitate an open dialogue of global events and activities that are relevant to their postgraduate training and the World Medical Association (WMA).

It was created at the 61st WMA General Assembly (October 2010) in Vancouver, Canada and the inaugural JDN meeting was held at the 62nd WMA General Assembly (October 2011) in Montevideo, Uruguay. The network, which started from a few motivated junior doctors, now has a total of over 900 members from more than 90 countries from all regions of the world.

Junior doctors are defined as physicians, within 10 years after their medical graduation or who are still in an ongoing postgraduate medical education program.

## What is the mission?

The purpose of the JDN is to empower young physicians to work together towards a healthier world through advocacy, education, and international collaboration.

## What do we do?

### Networking:

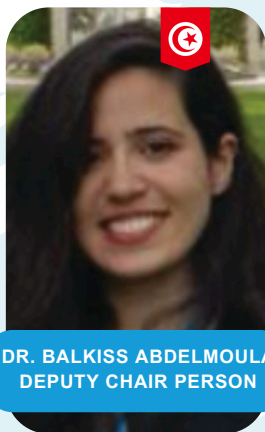
During the regular JDN meetings, members get to know each other, discuss global health issues, share challenges, and start collaborations on global health issues. The JDN meets on several occasions during the year, both in-person and via online teleconferences:

- Biannual meetings in conjunction with the Council Meeting and the General Assembly of the WMA (April & October).
- Monthly general membership and management team teleconferences
- Ad-hoc online and webinars organized by the JDN

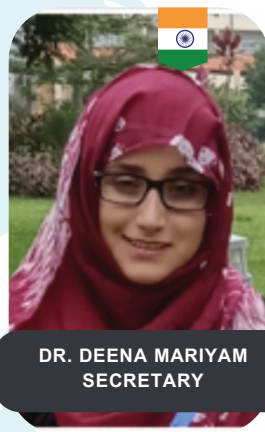
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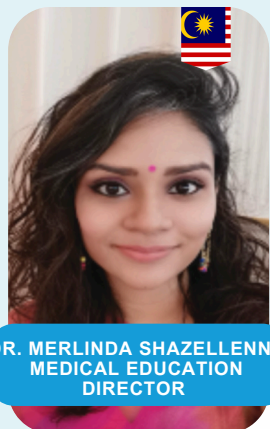
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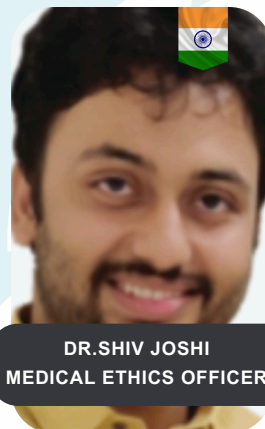
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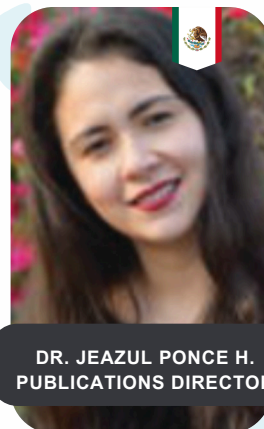
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 MEDICAL ETHICS OFFICER



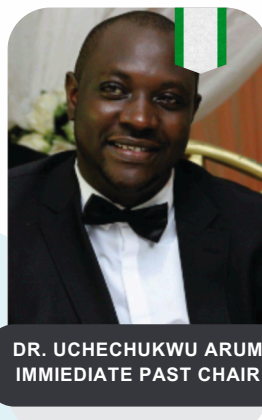
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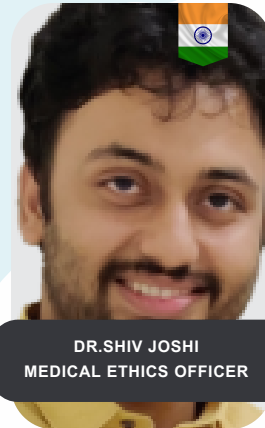
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SOCIO-MEDICAL AFFAIRS  
OFFICER



**DR MERLINDA SHAZELLENNE**  
MEDICAL EDUCATION DIRECTOR



**DR. SHIV JOSHI**  
MEDICAL ETHICS OFFICER



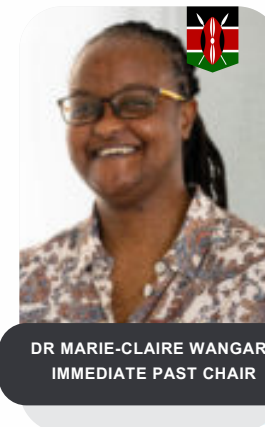
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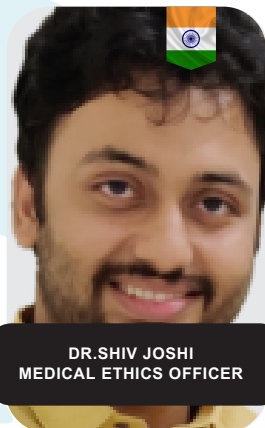
# Editorial Team



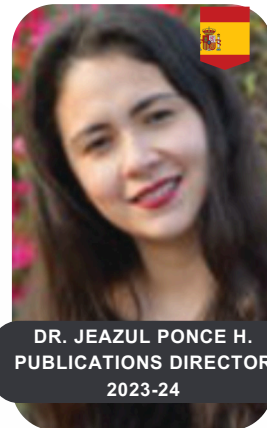
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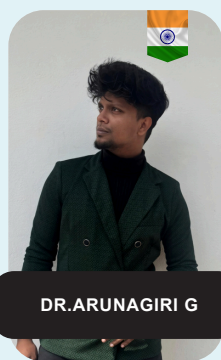
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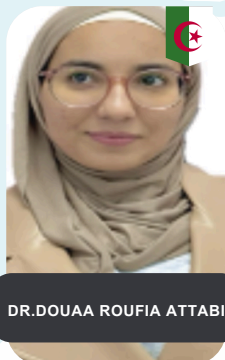
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MEDICAL ETHICS OFFICER



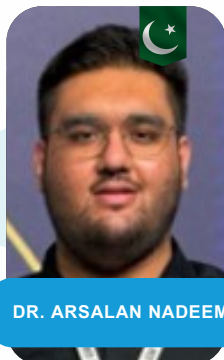
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PUBLICATIONS DIRECTOR  
2023-24



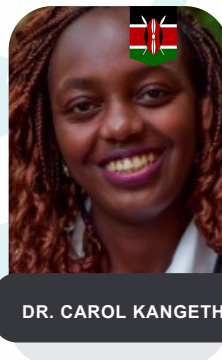
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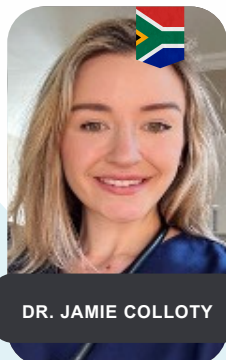
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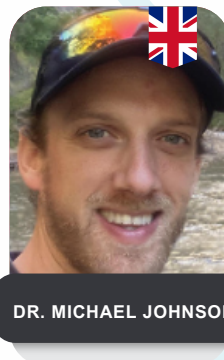
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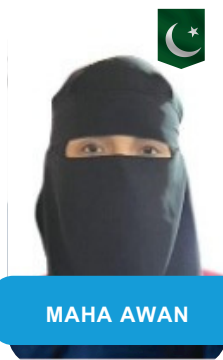
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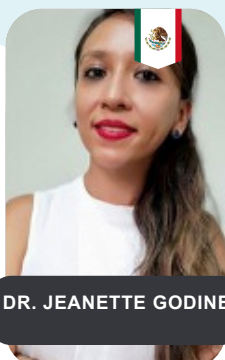
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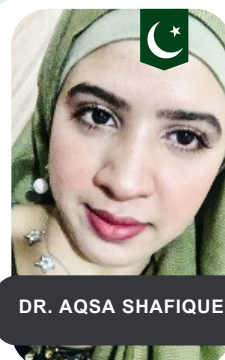
**MAHA AWAN**



**DR. JEANETTE GODÍNEZ**



**YAHAYA**



**DR. AQSA SHAFIQUE**

## Foreword by Chair (2023 - 24)

Dear JDN alumni and members,

It is my great pleasure to welcome you to the third edition of the Junior Doctors Network (JDN) newsletter, which focuses on two pillars of our profession—medical education and medical ethics. As Chair of the JDN for the 2023/24 mandate, I have witnessed firsthand how these critical areas shape not only our training but also the integrity and future of healthcare systems worldwide.

Medical education forms the foundation upon which we build our careers. It is a dynamic process that goes far beyond the confines of textbooks and classrooms. In recent years, we have seen a shift towards more inclusive, technology-driven, and competency-based learning models. As junior doctors, we must actively engage in these transformative changes to ensure that we are equipped with the necessary skills to meet evolving healthcare demands. The JDN has always emphasized the importance of continued professional development, and I am proud that this edition showcases innovative approaches to medical education from diverse regions.

Equally significant is the role of medical ethics. Our work as healthcare professionals is governed by the principles of patient autonomy, beneficence, non-maleficence, and justice. These guiding values remind us of our responsibilities not only to our patients but also to society. In the face of complex ethical dilemmas—whether related to patient consent, resource allocation, or the use of emerging medical technologies—it is our duty to uphold these values while ensuring that our decisions are rooted in compassion and evidence. The articles in this edition delve into the intricacies of medical ethics in different cultural and clinical contexts, offering insights from junior doctors around the globe. I am confident that these discussions will inspire thoughtful reflection and dialogue on how we can continue to uphold the highest ethical standards in our practice.

As we navigate the ever-changing landscape of medicine, it is crucial that we remember the importance of mentorship, collaboration, and continuous learning. Our commitment to medical education and ethics is what sets the foundation for the compassionate, competent, and ethical care that we provide to our patients. I encourage you all to embrace these principles as you progress in your careers, and to contribute actively to the ongoing development of these critical fields.

I would like to extend my heartfelt gratitude to all the contributors who have enriched this edition with their valuable insights and experiences. Your dedication to advancing both medical education and ethics reflects the spirit of excellence that defines the Junior Doctors Network. Together, let us continue to strive for a future where medical education is accessible to all and medical ethics remains a cornerstone of our practice.

Warm regards,  
Dr. Marie-Claire Wangari  
2023/24 Chair,  
Junior Doctors Network ,  
World Medical Association.





## Foreword by JDN Deputy Chair

Dear JDN members and readers,

It is with great pleasure that I address you in this second special edition of our JDN newsletter, dedicated to two pillars of our profession: medical ethics and medical education. These topics are not only crucial to the practice of medicine but are also the foundation upon which our global community of junior doctors builds its expertise, compassion, and integrity.

In a rapidly evolving world, where healthcare systems are continuously being challenged, the ethical considerations we face as doctors are becoming increasingly complex. The ability to navigate these dilemmas with professionalism and empathy is essential. At the same time, medical education is undergoing a profound transformation, integrating new technologies and innovative teaching methods to ensure that we, as physicians, remain equipped to provide the highest standard of care.

I would like to highlight the pivotal role that JDN members play in the success of this special edition. Your contributions, insights, and continued dedication to advancing both medical ethics and education are what make this newsletter a rich and diverse source of knowledge. You, as members, are the pillars upon which the strength and future of our network rest. Your engagement in these discussions ensures that the ethical values we uphold and the quality of education we pursue are continually reinforced and carried forward.

I encourage you all to remain involved, to share your experiences, and to continue pushing the boundaries of knowledge and ethical reflections. It is through your commitment and active participation that the JDN will continue to thrive as a global voice for junior doctors.

Thank you for your ongoing support and contributions to this important work. Together, we are shaping the future of healthcare.

Warm regards,

Dr. Balkiss Abdelmoula, MD, MPH  
Deputy Chair,  
Junior Doctors' Network,  
World Medical Association.



# Foreword by Medical Education & Medical Ethics Leads

Dear Junior Doctors,

As the Directors of Medical Education and Medical Ethics, as well as the Chairs of their respective Working Groups, we are honored to welcome you to this special edition of our combined Medical Education and Medical Ethics Bulletin. This issue represents a significant milestone in our ongoing efforts to integrate educational excellence with ethical practice in medicine.

First and foremost, we extend our deepest gratitude to our exceptional authors. Your dedication to producing high-quality, insightful articles is truly inspiring. The time, effort, and passion you've invested are reflected on every page, enhancing our understanding of complex medical and ethical issues and serving as a valuable resource for our entire community.

Our sincere thanks also go to our meticulous reviewers. Your thoughtful evaluations have played a crucial role in maintaining the high standards of this publication. Your expertise and constructive feedback ensure that every piece is both rigorous and relevant, and your often behind-the-scenes work is deeply appreciated. We would also like to express special thanks to our editorial team, whose hard work and commitment have been the backbone of this newsletter. From coordinating submissions and managing deadlines to editing and formatting, your efforts have culminated in a publication we can all take pride in. A particular note of gratitude goes to our Publications Director (2023-24), Jeazul, for her steadfast efforts in ensuring this edition was completed on time.

To our readers, your continued support and engagement make this work meaningful. It is your curiosity, passion for learning, and commitment to professional development that drive us to produce content that is both informative and transformative. We encourage you to share your feedback and join in discussions around this bulletin to foster a dynamic and vibrant community of practice.

Additionally, we want to express our appreciation to our Co-chairs, Balkiss and Jihoo, as well as the members of the Medical Education and Medical Ethics Working Groups. Your vision and unwavering support have been key in bringing this special edition to life, enabling us to explore new frontiers and bridge the gap between education and ethics in innovative ways.

We must also extend our heartfelt thanks to the Chair and Past Chair of the Junior Doctors Network (JDN), Marie-Claire and Uche. Your leadership and support have been instrumental in integrating the perspectives of junior doctors. The JDN plays a vital role in shaping the future of medical practice, and your commitment to nurturing the next generation of professionals is truly commendable.

In closing, this special edition is a testament to what we can achieve when we come together with a shared purpose. It is a celebration of the collaborative spirit and relentless pursuit of excellence that define our community. We are deeply thankful for each of your contributions, support, and dedication to advancing medical education and ethics. Thank you for being part of this journey. Together, we are making a difference, one step at a time.



Shiv Joshi, MD  
Medical Ethics Officer,  
Junior Doctors' Network,  
World Medical Association.



Dr. Merlinda Shazellenne  
Medical Education Director,  
Junior Doctors' Network,  
World Medical Association.

## Foreword by Publications Director (2023 - 24)

Dea WMA and JDN readers,

It is an honor to present this special edition of the JDN Newsletter, dedicated to a topic central to the future of medicine: medical education and medical ethics. The Junior Doctors Network (JDN) of the World Medical Association (WMA) has worked diligently to emphasize the importance of these areas, recognizing their fundamental impact on the training of doctors worldwide and, consequently, on the quality of patient care.

Medical ethics is a cornerstone for the WMA, as it represents the values and principles that should guide medical practice globally. In this regard, JDN is committed to promoting medical education deeply rooted in respect for human dignity, equity, and justice. This special edition offers us the opportunity to reflect on how current challenges, such as the digitalization of medicine and the evolution of clinical practice, demand a renewed focus on ethics and the training of future doctors.

Our collaboration with the World Federation of Medical Education (WFME) has been crucial in enriching this approach, broadening our perspectives on the challenges and opportunities facing global medical education. The interview with the president of the WFME, a highlight of this edition and JDN Newsletters, provides a unique insight into the role that international organizations play in promoting quality standards and adapting to emerging challenges, ensuring that ethical values remain at the heart of medical education.

This achievement would not have been possible without the dedication and enthusiasm of our junior doctors, who have brought fresh and critical perspectives through their articles and reflections, enriching the discussion. I extend my special thanks to the publications team, who have worked tirelessly to bring this edition to life. I am also deeply grateful to the Deputy Chair, Dr. Balkiss, for her active involvement in the editing process, working alongside the team as if she were a member of the publications team. Additionally, I am appreciative and grateful to Dr. Shiv and Dr. Merlinda, the directors of medical ethics and medical education, for their unwavering support throughout this process, fostering an environment of collaboration and excellence.

I hope you enjoy this edition and that the content presented here serves as an inspiration to continue building a more equitable and ethical future in the field of medicine, aligned with the principles that the WMA and JDN uphold.

Sincerely,  
Dr. Jeazul Ponce Hernandez, MD. MPH. MSc.  
Publications Director (2023-24),  
Junior Doctors' Network,  
World Medical Association.







# The Evolution of the Declaration of Helsinki : A Critical Analysis of its Implications for Junior Doctors

Shiv Joshi,<sup>1</sup> Pablo Estrella Porter<sup>2</sup>



<sup>1</sup> Shiv Joshi, MD  
Medical Ethics  
Officer,  
WMA JDN  
Management Team  
[drshivjoshi93@gmail.com](mailto:drshivjoshi93@gmail.com)



<sup>2</sup> Pablo Estrella  
Porter, MD, MPH  
General physician,  
Quito, Ecuador  
PhD student,  
Universidad de  
Valencia  
Public Health  
resident, Hospital  
Clínico Universitario  
de Valencia  
Valencia, Spain

The [Declaration of Helsinki \(DoH\)](#), first adopted by the World Medical Association (WMA) in 1964, is widely recognized as the foundation of modern medical ethics in research involving human subjects. Over the years, it has undergone multiple revisions to address the evolving landscape of medical research and ethical challenges. This article critically examines the DoH's evolution, incorporating insights from its latest 2024 revision, and explores its implications for junior doctors. It concludes by outlining a path to actively engage them as key stakeholders in ethical medical research. While ethical principles remain fundamental, they must adapt to contemporary societal and technological advancements, necessitating periodic updates to the DoH. The 2024 revision, led by Dr. Jack Resneck Jr. over a 30-month period, involved contributions from representatives of 19 countries, 110 multidisciplinary collaborators, and an open public consultation process [1].

## Historical Evolution of the Declaration of Helsinki

The DoH was introduced in response to unethical research practices, most notably the atrocities committed during World War II and the Nuremberg Trials that followed. Its initial version laid down basic principles such as the need for voluntary consent and the prioritization of patient welfare. Since then, it has been revised multiple times to remain relevant to contemporary ethical challenges in medical research [2]:

- 1) **1964 (Original Version)**: Established the primacy of patient welfare and voluntary consent in research.
- 2) **1975 (Tokyo Revision)**: Emphasized informed consent, required special protections for vulnerable populations, and introduced the requirement for independent ethical review of research protocols.

3) **1983 (Venice Revision)**: Enhanced protections for participants by refining informed consent procedures and establishing stricter guidelines for the use of placebos.

4) **1989 (Hong Kong Revision)**: Advocated for equitable post-study benefits, ensuring that participants, particularly in resource-limited settings, gain access to the outcomes of research.

5) **1996 (South Africa Revision)**: Focused on addressing ethical concerns in studies involving disadvantaged populations, highlighting the importance of fairness and equity in research design.

6) **2000 (Edinburgh Revision)**: Further refined the ethical framework for placebo-controlled trials and mandated post-trial access to beneficial interventions for participants.

7) **2008 (Seoul Revision)**: Expanded the scope to include biobank and genetic research and enhanced protections for vulnerable populations, including children and marginalized communities.

8) **2013 (Fortaleza Revision)**: Stressed transparency in clinical trial registration and results dissemination.

9) **2024 (8 thematic regional and thematic sessions)**: Strengthened ethical standards in clinical research by replacing 'subjects' with 'participants' to emphasize autonomy, expanding the scope beyond physicians, and ensuring fair inclusion of vulnerable populations. It promoted transparency, addressed big data and anonymity, reinforced justice and equity, and ensured ethical inclusion during public health emergencies.

Each revision reflects an evolving understanding of ethical considerations, adapting to advancements in medical science and societal expectations. **The Implications for Junior Doctors:**

1) **Cultural Context and Equity** - While earlier versions of the DoH may have reflected a predominantly Western ethical framework, significant progress has been made since the 2000 Edinburgh revision in integrating perspectives from the Global South. Key amendments - such as those related to the use of placebos, post-trial access, and vulnerability - were shaped by extensive dialogue and contributions from low- and middle-income countries (LMICs). The 2024 revision continues this inclusive approach, emphasizing fairness, justice, and the recognition of diverse cultural and systemic realities. Junior doctors must be equipped to apply ethical principles, respecting individual rights while being responsive to the social and cultural realities of the communities they serve.

2) **Universal Applicability and Post-Trial Access** - The principle of post-trial access, introduced in the 2000 Edinburgh revision, guarantees participants access to beneficial interventions after a study ends. However, this presents logistical and financial challenges, particularly in resource-limited settings. Junior doctors, who often serve as the frontline implementers of research protocols, may find it difficult to advocate for post-trial benefits when such provisions are not feasible within their local healthcare infrastructure.

3) **Digital Health and AI Ethics** - The 2024 revision of the DoH introduces ethical considerations for digital health tools and artificial intelligence (AI), which have become increasingly relevant in modern medical research. While this revision acknowledges the potential risks and ethical challenges posed by these technologies, it leaves room for interpretation regarding their transparency and fairness. Junior doctors must be equipped to critically evaluate these technologies, ensuring that AI tools and digital health solutions used in research are ethical, transparent, and free from bias.

These critiques underscore the need for adaptable and inclusive ethical guidelines that address global and local realities. Further, the challenges highlighted by the DoH are particularly pertinent to junior doctors, who often find themselves at the

intersection of clinical care and research. Junior doctors often play pivotal roles in implementing research protocols and upholding ethical standards in clinical settings. Moreover, some key sections of the DoH have direct relevance to their responsibilities, as outlined in Table 1.

Junior doctors may face significant challenges in adhering to these principles due to:

- **Time Constraints:** Balancing clinical duties and research responsibilities can leave little time for ethical deliberation.
- **Lack of Awareness:** Insufficient understanding of how ethical standards directly impact their clinical practice and research roles may hinder their ability to apply these principles effectively.
- **Limited Ethics-centred Coursework:** Many junior doctors lack formal education in research ethics, making it difficult to navigate complex dilemmas.
- **Hierarchical Dynamics:** Institutional hierarchies may deter junior doctors from questioning unethical practices.

### The Way Forward: Engaging Junior Doctors as Ethical Stakeholders

To ensure that junior doctors can effectively contribute to ethical research, the following steps are recommended:

1. **Ethics Education:** Integrate structured coursework in research ethics into medical curricula and residency programs.
2. **Mentorship Programs:** Pair junior doctors with experienced mentors to guide them in ethical decision-making.
3. **Institutional Support:** Foster a culture of open dialogue and transparency within medical institutions to encourage ethical advocacy.
4. **Digital Competency:** Equip junior doctors with skills to evaluate the ethical implications of AI and digital health technologies.
5. **Global Collaboration:** Promote international exchanges and workshops to enhance understanding of diverse ethical perspectives.
6. **Engagement with the WMA:** the WMA is a key actor in shaping global medical ethics and therefore Junior Doctors can engage with the WMA through their National Medical Associations or as individual Associate Members. By contributing to documents, declarations, resolutions, statements, and policies that influence the ethical standards of medical practice and research.

**Table 1: Relevant Sections from the Declaration of Helsinki and Their Implications for Junior Doctors**

DoH Section	Year	Implications for Junior Doctors	Practical Examples
Principle of Patient Welfare	1964	Ensures patient well-being takes precedence over research objectives.	Prioritizing patient care even when participating in clinical trials.
Ethical Review	1975	Requires all research protocols to undergo independent ethical review.	Submitting proposals for audits or clinical research to institutional review boards.
Post-Trial Access	2000	Guarantees participants access to beneficial interventions post-study.	Advocating for inclusion of trial patients in extended treatment programs.
Vulnerable Populations	2008	Stipulates additional protections for populations with limited autonomy.	Safeguarding the interests of pediatric, elderly, or economically disadvantaged patients.
Transparency in Research	2013	Emphasizes the importance of registering clinical trials and publishing results.	Ensuring compliance with trial registration platforms like ClinicalTrials.gov.
Diversity in Research	2024	Encourages recruitment of diverse populations in clinical trials for generalizable results and expands the scope of ethical responsibilities beyond physicians.	Promoting inclusion of participants from underrepresented demographics and fostering collaboration among multidisciplinary research teams to ensure diverse perspectives are incorporated into ethical practices
Digital Health Ethics	2024	Addresses the ethical use of AI and digital tools in research.	Verifying the accuracy and fairness of AI-based diagnostic tools before clinical application.



## Conclusion

The Declaration of Helsinki remains a dynamic and evolving document that continues to shape the ethical landscape of medical research. **For junior doctors, its principles are not just guidelines but a call to action**—one that demands their active participation in creating a more equitable and ethical healthcare system. By equipping junior doctors with the knowledge, tools, and support to uphold these principles, we can ensure that the DoH remains relevant and impactful in addressing the ethical challenges of tomorrow.

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## Training Doctors for an Ethical and Sustainable Future: Special Interview

Dr. Ricardo León-Bórquez,<sup>1</sup> Dr. Jeazul Ponce Hernandez<sup>2</sup>



<sup>1</sup>Dr. Ricardo León-Bórquez  
President of the  
World Federation of  
Medical Education

As a member of the world's largest network of young doctors, it is my pleasure to present this interview, where we address fundamental topics that affect young doctors today. In the current context, medical education faces significant challenges in training future physicians who are not only technically competent but also have a strong ethical commitment and a comprehensive vision of health. In a world where global health, universal health coverage, climate change, and social determinants of health are inextricably linked, it is crucial that future physicians are prepared to face these challenges while always upholding the highest standards of medical ethics.

He is now retired from UAG but continues to make significant contributions to the field of medical education worldwide.

Dr. León-Bórquez is a founding member of the International Association of Medical Science Educators (IAMSE) and has held various positions in the Mexican Association of Medical Schools and Faculties (AMFEM), serving as President from 2015 to 2017. He played an active role in the Pan American Federation of Associations of Medical Schools (FEPAFEM), where he served as President from 2016 to 2022. As of January 2023, he serves as President of the WFME, following his tenure as a member of its Executive Council from 2016 to 2022.



<sup>2</sup>Dr. Jeazul Ponce Hernandez,  
Prologue and interviewer,  
Publications Director  
(2023-24),  
Junior Doctors'  
Network,  
World Medical  
Association.

Today, I have the privilege of interviewing Dr. Ricardo León-Bórquez, a distinguished figure in medical education and current President of the World Federation for Medical Education (WFME). Dr. León-Bórquez has had an extensive and impactful career. He is a professor at the Universidad Autónoma de Guadalajara (UAG), where he also studied medicine. He completed a Master of Science in Physiology at the UAG and the University of Oklahoma (1987), and later earned a Master of Science in Administration from Central Michigan University (1994). He is also an alumnus of the Harvard Macy Program (Leaders in International Education - 2000).

In this interview, Dr. León-Bórquez shares his insights and suggestions on how to tackle the challenges facing medical education today, addressing the intersection between digital health, equity, climate change, and medical ethics. We explore how medical education must adapt and evolve to train physicians capable of leading and effectively contributing to building a more equitable, ethical and sustainable health system.

### Question 1: Digital Health and Medical Ethics

**Interviewer:** Dr. Ricardo, how can medical education effectively incorporate ethical principles in the use of digital technology in healthcare, considering the challenges of privacy and equitable access?

**Dr. Ricardo:** Digital technology and artificial intelligence (AI) are transforming the way healthcare is delivered, but they also present significant ethical challenges. Medical education must include the teaching of ethical principles that allow students to understand how to responsibly use these technologies. This means not only

Throughout his career at UAG, Dr. León-Bórquez held numerous leadership positions: professor in the Department of Physiology (1979–1988), Academic Secretary of the Faculty of Medicine (1985–1988), founder of the International Program of the Faculty of Medicine (1988–1989), Director of the International Program (1989–2000), Director of the Faculty of Medicine (2000–2007), Dean of Health Sciences (2007–2011), and Director of Institutional Relations at UAG (2011–2015).

ensuring the privacy and confidentiality of patients but also ensuring that technology does not become a barrier to equitable access to care. It is essential that future physicians develop a deep understanding of how technology can benefit patients while also recognizing its limitations and potential ethical risks.

## **Question 2: Social Determinants and Medical Training**

**Interviewer:** What role should medical education play in preparing future physicians to address the social determinants of health in a context of growing inequalities?

**Dr. Ricardo:** The social determinants of health, such as poverty, lack of access to education, and the environment in which a person lives, have a profound impact on health. Medical students need to be exposed to these realities from the beginning of their training. Sending students to rural areas or underserved communities provides them with a real understanding of the challenges that many patients face. This not only fosters empathy but also enables them to develop the skills needed to address health issues from a broader equity-driven perspective.

## **Question 3: Universal Health Coverage (UHC) and Medical Education**

**Interviewer:** How can medical education contribute to promoting UHC, especially in areas with limited resources?

**Dr. Ricardo:** Medical education must prepare students to work in resource-limited settings and teach them how to provide quality care even under these conditions. It is crucial that future doctors understand that health is a human right and that their role is to ensure that all people have access to effective and affordable healthcare. Training should include education in health systems, public health policies, and patient-centered care models, which are essential for achieving UHC.

## **Question 4: Climate Change and Health**

**Interviewer:** What strategies should be implemented in medical education to prepare future physicians to respond to the health impacts of climate change?

**Dr. Ricardo:** Climate change is one of the greatest challenges of our time and has a direct impact on human health. Medical education must incorporate the study of climate change effects on health, as well as training in sustainable practices. Medical students must learn to identify the risks associated with climate change and how they can affect their future patients. Additionally, they should be prepared to act as leaders in implementing mitigation and adaptation strategies in their communities.

## **Question 5: Ethics in Emerging Global Health Challenges**

**Interviewer:** What are the main ethical challenges faced by physicians in the context of emerging health crises, such as pandemics, and how should medical education address them?

**Dr. Ricardo:** Health crises like pandemics present complex ethical dilemmas, from prioritizing limited resources to making decisions in uncertain situations. Medical education must equip medical students and future physicians with tools to face these challenges, such as critical thinking, ethical decision-making, and the ability to work in teams. Furthermore, it is crucial to teach the importance of transparency, clear communication, and respect for patient autonomy, even in times of crisis.

## **Question 6: The Role of the World Federation for Medical Education (WFME)**

**Interviewer:** How does the WFME support the adaptation of medical education to meet the current and future challenges of global health?

**Dr. Ricardo:** The WFME is committed to improving the quality of medical education worldwide. We work in collaboration with institutions and organizations to develop standards and guidelines that ensure that medical training is of high quality, relevant, and capable of responding to current and future health system challenges and public health needs. Additionally, we promote the integration of topics such as global health, ethics, and sustainability into medical curricula to prepare doctors for an increasingly complex environment.

## **Question 7: Vision for the Future**

**Interviewer:** What is your vision of how medical education should evolve to meet the emerging challenges of global health in the next 10 to 20 years?

**Dr. Ricardo:** In the coming years, medical education needs to be more interdisciplinary, integrating knowledge from public health, social sciences, technology, and ethics. Future physicians must be health leaders who can work in diverse teams, tackle global challenges such as climate change and pandemics, and advocate for more equitable and sustainable health systems. This requires a more holistic approach to training, where values of compassion, ethics, and social commitment are as important as clinical skills.

### **Conclusion**

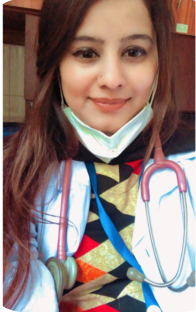
Dr. Ricardo emphasizes the need for medical education that equips future physicians to tackle the complex challenges of global health, integrating technology, ethics, equity, and sustainability into their training. Only by doing so can we train physicians capable of leading a fairer, healthier, and more sustainable future for all.





# Professionalism and Ethics in Healthcare Delivery

Dr. Fatima Khurshid<sup>1</sup>



<sup>1</sup>Dr. Fatima Khurshid  
MBBS/ Registered  
Medical Practitioner  
(PMDC)  
Medical Doctor,  
Department of  
Radiation Oncology  
Shifa International  
Hospital Ltd.,  
Islamabad,  
Pakistan.

Professionalism and ethics are foundational pillars of healthcare delivery, serving as the backbone for ensuring patient care quality and safety. These concepts are more than mere guidelines; they represent the moral fabric that shapes interactions, decisions, and the overall culture within healthcare settings. Healthcare professionals are not only expected to possess clinical expertise but also to demonstrate unwavering commitment to ethical principles, which is crucial for building trust, fostering effective communication, and ensuring equitable treatment.

## The importance of professionalism in healthcare

The importance of professionalism in healthcare extends beyond individual patient encounters, as it encompasses a collective responsibility to uphold the integrity of the healthcare system. It requires healthcare professionals to adhere to core values such as respect, integrity, accountability, empathy, and a sense of duty toward patients, colleagues, and the community at large. These values serve as guiding principles in delivering high-quality, patient-centered care and contribute to the development of therapeutic relationships built on trust and mutual understanding.

Ethical decision-making in healthcare is a complex process that requires balancing competing interests, values, and principles. Professionals are often faced with dilemmas that challenge their moral judgment, such as end-of-life decisions, informed consent, allocation of limited resources, and maintaining patient autonomy. Adhering to ethical guidelines—such as beneficence, non-maleficence, justice, and autonomy—ensures that healthcare providers make decisions that respect patients' rights, promote well-being, prevent harm, and guarantee fairness.

Unethical actions in healthcare, such as breaches of confidentiality, negligence, or conflicts of interest, can have profound consequences. These behaviors can lead to a breakdown of trust, compromised patient safety, legal repercussions, and damage to the reputation of both individual professionals and healthcare institutions. Therefore, fostering a culture of professionalism and ethics is not merely a regulatory requirement but an essential aspect of delivering compassionate, high-quality care that respects the dignity and rights of every patient.

## Ethical Standards in Healthcare:

Healthcare practitioners often encounter complex ethical dilemmas that require a strong decision-making framework. The four cardinal concepts that guide these judgments are:

1. **Autonomy:** Respecting the right of patients to make informed decisions about their own care.
2. **Beneficence:** Acting in the best interests of patients and promoting their well-being.
3. **Nonmaleficence:** Avoiding harm to patients and minimizing risks.
4. **Justice:** Ensuring fairness and equity in the distribution of healthcare resources.

These principles serve as a guide for overcoming the problems and ethical quandaries that emerge in therapeutic practice (1).

## Implications of Unethical Behavior

Unethical behavior in healthcare can have far-reaching and severe implications for both patient outcomes and the credibility of the healthcare system. Such misconduct—whether due to incompetence, fraud, breaches of confidentiality, or other forms

of ethical violations—can significantly erode trust and inflict substantial harm on patients. The consequences of unethical actions may include physical injury, psychological distress, or even a loss of life, making the need for ethical integrity paramount in healthcare practice (2).

Moreover, healthcare professionals who engage in unethical behavior face serious legal consequences, such as lawsuits, loss of licensure, and disciplinary actions by regulatory bodies. These repercussions not only affect the individual practitioners but also damage the reputation of the institutions they represent, potentially leading to a loss of public trust, financial penalties, and a decline in the quality of care provided. In essence, unethical conduct threatens the foundational principles of healthcare, compromising patient safety, diminishing the therapeutic relationship, and undermining the overall efficacy of the healthcare system (3).

### Overview of Existing Research

Research on professionalism and ethics in healthcare has shown a significant impact on various aspects of healthcare delivery. The National Institutes of Health (NIH) outlines seven main principles to guide ethical research, emphasizing social and clinical value, scientific validity, and respect for subjects. Key concepts include patient outcomes, staff satisfaction, organizational culture, and the Medical Professionalism Project. The Virtue Ethics Theory focuses on the character traits of healthcare providers as a cornerstone of ethical decision-making. Research by the ABIM Foundation supports the positive correlation between professionalism and clinical outcomes (4,5).

However, gaps remain in teaching and integrating professionalism and ethics into healthcare practice, and there is a need to explore how cultural differences affect the application of these principles globally. Future research could investigate effective methods for instilling professionalism and ethics in healthcare education and examine the role of technology in professional and ethical decision-making in healthcare settings. Real-world case studies on professionalism and ethics in healthcare include Bioethics Cases from the Markkula Center for Applied Ethics, the American College of Physicians, the Cambridge Medical Ethics Workbook, and an article on challenges and strategies for ethical professional medical practice in 21st century (6-8).

### Conclusion:

Professionalism and ethics are cornerstone of high-quality healthcare delivery. Ensuring that healthcare workers follow these principles is critical for preserving patient confidence and attaining excellent health results. As the healthcare environment evolves, maintaining a focus on ethics and professionalism will be critical in navigating future obstacles and promoting healthcare practices worldwide.

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# Navigating the Landscape of Medical Specialty Training: Insights from the JDN participation to the first German Young Physicians Dialogue

Dr. Balkiss Abdelmoula,<sup>1</sup> Dr. Eleleta Surafel<sup>2</sup>



<sup>1</sup> Dr. Balkiss Abdelmoula, MD, MPH. (Tunisia) Deputy Chair Junior Doctors' Network World Medical Association



<sup>2</sup> Dr. Eleleta Surafel, MD. (Ethiopia) MPH Student at the university of the Edinburgh

The World Medical Association's Junior Doctors Network (JDN) was among the international delegations invited to the Young Physicians Dialogue, organized by the German Medical Association (GMA) ahead of their 128th National General Assembly. The dialogue served as a platform for junior physicians to discuss challenges and potential solutions related to medical specialty training in Germany. Key topics included practical challenges in daily medical practice, national regulations governing specialty training, and the evolving dynamics of the health system, all of which significantly impact junior physicians in Germany.

One of the highlighted challenges was the complexity arising from generational differences in specialty training, coupled with the rapid integration of digital technology into undergraduate and postgraduate medical education. As new generations of physicians bring with them distinct work style preferences and technological fluency, traditional training approaches are increasingly strained. The dialogue revealed that bridging these generational divides remains a persistent challenge in Germany's specialty training system, despite the country's advanced healthcare infrastructure.

The dialogue also underscored the importance of adaptable national guidelines in shaping current and future trends in medical specialty training. These guidelines provide clarity and consistency in the increasingly diverse and evolving field of medical education. Continuous refinement of these guidelines is necessary to address emerging challenges and adapt to the evolving healthcare workforce and patient needs.

These guidelines serve to provide clarity and consistency amidst the diverse and

evolving environment of medical education. It was noted that the continuous refinement and adaptation of these guidelines are necessary to address emerging challenges and accommodate evolving healthcare workforce and patient needs.

Moreover, the dialogue highlighted that the existing German healthcare workforce is aging and rapidly exiting the labor force, with current training structures inadequately keeping up with the growing demand due to restrictive training regulations and quotas. Bureaucracy, staff shortages, and the consequent loss of valuable working time were cited as key factors underscoring the urgent need for health system reforms.

Additional challenges that were highlighted during the Young Physicians Dialogue closely mirror those faced in low- and middle-income countries (LMICs). Similar to these regions, Germany experiences, there is a shortage of medical workforce in remote areas, limited digitization in administrative systems, and an absence of multisectoral collaboration—starting with the lack of understanding of everyday clinical practice among policymakers.

Addressing these insights requires a multifaceted approach that proactively tackles to address gender disparities, embrace technological advancements, bridge generational gaps, and uphold principles of inclusivity and equity. Continuing these dialogues is essential, as they draw on collective, intergenerational, and multisectoral expertise to inform meaningful reforms.

As we navigate the evolving landscape of medical training, it is imperative for junior doctors to remain committed to shaping a future where every one of us has the opportunity to thrive and make a meaningful impact. By designing reforms

that incorporate youth perspectives, we can make significant strides toward enhancing medical education, ultimately improving healthcare delivery.

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# Integrating Cultural Competence into Medical Training: A Necessity for Modern Healthcare

Dr. Shiv Joshi,<sup>1</sup> Dr. Merlinda Shazellenne<sup>2</sup>



<sup>1</sup> Dr. Shiv Joshi

Medical Ethics  
Officer,  
WMA JDN.

Chair, Medical  
Ethics Working  
Group,  
WMA JDN.



<sup>2</sup> Dr. Merlinda  
Shazellenne

Medical  
Education  
Director,  
WMA JDN.

Chair, Medical  
Education  
Working Group,  
WMA JDN.

As globalization reshapes healthcare environments, the ability to provide culturally sensitive care has become a core competency for physicians. For medical students, acquiring cultural competence is not only a professional requirement but a moral imperative to deliver patient-centered care. While the importance of this skill is acknowledged, the integration of cultural competence into medical education remains inconsistent and, in many cases, insufficient. This article examines the need for cultural competence in junior doctor training and offers actionable recommendations for improving its incorporation into medical curricula.

## Cultural Competence

Cultural competence, broadly defined as the ability to understand, communicate with, and effectively interact with people across cultures, has been linked to improved healthcare outcomes and enhanced patient satisfaction. The 2001 Institute of Medicine report emphasized that healthcare professionals who cultivate cultural competence are better equipped to reduce health disparities and build trust with patients from diverse backgrounds.

Medical students must recognize the importance of respecting patients' cultural beliefs and avoiding stereotypes that could hinder care. This aligns with existing evidence highlighting the need for healthcare professionals to understand the cultural nuances that influence patient behavior and treatment decisions. While medical students are often eager to embrace cultural competence, many lack formal educational opportunities that adequately prepare them for the complex situations they may encounter. Evidence indicates that students express a strong desire for more comprehensive educational frameworks to help them navigate cultural differences effectively in clinical settings.

## Structural Gaps in Current Medical Education

Despite the acknowledged need for cultural competence, current medical training frameworks often fail to equip students with the necessary skills. Several barriers exist, including insufficient exposure to diverse patient populations, lack of integration of cultural topics into clinical training, and an emphasis on technical over interpersonal skills. It is possible that while medical students value cultural competence, they may feel underprepared to handle interactions with patients from different cultural backgrounds.

Moreover, medical students may face anxiety when dealing with patients whose cultural practices or language they did not understand, which may affect their confidence and ability to provide care. A more structured and comprehensive approach to cultural education is necessary to close this gap.

## Ethical Considerations in Culturally Competent Care

Ethical dilemmas frequently arise in cross-cultural interactions, particularly when patients' cultural or religious beliefs conflict with standard medical practice. Medical students may experience a tension when confronted with such dilemmas, such as when Jehovah's Witness patients refuse blood transfusions on religious grounds. For medical students, navigating these complex scenarios requires both cultural sensitivity and ethical judgment, skills that are often underdeveloped during their formal education.

Medical educators must not only teach cultural competence but also foster critical thinking and ethical decision-making. Incorporating real-life ethical dilemmas into the curriculum, where students can practice resolving conflicts between medical ethics

and patient autonomy, is a crucial step in preparing future doctors.

### Actionable Recommendations for Policymakers

Below is a set of recommendations for enhancing cultural competence training in medical education:

- Integrate cultural competence into core curriculum of medical training.
- Expand simulation-based learning to develop simulation scenarios involving diverse patient backgrounds to help medical students practice culturally competent care in a controlled environment.
- Foster multidisciplinary learning to encourage collaboration between medical students and students from other healthcare professions to promote a holistic approach to culturally competent care.
- Offer language training programs and workshops on working with interpreters to improve communication with non-native speakers.
- Develop case studies that focus on ethical dilemmas involving cultural beliefs, helping students learn to balance medical ethics with patient autonomy.
- Partner with hospitals and clinics that serve diverse communities to give students practical experience in culturally varied environments.
- Promote self-reflection exercises that help students identify their own cultural biases and improve empathy in patient care.
- Ensure that all medical educators are trained in cultural competence so they can effectively model and teach these skills to students.

### Conclusion

Cultural competence is a critical skill for medical students in today's multicultural healthcare environments. However, current medical education often lacks the depth and breadth required to effectively train future doctors in this area. By implementing more structured cultural competence training, incorporating ethical dilemma case studies, and expanding simulation-based learning, medical education can better prepare medical students to provide compassionate, competent care to all patients, regardless of their cultural background. These reforms will not only enhance doctor-patient relationships but also reduce health disparities and improve patient outcomes.

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# Ethical Dynamics of AI in Intensive Care: A Compassionate Advance

Dr. Christopher Mathew<sup>1</sup>



<sup>1</sup> Dr. Christopher Mathew  
MBBS; MRCP(UK);  
FCRS(ISCCM)  
ICU registrar, Dept  
of Medicine and  
Intensive Care  
Aster Dr. Moopen's  
Medical College  
Hospital, Wayanad,  
Kerala.

The infusion of Artificial Intelligence (AI) within Intensive Care Units (ICU) marks a pivotal shift towards a more informed and precise healthcare paradigm. Through its profound ability to monitor patient metrics in real-time and project future health outcomes, AI promises a leap towards unprecedented levels of care. Despite its vast potential, this leap forward is not devoid of ethical mazes that call for deliberate navigation to ensure AI's boon does not become a bane. Proactively grappling with these ethical quandaries is crucial for harmonizing AI's technological prowess with the fundamental ethos of healthcare.

## Ethical landscapes in the realm of AI-enhanced ICU care:

### Preserving patient autonomy through transparency

Upholding patient autonomy, a core principle of ethical medical practice, becomes challenging due to the nuanced and sometimes obscure nature of AI decision-making processes. Reconciling this involves a concerted effort to demystify AI interventions for patients or their decision-makers, facilitating an environment where informed consent is not just a procedure but a practice.

### Safeguarding the sanctity of patient data

The lifeline of AI's functionality—extensive data—poses significant privacy and security considerations. The ICU's rich data environment, while beneficial for AI, necessitates a robust approach to protecting patient information. This involves not just compliance with legal frameworks but a dedication to treating personal health information with the utmost care and respect.

### Curtailling bias, championing equity

Inherent biases in AI could perpetuate or even exacerbate existing healthcare discrepancies. Ethical integration of AI in the ICU mandates vigilance in uncovering and rectifying biases, ensuring the technology promotes equity and provides unbiased care to all patient groups.

### Defining responsibility and transparent decision making

The delineation of accountability in the event of AI-driven errors poses a significant ethical challenge. Establishing a transparent and understandable framework clarifies the symbiosis of human and artificial intelligence in patient care, emphasizing the development of AI systems that can elucidate their decision-making processes.

### Enduring oversight and reflective re-evaluation

Given the fluid nature of technological advancement and the dynamics of ICU care, AI applications demand continuous ethical scrutiny. Adaptive regulatory mechanisms are essential to keep AI tools consistently aligned with patient care priorities and ethical guidelines.

### Formulating an ethical compass for AI deployment in the ICU:

Establishing an ethical framework for AI in ICUs requires a focus on core healthcare ethics: beneficence, non-maleficence, justice, and respect for persons.

1. Promoting AI understanding: Cultivating a strong grasp of AI's scope among clinicians and patients facilitates shared decision-making and fosters an environment of trust.

2.Implementation of stringent data policies: Enforcing rigorous policies on data handling ensures the respectful and secure use of patient data, upholding the principles of privacy and consent.

3.Application of bias reduction techniques: Encouraging diversity in AI training data and inclusive development approaches minimizes biases, paving the way for fair and impartial care delivery.

4.Establishing accountability frameworks: Clear guidelines should define the roles and responsibilities of clinicians and AI tools to ensure transparent integration into patient care.

5.Provision of continuous ethical supervision: Setting up dedicated ethics committees to oversee AI applications in healthcare supports ongoing evaluation and adaptation, ensuring AI tools remain ethically compliant and aligned with patient welfare.

## Conclusion

The amalgamation of AI in ICU settings is an exciting frontier with the potential to drastically elevate care standards. However, its journey must be paved with ethical considerations at every step. By actively addressing the ethical challenges presented by AI, the field of healthcare can fully embrace the benefits of AI technologies, ensuring these advancements are utilized in a manner that is both ethically sound and profoundly beneficial. In this pursuit, the ultimate goal remains clear: to enhance the quality and compassion of care for all, making AI an ally in the noble quest of saving lives and nurturing health in the heart of the ICU.

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# Integrating Ethics into Medical Curriculum and Training

Dr. Bikash Bhandari <sup>1</sup>



<sup>1</sup> Dr. Bikash Bhandari  
MBBS, Nepal.

## Introduction

In the ever-evolving landscape of healthcare, the significance of ethical considerations in medical practice cannot be overstated. As medical professionals navigate complex decisions that impact both patient care and societal well-being, integrating ethics into the medical curriculum and training is increasingly imperative. This article delves into the importance of this integration and explores practical strategies to achieve it.

## The Importance of Ethics in Medical Education

Ethical dilemmas are inherent in healthcare, ranging from end-of-life decisions to the allocation of limited resources. By incorporating ethics into medical education, aspiring physicians are equipped with the essential tools needed to address these challenges with responsibility and integrity. This integration fosters a culture of ethical awareness and critical reflection, establishing a foundation for sound moral decision-making that will guide them throughout their careers.

## Strategies for Integrating Ethics into Medical Curriculum

**1. Dedicated Courses and Modules in Bioethics :** One effective approach to integrating ethics into the medical curriculum is through the inclusion of dedicated courses or modules focused on bioethics. These courses explore ethical theories, principles, and real-world case studies relevant to medical practice, providing students with a structured framework to analyze and resolve ethical dilemmas. This foundation in ethical reasoning helps students develop a deeper understanding of the complexities of medical practice.

**2. Incorporating Ethics into Clinical Rotations :** Beyond theoretical learning, the

integration of ethics into clinical rotations offers students the opportunity to apply ethical principles in real-world scenarios under the supervision of experienced practitioners. This hands-on experience fosters experiential learning, allowing students to confront and navigate ethical challenges in a practical setting, thereby strengthening their decision-making skills.

**3. Interprofessional Education for Ethical Awareness :** Interprofessional education (IPE) presents a valuable opportunity to enhance ethical awareness among future healthcare professionals. Collaborative learning experiences with students from diverse healthcare disciplines—such as nursing, pharmacy, and physiotherapy—encourage interdisciplinary dialogue and cultivate a holistic understanding of ethical issues in healthcare delivery. By engaging in shared learning, students from various professions develop a common language and appreciation for ethical considerations within their respective roles.

## Integrating Ethics into Everyday Learning

Ethics should not be treated as a standalone subject but rather woven throughout the entire medical curriculum. Integrating ethics into case-based learning activities, problem-solving exercises, and simulations reinforces its relevance to clinical practice. This ensures that students perceive ethics as an integral part of their training, rather than as an isolated component.

Moreover, fostering a culture of ethical reflection through mentorship, peer discussions, and faculty-guided sessions encourages lifelong learning and professional development. This reflective practice helps students internalize ethical principles, enabling them to apply these values consistently in their future clinical encounters.

## Evaluation and Continuous Improvement of Ethics Education

To ensure the successful integration of ethics into medical training, robust evaluation mechanisms are essential. Surveys, standardized assessments, and reflective portfolios can effectively gauge students' ethical reasoning skills, attitudes, and behavioral changes over time. This feedback loop enables educators to refine and improve ethics education strategies, ensuring they remain relevant to the evolving needs of healthcare practice.

## Conclusion

Integrating ethics into the medical curriculum and training is crucial for cultivating healthcare professionals who are not only clinically competent but also ethically responsible and compassionate. By equipping students with the knowledge, skills, and reflective practices necessary to navigate ethical dilemmas, medical education institutions contribute to the development of practitioners committed to upholding the highest standards of patient care and professional integrity.

As the healthcare landscape continues to evolve, the integration of ethics into medical education will remain a vital component in preparing future physicians to address the moral challenges they will encounter, ensuring that they approach patient care with empathy, respect, and ethical judgment.

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# Surgical Ethics: An In-Depth Exploration

Dr. Preeti Sawant<sup>1</sup>



<sup>1</sup> Dr. Preeti Sawant  
DNB General  
Surgery Trainee  
National Board of  
Examination, New  
Delhi  
KG Hospital,  
Coimbatore, India

Ethics, in simple terms, refers to principles of right conduct or moral integrity. It embodies certain values that are considered appropriate or just within a particular culture or group of people. Surgeons today face more ethical dilemmas than in the past, due to the rapid growth in scientific knowledge, advancements in medical technology, the shift towards a more balanced relationship between patients and surgeons, and changes in the organizational structure and financing of the healthcare system. These evolving circumstances highlight the need for a solid understanding of ethics, ensuring that patient care remains a priority in medical practice.

The renowned French poet Paul Valéry, in his 1938 address to the College of Surgeons, profoundly remarked, "All of the science in the world cannot make an accomplished surgeon. It is the doing that consecrates it." This statement encapsulates the essence of surgical practice, where the act of surgery is not merely a technical skill but also a deeply ethical endeavor.

The foundations of surgical ethics can be traced back to ancient texts, with Sushruta's treatise being one of the earliest to extensively discuss surgical principles and ethical guidelines. In the 19th century, John Gregory and Thomas Percival began articulating the moral values expected of a surgeon, marking the formal inception of surgical ethics as a distinct branch of medical ethics. The American College of Surgeons took a pioneering step in 1913 by advocating for ethical surgical practices, followed by the Australasian Surgeons Association's comprehensive Code of Conduct in 1993, which emphasized professionalism as a core attribute. Today, surgical ethics has evolved into a specialized discipline within medical ethics.

At its core, ethics is the practice of righteousness and moral conduct. Modern medical ethics is grounded in four fundamental principles proposed by Beauchamp and Childress in their seminal work *Principles of Biomedical Ethics*:

- Autonomy
- Beneficence
- Non-maleficence
- Justice

While these principles have become the cornerstone of medical ethics, it is worth noting their distinction from the Belmont Principles, which were established specifically for research ethics and include respect for persons, beneficence, and justice, as outlined in the Belmont Report. Building upon these ethical foundations, the English surgeon Miles Little proposed five key elements that define surgical ethics within the surgeon-patient relationship:

- Rescue
- Proximity
- Ordeal
- Aftermath
- Presence

For a surgeon, ethical competence is not just about technical proficiency but also about demonstrating qualities such as clinical acumen, sound judgment, humanism, and moral integrity. A truly proficient surgeon must embody not only the scientific and technical aspects of surgery but also maintain ethical reliability and moral fortitude. Surgical decision-making, therefore, is a dual process: the "how to treat" aspect, grounded in surgical science, and the "why to treat" aspect, rooted in surgical ethics, which draws from moral philosophy.

Patients undergoing surgery possess fundamental rights, which include:

- The right to be fully informed about the benefits and risks of proposed surgical treatments

- The right to be treated by a competent and skilled surgeon
- The right to have their health prioritized above the surgeon's financial or personal interests
- The right to make autonomous decisions regarding their treatment
- The right not to be harmed, killed, or neglected, either intentionally or through negligence
- The right to honesty and transparency from their healthcare providers

The surgeon-patient relationship is inherently fiduciary, wherein the surgeon holds a position of authority based on their expertise, training, and commitment to the patient's welfare, while the patient retains autonomy by providing informed consent.

With the rapid advancements in surgical techniques, technology, and innovations, the ethical challenges facing modern surgery have become increasingly complex. The introduction of Artificial Intelligence, Robotics, and Telesurgery has expanded the possibilities for surgical interventions, but it has also raised critical ethical questions and debates regarding appropriate and responsible use.

In conclusion, the future of surgical care requires a dynamic and adaptable international ethical framework to guide practice in this evolving landscape. Such a framework will be essential to ensure that technological advancements continue to serve the fundamental principles of surgical ethics, maintaining the highest standards of care, integrity, and professionalism in an era marked by rapid change and innovation.

## ACKNOWLEDGEMENT

Author would like to express sincere gratitude to her mentor Dr. N.M.Balakrishnan, Consultant Urologist, for his unwavering guidance, insightful feedback and constant encouragement throughout. His exemplary ethics have been an inspiration for this article's fruition.

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# Integrating Ethics in Medical Education: India's AETCOM Approach and the Global Implications

Dr Venkatesh Karthikeyan<sup>1</sup>, Dr Shamshad Ahmad<sup>2</sup>



<sup>1</sup>Dr Venkatesh Karthikeyan MD, Medical Education Director, Young Doctors' Forum, Commonwealth Medical Association.



<sup>2</sup>Dr Shamshad Ahmad, Department of Community and Family Medicine, All India Institute of Medical Sciences, Patna, Bihar, India.

## Introduction

Medical ethics is fundamental to practicing medicine. It provides a framework that ensures patient care is delivered with integrity, respect, and compassion. Integrating ethical principles into medical education is essential, as it prepares future doctors to navigate the complex moral dilemmas they will face in their careers. Globally, there's been a growing focus on ethics training in medical education(1), recognizing that understanding ethics is as important as clinical skills for quality healthcare(2).

## Medical Ethics in Indian Medical Education

India is a major contributor to the global healthcare workforce, with over 1.3 million modern medicine doctors(3). This makes it essential for India's medical curriculum to address local needs while preparing doctors for global standards. In the past, Indian medical training hasn't given enough attention to ethics, communication, and leadership(4). These areas were inconsistently covered, leaving a gap in how well-rounded doctors were prepared. The introduction of the Attitude, Ethics, and Communication (AETCOM) module by the National Medical Commission (NMC) represents a significant step forward in addressing this gap(5).

## Attitude, Ethics, and Communication (AETCOM)

The AETCOM program aims to create well-balanced training for medical students. It's based on the five key roles of an 'Indian Medical Graduate (IMG)':

1. Clinician
2. Leader of healthcare team
3. Communicator
4. Life-long learner, and
5. Professional(5).

From the first year of medical school, AETCOM focuses on building the right attitudes, communication skills, and ethical standards.

AETCOM is designed on the understanding that cognitive attitudes. Emphasize that a person's deep beliefs and values are central to their ethical behavior and decision-making. In the context of medical education, the ethical dimensions of decision-making and patient care are not just supplementary but foundational to the practice of medicine.

AETCOM teaches that ethical behavior in healthcare is inseparable from effective communication, which is rooted in respect for the uniqueness and inherent value of every human being. It integrates ethical principles across multiple stages of the medical curriculum via specific competencies, ensuring that students develop a consistent and deeply ingrained sense of ethical responsibility. This approach leads the way for broader, competency-based medical education reform in India.

## Our Experience

To assess how students perceive ethics in real-world clinical settings, an interactive activity was conducted using the ClassPoint app during an AETCOM session at AIIMS Patna. Students were asked: "Based on your hospital experience over the past three years, describe one situation you personally observed that you felt was unethical." Responses from 21 students revealed that a large proportion (~62%) identified communication-related lapses—such as rude behavior, lack of explanation, skipping consent, and inadequate time given to patients—as unethical. Several also cited attitude-related concerns, including

insensitivity, lack of empathy, and hierarchical abuse. Interestingly, many students instinctively framed these interpersonal issues as breaches of ethics, reflecting an evolving but blurred understanding of the distinctions between attitude, ethics, and communication in patient-doctor interactions. This underscores the critical role of the AETCOM framework—not only in sensitizing students to real-world ethical challenges, but also in helping them navigate the thin but significant boundaries between these domains through structured reflection, dialogue, and competency-based training.

### Global Implications: Inspiring Ethics in Medical Education Worldwide

India's AETCOM module is an innovative approach to integrating ethical principles into the medical curriculum, serving as a model that other countries can learn from. It addresses local needs while offering a framework that can be scaled internationally. As healthcare challenges grow more complex, the need for ethically trained doctors becomes more urgent.

### Conclusion

The integration of ethics into medical education is not just a useful addition but a fundamental necessity. India's AETCOM exemplifies how ethics can be effectively embedded into the core of medical training, shaping future doctors who are not only technically skilled but also ethically sound.

The potential long-term benefits of such an approach are profound, as it prepares medical professionals to navigate the moral complexities of modern healthcare with integrity and compassion. Globally, organizations like the World Medical Association - Junior Doctors Network (WMA JDN) can play a pivotal role in promoting the inclusion of ethics in medical education, ensuring that future doctors are ready for the challenges ahead.

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<sup>1</sup>Yujin SONG, MD  
(JDN-Korea,  
Republic of Korea)

# Navigating Ethical Waters: The Junior Doctors' Strike in South Korea and Its Implications for Healthcare Professionalism

Yujin Song<sup>1</sup>

## Ethical Dilemmas and Professionalism

This strike placed the nation's largest hospitals, which rely heavily on interns and residents, in a difficult position. They had to reduce the number of inpatients and surgeries by half, leading to the reduction in the usual level of medical services provided to patients. The junior doctors found themselves in a profound ethical quandary, balancing their commitment to patient care against their right to advocate for improved working conditions.

The essence of medical professionalism, as outlined in medical ethics, is rooted in the principles of beneficence, non-maleficence, autonomy, and justice. The strike, by impacting patient care and access to healthcare services, challenged the ethical principles of non-maleficence—the duty to do no harm—and beneficence—the obligation to promote the well-being of patients.

In the short term, the strike led to immediate disruptions in patient care, causing inconvenience for patients. However, the long-term effects could be more profound, potentially leading to positive changes in the healthcare delivery system. The unintended positive outcomes of the restructuring of dependence on junior doctors in teaching hospitals and the decrease in patient admissions with milder symptoms at tertiary university hospitals in urban areas are already happening. With the number of medical professionals and patients at large hospitals dropping to less than half of normal levels, a noticeable decrease in health insurance spending has taken place.

While disruptive initially, the strike could serve as an initiator for a general reevaluation of how medical services are provided and prioritized, leading to

improvements in healthcare delivery and working conditions that align more closely with the principles of medical professionalism.

## Towards a Resilient and Equitable Healthcare Future

To resolve this crisis, dialogues among stakeholders must be facilitated, aiming at solutions that uphold the ethical standards of medical practice and ensure that our healthcare system remains responsive to the needs of both patients and medical professionals. The government's ongoing threats to suspend the medical licenses of junior doctors and maintaining a militant attitude will only serve to prolong the healthcare crisis.

It is imperative that all parties involved acknowledge the legitimate concerns of the junior doctors while also considering the long-term implications for patient care and the integrity of the healthcare system. By fostering an environment where medical professionals feel valued and supported, we can ensure the delivery of high-quality care to all members of society, paving the way towards a resilient and equitable healthcare future.



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# Patient-Centered Care and Shared Decision-Making: Navigating Ethical Complexities in the Treatment of Suicidal Patients

Dr. Yassine Bahr<sup>1</sup>



<sup>1</sup>Dr. Yassine BAHR, MD in Anesthesiology and Intensive Care Medicine Patient-Centered Care and Shared Decision-Making Professionalism and Ethics in Healthcare Delivery

## Introduction to Ethical Reflection: A Clinical Case Study

At the outset of this reflection on ethics, I'd like to introduce a clinical case that vividly illustrates some of the intricate ethical dilemmas frequently encountered in medical practice.

The case involves a 50-year-old patient who was admitted to the Intensive Care Unit (ICU) of a small French town following a suicide attempt by hanging. The patient had a history of depression but no other significant medical conditions. He was a father of three children and was married. Before the attempt, he left a letter explaining the reasons behind his actions. His wife found him unconscious but still breathing and immediately called emergency services.

The French Mobile Emergency and Resuscitation Service (SMUR) arrived approximately 10 minutes later and provided initial care. The patient was intubated to protect his airway and transported to the hospital. Subsequent examination revealed significant cerebral edema and a hyoid bone fracture, indicating a poor prognosis. At this point, we encounter an ethical dilemma that compels us to reflect on the broader complexities involved in caring for patients at risk of suicide.

## Ethical Considerations in the Care of Suicidal Patients

The ethics surrounding the treatment of suicidal patients are complex and multifaceted, requiring a delicate balance between respecting patient autonomy and ensuring their safety. This topic is particularly sensitive, given the vulnerable state of such patients and the profound impact of suicide on families and communities. Key ethical considerations include:

### Respect for Autonomy

Respecting a patient's autonomy means acknowledging their right to make informed decisions about their health and treatment. However, this principle becomes particularly challenging when dealing with suicidal patients, as their capacity for sound decision-making may be compromised by their mental state. As Beauchamp and Childress outline, autonomy is a cornerstone of medical ethics, but it must be balanced with the principles of beneficence and non-maleficence, especially when a patient is at risk of self-harm.

### Beneficence and Non-Maleficence

Healthcare professionals have an obligation to act in the best interest of their patients (beneficence) while also avoiding harm (non-maleficence). In the context of suicidal patients, this often necessitates interventions aimed at preventing self-harm, even if it means overriding the patient's immediate wishes. In such situations, the ethical principles of beneficence and non-maleficence frequently justify actions that might limit patient autonomy to prevent imminent danger.

### Confidentiality vs. Duty to Warn

Although not directly encountered in this particular case, the issue of confidentiality often arises in the care of suicidal patients. Maintaining patient confidentiality is a fundamental tenet of medical ethics, but this duty can be superseded by the obligation to protect the patient or others from imminent harm. The ethical dilemma lies in balancing the need for confidentiality with the duty to warn, especially when there is a credible risk of self-harm or danger to others. For instance, healthcare professionals might be ethically required to inform potential victims or authorities if there is a direct threat, despite the patient's right to privacy.

## Involuntary Treatment

The potential long-term benefits of such an approach are profound, as it prepares medical professionals to navigate the moral complexities of modern healthcare with integrity and compassion. Globally, organizations like the World Medical Association - Junior Doctors Network (WMA JDN) can play a pivotal role in promoting the inclusion of ethics in medical education, ensuring that future doctors are ready for the challenges ahead.

## Ethical Decision-Making Frameworks

Utilizing ethical decision-making frameworks is essential for healthcare providers when navigating the complexities associated with caring for suicidal patients. These frameworks offer a structured approach, often involving steps such as identifying the ethical issues, understanding the perspectives of all stakeholders (patients, families, healthcare professionals, and society), and evaluating the potential outcomes of different actions. By systematically applying such a process, healthcare professionals can gain clarity and direction in balancing competing ethical principles, particularly in situations as delicate as caring for suicidal individuals.

In the case presented, especially given the patient's relatively young age and lack of significant comorbidities, the principle of Beneficence guided the decision to provide intensive medical care. The aim was to act in the best interest of the patient by offering life-saving interventions. However, despite our efforts, the patient's condition deteriorated due to worsening cerebral edema over several days. After thorough discussions with the family, we reached the difficult decision to discontinue artificial life support, acknowledging the inevitability of the outcome and respecting the patient's dignity in his final moments.

## Balancing Ethical Principles in the Care of Suicidal Patients

The ethical care of suicidal patients necessitates a careful equilibrium between respecting patient autonomy and ensuring safety. Healthcare providers must navigate the intricate interplay of Beneficence, Non-Maleficence, and Confidentiality, often facing the reality that involuntary interventions might be required to prevent immediate harm. Employing structured ethical decision-making frameworks helps ensure that these interventions remain grounded in compassion, respect, and moral integrity, allowing professionals to make informed and ethically sound decisions.

## The Role of Medical Education in Ethical Decision-Making

The complexity of ethical dilemmas encountered in the care of suicidal patients highlights the critical need for comprehensive training in medical ethics for all healthcare professionals. Medical education should extend beyond the development of clinical competencies to include a strong emphasis on ethical principles, decision-making frameworks, and real-world applications. By integrating robust ethical training into medical curricula, future healthcare providers will be better equipped to handle the challenging decisions they will inevitably face and ensure that their approach to care is both effective and ethically grounded.

Enhanced training programs and ongoing professional development in medical ethics can empower healthcare providers with the knowledge and skills necessary to navigate the moral complexities inherent in caring for suicidal patients. This, in turn, will contribute to improved patient outcomes and foster a more compassionate and ethically aware healthcare environment.

## The Need for International Collaboration and Legal Considerations

Addressing the ethical complexities of caring for suicidal patients is a challenge that transcends borders, highlighting the need for international collaboration in developing ethical guidelines and training programs. However, it is crucial to recognize that legal systems vary significantly across different countries, influencing how ethical principles are applied in practice. As we work toward establishing a more unified approach to medical ethics at an international level, these legal differences must be carefully considered to ensure that ethical guidelines are both applicable and adaptable to diverse healthcare settings.

By fostering global dialogue and cooperation, the medical community can work together to enhance ethical standards in the care of suicidal patients, ultimately contributing to a more compassionate and ethically responsible approach to healthcare worldwide.

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## Ethical Considerations of Healthcare Technology Advancements



Dr Sai Charan Sharma<sup>1</sup>

<sup>1</sup> Dr Sai Charan Sharma, Nepal.

The integration of technology into healthcare has accelerated in recent years, offering promising solutions to improve patient care, diagnosis, and access to medical services. However, alongside these advancements come ethical considerations that warrant careful examination. As we navigate the rapidly evolving landscape of healthcare technology, it is crucial to address these ethical implications to ensure that technology serves the best interests of patients and society as a whole.

One of the primary ethical concerns associated with healthcare technology advancements is the potential exacerbation of existing health disparities. While these innovations hold the promise of expanding access to healthcare services, there is a risk that certain populations, particularly marginalized communities, may be left behind. Factors such as cost, digital literacy, and access to infrastructure can create barriers to adoption, widening the gap between those who can benefit from technology and those who cannot. As we embrace new technologies, it is essential to consider how they can be leveraged to reduce, rather than perpetuate, health inequalities.

Furthermore, the widespread adoption of digital health technologies raises significant concerns about patient privacy and data security. With the digitization of health records, the proliferation of wearable devices, and the use of telemedicine platforms, vast amounts of sensitive health data are being collected, stored, and transmitted. Ensuring the confidentiality and security of this data is paramount to maintaining patient trust and safeguarding individual privacy rights. Moreover, the ownership, control, and consent surrounding the use of health data for research, commercial purposes, and algorithmic decision-making must be carefully addressed to prevent exploitation and misuse.

Another ethical consideration is the potential for bias and discrimination inherent in healthcare algorithms and artificial intelligence (AI) systems.

These technologies rely on vast datasets to train algorithms and make predictions, yet these datasets may be biased or incomplete, leading to unfair outcomes. For example, algorithms trained on data primarily from certain demographic groups may produce inaccurate results when applied to more diverse populations, perpetuating disparities in diagnosis and treatment.

Addressing bias in healthcare algorithms requires transparency in data collection, rigorous testing, and ongoing monitoring to ensure fairness and equity.

Additionally, the rapid pace of technological innovation in healthcare raises questions about the appropriate regulatory framework and oversight mechanisms. Balancing the need to foster innovation with ensuring patient safety and ethical standards presents a complex challenge. While regulatory bodies play a crucial role in evaluating the safety and efficacy of new technologies, they must also be agile enough to keep pace with rapid advancements. Moreover, involving stakeholders from diverse backgrounds, including patients, healthcare providers, ethicists, and policymakers, in the decision-making process can help ensure that ethical considerations are adequately addressed.

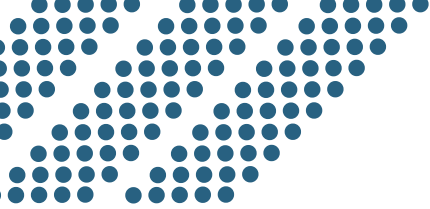
In conclusion, while healthcare technology advancements hold tremendous promise for improving patient care and outcomes, they also raise significant ethical concerns that cannot be overlooked. Addressing these concerns requires a multifaceted approach that considers the impact of technology on health disparities, patient privacy, bias and discrimination, and regulatory oversight. By



prioritizing ethical considerations in the development, implementation, and evaluation of healthcare technologies, we can harness the full potential of technology to enhance healthcare delivery while safeguarding the well-being and rights of patients.

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